

Health Improvement Board 14 May 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

9 indicators are amber

1 indicator is red

- 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) | Q3 19/20 | 7.3% | A | Oxfordshire CCG level. |
| | 1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 | 94.3% (Q2 18/19) | 95% | N | Q3 19/20 | 94.7% | A | |
| | 1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 | 92.7% (Q2 18/19) | 95% | N | Q3 19/20 | 92.4% | A | |
| | 1.15 Maintain the levels of children obese in reception class | 7.8% (17/18) | 7% | L | 2018/19 | 7.6% | A | 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. |
| | 1.16 Reduce the levels of children obese in year 6 | 16.2% (17/18) | 16% | L | 2018/19 | 15.7% | G | Cherwell 17.8%; Oxford 16.4% South Oxfordshire 13.0%; Vale of White Horse 15.7%; West Oxfordshire 15.2%. 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 | Nov-19 | 17.8% | A | Cherwell 19.6%; Oxford 14.1%; South Oxfordshire 18.9%; Vale of White Horse 14.8%; West Oxfordshire 23.1% |
| | 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 | |
| | 2.19 % 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 yearend (84%, 89%, 94%, 99%) | L | Q3 19//20 | 95.7% | G | Localities in Oxfordshire CCG are all meeting targets |
| | 2.20 % 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 yearend (41.6%, 44.1%, 47.1%, 50.5%) | L | Q3 19/20 | 47.1% | G | Localities in Oxfordshire CCG are all meeting targets |

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| | 2.21i 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 | Q2 2019/20 | 68.5% | R | |
| | 2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years | | 80% | N | Q2 2019/20 | 77.7% | A | |
| 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 | 75.7% | 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 | Q2 2019/20 | 70.1% | 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 | Q2 2019/20 | 69.6% | A | 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 ² | 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 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 3 | | | Quarter 4 | | |
|-----------------------------------|--|--|-----|---|--|-----|
| | Process | Progress | Rag | Process | Progress | Rag |
| Whole Systems Approach to Obesity | Establish a working group | Working group developed and active. Includes OCC, CCG, Active Oxfordshire with GP representative. Met monthly from Sep 19 – Mar 20 to embed the approach and plan stakeholder engagement events. | G | Develop a joint action plan | Working group action plan developed. Development of a wider WSA following the stakeholder engagement events on hold due to Covid-19. | A |
| Making Every Contact Count | Support BOB STP with 1. development and implementation of the MECC digital App 2. IAPT training model test bed and Train the Trainer model | The development and implementation of the digital app has been supported through the SIG and its use has been encouraged where feasible and appropriate. SIG members helped to promote the STP IAPT open access training courses during the IAPT project (now finished). Courses were promoted and administered by the Oxfordshire Training Hub. The train the trainer model has been supported and is being continued to be encouraged as a sustainable way to deliver MECC training. | G | 1. Engagement with local/regional MECC networks to contribute updates and share learning. 2. Test/shadow BOB STP MECC Metrics. | The SIG continues to be represented on the PHE SE Regional MECC Network and the BOB MECC Oversight Group. Representatives of the SIG participated in the early stages of the development of the STP MECC Metrics (prior to this quarter). The development of metrics was not continued and so the SIG were unable to shadow any STP metrics | G |

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| Mental Wellbeing | <ol style="list-style-type: none"> 1. Identify wider stakeholders; 2. Suicide Prevention Multi-Agency Group active in May and Dec | <p>MAG met in May and October 2019</p> <p>Strategy development focused (public engagement, focus groups), new members (Rethink, SOBS). Real time suicide surveillance continues and informs work of the MAG and strategy</p> | G | Develop Mental wellbeing framework | Working Group developed a Prevention Framework for Mental Health with a year 1 action plan. Published on 31st March 2020. | G |
| Healthy Place Shaping | <p>Cherwell, Q3 and Q4:</p> <ol style="list-style-type: none"> 1. Co-design and delivery of place-based activities with local stakeholders 2. Healthy place shaping activities are working to deliver collectively agreed objectives and outcomes 3. Healthy place shaping is acting as a system connector. 4. Learning is used as a mechanism to continuously improve 5. Activities increase the connectivity between local stakeholders 6. Investment seeks to increase the capacity of the system 7. Healthy place shaping is encouraging resident engagement in activities that promote health and wellbeing | <ol style="list-style-type: none"> 1. Stakeholder activities initiated include: development of wayfinding proposal for Kidlington; support and co-delivery of Voluntary Forum with Bicester Town Council; work with community groups and schools to run a volunteer's fayre for Bicester sixth formers. 2. 85 stakeholders from Kidlington area took part in a workshop to co-design aims and objectives and delivery plan of their healthy place shaping programme. 55 stakeholders from the Healthy Bicester partnership took part in a workshop to review and update the healthy place shaping delivery plan for Bicester. Both programmes now have a housing element. 3. Diabetes education events have brought together GP practices, leisure providers, CDC leisure team, and social prescribing services to promote better diabetes self-management. 4. Survey undertaken to understand young people's health and wellbeing needs in Bicester. Resulted in securing funding for outreach worker for community organisation in Bicester. 5. Feedback from stakeholder events indicates that partners appreciate opportunities to connect with each other. Relationships have supported cross-sectoral working in response to COVID-19. 6. Invested funding to: train primary school teachers in outdoor learning; HENRY parenting confidence programme in Bicester; enable Age UK to provide activities for older people in Bicester library. 7. Attendance data show good resident engagement at community events, specific activities, and use of community assets. | | | | G |

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| <p>Social Prescribing</p> | <ol style="list-style-type: none"> 1. Continue to roll out Citizen's Advice Community Connect service across Cherwell and West Oxfordshire district GP Practices. 2. Review Age UK service in the south east locality. 3. Continue CCG support for Social Prescribing leads and CCG commissioned services. | <ol style="list-style-type: none"> 1. Remaining GP Practices in Cherwell and West Oxfordshire districts engaged with the service. Data Sharing Protocols produced between Citizen's Advice and GP Practices. 2. One year contract for Age UK service ended on 30th November 2019. 3. Monthly meetings scheduled with Social Prescribing leads from all CCG commissioned Social Prescribing services. | <p>G</p> | <ol style="list-style-type: none"> 1. Monitor the development of the NHS England Long Term Plan commitment for Primary Care Network (PCN) funding for Link Workers. 2. Ensure that issues arising from PCN commissioned services are fed into NHS England for trouble shooting. 3. Working with the Social Prescribing Leads and CSU, develop a county wide social prescribing referral form, available on EMIS. 4. Ensure that BOB and regional Social Prescribing events and networks are shared with Link Workers. Provide information on local voluntary sector organisations that can take patient referrals. | <ol style="list-style-type: none"> 1. In year 1, from 19 PCNs in Oxfordshire, eight PCNs have commissioned a voluntary sector provider to employ a Link Worker post per PCN and five PCNs have employed a Link Worker post in house. Other PCNs have not yet taken up funding. 2. NHS England Personalised Care representatives attend as members of the Social Prescribing Leads group 3. Final referral pro forma approved by the CCG Clinical Ratification Group and uploaded onto EMIS. 4. Social Prescribing information shared with the Social Prescribing leads for cascade to Link Workers. Relevant guest speakers invited to present at the Social Prescribing Leads meetings. | <p>A</p> <p style="background-color: #92d050; text-align: center;">G</p> |
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