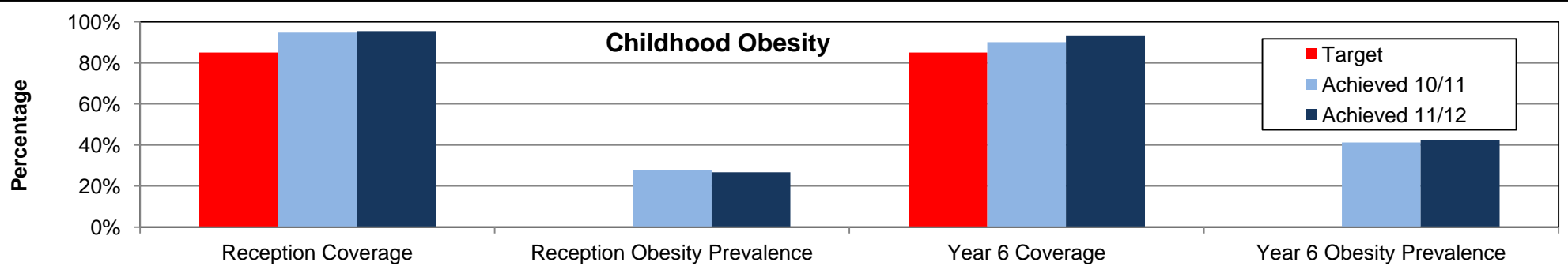| Health and Well Being Board	December 2013
Childhood Obesity – National Child Measurement Programme (NCMP)	**Source: Department of Health Date: 12/13**

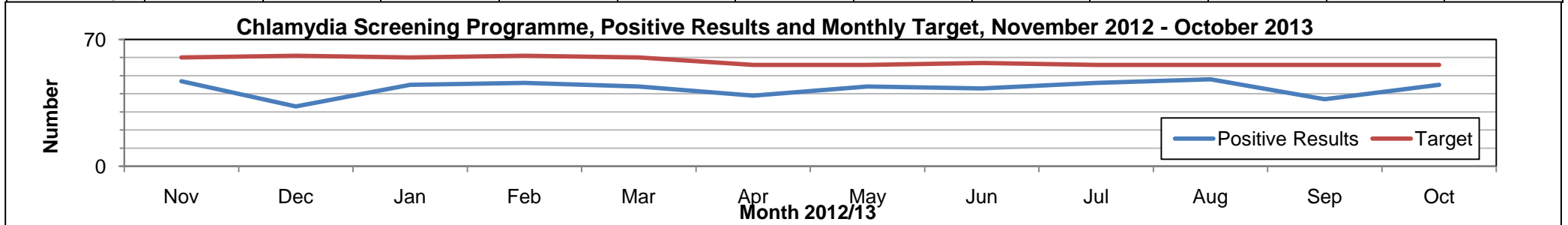| **Definition**	Coverage – Percentage of children in either reception or year 6 that have had their height and weight measured during the school year. Prevalence – Percentage of children in either reception or year 6 whose weight is above the 95th centile of the population.	**How this indicator works**	Every year, as part of the NCMP, children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) have their height and weight measured during the school year to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity.
What good looks like	Coverage figures should be above the target figure of 85% and as close to 100% as possible. Prevalence figures should be as low as possible.	**Why this indicator is important**	The NCMP is an important element of the Government's work in addressing childhood obesity, and is operated jointly by the Department of Health (DH) and the Department for Education (DfE).
History with this indicator	2011/12: Reception – 26.7% prevalence; 94.7% coverage. Year 6 – 42.2% prevalence; 90% coverage.		

	Reception Coverage	**Reception Obesity Prevalence**	**Year 6 Coverage**	**Year 6 Obesity Prevalence**
Target	85.0%		85.0%	
Achieved 10/11	94.7%	27.8%	90.0%	41.2%
Achieved 11/12	95.4%	26.7%	93.4%	42.2%

Childhood Obesity

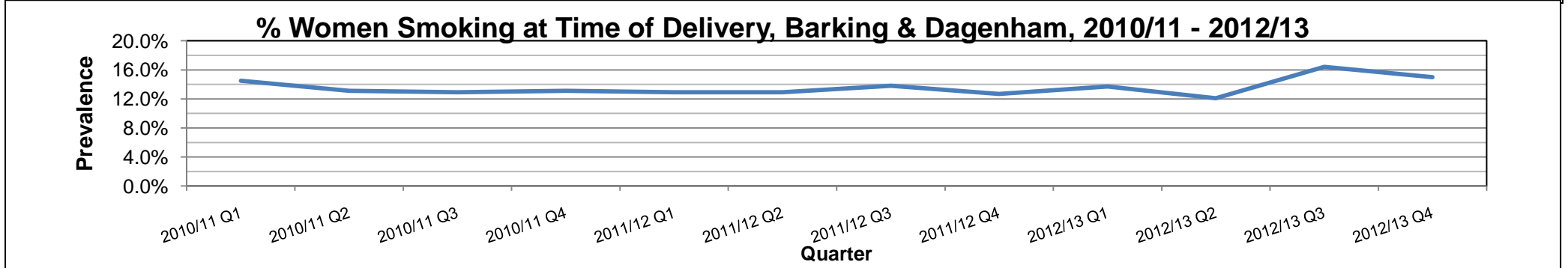|			
Performance Overview	Coverage for both Reception and Year 6 is over target by 10.4% and 8.4% respectively. Reception and Year 6 prevalence rates are both well above national and regional averages.	**Further Actions & comments**	• Prevalence of obesity is far greater than the percentage for both London and England.
RAG Rating			
Benchmarking	2010/11 – Reception: 27.8% Year 6: 41.2%		

Definition	Number of positive tests for Chlamydia.	**How this indicator works**	This indicator is reported quarterly via the National Chlamydia Screening Programme and covers screening uptake and positivity rates among young people aged 15-24 years.
What good looks like	The number of positive results to be greater than target levels on a monthly basis. A higher number of positives show that the correct people are being targeted for screening for an under-reported condition.	**Why this indicator is important**	Chlamydia is the most commonly diagnosed sexually transmitted bacterial infection among young people under the age of 25. The infection is often symptomless but if left untreated can lead to serious health problems including infertility in women.
History with this indicator	2011/12: 587 positive results. 2012/13: 585 positive results (target: 726).		

	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
Positive Results	47	33	45	46	44	39	44	43	46	48	37	45
Target	60	61	60	61	60	56	56	57	56	56	56	56
Quarterly	Quarter 3	128/182		Quarter 4	135/181		Quarter 1	126/169		Quarter 2	131/168	

Chlamydia Screening Programme, Positive Results and Monthly Target, November 2012 - October 2013

Performance Overview	Barking and Dagenham has not met the monthly target for positive tests for any of the last twelve months. There has been a drop-off in positive tests since July 2012, with monthly numbers being below 50 every month since.		Performance has been below target for this indicator over the course of the past year. A recovery plan was constructed by Terrence Higgins Trust (THT) for 2013/14 Q2 which aimed to improve both coverage and numbers of positives at Chlamydia testing sites. The original discussion with our parties was to extend this contract with a similar time line with the similar reasons as outlined above. However since the reporting mechanisms for this project changed at the beginning of April 2013 (previously the provider was measured on the number of people tested; now it is on the number of people who test positive) the current provider THT has been unable to hit the targets set and is not likely to hit the target for this year despite all the efforts being made.
RAG Rating			
Benchmarking	The annual positivity rate was 2,395 per 100,000 people in 2011/12 whilst the 2012/13 rate for positivity was 2,966 per 100,000 people. Number of Eligible Young People aged 15-24 years in the population is 24491 in Barking and Dagenham.		

Definition	Percentage of women who are smoking at time of delivery.	How this indicator works	This data collection is designed to provide a measure of the prevalence of smoking among women at the time of giving birth at a local level.
What good looks like	For the percentage of women smoking at time of delivery to be as low as possible.	**Why this indicator is important**	Babies from deprived backgrounds are more likely to be born to mothers who smoke and to have much greater exposure to secondhand smoke in childhood. Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality.
History with this indicator	2009/10: 13.7% 2008/09: 11.3%		

	Q1	Q2	Q3	Q4
2010/11	14.5%	13.1%	12.9%	13.1%
2011/12	12.9%	12.9%	13.8%	12.7%
2012/13	13.7%	12.1%	16.4%	15.0%

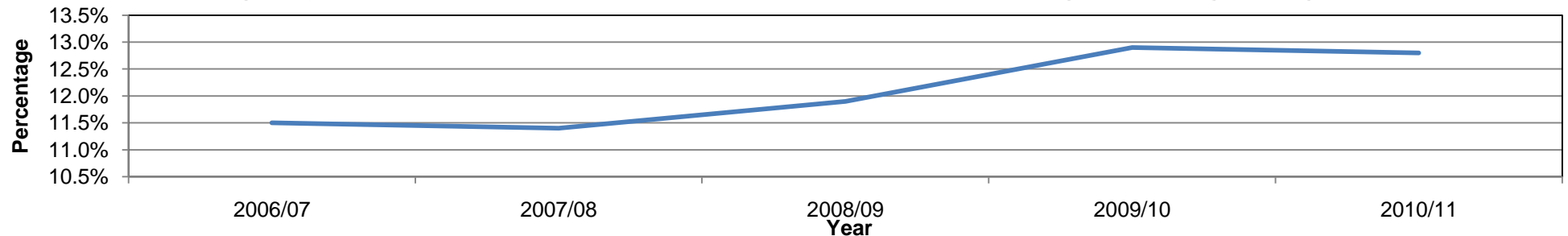% Women Smoking at Time of Delivery, Barking & Dagenham, 2010/11 - 2012/13

Performance Overview	Barking & Dagenham is, and has historically been, performing far worse than both the London and England averages. Rates for the last two quarters have risen sharply from 12.1% to 15.0%.		
RAG Rating			
Benchmarking	In England, the percentage of mothers smoking at delivery was 12.7% in 2012/13, for London it was 5.7%.		

Definition	Indirectly standardised percentage of emergency admissions to any hospital in England occurring within 30 days of the previous discharge from hospital after admission.	How this indicator works	The number of finished and unfinished continuous inpatient (CIP) spells that are emergency admissions within 0-29 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies.
What good looks like	For the percentage to be as low as possible, indicating that fewer people are readmitted soon after discharge.	Why this indicator is important	Health interventions and social care can play roles in putting in place the right re-ablement, rehabilitation and intermediate care services to support individuals to return home or regain their independence, so avoiding crisis in the short-term.
History with this indicator	2006/07: 11.5%		

	2007/08	2008/09	2009/10	2010/11
B&D	11.4%	11.9%	12.9%	12.8%

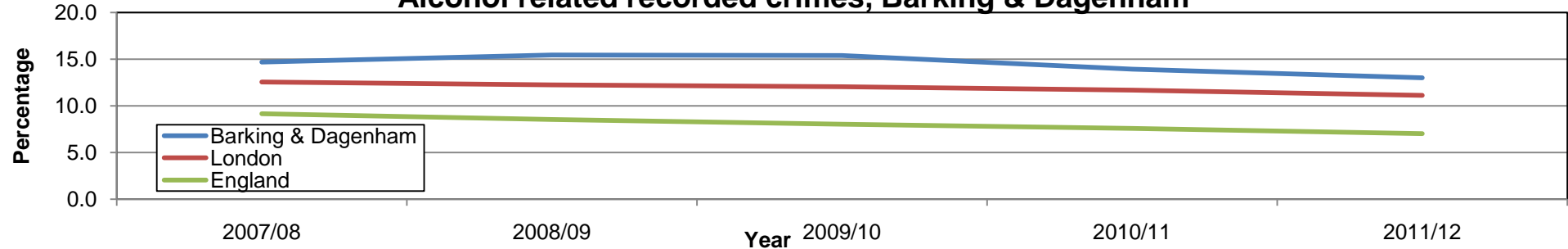### Emergency Readmission to Hospital Within 30 Days of Discharge, Barking & Dagenham

Performance Overview	Barking & Dagenham has a higher percentage than both national and regional averages. The rate has also shown a generally increasing trend since 2006/07.	Please Note	**2010/11 data was released by HSCIC in March 2013 due to large lags in processing the data.**
RAG Rating			
Benchmarking	England 2010/11: 12.0% London 2010/11: 11.8%		

Definition	Alcohol-attributable recorded crimes, alcohol-attributable violent crimes, alcohol-attributable sexual offences, crude rate per 1,000 population, all ages, persons.	How this indicator works	Crimes are recorded using the practice governed by Home Office counting Rules for Recorded Crime and the National Crime Recording Standard.
What good looks like	The rate per 1,000 population should be as low as possible.	Why this indicator is important	It has been estimated that in a community of 100,000 people, each year 1,000 people will be a victim of alcohol-related violent crime. The Government lists a reduction in alcohol-fuelled violent crime among its core priorities in its Alcohol Strategy.

	2008/09	2009/10	2010/11	2011/12
B&D	15.4	15.4	13.9	13.0
London	12.2	12.0	11.7	11.1
England	8.5	8.0	7.6	7.0

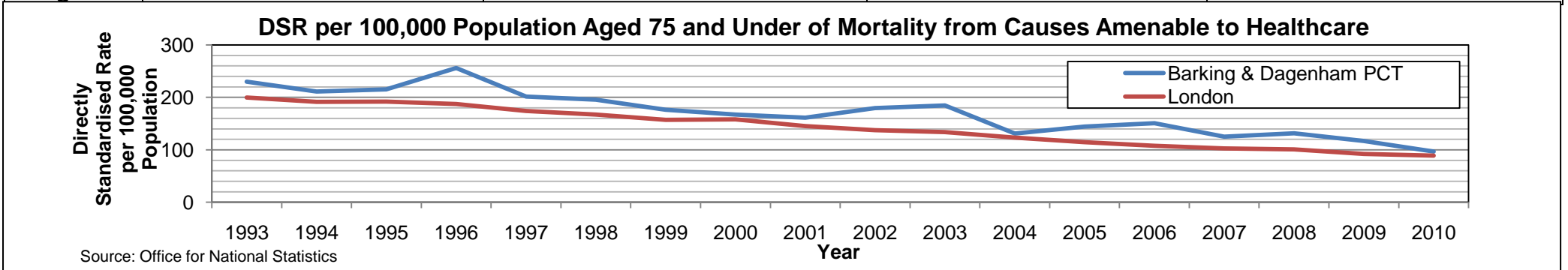Alcohol related recorded crimes, Barking & Dagenham

Performance Overview	Barking & Dagenham has had a higher rate of alcohol-related crimes for all of the past five years data was recorded. The borough has seen a slight downward trend between 2010 and 2012, mirroring both national and regional averages.		
RAG Rating			
Benchmarking	England 2011/12: 7.0 per 1,000 population London 2011/12: 11.1 per 1,000 population		

Definition	Numerator: Number of deaths that are considered preventable (classified by underlying cause of death recorded as ICD10 codes, and for the age groups shown) registered in the respective calendar years. Denominator: ONS mid-year population estimates aggregated across three years.	How this indicator works	The indicator is based on the preventable mortality component of avoidable mortality as defined by the Office for National Statistics (ONS).
What good looks like	Rate per 100,000 should be as low as possible, indicating fewer deaths amenable to healthcare.	Why this indicator is important	Preventable mortality can be defined in terms of causes that are considered to be preventable through individual behaviour or public health measures limiting individual exposure to harmful substances or conditions. Examples include lung cancer, illicit drug use disorders, land transport accidents and certain infectious diseases.

	2007	2008	2009	2010
B & D	125.1	131.6	116.8	96.9
London	102.8	100.8	92.1	88.9
England	100.8	97.2	91.1	88.1

DSR per 100,000 Population Aged 75 and Under of Mortality from Causes Amenable to Healthcare

Source: Office for National Statistics

Performance Overview	Barking & Dagenham has consistently been above the regional and national rates over the last 17 years. The rate for Barking & Dagenham does show a downward trend though, with rates falling by 28.2 per 100,000 in the last four years.	Please Note	**2009/11 data was released by ONS in March 2013 due to large lags in processing the data.**
RAG Rating			
Benchmarking	London 2010: 88.9 England 2010: 88.1		