

Health Improvement Board 13 September 2018

Q4 2017/18 Performance Report

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 2012-2016, 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 only reported on an annual basis and 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 can be summarised as follows:
 - 6 indicators are Green.*
 - 4 indicators are Amber (defined as within 5% of target).*
 - 0 indicators are Red*
 - 2 indicators do not yet have information available for Q4 – these are indicators 8.1 (Bowel screening data is usually 6 months in arrears) and 10.3 (Households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless*
6. There will be a Rough Sleeper report (deferred from May meeting).

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Health Improvement Practitioner
28 August 2018

**Oxfordshire Health and Wellbeing Board
Performance Report 2017/18 Q4**

No	Indicator	Target	Q1 Apr- Jun	R A G	Q2 Jul- Sept	R A G	Q3 Oct- Dec	R A G	Q4 Jan- Mar	R A G	Notes
Priority 8: Preventing early death and improving quality of life in later years											
8.1	At least 60% of those sent bowel screening packs will complete and return them (aged 60-74 years) - and adequately screened	60%	58.3%	A	59%	A	56%	A	%		Data at least six months in arrears.
8.2	At least 95% of the eligible population 40-74 will have been invited for a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 80%	95% over 5-year period Q1 84%, Q2 88%, Q3 92%, Q4 95%	85.2%	G	90.7%	G	95.1%	G	99%	G	All CCG localities have invited over 90% of the eligible population at the end of Q4 (range 94% to 100%)
8.3	At least 45% of the eligible population 40-74 will have received a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 40%.	45% over 5-year period Q1 42%, Q2 43%, Q3 44%, Q4 45%	42.3%	A	44.7%	G	47.3%	G	49.8%	G	No CCG locality has recorded less than 40% (range 42% to 54%)
8.4	Rate of successful quitters per 100,000 smokers aged 18+ should exceed the baseline set in 2017-18	>2315	2432	G	2159	A	2219	A	2337	G	
8.5	The number of women smoking in pregnancy should remain below 8% recorded at time of delivery	<8%	8.0%	G	7.5%	G	7.9%	G	7.4%	G	
8.6	Oxfordshire performance for the proportion of opiate users who successfully complete treatment.	>6.8%	7.3%	G	8.4%	G	8.3%	G	8.8%	G	

8.7	Oxfordshire performance for the proportion of non-opiate users who successfully complete treatment	>37.3%	44.6%	G	45.6%	G	39.5%	G	34.1%	A	-
Priority 9: Preventing chronic disease through tackling obesity											
9.1	Ensure that obesity level in Year 6 children is held at below 16% (in 2016 this was 16.0%) No district population should record more than 19% (NCMP)	<=16%					16.8%	A			Cherwell 18.8%; Oxford 21.3%; South Oxfordshire 12.9%; Vale of White Horse 16%; West Oxfordshire 14.7%
9.2	Reduce by 0.5% the percentage of adults classified as "inactive" (Oxfordshire baseline Nov 2016 of 17%).	Reduce by 0.5% from baseline (17%)					18.6%	R			Nov. 18 next release (note change of definition from 16+ to 19+)
9.3	63% of babies are breastfed at 6-8 weeks of age (county). KEEP UNDER SURVEILLANCE IN 2017/18	63%	60.1%		62.3%		59.8%		61.9%		
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness											
10.1	The number of households in temporary accommodation on 31 March 2018 should be no greater than level reported in March 2017 (baseline 161 households in Oxfordshire 2016-17).	≥161			180		R				
10.2	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.3% in 2016-17)	≥75%	85.6%	G	83.1%	G	80.3%	G	84.0%	G	Data incomplete due to some contractors not providing data. Total for year (Quarters combined) = 83.4%
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 (baseline 80% in 2016-17).	80%			80.0%	G			%		
10.4	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2016-17 (baseline 79)	≥79					117	R			

10.5	At least 70% of young people leaving supported housing services will have positive outcomes in 2017-18	<=70% Aspire 95%			63.1%	A	55.3%	A	55.2%	A	Q1 to Q4 combined. The reduction in number of YP leaving singles pathway and moving on to greater independence has been steadily dropping. Reasons behind this are varied but may include difficulties in finding move on accommodation and increasing complexity of YP entering pathway.
10.6	At least 1430 residents are helped per year over the next 4 years where building based measures account for 25% of those interventions by the final year. KEEP UNDER SURVEILLANCE in 2017/18	NO TARGET							463		Fuel poverty interventions for Q3 and Q4 (as reported previously)
Priority 11: Preventing infectious disease through immunisation											
11.1	1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 94.6%) No CCG locality should perform below 94%	95%	95.0%	G	94.6%	A	93.2%	A	93.4%	A	
11.2	2 At least 95% children receive dose 2 of MMR (measles, mumps, rubella) vaccination by age 5 (currently 93.1%) No CCG locality should perform below 94%	95%	93.6%	A	93.0%	A	91.5%	A	90.3%	A	
11.3	At least 55% of people aged under 65 in "risk groups" receive flu vaccination	≥ 55%							52.4%		This is lower than the target of 55%.
11.4	At least 90% of young women to receive both doses of HPV vaccination. KEEP UNDER SURVEILLANCE in 2017/18	≥ 90%							0%		Data available annually for school year Sept-Aug - published after September.