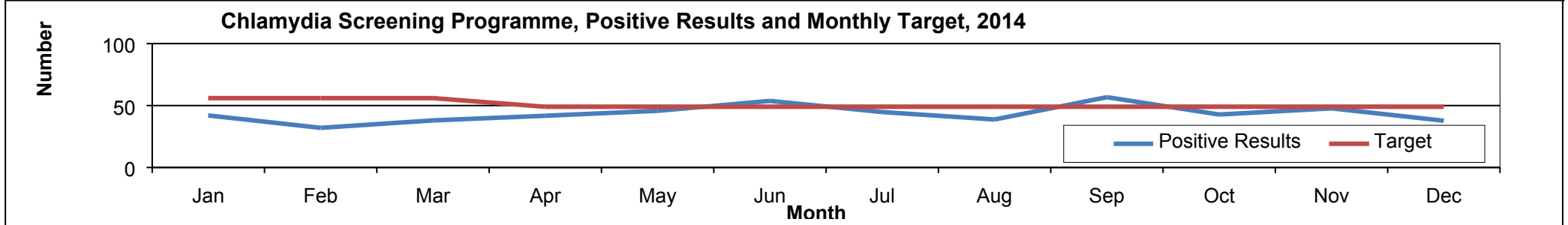


<b>Definition</b>	Number of positive tests for Chlamydia.						<b>How this indicator works</b>	This indicator is reported monthly by the Terrence Higgins Trust, who provide numbers screened and testing positive for Chlamydia.					
<b>What good looks like</b>	The number of positive results to be greater than target levels on a monthly basis.						<b>Why this indicator is important</b>	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.					
<b>History with this indicator</b>	2011/12: 587 positive results. 2012/13: 585 positive results (target of 726). 2013/14: 513 positive results (target of 726)												
	<b>Jan-13</b>	<b>Feb-14</b>	<b>Mar-14</b>	<b>Apr-14</b>	<b>May-14</b>	<b>Jun-14</b>	<b>Jul-14</b>	<b>Aug-14</b>	<b>Sep-14</b>	<b>Oct-14</b>	<b>Nov-14</b>	<b>Dec-14</b>	
<b>Positive Results</b>	42	32	38	42	46	54	45	39	57	43	47	38	
<b>Target</b>	56	56	56	49	49	49	49	49	49	49	49	49	
<b>Quarterly</b>	Quarter 4			Quarter 1			Quarter 2			Quarter 3			
	112/168			142/147			141/147			126/147			



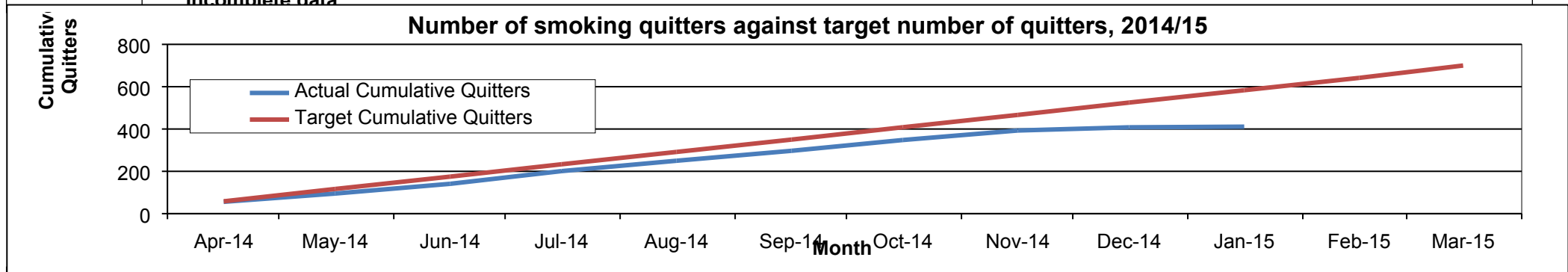
<b>Performance Overview</b>	Q1 and Q2 of 2014/15 saw improvements in the number of positive screenings, with uptake levels only six screens below the target for both quarters. The number of screens (57) recorded in September 2014 was the highest single monthly figure since June 2012. The monthly target has been met twice in 2014/15 (June and September). Quarter 3 has seen a downturn though, with 19 fewer positives than the quarterly target.	<b>Actions to sustain or improve performance</b>	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.
<b>RAG Rating</b>			
<b>Benchmarking</b>	In 2013/14 Q3, Barking and Dagenham had a Chlamydia positivity rate of 2,137 per 100,000 people aged 15-24 years, Havering had a rate of 1,589, while Redbridge's was 1,206.		

Public Health Performance Indicators  
Smoking – Four Week Smoking Quitters

January 2015

Source: Smoking Cessation Service Date: 01/15

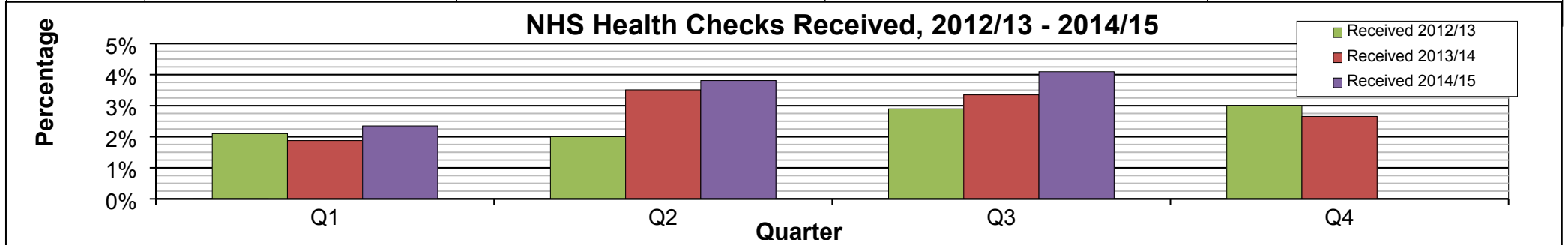
<b>Definition</b>	Numerator – Number of smokers setting an agreed quit date and, when assessed, self-reporting as not having smoked in the previous two weeks. Denominator – Target number of self reported quitters per month		<b>How this indicator works</b>	This indicator is reported quarterly via the 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 in the past two weeks.
<b>What good looks like</b>	For the number of quitters to be as high as possible and to be above the target line.		<b>Why this indicator is important</b>	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.
<b>History with this indicator</b>	2011/12: 1,500 quitters. 2012/13: 1,480 quitters. 2013/14: 1,174 quitters			
	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Actual Quitters</b>	141	156	111*	3*
<b>Target Quitters</b>	175	175	175	175
	<b>*Incomplete data</b>			



<b>Performance Overview</b>	Performance was below target for quarter one and quarter two, with 141 and 156 successful quitters respectively against the minimum target of 175 quitters. Quarter three data is currently provisional but it is on course to also be below target. This target is 35% of the targeted number of 2,000 service users quitting. Of those attempting to quit this year, 12 have been pregnant women, with 4 of those successful.		
<b>RAG Rating</b>		<b>Actions to sustain or improve performance</b>	GP practices have been commissioned to send letters to registered patients who are smokers and not in any smoking cessation programme to encourage them to take up the service; this may increase activity and help to increase the numbers of quitters. A meeting was held with the Stop Smoking Champion from BHRT. Several activities are being undertaken to improve referral rates from the acute trust. These include in-depth work with wards and supporting staff to ask patients about their smoking status. They are looking into 'Stop before the Op'.
<b>Benchmarking</b>	In 2013/14, there were 1,174 quitters against a target of 1,475. In Havering, there were 1,100 successful quitters; in Redbridge there were 876.		

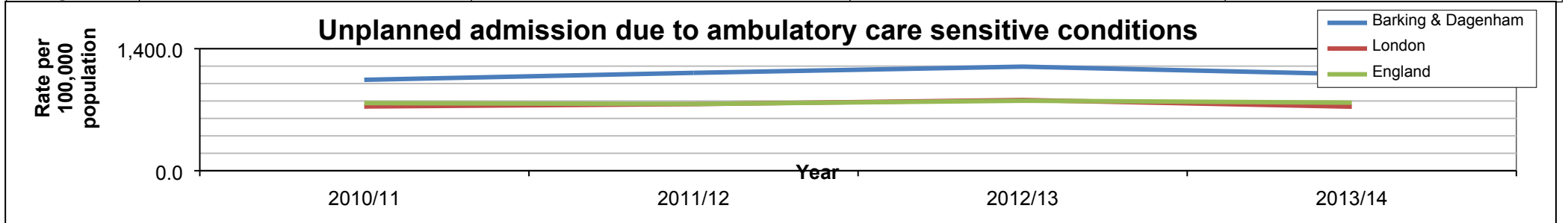
<b>Definition</b>	Percentage of the eligible population (those between the ages of 40 and 74, who have not already been diagnosed with heart disease, stroke, diabetes, kidney disease and certain types of dementia) receiving an NHS Health Check in the relevant time period.	<b>How this indicator works</b>	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 75% of those offered should receive a check.
<b>What good looks like</b>	For the received percentage to be as high as possible and to be above target.	<b>Why this indicator is important</b>	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, and kidney disease. Health Checks has also been chosen as the Health Premiums Indicator.
<b>History with this indicator</b>	2011/12: 12.4% received 2012/13: 10.0% received 2013/14: 11.4% received		

	Q1	Q2	Q3	Q4
Received 13/14	1.9%	3.5%	3.4%	2.7%
Received 14/15	2.4%	3.8%	4.1%	



<b>Performance Overview</b>	Quarter 3 has seen a large increase in the percentage of the eligible population receiving health checks, with the quarterly target of 3.75% exceeded by 0.3 percentage points. This further builds on the large improvements seen in quarter 2.	<b>Actions to sustain or improve performance</b>	An action plan has been agreed and visits to poorly performing practices continuing with a quality audit planned. 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. Point of Care Testing (POCT) pilot is being rolled out with 23 surgeries participating initially. Barking and Dagenham have been included in a national pilot to improve the quality of the health check programme at a local level. Discussions are also taking place with regards to cross referral from GP to Pharmacy.
<b>RAG Rating</b>			
<b>Benchmarking</b>	In Havering, 1.8% of the eligible population received a health check in 2014/15 Q3; while in Redbridge, 3.4% of the eligible population received a health check.		

<b>Definition</b>	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.	<b>How this indicator works</b>	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		
<b>What good looks like</b>	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.	<b>Why this indicator is important</b>	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.		
<b>History with this indicator</b>	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				
	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	
<b>B&amp;D</b>	<b>1,042.9</b>	<b>1,122.9</b>	<b>1,193.9</b>	<b>1,035.4</b>	
<b>London</b>	<b>737.0</b>	<b>764.1</b>	<b>811.3</b>	<b>734.6</b>	
<b>England</b>	<b>775.9</b>	<b>765.8</b>	<b>802.8</b>	<b>780.9</b>	



<b>Performance Overview</b>	Barking and Dagenham's rate increased over the last three years to 2012/13 but decreased in 2013/14 to 1,035.4 per 100,000 population. This remains significantly higher than both the national and regional averages.	<b>Actions to sustain or improve performance</b>	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.
<b>RAG Rating</b>			
<b>Benchmarking</b>	London 2012/13: 811.3 England 2012/13: 802.8		