

Lambeth Borough Based Board Performance Assurance Report

September 2020

- In order to support assurance across the full range of CCG and borough responsibilities, the SEL CCG Assurance team will produce monthly borough assurance reports which will cover local indicators.
- The report will provide performance and high impact improvement actions (future iterations) for all boroughs for comparison.
- The Borough Based Assurance report will be a standard report but (a) boroughs are welcome to submit further indicators for consideration (b) it will be provided in a format where further indicators could be provided by LCP teams if desired.
- Borough teams would be expected to provide the content and ensure sufficient discussion locally. These should be on the agenda of the BBB (or LCP).
- A member of the assurance team will attend a BBB/LCP to hear/ participate in the discussion.
- The main area of focus should be on ensuring there are mitigations in place for any performance which is off track. In future iterations of this report, the assurance team will summarise these areas in the overview once the BBB or commissioning leads have agreed them.

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Introduction and summary

Lambeth performance overview (1 of 2)

The table below provides an overview of the latest performance positions and the risk assessment of delivering year-end targets for all borough-based board led KPIs and metrics.

Standard	Trend since last period	Target	Current performance	Risk of delivering year end target
SMI Physical Health Checks	↓	60%	Q1 2020/21 –33.1%	The borough is not currently achieving the target and is at significant risk of not achieving it at year-end
Personal health budgets	↓	M10 – 250	M10 2019/20 - 202	The borough will not achieve the end of year requirement.
Social prescribing referrals	-	2020/21 – 1,574	Unknown - local data is currently being collected	Currently unknown
Personalised care and support planning	-	Borough contributions to the SEL target are yet to be agreed	Unknown - local data is currently being collected	Currently unknown
Diabetes treatment targets	↑	No formal targets	Type 1 – 2019 – 25.3% Type 2 – 2019 – 37.8%	NA
Diabetes eight care processes	↑	No formal targets	Type 1 – 2019 – 42.2% Type 2 – 2019 – 68.0%	NA
Diabetes structured education	↓	No formal targets	Type 1 – 2018 – 8.3% Type 2 – 2018 – 8.1%	NA
Cancer screening bowel, breast and cervical	Improvement in most metrics	Bowel coverage and uptake – 60% Breast coverage and uptake – 80% Cervical coverage (25-49 and 50-64) – 80%	Performance is below target for Bowel, Breast and Cervical cancer.	It is unlikely that these targets will be met

* There are varying lags in reporting for the indicators above and the longest delays are for indicators where local data is not reported.

Lambeth performance overview (2 of 2)

Standard	Trend since last period	Target	Current performance	Risk of delivering year end target
NHS continuing healthcare	↓	<15%	Q1 2020/21 - 0%	No identified risk to delivery for this year
Injuries from falls in people aged 65 and over	↓	National mean - 2,059	Q2 2019/20 – 2,380	Borough unlikely to meet the standard
Overweight and obese children	↓	National mean - 34.2%	2018/19 – 39.4%	Borough unlikely to meet the standard
Citizen facing tools: Proportion of the population registered to use NHS App	-	2020/21 – 1.0%	Performance is only available at SEL level	SEL 2020/21 target already achieved
Childhood immunisations in primary care	↓	Top quartile nationally and 95% for five year olds	Q4 2019/20 – the borough is in the bottom quartile for all targets	Borough unlikely to meet the standards
Primary care patient experience - GP survey	-	National mean	2020/21 performance is only available at SEL level	SEL is performing just below the national mean on all the metrics reported in this pack
Primary care patient experience - FFT	↑	National mean – 90%	February 2020 – the borough achieved performance of 89%	Performance is just below the 90% target

* There are varying lags in reporting for the indicators above and the longest delays are for indicators where local data is not reported.

SMI Physical Health Checks

- The NHS has committed to ensuring 60% of people on the **SMI register receive a full and comprehensive physical health check**.
- Lambeth reported a performance of 33.1% in Q1 2020/21 which is a decrease of 3% compared to Q4 2019/20. This is significantly below the 60% target. Achievement of the target for 2020/21 remains high risk.

Personal Health Budgets

- Lambeth is not achieving the **personal health budgets (PHB)** set for 2019/20. A further 48 personal health budgets were required to meet the month 10 target.
- The SEL personalisation lead and the NHSE regional team are working with borough leads to further implement the personalisation agenda and expand the PHB offer to new client groups. Before COVID, progress was made to expand the offer to wheelchair users and mental health section 117 clients and this work is continuing.

Diabetes

- Lambeth continues to work with GP practices to improve delivery against the **diabetes standards**. The latest **national diabetes audit** results for 2018/19 highlight improved performance on all metrics apart from **Structured Education attendance** which is lower than figures reported in 2017/18 . There are no formal targets for diabetes, however further work is required to address these areas.
- In SEL, the immediate focus is to establish robust SEL CCG/ICS governance and to progress the Diabetes Strategy post-Covid.

Cancer Screening

- According to the latest available data from December 2019, Lambeth is not meeting the screening targets for **bowel, breast and cervical screening**. Apart from the 25-49 cohort for cervical screening, Lambeth is the worst performing borough in SEL.
- SEL boroughs are supporting the implementation of both national and local programmes to increase uptake rates, however securing sufficient practice and patient engagement was a challenge, even before COVID.

NHS continuing healthcare

- The borough is required to ensure no more than **15% of CHC assessments take place in an acute setting**, and in **Q1 2020/21** zero assessments took place in an acute setting.

Injuries from falls in people aged 65 and over

- In Q2 2019/20, Lambeth is not achieving the sex-age standardised rate of **emergency hospital admissions** with a rate of **2,380 per 100,000** compared to the national position of 2,059. The borough is also in the bottom quartile nationally.

Overweight and obese children

- Lambeth's rate of **child obesity** is well above the national mean with 39.4% of children in year 6 being classified as overweight or obese in 2018/19.

Citizen facing tools: Proportion of the population registered to use NHS App

- Performance in 2020/21 is only available by STP so data is not available for Lambeth, however SEL is well ahead of trajectory and has already achieved the 2020/21 target.

Childhood immunisations in primary care

- Lambeth is in the bottom quartile nationally for **the 6 in 1 vaccination**, for each age group in Q4 2019/20. The borough is also the worst performing borough in SEL against the target for children in the 24 months cohort for DTaP/IPV/Hib.

Primary care patient experience

- In the **friends and family test** (FFT) 89% of patients in Lambeth reported they would recommend the care in their practice which was slightly below the national mean of 90%.

Areas of performance challenges within remit of SEL borough based boards

Detailed comparative performance position and recovery plans across SEL

SMI Physical Health Checks

SMI Physical Health Checks: performance position

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Proportion of people on the SMI register receiving a comprehensive physical health check in the last 12 months (Q1 2020/21) – target 60%							
% patients receiving check	15.9%	16.8%	33.7%	33.1%	31.1%	38.2%	30.0%
Trend since last quarter	-5.2%	-4.5%	+16.7%	-3.0%	+0.8%	-10.2%	-

Context

- The Five Year Forward View for Mental Health commits to ensuring that by 2020/21, 280,000 people living with severe mental illness (SMI) have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year. To help track delivery of this commitment, the SMI physical health checks target was introduced which measures the proportion of people on the SMI register who have received a comprehensive physical health check in the last 12 months. The comprehensive check is composed of six checks and all six must be carried out in the 12 month period.

Key drivers of under performance

- Most boroughs are not confident that all activity is being correctly coded on GP clinical systems. A standard search to extract the data is also not available at most boroughs which could be causing some of the variation in reported performance across SEL.
- There is significant variation in the contractual arrangements and levers being implemented across SEL.
- There are three checks that are driving underperformance at all six boroughs, measurement of weight (BMI), cholesterol and blood glucose testing.

Key	Not achieving standard	Top Performer	Worst performer
	Achieving standard		

Personalisation - personal health budgets, social prescribing and personalised care and support planning

Context

- Delivery of Personal Health Budget (PHB) trajectories were a national priority in 2019/20 and the NHS England regional team had established a process of oversight in order to track STP area progress on delivery of local targets.
- SEL CCGs made consistent progress in increasing the numbers of PHBs being made available to patients and overall SEL achieved the year end 2019/20 target of 1,642 by M10 2019/20.
- Reporting of PHBs has been paused since the start of the COVID-19 pandemic so 2020/21 data is not yet available.
- The SEL PHB lead is supporting boroughs to implement the personalisation agenda and expand their PHB provision with an initial focus on wheelchair users and mental health section 117 clients.

Personal Health Budgets: current performance position and trend

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
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Number of PHBs (M10 2019/20)

Cumulative YTD target at current month	217	282	243	250	173	245	1,411
Cumulative YTD actuals at current month	630	387	158	202	91	236	1,704
YTD distance from target – actuals	+413	+105	-85	-48	-82	-9	+293

- SEL achieved the year end target for 2019/20 in M10 (the latest data available) with a performance of 1,704 against a target of 1,642.
- Achievement of the SEL target was driven by the Bexley position. The borough was successful in expanding PHB provision to wheelchair users which accounts for over half of the PHBs delivered.
- The rest of the SEL boroughs are focusing on expanding PHBs to a number of client groups to help achieve the ambitious targets from 2020/21

Key	Not achieving national standard	↓	Worsening position
	Achieving national standard	↑	Improving position

Top Performer*

Worst performer*

*As a percentage of plan

Personalised care and support planning

- The LTP sets out an ambitious target for the implementation of the comprehensive model for personalised care, with 2.5 million people benefitting by 2023/24. Personalised Care and Support Planning (PCSP) is one of the six core components of the model and nationally the LTP sets out an ambitious target of 750,000 PCSPs developed by 2023/24. We know what SEL’s contribution will be to the national target, however boroughs have not been set individual targets and data is not yet available.
- Data on the current number of PCSPs in SEL but the table below provides the planned trajectory of provision of PCSPs in SEL for the next four years.

SEL annual trajectory	2019/20	2020/21	2021/22	2022/23	2023/24
Referrals to link workers	5,448	8,006	15,103	24,258	32,850

Social prescribing

- Social prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on ‘what matters to me’ and taking a holistic approach to people’s health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.
- The LTP makes a that link workers will support over 900,000 people nationally to access social prescribing support by 2023/24. Data on the current number of referrals in SEL is not available but the data below provides the planned trajectory of provision in SEL for the next four years.

Lambeth annual trajectory	2019/20	2020/21	2021/22	2022/23	2023/24
Referrals to link workers	393	1,574	3,147	4,721	6,294

Diabetes

Diabetes: context – the 3 targets

The National Diabetes Audit (NDA) measures diabetes performance using the three indicators below and performance is also monitored in the IAF for the treatment targets and structured education. There are, however, no formal expectations for diabetes performance.

Care Processes

- Care processes for all people aged 12 and over. There are nine annual measures and the first 8 are the responsibility of Diabetes Care providers. The 9th Care Process is the responsibility of NHS Diabetes Eye Screening (NHS Public Health England)

1. HbA1c (blood test for glucose control)	5. Urine Albumin/Creatinine ratio (urine test for risk of kidney disease)
2. Blood Pressure (measurement for cardiovascular risk)	6. Foot Risk Surveillance (examination for foot ulcer risk)
3. Serum Cholesterol (blood test for cardiovascular risk)	7. Body Mass Index (measurement for cardiovascular risk)
4. Serum creatinine (blood test for kidney function)	8. Smoking History (question for cardiovascular risk)

Treatment Targets

NICE recommends treatment targets for HbA1c (glucose control), blood pressure and statins:

- Target HbA1c reduces the risk of all diabetic complications
- Target blood pressure reduces the risk of cardiovascular complications and reduces the progression of eye and kidney disease
- Target statins prescriptions reduces the risk of cardiovascular complications

Structured education

The percentage of people with diabetes diagnosed for less than one year who have a record of attendance at a structured education course. This is measured using the number of people who have attended a structured education course within 12 months of diagnosis, as recorded by the NDA. Attendance at diabetes structured education, by those newly diagnosed with diabetes and those with established diabetes, will improve patient outcomes by:

- Reducing patients' HbA1c levels and subsequently increasing their likelihood of achieving the three NICE-recommended treatment targets.
- Improving patients' knowledge and capability for managing their diabetes.

The data source for these diabetes targets, is the National Diabetes Audit. The latest results of which are shown further in this pack. However, because the data is only produced annually, there is a significant lag in availability so monitoring improvement can be difficult. It is possible however for CCGs to use local data and systems to monitor in year at a practice level. This is something that has been adopted by Southwark and Lewisham CCGs for example.

Diabetes: drivers of performance and availability of data

- Diabetes Commissioning within the new SEL CCG sits within the Commissioning & Improvement Directorate and specifically within the LTC Management & Improvement team. However Diabetes touches a large number of commissioning areas, so governance and strategy need to take this into account; the breadth of delivery required to achieve system wide ambitions on diabetes and obesity will require an end-to-end pathway approach – from prevention through to specialist services.
- Given the breadth of activity and delivery required in order to create a step change in the quality of care for patients and to improve the models of service provision for diabetes – and following ICS principles – we need to adopt a fully collaborative and joint approach between SEL stakeholders: including the CCG, provider partners/ SEL clinicians, people with diabetes, the South London Health Innovation Network and KHP
- Diabetes and obesity have particular significance in post-Covid planning, given the prevalence of both diabetes and obesity in both those with the disease and the shielding population, the significant adverse outcomes for BAME patients, and the impact of diabetes and obesity as risk factors for Covid-19 related admission and mortality.
- During 2020/21, there has been a focus on the standing up of CCG/ICS governance and how to progress the Diabetes Strategy post-Covid – those discussions have reinforced the link between diabetes and obesity and it is the aspiration that any governance and strategy explicitly recognises this interdependency. In March 2020, a SEL Diabetes Strategy was signed off by CCG leadership but the work was then paused due to Covid-19. As a result of the Covid-19 pandemic, the priorities as set out in the strategy are being reviewed and amended to take account of reset and recovery requirements.

The Diabetes Covid-response has included the following:

- Primary and secondary care clinicians in SEL developed a risk stratification tool relating to the proactive management of the diabetes high risk cohort, which has been endorsed by the SEL and London CAG - work is ongoing to make it consistent London wide. SEL clinicians also developed important Covid guidance around insulin de-escalation (on hospital discharge) and identification of high risk diabetic foot patients. All of these went through SEL CAG approval and are on the SEL CCG website
- In terms of Diabetes Structured Education, the Diabetes Book & Learn (DBL) service has had to rapidly move away from face-to-face courses, towards digital/ virtual offers. We are aiming to complete a range of changes to the platform before the end of the calendar year that will make DBL fit for purpose going forward, while still enabling best possible choice in the interim
- In terms of diabetic foot, much effort has been made to support the Multi-Disciplinary Foot Team (MDFT) pathway and a new diabetic foot navigator role. In addition, much work has been done to try to ensure bed capacity is secured (including from the Independent sector) to deal with diabetic foot issues that have developed over the last 4/5 months
- Wider Recovery priorities continue to be worked through and will form part of the urgent priorities of the refreshed SEL Diabetes strategy

Diabetes: performance position

The following tables present the latest available published data from the National Diabetes Audit and covers the period January to December for the respective years.

TYPE 1 DIABETES

	NDA participation		Registered Patients		8 Care Processes		Treatment Targets		DSE (Attended)	
	2018	2019	2018	2019	2018	2019	2018	2019	2017	2018
England	98.8%	98.6%	273,910	247,200	21.0%	31.1%	20.9%	19.8%	7.2%	6.2%
Bexley CCG	100%	100%	990	965	24.7%	21.8%	26.7%	26.4%	14.3%	11.1%
Bromley CCG	100%	100%	1,500	1,460	21.7%	20.5%	21.8%	20.7%	12.5%	9.1%
Greenwich CCG	94.1%	91.4%	1,055	940	22.7%	21.3%	23.2%	24.0%	14.3%	0.0%
Lambeth CCG	100%	100%	1,535	1,290	36.8%	42.2%	22.6%	25.3%	11.1%	8.3%
Lewisham CCG	100%	97.1%	1,160	1,005	25.0%	27.4%	26.2%	27.5%	0.0%	11.1%
Southwark CCG	100%	100%	1,140	930	41.2%	44.6%	23.9%	24.8%	14.3%	12.5%

TYPE 2 DIABETES

	NDA participation		Registered Patients		8 Care Processes		Treatment Targets		DSE (Attended)	
	2018	2019	2018	2019	2018	2019	2018	2019	2017	2018
England	98.8%	98.6%	2,982,105	3,166,290	33.4%	49.5%	40.1%	39.0%	12.4%	13.3%
Bexley CCG	100%	100%	12,365	12,890	44.2%	43.4%	39.8%	39.6%	12.3%	10.5%
Bromley CCG	100%	100%	13,910	14,845	41.4%	43.6%	40.1%	39.4%	25.2%	18.4%
Greenwich CCG	94.1%	91.4%	13,585	14,615	36.8%	37.5%	36.4%	36.6%	7.4%	6.0%
Lambeth CCG	100%	100%	17,960	18,760	56.6%	68.0%	36.0%	37.8%	11.8%	8.1%
Lewisham CCG	100%	97.1%	15,590	16,100	41.9%	46.8%	39.4%	36.9%	7.3%	4.7%
Southwark CCG	100%	100%	16,080	16,940	60.2%	68.6%	38.1%	39.5%	8.2%	4.9%

Cancer Screening

CCGs not currently delivering the performance standards

CCG	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL aggregate
Currently off-track	X	X	X	X	X	X	X

Context

The aim of the NHS cancer screening programme is to reduce mortality from cancer, by identifying the eligible population and ensuring efficient delivery with optimal coverage. The national data collection monitors uptake and coverage of screening programmes by eligible populations against nationally set standards.

Transforming Cancer Services Team (Healthy London Partnership) and NHS England work in partnership with key stakeholders including CCGs, cancer alliances, the voluntary sector and local government to review uptake improvement initiatives across London and develop a joint pan-London work-plan. This regional plan will identify key evidence –based priorities for implementation through partnership working and will be overseen by a joint working group.

CCGs have multiple requirements in each of the 3 screening programmes:

NHS Bowel Screening

- Bowel Cancer Coverage (60-74) 60%
- Bowel Cancer Uptake (60-74) 60%

NHS Cervical Screening

- Cervical Cancer Coverage (25-49) 80%
- Cervical Cancer Coverage (50-64) 80%

NHS Breast Screening

- Breast Cancer Coverage (50-70) 80%
- Breast Cancer Uptake (50-70) 80%

Cancer Screening: performance position and trend (1 of 2)

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
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Bowel Cancer Coverage (60-74) December 2019 – Target 60%

Current month	Above target	Above target	>5% below target	>5% below target	>5% below target	>5% below target	<5% below target
Trend since last reported period	↑	↑	↑	↑	↑	↑	↑

Bowel Cancer Uptake (60-74) December 2019 – Target 60%

Current month	Above target	Above target	>5% below target	>5% below target	>5% below target	>5% below target	<5% below target
Trend since last reported period	↑	↑	↑	↑	↑	↑	↑

Breast Cancer Coverage (50-70) December 2019 – Target 80%

Current month	<5% below target	<5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target
Trend since last reported period	↔	↔	↔	↑	↑	↑	↑

Breast Cancer Uptake (50-70) December 2019 – Target 80%

Current month	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target
Trend since last reported period	↑	↓	↓	↑	↓	↓	↓

Note: Last reporting period, December 2019. The data for this period is provisional and has not been fully validated so broad ranges have been provided to report the performance position

Key	Not achieving national standard	↓	Worsening position
	Achieving national standard	↑	Improving position

Top Performer

Worst performer

Cancer Screening: performance position and trend (2 of 2)

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
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Cervical Cancer Coverage (25-49) December 2019 – Target 80%

Current month	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target
Trend since last reported period	↓	↓	↔	↓	↓	↓	↓

Cervical Cancer Coverage (50-64) December 2019 – Target 80%

Current month	<5% below target	<5% below target	>5% below target	>5% below target	<5% below target	>5% below target	<5% below target
Trend since last reported period	↓	↔	↓	↓	↓	↓	↓

Note: Last reporting period, December 2019. The data for this period is provisional and has not been fully validated so broad ranges have been provided to report the performance position

Key	Not achieving national standard	↓	Worsening position
	Achieving national standard	↑	Improving position

Top Performer

Worst performer

NHS Continuing Healthcare

NHS Continuing Healthcare: overview

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Proportion of NHS CHC full assessments in an acute setting Q1 2020/21 – Target no more than 15%						
Current month	100%	0%	4%	0%	0%	0%
Trend since last reported period	↑	↓	↓	↓	↓	↓

Context and performance

- CCGs are required to provide assurance that NHS Continuing Healthcare (CHC) assessments are taking place at the right time and in the right place as set out in the NHS National Framework for NHS Continuing Healthcare and NHS funded Nursing Care. The framework sets out that it is preferable for eligibility for NHS CHC to be considered after discharge from hospital when the person’s long-term needs are clearer, and for NHS-funded services to be provided in the interim.
- CCGs are required to ensure no more than 15% of assessments take place in an acute setting and Bromley, Lambeth, Lewisham and Southwark carried out zero assessments in the quarter and so achieved a performance of 0%.
- Greenwich carried out 26 assessments with only one in an acute setting. Bexley carried out seven assessments and all were carried out in an acute setting.

Key	Not achieving standard	Top Performer	Worst performer
	Achieving standard		

Injuries from Falls in People Aged 65 and Over

Injuries from Falls in People Aged 65 and Over: overview

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population Q2 2019/20 – national rate 2,059						
Current month	2,110	1,992	1,848	2,380	1,022	2,820
Trend since last reported period	↓	↓	↑	↓	↑	↓

Context and performance

- This indicator measures the age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population.
- Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care. A fall is defined as an event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard.
- Bromley, Greenwich and Lewisham have lower rates of emergency admissions for injuries due to falls in persons aged 65+ per 100,000 population than the national average and rates in Bexley, Lambeth and Southwark are above the national average.

Key	Bottom quartile nationally
	Third quartile nationally
	Better than national average

Top Performer

Worst performer

Percentage of children aged 10-11 classified as overweight or obese

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Prevalence of excess weight among children in Year 6 (age 10-11 years) – 2018/19 - national 34.2%						
Current month	38.1%	29.4%	42.0%	39.4%	38.4%	41.6%
Trend since last reported period	↓	↓	↑	↓	↓	↓

Context and performance

- There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age.
- The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self esteem, teasing and bullying.
- Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference according to age and sex.
- Only Bromley performed better than the national average of 34.2%. Greenwich and Southwark were amongst the worst performing boroughs in the country.

Key	Bottom quartile nationally		
	Third quartile nationally	Top Performer	Worst performer
	Better than national average		

Citizen Facing Tools

	SEL CCG	London	England
Proportion of the GP registered population aged 13+ years who have successfully registered for the NHS App. 2020/21 - target 1.0%			
July 2020/21	1.06%	1.17%	1.59%
Trend since last reported period	+0.14%	+0.14%	+0.16%

Context and performance

- This measure will initially be used to monitor progress towards NHSE/I commitments regarding provision of the NHS App to the public as a digital NHS ‘front door’ that will provide advice, the ability to check symptoms and connect people with healthcare professionals.
- Local areas commission their own patient facing tools, in-line with the needs of their populations, and an approach to measure overall usage of these tools is being developed.
- The table below provides the planned trajectory of provision of the NHS App. for the next five years. The STP digital team will be working closely with CCGs to achieve this ambitious trajectory.

Annual trajectory	2019/20	2020/21	2021/22	2022/23	2023/24
% registered	0.1%	1.0%	5.0%	15.0%	30.0%

Childhood Immunisations in Primary Care

Childhood immunisations: six-in-one vaccination rate

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	London	England
Children receiving DTaP/IPV/Hib % at 12 months – Q4 2019/20									
% patients	93.4	92.8	89.4	88.0	87.5	88.7	89.0	88.6	92.1
Trend since last quarter	-0.2%	+0.4%	+1%	+1.2%	-1.5%	+1%	-	+0.9%	-
Children receiving DTaP/IPV/Hib % at 24 months – Q4 2019/20									
% children	91.1	94.5	90.9	89.3	89.3	90.2	89.7	89.9	93.7
Trend since last quarter	+0.9%	+3.3%	+0.3%	+3%	-0.2%	-	-2.3	+0.4%	+0.2%
Children receiving DTaP/IPV/Hib % at 5 years – Q4 2019/20									
WHO Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
% patients	94.1	94.1	91.5	91.6	92.1	91.3	92.7	92.0	95.5
Trend since last quarter	-0.5%	+1%	-0.1%	-0.1%	-0.6%	-1.3	-0.3	-	+0.3%

Performance overview:

- Childhood immunisation is incentivised in general practice as a premium service in five of six SEL CCGs (except Lambeth)
- There is a WHO target of 95% at age 5.

Key	12 months	24 months	5 years
Bottom quartile nationally	<90.2	<92.0	<93.9
Top quartile nationally	>94.9	>95.7	>97.3

Top Performer

Worst performer

Patient Experience in Primary Care

	SEL CCG	National mean
January - March 2020 patient survey		
Patient experience of GP services CCGs (overall Good)	80%	82%
Patient experience of booking a GP appointment CCGs	63%	65%
The proportion of carers with a long-term condition who feel supported to manage their condition	Not available	
Percentage of patients who report being supported to manage long-term condition (in last 12 months)	73%	77%
Percentage of patients satisfied with GP appointments available	60%	63%
Ease of getting through on the phone to the practice	64%	65%

Context and performance

- The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over two million people across the UK. The results show how people feel about their GP practice.
- In 2020, the published data is only available for SEL CCG so comparisons with previous time periods is not possible.
- Based on survey responses in January to March 2020, SEL CCG performed below the national average on all questions.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	National
February 2020 – percentage recommending – Friends and Family – national average 90%									
% recommending care	90%	92%	89%	89%	87%	89%		89%	90%
Practices not responding	4	3	11	21	13	17	Not currently available	553	2,873
Overall response rate	83%	93%	69%	50%	64%	56%		56%	58%

Context and performance

- The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.
- The FFT asks people if they would recommend the services they have used and offers a range of responses. While the results are not statistically comparable against other organisations because of the various data collection methods, FFT provides a broad measure of patient experience that can be used alongside other data to inform service improvement and patient choice.
- Performance in Bexley and Bromley was equal or above the national average and the two boroughs had excellent overall response rates. Performance for the other boroughs was slightly below the national average but response rates were similar to the London and national rates.

Key	Not achieving national mean
	Achieving national mean

Top Performer

Worst performer
