

Health Improvement Board 15 September 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:

Three indicators are **green**

Six indicators are **amber**

Four indicators are **red**:

- **2.18** Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)
 - **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)
 - **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)
 - **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 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 Tobacco Control, and over a 12-month period will cycle through other areas (mental wellbeing, physical activity, healthy weight etc)

Health Improvement Board Performance Indicators 2022/23

	Measure (frequency)	New data since last HIB?	Target 2022/23	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	6.5%	Q4 21/22	7.0%	A	▲	Smoking at time of delivery ranged between 5.4 (Q1) and 7.0 (Q4) across the 4 quarters of 2021-22. Reaching 6.1 across all 4 quarters (391 women) a reduction since last year. This year maternity services across the ICP will be launching a bespoke targeted Stop Smoking Service
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 (quarterly)	Y	95%*	Q4 21/22	93.7%	A	▲	A national campaign to increase childhood MMR vaccination is ongoing since Feb 2022.
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 (quarterly)	Y	95%*	Q4 21/22	91.6%	A	▼	A national campaign to increase childhood MMR vaccination is ongoing since Feb 2022.
	1.15 Reduce the levels of children obese in reception class (annual)	N	25%	2019/20	19.8%	-	▼	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	37%	2019/20	33.5%	-	▲	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.

	Measure (frequency)	New data since last HIB?	Target 2022/23	Reporting date	Latest	RAG	Change since last data point	Commentary
Living Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) (annual)	N	17.4% (18.6% 21/22)	Nov 20/21	21.0%	A	▼	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. 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%
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population (quarterly)	Y	1146 per 100,000	Q4 21/22	1384	G	▲	The new smoking cessation provider has made excellent efforts to achieve their target 4 week quit rates by delivering the service remotely and continuing to engage with clients through the Covid pandemic.
	2.18 Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)	N	85%*	Sep 2021 to Feb 2022	60.4%	R	▲	The 2021/22 flu programme offered the flu vaccine to the largest number of people in the history of the programme and was offered alongside the national COVID-19 vaccine programme. Uptake within the under 65 year 'at risk' cohort remained stable with an increase seen in the over 65 years cohort and the 50 – 64 years cohort.
	2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (2018/19 - 2022/23) (quarterly)	Y	70%	Q1 22/23	62.6%	A	▼	The NHS Health Check Programme, currently commissioned via GP Practices only, has improved in the delivery of invitations back to pre-pandemic levels for Q1 2022/23. A small number of GP Practices are still paused in their delivery of the NHS Health Checks as they restore services during this recovery phase.
	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (2018/19 - 2022/23) (quarterly)	Y	42%	Q1 22/23	32.7%	A	▼	Officers are currently in a commissioning cycle for a new supplementary delivery method of the NHS Health Check Programme through a third-party provider that sits outside of GP Practice settings and will provide targeted outreach. The new Service Provider will begin an Implementation Phase from 1st October 2022 and commence Service Delivery from 1st January 2023. Important to note that the Programme was paused nationally in response to the COVID-19 pandemic in order to create additional capacity in primary care. A small

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								number of GP Practices are still paused in their delivery of the NHS Health Checks as they restore services during this recovery phase.
	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%*	Q3 21/22	66.5%	R	▼	This is below the levels seen for England (68.1%) and the South (70.8%). GP practices with lower cervical screening coverage in 25–49-year-olds are situated in LSOAs with a higher percentage non-white population. NHSE Screening team are working in conjunction with BOB ICS to embark on a work to improve cervical screening uptake, in particular for younger, non-white women, at the lowest performing practices in the System. This includes ensuring ceasing records are up to date and accurate in line with the National ceasing audit.
	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%*	Q3 21/22	75.0%	R	▼	Comparable to England (74.8%) and the South (75.5%).
Ageing Well ¹	3.16 Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)	N	85%*	Sep 2021 to Feb 2022	86.4%	G	N/A	The 2021/22 flu programme offered the flu vaccine to the largest number of people in the history of the programme and was offered alongside the national COVID-19 vaccine programme.
	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%)*	Q3 21/22	69.0%	G	▼	The service is currently inviting at 129% of their pre-COVID-19 rate. Service is fully restored, recovered its backlog in July 2021 and performs within the invite target threshold of inviting within +/- 6 weeks. National average = 68.8%.
	3.18 Breast screening – uptake (The proportion of eligible women invited who attend for screening)	Y	80% (Acceptable 70%)*	Q3 21/22	69.6%	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. Additional capacity is now in place and the breast screening provider expects to be back to a sustained round from the Autumn 2022.

*National target