

Health Improvement Board 20 February 2020

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 2018-2023, 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 indicators are grouped into the over-arching priorities of:
 - A good start in life
 - Living well
 - Ageing well
 - Tackling Wider Issues that determine health

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached.
4. For all indicators it is clear which quarter's data is being reported on. This is the most recent data available.
5. Some areas of work will be monitored through achievement of milestones. These are set out on pages 4-5 of this report. For Q1 and Q2 achievement progress is shown for Whole Systems Approach to Obesity, Making every Contact Count, Mental Wellbeing and Social Prescribing.
6. The latest update for some indicators relates to 2018/19; therefore, RAG rating for those indicators refers to 2018/19 targets. Performance for indicators included in this report can be summarised as follows:

Of the 17 indicators reported in this paper:

7 indicators are green

8 indicators are amber

3 indicators are red

- 1.12 Reduce the level of smoking in pregnancy
- 2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity).
- 2.19i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)

Health Improvement Board Performance Indicators
2019/20

	Measure	Baseline	Target 2019/20	National or Locally agreed	Update	Latest	RAG	Notes
A good start in life	1.12 Reduce the level of smoking in pregnancy	8% (Q1 18/19)	7%	L (N target >6% by 2022)	Q2 19/20	8.3%	R	Oxfordshire CCG level. Q3 data due 27 Feb 20
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	94.3% (Q2 18/19)	95%	N	Q2 19/20	93.4%	A	Variance 66.7% for a practice in North of county, 75% for a practice in Oxford City and 100% in 21 practices across the county (experimental stats).
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	92.7% (Q2 18/19)	95%	N	Q2 19/20	91.5%	A	Variance less than 90% in 22 practices (5 under 80%) to 100% in 14 practices (experimental stats).
	1.15 Maintain the levels of children obese in reception class	7.8% (17/18)	7%	L	2018/19	7.6%	G	Children who are obese and does NOT include those overweight (but not obese)
	1.16 Reduce the levels of children obese in year 6	16.2% (17/18)	16%	L	2018/19	15.7%	G	Cherwell 7.9%; Oxford 9.0% South Oxfordshire 7.3%; Vale of White Horse 7.0%; West Oxfordshire 6.3%. No significant change for any district.
Living Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	21% (May 2018)	18.6%	L	May-19	20.3%	R	Cherwell 24.1%; Oxford 15.4%; South Oxfordshire 19.4%; Vale of White Horse 17.6%; West Oxfordshire 26.9%
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	>2,337 per 100,000 (2017/18)	3,468 per 100,000	L	Q2 19/20	3317	A	
	2.18 Increase the level of flu immunisation for at risk groups under 65 years	52.4 (2017/18)	55%	N	Sept 19 to Dec 19	44.8%	A	
	% of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20)	97% (2018/19)	99% at year end (84%, 89%, 94%, 99%)	L	Q3 19//20	95.7%	G	Localities in Oxfordshire CCG are all meeting targets
	% of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	49% (2018/19)	50.5% at year end (41.6%, 44.1%, 47.1%, 50.5%)	L	Q3 19/20	47.1%	G	Localities in Oxfordshire CCG are all meeting targets

	2.19i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)	68.2% (all ages) Q4 2017/18	80%	N	Q4 2018/19	68.3%	A	Variation in districts for 2018/19 data - Cherwell 71.3%; Oxford 53.7%; South Oxfordshire 75.8%, Vale of White Horse 73.9%, West Oxfordshire 77.4% (Source: PHE Public Health Outcomes Framework)
	2.19ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years		80%	N	Q4 2018/19	76.6%	A	Variation in districts for 2018/19 data - Cherwell 75.8%; Oxford 70.4%; South Oxfordshire 78.8%, Vale of White Horse 77.4%, West Oxfordshire 79.5% (Source: PHE Productive Healthy Ageing Profile)
Ageing Well ¹	3.16 Maintain the level of flu immunisations for the over 65s	75.9% (2017/18)	75%	N	Sept 19 to Dec 19	74.8%	A	
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years)	58.1% (Q4 2017/18)	60% (Acceptable 52%)	N	Q4 2018/19	63.5%	G	FIT testing replaced FOBt testing in programme in June. The simpler test kit is likely to improve uptake nationally; preliminary local data is reflecting this (PHE)
	3.18 increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	74.1% (Q4 2017/18)	80% (Acceptable 70%)	N	Q4 2018/19	77.5%	R	Cherwell 78.1%; Oxford 70.3%; South Oxfordshire 77.8%; Vale of White Horse 80.5%; West Oxfordshire 79.8% (Source: PHE Productive Healthy Ageing Profile 2018/19 year data)
Tackling Wider Issues that determine health	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	208 (Q1 2018-29)	>208	L	Q1 2019/20	153	G	4.2 - Data reported as Q2 in Nov 2019 meeting was, in fact, Q1 data (89.6%). 4.3 will be reported following the official count in Q3. 4.1, 4.4, 4.5 and 4.6 will be reported in Q3.
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	tbc	<75%	L	Q2 2019/20	87.9%	G	
	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	90 (2018-19)	>90	L				
	4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	no baseline	Monitor only	-	Q1 2019/20	373	-	
	4.5 Monitor the number where a "relief duty is owed" (already homeless)	no baseline	Monitor only	-	Q1 2019/20	149	-	
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	no baseline	Monitor only	-	Q1 2019/20	13	-	

Health Improvement Board – Process Measures 2019/20

Measure	Quarter 1			Quarter 2		
	Process	Progress	Rag	Process	Progress	Rag
Whole Systems Approach to Obesity	Review the National guidance appropriate to Oxfordshire and the NHS Long Term Plan	PHE WSA National Guidance published in July and reviewed. NHS LTP reviewed for adult and childhood obesity. Developed a working group and action plan to take forward the recommendations	G	Identify and engage stakeholders	Stakeholders identified and 50% engaged. HIB agreed in September for all board member organisations to nominate a representative(s) that we can work with which is currently being followed up.	A
Making Every Contact Count	Transformation of Oxfordshire MECC Systems Implementation Group	The group has been changed from a task and finish group to currently meeting every two months until further review. Updated terms of reference for the group have been put in place.	G	Promoting MECC approach and training within stakeholder organisations	Various member organisations have been promoting MECC and encouraging the uptake of training. Detailed updates were reported at the September 2019 meeting. More recent specific examples include the Oxford Health Public Health Promotion Resource Unit (PHPRU) including a link to the Wessex MECC eLearning when they send an email to every new user of their service. There are also now 3 MECC Trainers within Age UK Oxfordshire (AUKO) and Action for Carers Oxfordshire. MECC Training is planned to be rolled out to their 150 staff through 3 levels of training from 2020.	G
Mental Wellbeing	Sign Mental Wellbeing Prevention Concordat	All HWB organisations, OMHP and Active Oxfordshire signed the Concordat.	G	Establish a working group for mental wellbeing	All organisations nominated representatives which public health have engaged with the discuss next steps. Working group established in August and meet twice to develop the framework.	G

Measure	Quarter 1			Quarter 2		
	Process	Progress	Rag	Process	Progress	Rag
Social Prescribing	<p>1. Oxford City - Develop measurable outcomes. Install 'Elemental' social prescribing platform to track the patient journey;</p> <p>2. SE Locality - All 10 Practices know the Community Navigators and their role and proactively refer patients. Proactive referrals made from the hospital discharge team to the Community Navigators.</p>	<p>1. OxFed (Oxford City service) is no longer going to install Elemental software.</p> <p>2. SE Locality service developed across all GP Practices.</p>	G	<p>Cherwell and West Oxfordshire - GP Practices identified and targeted for each phase of the scheme roll out;</p> <p>Practices in areas of inequality identified and targeted.</p>	<p>Phased roll out of service across Cherwell and West Oxfordshire on target. 20 Practices signed up out of 26 Practices. Targeting areas of inequality- 5 Banbury town Practices signed up.</p>	G

There is a caveat within the report explaining that the indicators reported on will not be officially released by Government until 13th December. However, it is unlikely that the figures will change.