

**Health Improvement Board  
16 May 2013**

**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 are not 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 has focused on agreeing new measures and establishing baselines (housing targets for example).
5. Current performance can be summarised as follows:
  - 11** indicators are Green.
  - 0** indicators are Amber (defined as within 5% of target).
  - 3** indicators are Red
  - 0** indicators do not yet have information available.
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  
May 2013

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 Improvement Board  
Performance Report**

No.	Indicator	Q1 report Apr-Jun		Q2 report Jul-Sept		Q3 report Oct-Dec		Q4 report Jan-Mar		Notes
<b>Priority 8: Preventing early death and improving quality of life in later years</b>										
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.  Q4 / end of year data is expected by end May 2013
		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	G	Achieved Q4 and 2012/13 target
		7500		15000		22500		30000		
		Actual		Actual		Actual		Actual		
		8848		20707		27658		40914		
<b>Priority 9: Preventing chronic disease through tackling obesity</b>										

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	R			
						Actual 15.6%				
9.2	60% of babies are breastfed at 6-8 weeks of age (currently 58.4%)	Expected 60%	A	Expected 60%	A	Expected 60%	G	Expected 60%	+ R	Although there is a dip in quarter 4 performance, the average performance throughout the year (2012/13) is 59.1%, which does represent an improvement on 2011/12.
		Actual 59.8%		Actual 59.3%		Actual 60.3%		Actual 56.9%		
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	G			Expected 130,500 Adults	G	Numbers fluctuate as Active People Survey is based on a sample of approximately 2,500 people
				Actual 136,000 Adults				Actual 145,646 Adults		
<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	G	The HIB has established a working group to develop appropriate indicators and targets.  A group of indicators has been established that includes measures on fuel poverty and excess winter deaths

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  <b>Actual</b>  <b>Basket of relevant indicators is agreed to enable monitoring and setting of outcomes</b>		
10.2	Action to prevent homelessness and ensure a joint approach in times of change.							Expected  Review in the light of information on best practice  <b>Actual</b>  <b>Basket of relevant indicators is agreed to enable monitoring and setting of outcomes</b>	G	Report on proactive work in all districts and pilot work on direct payments in the City has been presented to the Health Improvement Board and a basket of indicators has been agreed
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							Expected  New partnership arrangements to be in place	G	New Terms of Reference for the Housing Support Advisory Group are agreed including the new name for the group

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
	violence, offenders and other adults with complex needs.							<b>Actual</b>  <b>New partnership arrangements have been agreed and are in place</b>		
<b>Priority 11: Preventing infectious disease through immunisation</b>										
<b>11.1</b>	8,000 children immunised at 12 months, maintaining the high coverage (this means we will meet the challenging national target of 96.5%)	Expected 2000	<b>G</b>	Expected 4000	<b>G</b>	Expected 6000	<b>G</b>	Expected 8000		Achieved Q3 (cumulative) target Q4 / end of year data is expected by end May 2013
	<b>Actual</b> <b>2038</b>	<b>Actual</b> <b>4074</b>		<b>Actual</b> <b>6055</b>		<b>Actual</b>				
<b>11.2</b>	7,700 children vaccinated against Measles Mumps and Rubella (MMR) by age 2	Expected 1925	<b>A</b>	Expected 3850	<b>G</b>	Expected 5775	<b>G</b>	Expected 7700		Achieved Q3 (cumulative) target Q4 / end of year data is expected by end May 2013
	<b>Actual</b> <b>1883</b>	<b>Actual</b> <b>3955</b>		<b>Actual</b> <b>6038</b>		<b>Actual</b>				
<b>11.3</b>	7,300 children receiving MMR booster by age 5 (meeting the ambitious national target of 95%)	Expected 1825	<b>G</b>	Expected 3650	<b>G</b>	Expected 5475	<b>G</b>	Expected 7300		Achieved Q3 (cumulative) target Q4 / end of year data is expected by end May 2013
	<b>Actual</b> <b>1857</b>	<b>Actual</b> <b>3775</b>		<b>Actual</b> <b>5684</b>		<b>Actual</b>				
<b>11.4</b>	3,000 girls receiving Human Papilloma Virus vaccination to protect them from cervical cancer (meeting the national target of					Expected 3000	<b>G</b>			3 doses required to achieve target - final data as at 08/10/2012 Dose 1 = 3259

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
	90% of 12-13 year old girls)					Actual 3189				Dose 2 = 3238 Dose 3 = 3189
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 Actual 83287	G	