

Priorities for the Health Improvement Board
A discussion based on outcomes for 2014-15 and the findings of the Joint Strategic Needs Assessment.

April 2015

1. Introduction

The Joint Health and Wellbeing Strategy (JHWBS) for Oxfordshire includes 11 priority areas of work. Four of these priorities have been set by the Health Improvement Board (HIB). These are

Priority 8: Preventing early death and improving quality of life in later years

Priority 9: Preventing chronic disease through tackling obesity

Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness

Priority 11: Preventing infectious disease through immunisation

Work to monitor health improvement in each of these areas is measured through the use of a small number of outcomes for each priority. An aspirational target was set at the beginning of the year for each of these indicators. Progress against the outcomes set for 2014-15 has been monitored at each meeting of the Board. In the last year it has also been possible to report the variation in outcomes for some of these indicators, with the areas or groups showing the worst and best results being named.

The JHWBS is revised annually and this provides an opportunity for the Health Improvement Board members to consider priorities for the year ahead. In order to facilitate that discussion this paper sets out a summary of performance on the priorities agreed for 2014-15 and outlines some of the issues identified in the Joint Strategic Needs Assessment. Members of the Board will be aware of other issues and concerns which they will want to bring to the discussion.

2. Summary of performance on current priorities

A detailed performance report will be presented to the Health Improvement Board elsewhere on the agenda and is summarised in Appendix 1. The following issues are emerging from the performance reports

2.1 Many of the targets set for 2014-15 were “aspirational” and have not been achieved. However, the levels of achievement in Oxfordshire may still compare well with other parts of the country— breastfeeding rates, for example, are higher than the national rates, even though the aspirational target was not met. The monitoring of outcomes by the HIB has kept a spotlight on these areas of work even though the overall outcomes were not achieved. This is true of the uptake of NHS Health Checks, the breastfeeding rates and the uptake of the bowel screening programme.

2.2 The commissioning or contracts for some areas of work has changed over the last 2 years and it has been important to keep track of performance during that time to ensure that change has not led to poorer outcomes. This is true of the

immunisation and screening targets. Contracts for smoking cessation and drugs treatment services have also be re-procured in the last few months and this may account for some difficulties in performance.

2.3 Some inequalities in outcomes have been reported in the last year as data has been made available on the variation in performance in different areas of the county. For example, the percentage of children who are overweight or obese varies from 15.2% in South Oxfordshire to 21% in Oxford City. The addition of figures to show the range of outcomes has been welcomed by members of the Board as it gives useful detail.

3. Issues highlighted in the annual report of the Joint Strategic Needs Assessment (JSNA)

The Annual report of the JSNA has also been circulated to members of the Health Improvement Board at this meeting. Some of the trends that are reported which are of relevance to the work of this Board may include

3.1 The population is growing as a result of migration and is also ageing. Life expectancy has continued to increase for both men and women. Pressure on services seems likely to increase, particularly where demand is more highly concentrated among older people. As the proportion of older people increases this pressure can only be reduced through preventing long term conditions and promoting healthy lifestyles.

3.2 There are some localities or communities with poorer outcomes for many of the indicators listed. Some of these are linked to social deprivation such as rates of smoking, obesity, physical activity and preventable / premature deaths. Access to services also varies, with some people living in rural areas being more disadvantaged. Overall obesity rates are lower than national rates for both adults and children and participation in physical activity is higher than the national rates but there are variations across the county. Alcohol related hospital admissions are higher in the City.

3.3 The proportion of households in private rented accommodation has risen slightly in recent years. The percentage of people living in fuel poverty is below the national average but higher in the City. Rates of homelessness and families in temporary accommodation have remained at similar levels for the last few years.

3.4 Diagnosis of long term conditions shows that 5% adults have diabetes in Oxfordshire. The diagnosis of cancer continues to increase, though mortality figures are not increasing - this may indicate early diagnosis through screening programmes and general awareness.

3.5 In general the population report good levels of wellbeing. Indications of depression and anxiety affect women slightly more than men and are also highest in 25-44 year olds. Suicide rates are similar to national figures.

3.6 The proportion of five year old children with some tooth decay in Oxfordshire has increased in the last few years. It was higher than the proportion for England overall.

Other considerations

It is likely that pressure on health and social care services will continue to increase at the same time as greater efficiency is demanded. The need for self-care and prevention of long term conditions is still paramount. The factors which are most influential in determining health outcomes remain

- Smoking status
- High blood pressure and high blood cholesterol levels
- Body mass index – a factor of diet and physical activity
- Alcohol consumption

In addition to this the influence of living and working conditions is also important. These include housing, income, educational attainment, employment, air quality and community safety.

4. Recommendations

It is recommended that

- 1 The Health Improvement Board maintain their focus on the 4 priorities listed above
- 2 The Board should continue to receive performance reports that include the best and worst performance by locality or group. Where possible each outcome should be set to include a reduction in the inequality of outcomes. This will mean work has to be focussed on the groups with worse outcomes in order for the overall target to be reached.
- 3 Consideration is given to adding indicators for the following issues
 - Young people who are vulnerably housed
 - Smoking in pregnancy

Jackie Wilderspin, April 2015

Appendix 1 Summary of performance reported in March 2015

1. The following outcomes set for 2014-15 are currently rated “green”
 - Number of invitations for NHS Health Checks sent out
 - Number of people receiving housing related support will depart services to take up independent living
 - Number of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies who are prevented from becoming homeless
 - number of households in Oxfordshire who have received significant increases in the energy efficiency of their homes or their ability to afford adequate heating.
2. Some indicators were rated “amber” at the latest reporting period which means they were within 5% of achieving the target set
 - Percentage of babies are breastfed at 6-8 weeks of age
 - Percentage of children receiving dose 1 of MMR (measles, mumps, rubella) vaccination by age 2
3. Other indicators were rated “red” and have not achieved the targets set by the latest reporting period
 - At least 60% of those sent bowel screening packs complete and return them (ages 60-69 and ages 70-74)
 - At least 66% of those invited for NHS Health Checks attend (ages 40-74)
 - At least 3800 people quit smoking for at least 4 weeks
 - 8.6% of opiate users successfully leaving treatment by the end of 14/15
 - 38.2% of non-opiate users successfully leaving treatment by the end of 14/15
 - Ensure that the obesity level in Year 6 children is held at no more than 15%
 - At least 95% children receive dose 2 of MMR vaccination by age 5
4. There are some indicators for which reports have not yet been received
 - Reduce by 1% the proportion of people who are NOT physically active for at least 30 minutes a week
 - Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 74 in 2013-14
 - At least 60% of people aged under 65 in “risk groups” receive flu vaccination
 - At least 90% of young women will receive both doses of HPV vaccination.