

# Health Improvement Partnership Board

## 7<sup>th</sup> September 2023

### Performance Report

#### Background

1. The Health Improvement Partnership Board is expected to have oversight 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:

**Five** indicators are **green**

**Five** indicators are **amber**

**Five** 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)
  - **3.16** Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)
  - **3.18** Breast screening – uptake (The proportion of eligible women invited who attend for screening)
5. **Thematic outcome overview: Mental Health and Wellbeing**

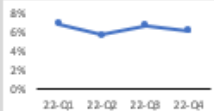







An overview of mental health and wellbeing outcomes is included to provide context for the thematic focus of the Board's meeting and is an update on that reviewed by the Health Improvement Partnership Board in November 2021. N.B. due to the delay in national data collection and reporting, a number of indicators relate to past years.

# Health Improvement Board Performance Indicators 2022/23

\*National target

## 1 – Targets set by Local Authority Public Health

2 - RAG: **G** has exceeded or is close to target **A** is borderline but within threshold **R** is off target

	Measure	New data since last	Frequency	Target <sup>1</sup> 23/24	Latest Period	Latest Data	RAG <sup>2</sup>	Direction of travel	Trend	Commentary
<b>A good start in life</b>	1.12 Reduce the level of smoking in pregnancy (quarterly)	Y	Quarterly	6.0%	22-Q4	6.2%	G	↓		Variation across quarterly reporting is expected due to overall low numbers. The public health funded stop smoking service is in place to support pregnant women to quit. A new maternity tobacco dependency service (NHSE funded, implemented via the ICB) is anticipated to commence soon. The Family Nurse Partnership incentivised quit scheme to support young mothers and their significant others to quit is continuing.
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 (quarterly)	Y	Quarterly	95% 22/23	22-Q4	92.2%	A	↓		The NHS England Improving Immunisation Uptake initiative continues to provide support to identified GP practices, ensuring improved uptake and reducing variation in uptake between practices. In addition, as part of a South East pre-school vaccination campaign, the NHS will contact parents of children who will be starting school in Sep 2023 and will be encouraging them to have their children vaccinated. The campaign will aim to educate and inform parents about why the vaccines are so important and the impact of these diseases on their children's health and within the wider community.
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 (quarterly)	Y	Quarterly	95% 22/23	22-Q4	91.6%	A	↑		The NHS England Improving Immunisation Uptake initiative continues to provide support to GP practices; ensuring improved uptake and reducing variation in uptake between practices.
	1.15 Reduce the levels of children overweight (including obese) in reception class (NCMP data) - (Annual-Dec)	N	Annual (Dec)	18.4%	21/22	19.3%	A	↑		There has been a small increase in Reception overweight and obesity since pre-pandemic levels in 2018/2019. Work is continuing to address this through the whole systems approach to healthy weight action plan and specific programmes such as You Move and the child healthy weight service, Gloji Energy.
	1.16 Reduce the levels of children overweight (including obese) in Year 6 (NCMP data) - (Annual Dec)	N	Annual (Dec)	31.0%	21/22	33.4%	A	↑		There has been a significant increase in Year 6 overweight and obesity levels since 2018/2019 (pre-pandemic). Work is continuing to address this through the whole systems approach to healthy weight action plan and specific programmes such as You Move and the child healthy weight service, Gloji Energy.
<b>Living Well</b>	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) (Annual - Feb)	N	Annual (Jun)	20.0%	Nov 21/22	19.2%	G	↓		During COVID, levels of inactivity worsened across England. New projects such as Move Together (launched July 2021) and You Move (launched June 2022) to help improve this measure and latest data from Sport England shows this is now improving. This year a local physical activity framework, Oxfordshire on the Move launched in April 2023, coordinated by Active Oxfordshire to galvanise partners to increasing physical activity through specific ambitions.
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population (quarterly)	Y	Quarterly	1267 per 100,000	22-Q4	1403	G	↑		The Oxfordshire Local Stop smoking service (LSSS) continues to engage local residents to quit smoking, targeting priority groups through workplace and pop-up events, as well as having a single point of access referral route, and a range of quit tools available including e-cigarettes. Work across the system through the Tobacco Control Alliance continues to support the County to become Smoke Free through initiatives such as SmokeFree side-lines, parks, school gates. Priorities for 23/24 are to work with debt management providers to support individuals to quit to improve health and finances.
	2.18 Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)	N	Annual	60.4% (annual) 22/23	Sep-22-Feb23	56.5%	R	↓		Uptake for the 22/23 season surpassed the baseline of 2017/18 but did not meet the uptake of 21/22. This is mirrored in the regional data, where uptake has dropped compared to 21/22. One reason is that the public may be less sensitised to the need for vaccinations this year compared to the height of the COVID pandemic. The NHS England Thames Valley Public Health Commissioning Teams are completing a review of the 22/23 flu vaccination programme with a view to maximising uptake and reducing inequalities in 23/24.

1 - Targets set by Local Authority Public Health

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	Measure	New data since last HIB	Frequency	Target 23/24	Latest Period	Latest Data	RAG <sup>1</sup>	Direction of travel	Trend	Commentary
Living Well	2.19 % of the eligible population aged 40-74 who have been offered an NHS Health Check in 2023 -24 (quarterly)	Y	Quarterly	5.0%	23-Q1	3.7%	A	↑		Q1 2023/24 saw an increase in the numbers of NHS Health Check invitations that is more aligned to the pre-pandemic levels. All GP Practices are offering NHS Health Checks in Q1 2023/24. The Supplementary NHS Health Check Service are making progress with community health checks increasing their numbers of checks completed in Q1 2023/24 compared to Q4 2022/23.
	2.20 Of those residents invited for a NHS Health check, the % who accept and complete the offer (annual - Jun)	Y	Annual (Jun)	45.0%	2022/23	45.2%	G	↑		GP Practices are actively inviting eligible patients and a countywide marketing campaign is currently underway alerting the public to the NHS Health Check programme and urging them to attend their appointments when invited. The newly commissioned supplementary NHS Health Check Services began the service implementation phase between October - December 2022 and service delivery through outreach clinics began from 1st February 2023. The Oxfordshire service continues to benchmark higher than regional and national averages.
	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	Quarterly	80%* 22/23	22-Q3	64.7%	R	↓		This is below the coverage for England (66.4%) and the South East (67.3%) averages. GP practices with lower cervical screening coverage in 25-49 year olds are situated in small areas (LSOAs) with a higher percentage non-white population. NHSE Thames Valley Screening and Immunisation Team is working in conjunction with BOB ICB to improve cervical screening uptake and reduce inequalities. This includes ensuring ceasing records are up to date and accurate in line with the National ceasing audit. The Screening and Immunisation Team have rolled out an assurance process via ICBs to enable cervical screening safely through Primary Care Networks enhanced access clinics. The Screening and Immunisation Team will now target PCNs with lower coverage to understand what further supportive actions can be implemented. A South East wide communications campaign aimed at first time attendance at cervical screening is being rolled out in 2023.
	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	Quarterly	80%* 22/23	22-Q3	74.7%	R	↓		This is comparable to England (74.7%) and the South East (74.9%) averages. NHSE Thames Valley Screening and Immunisation Team is working in conjunction with BOB ICB to improve cervical screening uptake and reduce inequalities. This includes ensuring ceasing records are up to date and accurate in line with the National ceasing audit. The Screening and Immunisation Team have rolled out an assurance process via ICBs to enable cervical screening safely through Primary Care Networks enhanced access clinics. The Screening and Immunisation Team will now target PCNs with lower coverage to understand what further supportive actions can be implemented.
Ageing Well	3.16 Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)	N	Annual	86.4% (annual) 22/23	Sep22-Feb23	84.9%	R	↓		Uptake for the 22/23 season surpassed the baseline of 2017/18 but did not meet the uptake of 21/22. This is mirrored in the regional data, where uptake has dropped compared to 21/22. One reason is that the public may be less sensitised to the need for vaccinations this year compared to the height of the COVID pandemic. The NHS England Thames Valley Public Health Commissioning Teams are completing a review of the 22/23 flu vaccination programme with a view to maximising uptake and reducing inequalities in 23/24.
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years) (quarterly)	Y	Quarterly	60% (Acceptable 52%)* 22/23	22-Q3	67.6%	G	↑		The programme is meeting the acceptable standard for uptake. Age-extension for the bowel screening programme is taking place, with age-extension to 54 year olds in 2023.
	3.18 Breast screening - uptake (The proportion of eligible women invited who attend for screening) (quarterly)	Y	Quarterly	80% (Acceptable 70%)* 22/23	22-Q3	63.5%	R	↓		The breast screening programme was significantly impacted by the pandemic. Uptake is comparable to the South East (63.1%) and above the England (58%) averages. Unpublished data suggest improvements in uptake in the next quarter in Oxfordshire. NHSE South East regional teams are working collaboratively to develop a breast screening workforce plan and providing financial support to providers to implement approaches to reduce inequalities and improve uptake across all Section 7a programmes that they provide.

## Mental Health Wellbeing

RAG: ■ Better or Higher ■ Similar ■ Worse or Lower The RAG rating is benchmarked against England except for \* which is rated against Oxfordshire set target of 95%.

#	Measure	Period	Oxfordshire	SE	England	Trend	Commentary
<b>A good start in life</b>	Percentage of Mothers who received a Maternal Mood Review (by 0-5 Health Visiting Service) in line with the local pathway by the time the infant is aged 8 weeks.	Q1 22/23	95% *	-	-	No Trend Data	Mothers who are identified as needing additional support are referred on for Listening Visits, Knowing me - Knowing You groups, Perinatal Mental Health support services.
	Hospital admissions as a result of self-harm (10-14 years), crude rate of finished admission episodes for self-harm per 100,000 population. (Annual)	2021/22	197.3	346.3	307.1	No Trend Data	This is a priority within the Children and Young People's Plan led by the Children's Trust and is part of the Suicide and Self-Harm Strategy and the Children and Young People's Emotional Health and Wellbeing Strategy.
	Hospital admissions as a result of self-harm (15-19 years), crude rate of finished admission episodes for self-harm per 100,000 population. (Annual)	2021/22	644.8	854.5	641.7	No Trend Data	This is a priority within the Children and Young People's Plan led by the Children's Trust and is part of the Suicide and Self-Harm Strategy and the Children and Young People's Emotional Health and Wellbeing Strategy.
	Hospital admissions as a result of self-harm (20-24 years), crude rate of finished admission episodes for self-harm per 100,000 population. (Annual)	2021/22	362.4	466.3	340.9	No Trend Data	Self-harm is risk factor for suicidal behaviour, support is provided through universal and targeted support to people in crisis.
	School Readiness: percentage of children achieving a good level of development at the end of Reception (Annual).	2021/22	67.5%	67.5%	65.2%		This a priority for the Oxfordshire School Readiness and Lifelong Strategic Plan and led by a multi-agency task and finish group
	School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception (Annual)	2021/22	43.1%	47.4%	49.1%	No Trend Data	This indicator is a priority for the Oxfordshire School Readiness and Lifelong Strategic Plan and led by a multi-agency task and finish group
<b>Living Well</b>	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate, percentage point gap (Annual)	2020/21	66.3	66.7	66.1		This is forming part of the COVID recovery planning
	Percentage of people in employment	2021/22	79.10%	78.10%	75.40%		This is forming part of the COVID recovery planning
	Self-reported wellbeing - people with a low happiness score	2021/22	6.2%	7.70%	8.40%		This is a priority for the Mental Health Concordat and organisations across the county.
	Self-reported wellbeing - people with a high anxiety score	2021/22	20.2%	22.3%	22.6%		This is a priority for the Mental Health Concordat and organisations across the county.
	Suicide rate, age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (10+) (Annual)	2019-21	10.0	10.6	10.4		This is a priority for the Suicide Prevention Strategy and Multiagency Group

RAG: ■ Better or Higher ■ Similar ■ Worse or Lower The RAG rating is benchmarked against England except for \* which is rated against Oxfordshire set target of 95%.

	Measure	Period	Oxfordshire	SE	England	Trend	Commentary
<b>Ageing Well</b>	Loneliness: Percentage of adults who feel lonely often / always or some of the time (Annual)	2019/20	24.2%	20.8%	22.3%	No Trend Data	This is a system priority for organisations supporting adults and should form part of a holistic assessment.
	Excess under 75 mortality rate in adults with severe mental illness (SMI) (Annual)	2018-20	330.8%	425%	389.9%		This is a priority for primary and secondary care.
	Social isolation: percentage of adult social care users who have as much social contact as they would like (Annual)	2021/22	37.40%	40.70%	40.60%		This is a system priority for organisations supporting adults and should form part of a holistic assessment.

**No Trend Data** : Following Census 2021, the Office for National Statistics (ONS) is carrying out reconciliation and rebasing of the mid-year population estimates (MYE) it produces. This process happens every 10 years following the census. It is particularly important following the 2021 Census because the coronavirus (COVID-19) pandemic is likely to have increased the uncertainty around the MYEs more than would ordinarily be the case. It is likely that many people's movements over the last two years may not reflect longer-term trends.