Informal Shadow Oxfordshire Health & Wellbeing Board
22 March 2012

Proposed Outcome Measures and Target Indicators for Health Improvement Board

The overall goal of the Health Improvement Board (HIB) is to:

- Increased healthy life expectancy
- While reducing differences in life expectancy and healthy life expectancy between communities

Priority 1. Preventing early death and improving quality of life in later years

This priority aims to add years to life and life to years – something we all aspire to. The Joint Strategic Needs Assessment (JSNA) illustrates the local position underpinning this priority.

The biggest killers are heart disease, stroke and cancers. Some of the contributing factors to these diseases are beyond the influence of the individual or of health services – genetics, age and gender, for example. But a wider range of factors can be positively influenced by the lifestyle choices of the individual and early detection through screening.

Work to address this priority must focus on primary prevention (i.e stopping disease before it starts) and early detection of illness. Many of the major causes of illness and early death arise from lifestyle choices such as smoking – still the biggest contributing factor to heart disease, stroke and many cancers. Screening programmes are designed to detect early symptoms of cancers and assess risk of heart disease and stroke. Access to information and high quality services is key, especially for those at higher risk.

This suggest that a major priority for the HIB should be to make sure we are helping people stop smoking, detecting cancer early through screening and checking people for a range of preventable diseases through NHS Health Checks carried out in General Practice.

Outcomes for Priority 1	Indicator definitions for Priority 1
• Increase the number of smoking quitters • Ensure high levels of uptake for cancer screening programmes • Ensure high levels of uptake for NHS Health Checks	• Number of smoking quitters • Cervical screening uptake • Breast screening coverage • Bowel screening coverage • Offer of NHS Health Checks

In addition to this our work must focus on those who are most at risk. The JSNA shows that there are differences between groups of people, with some faring better than others both in terms of their life expectancy and in their chances of living healthy lives into old age. The differences include:

- Women can generally expect to outlive men.
- People living in some parts of the county can expect to live longer. There is variation in life expectancy related to relative deprivation:

- In Cherwell District the gap between the most and least deprived wards is 9.7 yrs for men and 3.6yrs for women
- In the City the gap between the most and least deprived wards is 7.7 yrs for men and 6.5 yrs for women
- For men in deprived parts of South Oxfordshire there is a gap of 3.6 yrs and in West Oxfordshire a gap of 4 yrs.
- There are no differences due to deprivation for women in South or West Oxfordshire
- There are no significant differences in life expectancy by relative deprivation in Vale for either men or women

Not only does deprivation reduce the chance of a long life, it also means people are more likely to be ill for longer periods before death. Local data on levels of a range of diseases show that this is also true in Oxfordshire.

This means that, as well as commissioning services for all, we must also target services at those who need them most.

Making a Real Difference in Oxfordshire.
If we accept these priorities, the Health and Wellbeing Board in 2012/13 should aim to achieve:

- ***100 smoking quitters above the national target.***
  - *The nationally set target for Oxfordshire is approximately 2400 people who quit for at least 4 weeks. The aim is to stretch this target.*
- ***2,000 adults receiving bowel screening for the first time***
  - *This screening is offered to people in their sixties, by post, every 2 years. The aim is to increase awareness and uptake.*
- ***30,000 people invited for Health Checks for the first time***
  - *This check is offered to everyone aged 40 – 74 every 5 years. Invitations are sent from GP practices. The aim is to increase awareness and uptake.*

Priority 2. Preventing chronic disease through tackling obesity

After smoking, obesity is the biggest underlying cause of high blood pressure, heart disease, stroke, diabetes, cancer and early death. It also increases immobility and makes any other disability more severe than it would otherwise be.

Obesity is on the increase in epidemic proportions in our society. Obesity in childhood is hard to shake off in later life and can reduce lifespan by around 9 years. Obesity adds £1m every year to the cost of the NHS in Oxfordshire.

The JSNA shows that there is an upward trend in prevalence of obesity in adults in Oxfordshire, though this is still slightly below the national level. Chronic disease associated with obesity, such as diabetes, is also increasing.

The best ways to tackle obesity are to prevent it, detect it early and take early action, beginning in childhood.

Children in Reception class and Year 6 are weighed and measured every year and results show that around 8% of reception year and 15% of Year 6 children are obese.

This feeds through into every increasing levels of obesity in young adults. Making parents aware of problems early helps them to take action if they choose to.

Levels of obesity are also linked to social deprivation, with more deprived parts of the county showing higher rates of obesity, so some targeting of effort is called for here too.

Physical activity is an important component of maintaining a healthy weight and there is encouragement on this score, with Oxfordshire topping the latest Active People survey as the sportiest and most active county in England. The survey showed that 26% of the population participate in regular activity each week. Maintaining this position will be critical to good health in the County.

Breastfeeding gives the best start to life and has been proven to lead to fewer overweight children and adults. Increasing the number of breastfed babies is the foundation of an obesity strategy for the County. Breastfeeding also brings a host of other benefits such as improved immunity and improved mother-child bonding.

This suggests that outcomes for Priority 2 should be:

Outcomes for priority 2	Indicator definitions for priority 2
• Reduce the number of people who are overweight or obese	• Number of children whose weight is measured • Percentage of children who are obese or overweight at Reception and Year 6 • Breastfeeding initiation and at 6-8 weeks • Proportion of physically active and inactive adults

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If we accept these priorities, the Health and Wellbeing Board in 2012/13 should aim to achieve:

- ***Ensure that the obesity level in Year 6 children is held at no more than 15%***
    - *The trend for the number of obese children at year 6 is rising, with 783 children in this category in Oxfordshire in 2011, representing 14.9% of their year group. It is important that this rising trend is halted.*
- ***60% of babies are breastfed at 6-8 weeks of age***
    - *In Oxfordshire almost all babies are breastfed at birth and up to 60% are still breast fed at 6-8 weeks of age, though there are variations in rates that link to deprivation. The national figure for prevalence of breastfeeding at 6-8 weeks in 2011/12 Quarter 3 was 47%. The aim is to narrow inequalities gaps and maintain high rates in Oxfordshire..*
- ***5000 additional physically active adults***
    - *Surveys show that about a quarter of the population undertake physical activity or sport at least 3 times a week (3x30min sessions). The aim is to continue recent increases in participation rates.*

Priority 3. Tackling the broader determinants of health through better housing

The interdependent relationship between health and housing is not new. Since Chadwick established a link between the appalling living conditions of the poor and their ill health in 1842, many of the most significant gains in health that followed stemmed from Local Authority public health measures, such as clean water, sanitation, and reduced exposure to extreme cold. We need to maintain our focus on the contribution that decent housing makes to health improvement and especially on the needs of more vulnerable communities. It is proposed that this priority should address the issue of fuel poverty which affects people across all housing tenures, of all ages and all parts of the county. We will also focus on housing support needs of the most vulnerable.

a. Fuel poverty: This is an issue that affects young and old across the county and gets to the heart of the housing issue.

A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to keep warm. The calculation takes account of household income, fuel prices and energy efficiency of the home. Often the most vulnerable people, the elderly, the disadvantaged and those in poverty, are the most likely to be affected. All types of housing (owner occupied, private rented or social rented) and in both rural and urban areas can be affected. Helping people to escape from fuel poverty will do a great deal to improve the health of the worst off in the county.

b. Inequalities

Many housing organisations work within communities facing some of the worst disadvantage, scattered across the County, affecting old and young alike. The links between poor housing and poor health can easily be seen. People living in poor housing also have:

- Poorer health
- Lower levels of skills and lower qualifications
- Poorer school results
- Higher levels of unemployment.

"*A foot in the Door, a guide to engaging Housing and Health*" (2011) summed up the situation well:

> *"Considering multiple housing deprivation poses a health risk that is of the same magnitude as smoking and, on average, greater than that posed by excessive alcohol consumption, the case for action is clear."*

Local data highlights local housing need in several respects.

- thousands on housing waiting lists
- hundreds living in temporary accommodation
- over 150 living in hostels
- About half of homeless persons aged under 25.
- Thousands of over-crowded households
- a shortage of homes with 3 or more bedrooms for rental to families
- more than a dozen rough sleepers.

The local Supporting People programme provides services that help people do things for themselves. This includes particularly vulnerable groups of older people, people with physical, sensory or learning disabilities, people with mental health problems,

people fleeing domestic violence, homeless people, young people at risk or leaving care, teenage parents, people with drugs and alcohol problems, ex-offenders and refugees.

Approach to Priority 3

a. Members of the Health Improvement Board have agreed that tackling fuel poverty by maintaining and developing work already in progress is an immediate priority.
b. The Board members have also agreed that other housing issues also have to be tackled in partnership. Work is currently underway to determine the specific focus for this work and to identify and recommend outcomes and indicators. These will be advised in due course.

The proposed outcome for Priority 3 is, therefore:

Outcomes for Priority 3	Indicator definitions for Priority 3
• Reduce the number of people who are affected by fuel poverty • *Other overall aim linked to inequalities in housing to be determined.*	• Fuel poverty *Indicators which could be used in the focus on inequalities in housing include:* • *No. of people presenting as homeless or on housing waiting lists* • *No. of families in temporary accommodation* • *Rough sleepers* • *Housing condition indicators e.g. HMO licensing requirements being met*

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If we accept these priorities, the Health and Wellbeing Board should aim to achieve:

- ***250 households per year helped to escape fuel poverty as a pilot.***
    - *Currently over 27,000 households in Oxfordshire (10.5%) are designated as "fuel poor", with similar rates across all districts (9.8 – 11.6%). Some rural wards have up to 20% households in fuel poverty.*
- ***A second outcome measure relating to inequalities will be agreed***

Priority 4 Preventing infectious disease through immunisation

Immunisation is the most cost effective medical public health intervention. Levels of immunisation for childhood diseases in Oxfordshire continue to improve, but it is imperative that this is maintained. Constant vigilance is needed to make sure that individual children have access to immunisation. This means working closely with GPs, community nurses and individual families.

The Oxfordshire JSNA shows high levels of coverage but some targets are still not being met and there are early signs that our high rates have begun to slip a little:

High levels of immunisation result directly in lower levels of serious diseases. For example, since the measles, mumps and rubella vaccine was introduced in 1988, the number of children who develop these conditions has fallen to an all-time low. All of these diseases can kill or cause lifelong disability.

The proposed outcome for Priority 4 is therefore:

Outcomes for Priority 4	Indicator definitions for Priority 4
• Ensure high rates of coverage for childhood immunisations	• Childhood immunisations from birth • Immunisation boosters at 1 year • MMR immunisations at 2 and 5 years • Human Papilloma Virus vaccination for girls (12 -17yrs) protecting them from cervical cancer. • Flu vaccination for at risk groups aged 6 mth – 65 yrs • Flu vaccination for over 65s

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If we accept these priorities, and assume a steady birth rate in the county, the Health and Wellbeing Board in 2012/13 should aim to achieve:

- ***8000 children immunised at 12 months (maintaining the high coverage)***
    - *Target coverage for booster in 1 year olds (for Diptheria, Tetanus, Whooping Cough, polio and meningitis) is 96.5%. Oxfordshire performance is on track.*
    - *Target coverage for pre-school booster (for Diptheria, Tetanus, Whooping Cough and Polio) is 95%. Oxfordshire is currently below target, but in the best 20% nationally*

- ***7700 children vaccinated against MMR by age 2 (achieving 95% coverage) and 7300 children receiving MMR booster by age 5 (increasing coverage by 1%)***
    - *Target coverage for the Measles, Mumps and Rubella booster at age 5 is 95%. Oxfordshire is currently below target, but in the best 20% nationally.*

- ***3000 girls receiving HPV vaccination to protect them from cervical cancer***
    - *Target coverage for this vaccination in 12-13 year old girls is 90%. Oxfordshire has been performing well*

- ***80,000 flu vaccinations for people aged 65 or more.***
    - Target coverage for flu immunisations for over 65s is 75%. Oxfordshire has met this target