

Health Improvement Board 19 May 2022

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 overarching priorities of:
 - A good start in life
 - Living well
 - Ageing well

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached. A short commentary is included to give insight into what is influencing the performance reported for each indicator
4. All indicators show which quarter's data is being reported on and whether it is new data or the same as that presented to the last meeting (if the metric is yet to be updated).

Of the 15 indicators reported in this paper:

Four indicators are **green**

Four indicators are **amber**

Five indicators are **red**:

- **2.16** Reduce the percentage of the population aged 16+ who are inactive (less than 30 mins/week moderate intensity activity)
 - **2.18** Increase the level of flu immunisation for at risk groups under 65 years
 - **2.21i** Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years)
 - **2.21ii** Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years)
 - **3.18** Breast screening – uptake (the proportion of eligible women invited who attend for screening)
5. A “deep dive” performance report is included as a separate agenda item and report. As discussed at the HIB meeting in September 2021, we are including this in each meeting to ensure the Board are sighted on performance against agreed priority areas.

This time the deep dive report relates to Healthy Place Shaping, and over a 12-month period will cycle through other areas (such as tobacco control, mental wellbeing, physical activity etc).

Health Improvement Board Performance Indicators 2021/22

	Measure (frequency)	New data since last HIB?	Target 2021/22	Reporting date	Latest	RAG	Change since last data point	Commentary
A good start in life	1.12 Reduce the level of smoking in pregnancy (quarterly)	Y	7%	Q3 21/22	5.8%	G	▲	The percentage of the population smoking at the time of delivery has been below 6% for the first three quarters of 2021/22 compared with above 6% for the whole of 2020/21. There will be some fluctuation in the percentage reported in each quarter given the overall small numbers.
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 (quarterly)	Y	95%*	Q3 21/22	93.6%	A	▲	The Pandemic impacted on all childhood immunisation. NHSEI continue to work closely with Child Health Information Services to monitor the impact of COVID-19 on the routine immunisation programmes. The Improving Immunisation Uptake (IIU) initiative continues to provide support to GP practices; ensuring improved uptake and reducing variation in uptake between practices. Particular focus has been given to pre-school boosters.
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 (quarterly)	Y	95%*	Q3 21/22	91.9%	A	▲	Samee as above. There is on-going work on increasing MMR uptake across the Thames Valley, focusing in particular on areas with low uptake of preschool and MMR booster vaccines. A national campaign to increase childhood MMR vaccination took place throughout February and March with the aim to encourage parents and carers of unvaccinated children to contact their GP practice.
	1.15 Reduce the levels of children obese in reception class (annual)	N	7%	2019/20	6.7%	A	▼	It isn't possible to report 21/22 data due to COVID resulting in a smaller sample being measured via NCMP than is reportable. However the data we do have available suggest an increase in obesity levels (over the past year nationally there has been a reported increase in obesity via NCMP sampling). Reporting on smaller proportion of cohort. Cherwell 7.1% Oxford 6.5% South Oxfordshire 7.9% Vale of White Horse 5.5% West Oxfordshire 7.4%
	1.16 Reduce the levels of children obese in year 6 (annual)	N	16%	2019/20	16.2%	A	▲	It isn't possible to report 21/22 data due to COVID resulting in a smaller sample being measured than is reportable by LA. However data we do have suggests that, as is the case nationally, there has been an increase in obesity.

Living Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) (annual)	Y	18.6%	Nov-21	21.0%	R	▼	<p>During COVID levels of inactivity worsened across England and locally levels of inactivity remain higher than we would like, although this latest data shows this is now improving. New projects such as Move Together (launched July 2021 and not yet reflected in these figures) and You Move (launching 2022) expect to improve this target further.</p> <p>At a district level data shows : Cherwell 24.4% Oxford 15.1% South Oxfordshire 21.4% Vale of White Horse 23.7% West Oxfordshire 20.7%</p>
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population (quarterly)	Y	1146 per 100,000	Q3 21/22	1306	G	▲	Changed to green (from amber and previously red)
	2.18 Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)	Y	85%*	Sep 2021 to Feb 2022	60.4%	R	N/A	The flu programme continued until 31st March 2022. Providers continued to vaccinate opportunistically where possible.
	2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2017/18 to Q4 2021/22) (quarterly)	N	N/A	Q3 21/22	72.6%	-	▼	The NHS Health Check Programme, currently commissioned via GP Practices, remains significantly impacted since the onset of the COVID-19 pandemic and current activity is below target. This is in part due to GP staffing capacity being redeployed to vaccination clinics and a national supply issue with blood tubes to enable collection of blood samples. Officers are currently in a commissioning cycle for a supplementary delivery method of the NHS Health Check Programme that sits outside of GP settings and provides targeted outreach. Important to note that the programme was paused nationally in response to the pandemic in order to create additional capacity in primary care.
	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2017/18 to Q4 2021/22) (quarterly)	N	N/A	Q3 21/22	33.5%	-	▼	Commentary as per 2.19.
	2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (quarterly)	Y	80%*	Q2 21/22	67.1%	R	▲	Cancer screening programmes were paused for several months in 2020 due to the pandemic. cervical screening programmes in Oxfordshire have now recovered. In the recovery phase all programmes undertook targeted work to maximise uptake and minimise DNAs. Work is now underway to support programme resilience during the winter period.

	2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years (quarterly)	Y	80%*	Q2 21/22	75.3%	R	-	As above.
Ageing Well ¹	3.16 Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)	Y	85%*	Sep 2021 to Feb 2022	86.4%	G	N/A	As per 2.18
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years) (quarterly)	Y	60% (Acceptable 52%)*	Q2 21/22	71.7%	G	▲	Service is now restored and currently performs within national standards.
	3.18 Breast screening – uptake (The proportion of eligible women invited who attend for screening)	Y	80% (Acceptable 70%)*	Q2 21/22	66.6%	R	▼	COVID-19 restrictions impacted on this programme. Workforce sickness/self-isolation and availability was also an issue. Fewer women presented for breast screening; contributory factors may have included shielding and self-isolation.

*National target