

**Health Improvement Board  
20 March 2012**

**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 2012-2016, 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 four priorities the Board has responsibility for are:

**Priority 8:** Preventing early death and improving quality of life in later years

**Priority 9:** Preventing chronic disease through tackling obesity

**Priority 10:** Tackling the broader determinants of health through better housing and preventing homelessness

**Priority 11:** Preventing infectious disease through immunisation

**Current Performance**

3. A table showing the agreed measures under each priority, expected performance and current performance is attached as appendix A.
4. It is worth noting that there are a number of targets that will not be reported on a quarterly basis. This may be where data is collected or released less frequently (flu vaccinations for example), or because work this year is focused on agreeing new measures and establishing baselines (housing targets for example).
5. Current performance can be summarised as follows:
  - 8** indicators are Green.
  - 0** indicators are Amber (defined as within 5% of target).
  - 2** indicators are Red, although one relates to Q2 as data is not yet available for Q3.
  - 5** indicators were not expected to report this quarter, although one has provided Q4 data already.
6. It is also worth noting that performance against the indicator for breastfeeding (indicator 9.2) has improved from Amber to Green.

Ben Threadgold  
Strategy Manager, Joint Commissioning  
March 2012

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
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**Oxfordshire Health and Wellbeing Board  
Performance Report**

No.	Indicator	Q1 report Apr-Jun		Q2 report Jul-Sept		Q3 report Oct-Dec		Q4 report Jan-Mar		Notes
	Priority 8: Preventing early death and improving quality of life in later years									
8.1	100 smoking quitters above the national target (the nationally set target for Oxfordshire is 3,576)	Expected	G	Expected	G	Expected	G	Expected		Target has been amended slightly to reflect higher national target for Oxfordshire.  Achieved Q3 target
		840		1617		2490		3676		
		Actual		Actual		Actual		Actual		
		852		1668		2559				
8.2	2,000 adults receiving bowel screening for the first time (meeting the challenging national target of 60% of 60-69 year olds every 2 years)	Expected	R	Expected	R	Expected		Expected		Not achieved Q1 target as number of people invited fluctuates quarterly. Plans are in place to ensure the annual target is met
		500		1000		1500		2000		
		Actual		Actual		Actual		Actual		
		406		776						
8.3	30,000 people invited for Health Checks for the first time (currently 25,000)	Expected	G	Expected	G	Expected	G	Expected		
		7500		15000		22500		30000		
		Actual		Actual		Actual		Actual		
		8848		20707		27658				
Priority 9: Preventing chronic disease through tackling obesity										

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
9.1	Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2011 this was 14.9%)					Expected 14.9% or less  Actual 15.6%	R			Provisional data expected end of Q3 and final in Q4
9.2	60% of babies are breastfed at 6-8 weeks of age (currently 58.4%)	Expected 60%  Actual 59.8%	A	Expected 60%  Actual 59.3%	A	Expected 60%  Actual 60.3%	G	Expected 60%  Actual		
9.3	5,000 additional physically active adults (Data available twice per year)  Baseline: 125,500 Adults Annual target:130,500 Adults			Expected 128,000 Adults  Actual 136,000 Adults	G			Expected 130,500 Adults  Actual		Numbers fluctuate as Active People Survey is based on a sample of approximately 2,500 people
<b>Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness</b>										
10.1	A reduction in the number of households at risk of fuel poverty through use of improvement grants and enforcement activity							Expected  Basket of relevant indicators to be agreed to enable monitoring and setting of		The HIB has established a working group to develop appropriate indicators and targets

Updated Friday 6 March 2020

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
								outcomes		
								Actual		
10.2	Action to prevent homelessness and ensure a joint approach in times of change.							Expected		Report on proactive work in all districts and pilot work on direct payments in the City is being considered at the next meeting of the Health Improvement Board
								Review in the light of information on best practice		
								Actual		
10.3	New arrangements for partnership work to ensure vulnerable people are supported to remain in appropriate accommodation e.g. young people, victims of domestic violence, offenders and other adults with complex needs.							Expected		New Terms of Reference for the Supporting People Core Strategy Group are being agreed
								New partnership arrangements to be in place		
								Actual		
Priority 11: Preventing infectious disease through immunisation										
11.1	8,000 children immunised at 12 months, maintaining the high coverage (this means we will meet the challenging national	Expected 2000	G	Expected 4000	G	Expected 6000	G	Expected 8000		Achieved Q3 (cumulative) target

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
	target of 96.5%)	Actual 2038		Actual 4074		Actual 6055		Actual		
11.2	7,700 children vaccinated against Measles Mumps and Rubella (MMR) by age 2	Expected 1925	A	Expected 3850	G	Expected 5775	G	Expected 7700		Achieved Q3 (cumulative) target
		Actual 1883		Actual 3955		Actual 6038		Actual		
11.3	7,300 children receiving MMR booster by age 5 (meeting the ambitious national target of 95%)	Expected 1825	G	Expected 3650	G	Expected 5475	G	Expected 7300		Achieved Q3 (cumulative) target
		Actual 1857		Actual 3775		Actual 5684		Actual		
11.4	3,000 girls receiving Human Papilloma Virus vaccination to protect them from cervical cancer (meeting the national target of 90% of 12-13 year old girls)					Expected 3000	G	Expected 3000		3 doses required to achieve target - final data as at 08/10/2012  Dose 1 = 3259 Dose 2 = 3238 Dose 3 = 3189
						Actual 3189		Actual		
11.5	80,000 flu vaccinations for people aged 65 or more (meeting the national target of 75% of people aged 65+)							Expected 80,000	G	
								Actual 83,287		