

Appendix B – Highlighted Indicators

Health and Well Being Board Childhood Immunisations – MMR 2		Source: Immunisation data from COVER report based on RIO/Child health record		November 2014 Date: 11/14
Definition	Percentage of children given two doses of MMR vaccination.	How this indicator works	MMR 2 vaccination is given at 3 years and 4 months to 5 years. Reported by COVER based on RIO/Child Health Record.	
What good looks like	Quarterly achievement rates to be above the set target of 95% immunisation coverage.	Why this indicator is important	Measles , mumps and rubella are highly infectious, common conditions that can have serious, potentially fatal, complications, including meningitis , swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.	
History with this indicator	2011/12: 77.9% 2012/13: 85.0%			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2012/13	85.5%	83.8%	85.6%	85.5%
2013/14	83.8%	85.4%	80.9%	81.7%
2014/15	82.2%			

MMR 2 Immunisation Coverage, 2012/13 - 2014/15

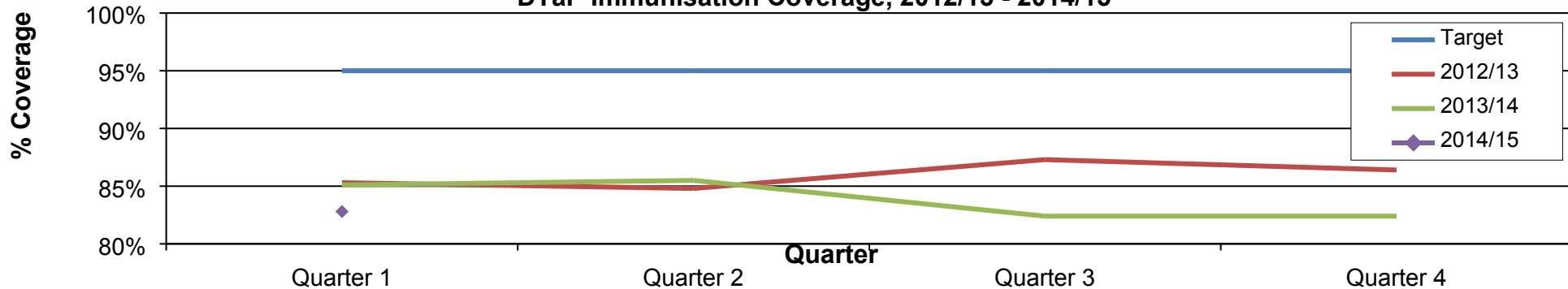
Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2012/13	85.5%	83.8%	85.6%	85.5%
2013/14	83.8%	85.4%	80.9%	81.7%
2014/15	82.2%			

Performance Overview	Coverage levels for MMR 2 were below target for all four quarters in 2013/14. Quarter four was 13.3% below the 95% target. 2014/15 Q1 figures rose slightly but are still below target. Levels are, however, above the regional average yet below the national average.	Actions to sustain or improve performance	The local programme is commissioned by NHS England with some Public Health England input. Programme assurance is scrutinised in the Health Protection Committee of the Health & Wellbeing Board and problems fed back to NHS England.
RAG Rating			
Benchmarking	In 2011/12 financial year, uptake rates for MMR 2 were 77.9%. In 212/13, rates were 85.0%		

Definition	Percentage of children immunised with DTaP vaccination in children at 5 years of age.	How this indicator works	Diphtheria, Tetanus, Pertussis/whooping cough given to children aged 2 months up to 5 years old. Reported by COVER based on RIO/Child Health Record.
What good looks like	We are looking for the coverage percentage to be above the target level throughout the year.	Why this indicator is important	The DTaP vaccine is highly effective for the prevention of diphtheria, tetanus, and pertussis -- all of which are serious diseases. Before DTaP, these diseases often led to serious medical problems and even death.
History with this indicator	2011/12: 79.6% 2012/13: 85.9%		

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2012/13	85.3%	84.8%	87.3%	86.4%
2013/14	85.1%	85.5%	82.4%	82.4%
2014/15	82.8%			

DTaP Immunisation Coverage, 2012/13 - 2014/15

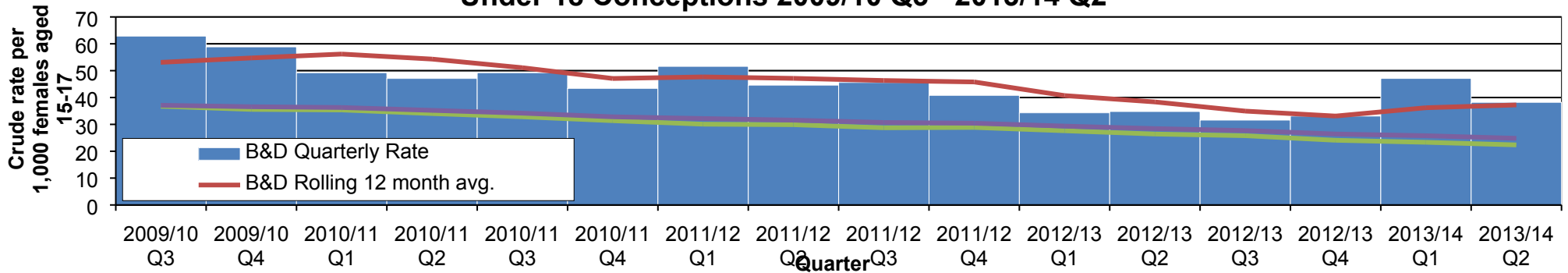


Performance Overview	Coverage levels for DTaP were below target for all four quarters in 2013/14. Quarter four was 12.6% below the 95% target. 2014/15 quarter one remains below target but has increased slightly from the previous quarter; levels are, however, similar to the regional average.	Actions to sustain or improve performance	The local programme is commissioned by NHS England with some Public Health England input. Programme assurance is scrutinised in the Health Protection Committee of the Health & Wellbeing Board and problems fed back to NHS England.
RAG Rating			
Benchmarking	In 2011/12, uptake rates for DTaP were 79.6%. In 2012/13, uptake rates for DTaP were 85.9%		

Definition	Conceptions in women aged under 18 per 1,000 females aged 15-17.	How this indicator works	This indicator is reported annually by the Office for National Statistics and refers to pregnancy rate among women aged below 18, but quarterly data is available for monitoring purposes.
What good looks like	For the number of under 18 conceptions to be as low as possible, with the gap to regional and national averages narrowing.	Why this indicator is important	Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children.
History with this indicator	2009: 54.7 per 1,000 women aged 15-17 years 2010: 54.9 per 1,000 women aged 15-17 years		

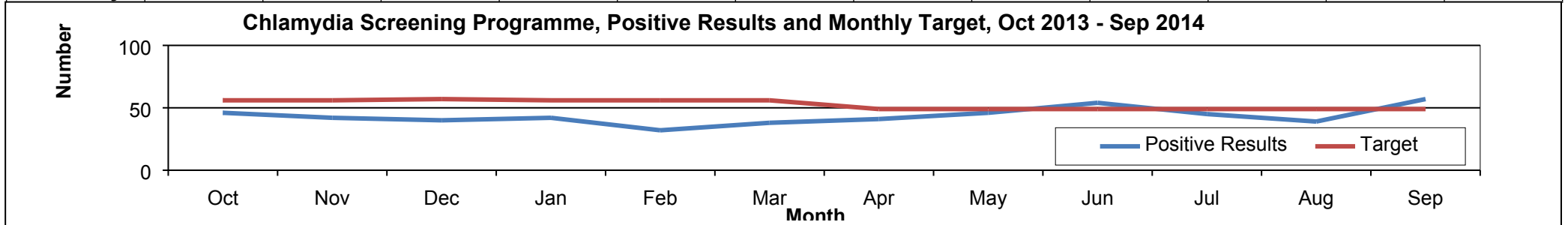
	2010/11 Q4	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4	2012/13 Q1	2012/13 Q2	2012/13 Q3	2012/13 Q4	2013/14 Q1	2013/14 Q2
B&D Quarterly Rate	43.40	51.60	44.50	45.40	40.80	34.30	34.80	31.60	33.10	47.10	38.20
B&D Rolling 12 month avg.	47.08	47.67	47.13	46.33	45.80	40.72	38.35	34.94	33.10	36.52	37.24
London rolling 12 month avg.	31.37	30.07	29.88	28.74	28.87	27.62	26.41	25.79	24.08	23.34	22.36
England rolling 12 month avg.	32.82	32.18	31.58	30.70	30.43	29.36	28.43	27.69	26.41	25.61	24.81

Under 18 Conceptions 2009/10 Q3 - 2013/14 Q2



Performance Overview	The rate of under 18 conceptions is showing a generally decreasing trend, with the quarterly-rolling annual average falling from 56.2 at the start of 2011-12 to 33.2 in 2012/13 Q4. However, 2013/14 Q1 showed a large increase away from national and regional averages. Q2 saw rates fall back towards expected levels.	Further Actions & comments	Barking and Dagenham remains above the national and London averages (24.8 and 22.4 per 1,000 respectively), who have both seen a continued decline in their conception rate.
RAG Rating			
Benchmarking	In 1998 (baseline year), there were 156 conceptions reported among 15-17 year old women in Barking and Dagenham. This was an equivalent of 55 per 1,000 births. See overleaf for further benchmarking information.		

Definition	Number of positive tests for Chlamydia.						How this indicator works	This indicator is reported monthly by the Terrence Higgins Trust, who provide numbers screened and testing positive for Chlamydia.					
What good looks like	The number of positive results to be greater than target levels on a monthly basis.						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 of 726). 2013/14: 513 positive results (target of 726)												
	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	
Positive Results	45	42	40	42	32	38	41	46	54	45	39	57	
Target	56	56	56	56	56	56	49	49	49	49	49	49	
Quarterly	Quarter 3			Quarter 4			Quarter 1			Quarter 2			
	127/168			112/168			141/147			141/147			



Performance Overview	<p>Q1 and Q2 of 2014/15 have seen improvements in the number of positive screenings, with uptake levels only six screens below the target for both quarters. The number of screens (57) recorded in September 2014 was the highest single monthly figure since June 2012. The monthly target has been met twice in 2014/15 (June and September). Before this the monthly target had not been met since May 2012 so this represents real progress. However, the trends are variable with many months not meeting the monthly target. In August 2014 there were only 39 positive tests, missing the monthly target by 10 positives.</p>	<p>Actions to sustain or improve performance</p>	<p>The new Health Services Liaison Officer for Barking and Dagenham has been contacting all GPs and pharmacies in order to promote and publicise the Chlamydia testing and results service. The aim is to increase Chlamydia screening activity and we will be following up all the practices and pharmacies visited monthly to monitor and assess the impact and effectiveness of the training. Additionally, large group joined up training sessions on Chlamydia testing and c-card are run for pharmacies covering pharmacists and counter staff across the rest of the year, this started in Q2 2014/145.</p>
RAG Rating			

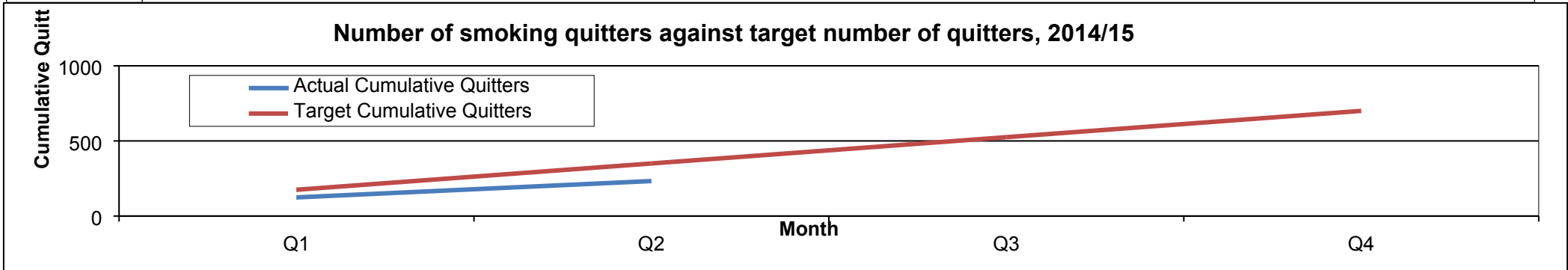
Benchmarking	<p>The annual positivity rate was 2,395 per 100,000 people in 2011/12 whilst the 2012/13 rate for positivity was 2,966 per 100,000 people. Number of Eligible Young People aged 15-24 years in the population is 24,491 in Barking and Dagenham.</p>
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Public Health Performance Indicators
Smoking – Four Week Smoking Quitters

November 2014

Source: Smoking Cessation Service Date: 11/14

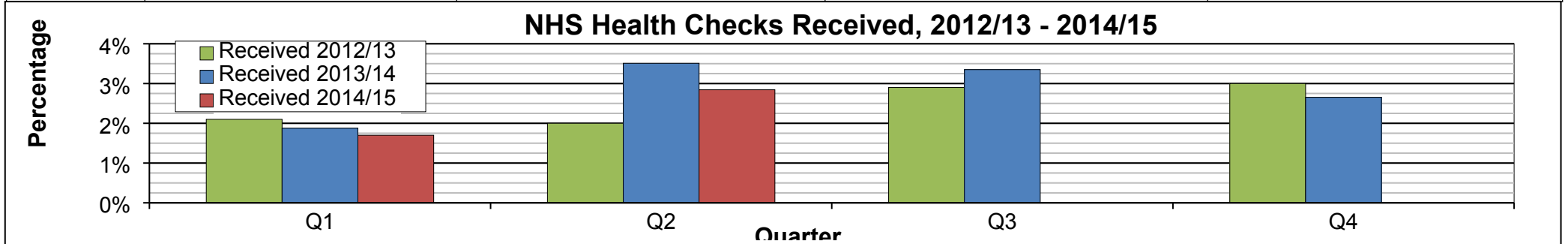
Definition	Numerator – Number of smokers setting an agreed quit date and, when assessed, self-reporting as not having smoked in the previous two weeks. Denominator – Target number of self reported quitters per month	How this indicator works	This indicator is reported quarterly via the NHS Information Centre. A client is counted as a 'self-reported 4-week quitter' when assessed 4 weeks after the designated quit date, if they declare that they have not smoked, even a single puff of a cigarette, in the past two weeks.	
What good looks like	For the number of quitters to be as high as possible and to be above the target line.	Why this indicator is important	The data allows us to make performance comparisons with other areas and provides a broad overview of how well the borough is performing in terms of four week smoking quitters.	
History with this indicator	2011/12: 1,500 quitters. 2012/13: 1,480 quitters. 2013/14: 1,174 quitters			
	Q1	Q2	Q3	Q4
Actual Quitters	124	109		
Target Quitters	175	175	175	175



Performance Overview	Performance was below target for quarter one and quarter two, with 124 and 109 successful quitters respectively against the minimum target of 175 quitters. This target is based on 35% of the targeted number of 2,000 service users successfully quitting.	Actions to sustain or improve performance	Plans to ask GPs to send letters to all smokers on their patient list about the smoking services available have been formed, although this is yet to be formalised.
RAG Rating			
Benchmarking	In 2011/12 financial year, 1500 people successfully quit smoking. This was 4.3% higher than the nationally set target (1438) but in line with a target agreed locally. In 2012/13, there were 1480 quitters against a target of 1479. 2013/14 saw 1,174 quitters against a target of 1,475		

Definition	Percentage of the eligible population (those between the ages of 40 and 74, who have not already been diagnosed with heart disease, stroke, diabetes, kidney disease and certain types of dementia) receiving an NHS Health Check in the relevant time period.	How this indicator works	Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions is invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and afterwards given support and advice to help them reduce or manage that risk. The national targets are 20% of eligible population should be offered a health check and 66% of those offered should receive a check.
What good looks like	For the received percentage to be as high as possible and to be above target.	Why this indicator is important	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, and kidney disease.
History with this indicator	2011/12: 12.4% received 2012/13: 10.0% received 2013/14: 11.4% received		

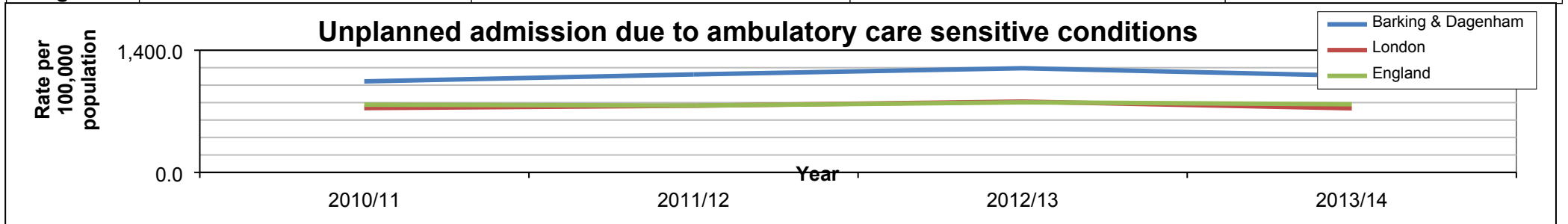
	Q1	Q2	Q3	Q4
Target	3.75%	3.75%	3.75%	3.75%
Received 13/14	1.9%	3.5%	3.4%	2.7%
Received 14/15	1.7%	2.8%		



Performance Overview	Q2 and 3 of 2013/14 had seen an upturn in performance, with uptake around the 3.5% target levels set nationally. However, Q4 of 2013/14 and Q1 of 2014/15 has seen performance levels fall below those corresponding quarters for previous years, with Q1 2014/15 figures the lowest of the last three years. Q2 has seen an upturn to 2.8%, although this is still below target.	Actions to sustain or improve performance	Visits to poorly performing practices have occurred, with action plans agreed and will be monitored and reviewed. Individual Practice performance data is being communicated to all Practices on a monthly basis with recommendations on number of weekly health check events required to reach their individual targets.
RAG Rating			

Benchmarking	In 2011/12, 12.4% received health checks, which was less than the set target of 13.7%. In 2013/14, 11.4% received health checks against the target of 15%.
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Definition	Directly age and sex standardised rate of unplanned hospitalisation admissions for chronic ambulatory care sensitive conditions, directly standardised rate (DSR) for all ages per 100,000 registered patients.	How this indicator works	The numerator is Continuous Inpatient Spells (CIPS). The CIP spells are constructed by the HSCIC HES Development team. The denominator is Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems; extracted annually on 1 April for the forthcoming financial year		
What good looks like	For the number per 100,000 population to be as low as possible, indicating that long term conditions are being effectively managed without the need for hospital admission.	Why this indicator is important	The indicator is intended to measure effective management and reduced serious deterioration in people with ACS conditions. Active management of ACS conditions such as COPD, diabetes, congestive heart failure and hypertension can prevent acute exacerbations and reduce the need for emergency hospital admission.		
History with this indicator	2010/11: 1,042.9 per 100,000 population 2011/12: 1,122.9 per 100,000 population 2012/13: 1,193.9 per 100,000 population				
	2010/11	2011/12	2012/13	2013/14	
B&D	1,042.9	1,122.9	1,193.9	1,108.7	
London	737.0	764.1	811.3	734.6	
England	775.9	765.8	802.8	780.9	



Performance Overview	Barking and Dagenham's rate increased over the last three years to 2012/13 but has decreased in 2013/14 to 1,108.7 per 100,000 population; however, this remains significantly higher than both the national and regional averages.	Actions to sustain or improve performance	Recommended actions to improve on this indicator include: disease management and support for self-management, behavioural change programmes to encourage patient lifestyle change, increased continuity of care with GP, ensuring local, out-of-hours primary care arrangements are effective for those with acute exacerbations and ensuring there is easy access to urgent care without hospital admission unless clinically appropriate.
RAG Rating			
Benchmarking	London 2012/13: 811.3 England 2012/13: 802.8		