

Health Improvement Board 12 September 2019

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. No reports are expected until the end of Q1 2019/20 and therefore this table is included for information only.
6. The latest update for some indicators relates to 2018/19; therefore, RAG rating also refers to 2018/19 targets. Performance for those indicators that are updated this quarter can be summarised as follows:

Of the 11 indicators reported in this paper:

8 indicators are green

6 indicators are amber

1 indicator is red - 4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90. A representative from Housing Support Advisory Group (HSAG) will attend HIB with a more detailed report.

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)	Q4 2018/19	7.7%	A	Data incomplete for OCCG - no return from Great Western Hospital this quarter. RAG based on 18/19 targets
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	94.3% (Q2 18/19)	95%	N	Q1 2019/20	94.6%	A	RAG based on 18/19 targets
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	92.7% (Q2 18/19)	95%	N	Q3 2018/19	91.7%	A	RAG based on 18/19 targets
	1.15 Maintain the levels of children obese in reception class	7.8% (17/18)	7%	L				The baseline for children who are obese and does NOT include those overweight (but not obese) Data for 2018/19 academic year is likely to be released in November / December 2019
	1.16 Reduce the levels of children obese in year 6	16.2% (17/18)	16%	L				
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	Nov 2018	19.1%		This is an interim figure. Directly comparable data will be available later in the year.
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	>2,337 per 100,000 (2017/18)	> 2,337 per 100,000*	L	Q4 2018/19	2,929	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
	2.18 Increase the level of flu immunisation for at risk groups under 65 years	52.4 (2017/18)	55%	N	Sept 18 to Feb 19	51.4%	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%	L	Q1 2019/20	84.4%	G	
	% of the eligible population aged 40-74 years receiving an NHS Health Check (Q1 2015/16 to Q4 2019/20)	49% (2018/19)	51%	L	Q1 2019/20	42.0%	G	
	2.19i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 3.5 (under 50 years))	68.2% (all ages) Q4 2017/18	80%	N	Q3 2018/19	67.8%	A	
	2.19ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 5.5 years (over 50 years))		80%	N	Q3 2018/19	76.3%	A	

	Measure	Baseline	Target 2019/20	National or Locally agreed	Update	Latest	RAG	Notes
Ageing Well ¹	3.16 Maintain the level of flu immunisations for the over 65s	75.9% (2017/18)	75%	N	Sept 18 to Feb 19	76.3%	G	
	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	Q3 2018/19	58.7%	G	
	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	Q3 2018/19	73.5%	G	
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	Q4 2018/19	141	G	
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	tbc	<75%	L	Q4 2018/19	89.1%	G	
	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	90 (2018-19)	>90	L	Q3 2018/19	119	G	
	4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	no baseline	Monitor only	-	Q4 2018/19	307	-	
	4.5 Monitor the number where a "relief duty is owed" (already homeless)	no baseline	Monitor only	-	Q4 2018/19	162	-	
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	no baseline	Monitor only	-	Q4 2018/19	15	-	

1. These measures may be revised in the year, once the older People's Strategy is finalised.

Health Improvement Board – Process Measures 2019/20

Measure	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	Process	Rag	Process	Rag	Process	Rag	Process	Rag
Whole Systems Approach to Obesity	Review the National guidance appropriate to Oxfordshire and the NHS Long Term Plan		Identify and engage stakeholders		Establish a working group		Develop a joint action plan	
Making Every Contact Count	Transformation of Oxfordshire MECC Systems Implementation Group		Promoting MECC approach and training within stakeholder organisations		Support BOB STP with 1. development and implementation of the MECC digital App 2. IAPT training model test bed and Train the Trainer model		1. Engagement with local/regional MECC networks to contribute updates and share learning. 2. Test/shadow BOB STP MECC Metrics.	
Mental Wellbeing	Sign Mental Wellbeing Prevention Concordat		Establish a working group for mental wellbeing		1. Identify wider stakeholders; 2. Suicide Prevention Multi-Agency Group active in May and Dec		Develop Mental wellbeing framework	
Diabetes Transformation							1. National Diabetes prevention programme - increase uptake from baseline; 2. Increase percentage of patients achieving all three NICE treatment targets; 3. Attendance at diabetes structured education - increase numbers from baseline; 4. Increase percentage of patients with 8 care processes completed from baseline	
Domestic Abuse	tbc		tbc		tbc		tbc	
Healthy Place Shaping	tbc		tbc		tbc		tbc	

Social Prescribing	1. Oxford City - Develop measurable outcomes. Install 'Elemental' social prescribing platform to track the patient journey; 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		Cherwell and West Oxfordshire - GP Practices identified and targeted for each phase of the scheme roll out; Practices in areas of inequality identified and targeted.					
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