

Appendix C: Approved revisions to the performance indicators of the Health and Well-Being Strategy

Chapter 1: Preparing for a Healthy Life Responsible Lead Agency: The Children's Trust Responsible Lead Commissioner: James Mass, Family & Community Well-being, London Borough of Barnet		
Original target	Proposed revision	Rationale
All women in Barnet to access NICE compliant maternity care by 12 weeks gestation	To be confirmed by the CCG - please refer to the rationale.	<p>It would not be possible to achieve a target of 100% for all maternity bookings at 12 weeks as it is dependent on a multitude of factors which are outside the control of commissioners and providers. Booking at 12 weeks is dependent on the expectant mother confirming her pregnancy before 10 weeks of gestation. For some women it's not appropriate for the GP to make a referral at that stage as they are considering whether indeed they would like to continue with the pregnancy or not. This in itself presents a delay in the process. The CCG is working with their providers through quality review meetings to agree that where they receive a referral before the 10 weeks gestation they work towards defining a booking target by 12 weeks, however this is predicated by patient choice.</p> <p>At this point in time the CCG has not finalised how the exception reporting for this target, including the numerator and denominator, will work. The CCG would like to confirm the target with the Health and Well-Being Board at a later date, but in the meantime will be able to confirm performance from the providers on a monthly basis (which will help the CCG to establish a baseline figure from which it can assess future performance in this area).</p>
Reduce the rate of obesity in reception year school children from 11% to be better than the London average. Reduce the rate of obesity in year 6 children from 17.5% baseline towards the England best of 10.7%	<p>Reduce the rate of obesity in children, specifically: reducing the proportion of children aged 4 to 5 classified as overweight or obese to 21.5% (remaining below the London average)</p> <p>Reduce the proportion of children aged 10 to 11</p>	The target in its own right is completely acceptable. However, it has been proposed that the target is extended to cover both overweight and obesity (as it does in the Corporate Plan and Public Health Management Agreement) as this provides a more robust indication of the number of children and young people who could be at risk of developing obesity related health problems in later years.

	classified as overweight or obese to 33 % (London average)	
Reduce the number of children and young people misusing alcohol and drugs by 91% by 2014/15.	Reduce the number of young people admitted to hospital with alcohol specific conditions to below the most recent London average crude rate of 35.72 per 100,000.	The original target is assumed to have been written in error, as it is not realistic. The crude rate of young people being admitted to hospital with alcohol specific conditions in Barnet (over the 2008/09- 2010/11 period) was slightly higher than the London average during this period. The revised target aligns with a key measure within the Children and Young People's Plan to focus efforts on reducing alcohol misuse in young people.

Chapter 2: Wellbeing in the Community

Responsible Lead Agency: London Borough of Barnet (LBB)

Responsible Lead Commissioner: Pam Wharfe, Director for Place, LBB

Original target	Proposed revision	Rationale
Reduce by 4.3% the number of young people who are not in education, employment or training	Maintain the percentage of 16 to 18 year olds who are not in education employment or training at below 4.1%	The current rate of NEETs in Barnet is 3.4% (in March 2013). The proposed revision aligns with the current target in the Education and Skills management agreement at Barnet Council, which seeks to retain a low level of NEETs (accounting for seasonal variations), whilst simultaneously working to reduce the number of children whose activity is not known to the Borough and improving the rate of children who are in education and training.

Chapter 3: How we live

Responsible Lead Agency: Barnet and Harrow Public Health

Responsible Lead Commissioner: Dr Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Service

Original target	Proposed revision	Rationale
Reduction of 20% in the number of people smoking in Barnet by 2016 in line with the London target.	Reduce prevalence by 20% from the 2010/11 baseline of 18.7% start over 5 years to get to 15% by 2015/16	The revision has been made to clarify the requirements of the target.

Year on year increase based on the 2009/10 baseline of people aged between 40 and 74 who have received an NHS Health Check. In five years our coverage should be 80%	Year on year increase of people aged between 40 and 74 who have received an NHS Health Check to 12.7% by 2013/14 and 25.7% by 2014/15. In five years our coverage should be 60%.	The NHS Health Checks programme did not begin in Barnet until October 2012. The revision has been made to clarify the achievable year on year increase in the number of people who have been offered an NHS Health Check, based on the start date of this programme in the Borough. The five year target of 80% has been amended to 60%, projected from the annual increase expected between 2013 and 2015.
Year on year increase based on the 2009/10 baseline of people with a learning disability and those with a mental illness who have received an annual health check.	Year on year increase based on the 2009/10 baseline of people with a learning disability who have received an annual health check	There is currently no Directly Enhanced Services scheme for Mental Health Annual Health Checks. The CCG's ambition is to be able to confirm a measure on annual health checks for those with mental illness with the Board, but the Board is also asked to consider the use of another measure to assess local performance at supporting people with mental illness: <i>"The number of people who have depression and/or anxiety disorders who are offered psychological therapies"</i>

Chapter 4: Care When Needed

Responsible Lead Agency: Adult Social Care & Barnet CCG

Responsible Lead Commissioner: Karen Ahmed, Later Life, London Borough of Barnet

Original target	Proposed revision	Rationale
That all people who have continuing healthcare needs are able to have a personal health budget by 1st April 2014	That all people who have continuing healthcare needs have access to a personal health budget by 1st April 2014	The proposed change clarifies the responsibilities of the CCG in delivering this target; that the priority is for the CCG to make sure that personal health budgets are accessible to people
The number of emergency admissions related to hip fracture in people aged 65 and over is reduced by 10% from the 2009/10 baseline of 457.3 by 2015	To remain the same at present, but the CCG requests to bring a revision to the Board in future based on the outcome of a review into an appropriate baseline measure	The CCG is currently undertaking a scoping exercise with Public Health to revise the baseline measure for this target, to explore showing the number of inpatient admissions for fractured neck of femur for people over 65 as a percentage of the total older population.