Health Improvement Board
January 2017

Q2 Performance Report 2016/17

Background

1. The Health Improvement Board is expected to have oversight and of performance on four priorities within Oxfordshire's Joint Health and Wellbeing Strategy 2015-2019, and ensure appropriate action is taken by partner organisations to deliver the priorities and measures, on behalf of the Health and Wellbeing Board.

2. The four priorities the Board has responsibility for 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

Current Performance

3. A table showing the agreed measures under each priority, expected performance and current performance is attached as appendix A.

4. There are some indicators that are reported on an annual basis and some on a half-yearly basis - these will be reported in future reports following the release of the data.

5. For the indicators that can be regularly reported on, current performance (at Q2) can be summarised as follows:

    *   4 indicators are Green.
    *   6 indicators are Amber (defined as within 5% of target).
    *   3 indicators are Red

6. The indicators that are red are:

    8.3   Take-up of invitation for NHS Health Checks should exceed national average (2015-16 = 47.9% nationally) and aspire to 55% in year ahead. There was an error recording national average at time of priority setting - figure for England was 47.9% for 2015/16 (not 51.7%). This is a cumulative figure so may reach target by end year.

    8.4   Number of people quitting smoking for at least 4 weeks should exceed 2015-16 baseline by at least 10% (15-16 baseline = 1923). The number of quitters by Q2 had reached 978. This indicates that it will not reach target of 2115 by end-year.

    8.7   Number of users on NON-OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment. This has remained at a similar level to Q1 (20%) - target is 26.2%.

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

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
8.1	At least 60% of those sent bowel screening packs will complete and return them (aged 60-74 years) - and adequately screened	60%	59.1%	🟧	0%		0%		0%		Data six months in arrears.
8.2	Of people aged 40-74 who are eligible for health checks once every 5 years, at least 15% are invited to attend during the year.

No CCG locality should record less than 15% and all should aspire to 20%. | 15% | 5.0% | 🟥 | 10.2% | 🟧 | 0.0% | | 0% | | Most CCG Localities have similar % offered. West Oxfordshire is lowest and South East is highest. |
| 8.3 | Take-up of invitation for NHS Health Checks should exceed national average (2015-16 = 47.9% nationally) and aspire to 55% in year ahead.

No CCG locality should record less than 50%. | >47.9% (Aspire 55%) | 35.1% | 🟥 | 40.8% | 🟥 | 0.0% | | 0% | | Uptake varies from 33% in North East to 50% in West Oxfordshire. **NB: error recording national average at time of priority setting - figure for England 47.9% in 2015/16 (not 51.7%). Cumulative figure.** |
8.4	Number of people quitting smoking for at least 4 weeks should exceed 2015-16 baseline by at least 10% (15-16 baseline = 1923)	> 2115 by end year	551	🟩	978	🟥	0		0		
8.5	Mother smoking at time of delivery should decrease to below 8% - Oxfordshire CCG	<8%	7.8%	🟩	7.2%	🟩	0.0%		0.0%		-
8.6	Number of users of OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.	> 4.5% 5% end year (Aspire 6.8% long term)	4.6%	🟩	4.3%	🟧	0.0%		0.0%		

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
8.7	Number of users on NON-OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.	> 26.2% 30% end year (Aspire 37.3% long term)	20.8%	🟥	20.0%	🟥	0.0%		0.0%		-

Priority 9: Preventing chronic disease through tackling obesity

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
9.1	National Childhood Measurement Programme (NCMP) - obesity prevalence in Year 6.	<=16%									
9.2	Reduce by 0.5% the proportion of people who are NOT physically active for at least 30 minutes a week (baseline for Oxfordshire 21.9% Jan14-15)	Reduce by 0.5% from baseline (21.9%)	23.4%	🟧							Updated PHOF Aug 2016. This has been classed as "amber" as it remains significantly better than England (28.7%)
9.3	Babies breastfed at 6-8 weeks of age (County) No individual CCG locality should have a rate of less than 55%)	63%	62.2%	🟧	61.7%	🟧	61.8%	🟧	0.0%		Trying to obtain these data at locality level (SL)

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

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
10.1	The number of households in temporary accommodation on 31 March 2017 should be no greater than level reported in March 2016 (baseline 190 households)	≥190			192	🟧			0		

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
10.2	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.2% 2015-16)	75%	85.1%	🟩	84%	🟩	0%		0%		
10.3	At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless.	80%			86.4%	🟩			0%		
10.4	Increase the number of households in Oxfordshire who have received significant increases in energy efficiency of their homes or their ability to afford adequate heating, as a result of the activity of the Affordable Warmth Network and their partners	Needs a new target					0		0		
10.5	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 90 (2015)	≥90			79	🟩	0		0		
10.6	At least 70% of young people leaving supported housing services will have positive outcomes in 2016-17, aspiring to 95%	<=70% Aspire 95%					0%		0%		

Priority 11: Preventing infectious disease through immunisation

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
11.1	At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 years	95%	95.0%	🟩	94.5%	🟧	0.0%		0.0%		Data not available by CCG locality at present.
	No CCG locality should perform below 94%										

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 years	95%	93.4%		92.5%		0.0%		0.0%		Data not available by CCG locality at present.
	No CCG locality should perform below 94%										
11.3	Seasonal Flu <65 at risk (Oxfordshire CCG)	≥ 55%							0.0%		
11.4	HPV 12-13 years (Human papillomavirus) 2 doses	≥ 90%							0%		-