

Health Improvement Board
26 May 2013

Performance Report

Background

1. The Health Improvement Board is expected to have oversight 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. This is the first reporting period since the refresh of the strategy for 2013-14. Although the four priorities of the Board remain unchanged, there have been changes to a number of the outcomes measures.
3. 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

4. A table showing the agreed measures under each priority, expected performance and current performance is attached as appendix A.
5. 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 is currently underway to agree new measures and establishing baselines (fuel poverty target for example).
6. Current performance can be summarised as follows:
 - 5** indicators are Green.
 - 2** indicators are Amber (defined as within 5% of target).
 - 1** indicator is Red
 - 1** indicator was expected to report this quarter but does not yet have information available.
 - 5** indicators were not expected to report in this quarter
7. Where performance is not meeting expectations, commentary has been included in the table and appropriate action is being taken.

Ben Threadgold
Strategy and Performance Manager, Joint Commissioning
September 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 and Wellbeing Board
Health Improvement Board - Performance Report**

Priority 8: Preventing early death and improving quality of life in later years										
8.1	At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years)	Expected		Expected		Expected		Expected		Bowel cancer screening data is released at least 4-5 months in arrears
		60%		60%		60%		60%		
		Actual		Actual		Actual		Actual		
8.2	Number of invitations sent out for NHS Health Checks to reach the target of 39,114 people aged 40-74 in 2013-14 (Invitations sent in 2012-13 = 40914 as more people were eligible in 2012-13)	Expected		Expected		Expected		Expected		NHS Health Check data is usually available a month after quarter end
		9,778	G	19,557		29,335		39,114		
		Actual		Actual		Actual		Actual		
		9,938								
8.3	At least 65% of those invited for NHS Health Checks will attend (ages 40-74)	Expected		Expected		Expected		Expected		Between April and June 2013, the Oxfordshire programme invited 9938 people of which 4165 took up the offer, giving us an uptake rate of 41.9% which is better than Thames Valley uptake rate of 41.5% there has been a technical issue with reporting in Q1 which means that the Oxfordshire figure is an underestimate.
		65%	R	65%		65%		65%		
		Actual		Actual		Actual		Actual		
		41.9%								
8.4	At least 3800 people will quit smoking for at least 4 weeks (last year target 3676, actual 3703)	Expected		Expected		Expected		Expected		Smoking quitters data is at least 2-3 months in arrears because people need to quit for 4 weeks to be considered as having quit smoking
		851	G	1639		2523		3800		
		Actual		Actual		Actual		Actual		

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
		875								
Priority 9: Preventing chronic disease through tackling obesity										
9.1	Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2012 this was 15.6%)					Expected 14.9% or less				Childhood obesity data is an annual data return that follows the school year instead of financial year cycle
						Actual				
9.2	Increase to 62.2% the percentage of adults who do at least 150 minutes of physical activity a week . (Baseline for Oxfordshire 61.2% 2011-12)							Expected 62.2%		This is reported annually from the Active People Survey monitored / managed by the Oxfordshire Sports Partnership
								Actual		
9.3	62% of babies are breastfed at 6-8 weeks of age (currently 59.1%)	Expected 62%	A	Expected 62%		Expected 62%		Expected 62%		Although the expected level was not reached in quarter 1, the figure represents an improvement on quarter 4 (56.9%) in 2012/13. A request has been made to Oxford Health to produce a recovery plan detailing work towards improving rates of breastfeeding
		Actual 59%		Actual		Actual		Actual		
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness										
10.1	The number of households in temporary accommodation as at 31 March 2014 should be no							Expected 216 or less		Measure reported annually, expected during Q4

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
	greater than the level reported in March 2013 (baseline 216 households in Oxfordshire)							Actual		
10.2	At least 75% of people receiving housing related support will depart services to take up independent living	Expected	G	Expected		Expected		Expected		
		75%		75%		75%		75%		
		Actual		Actual		Actual		Actual		
		85.7%								
10.3	At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless (baseline 2012- 2013 when there were 2468 households known to services, of which 1992 households were prevented from becoming homeless. $1992/2468 = 80.7\%$)	Expected	G	Expected		Expected		Expected		
		80%		80%		80%		80%		
		Actual		Actual		Actual		Actual		
		82.3%								
10.4	Fuel poverty outcome to be determined			Expected						
				Outcome measure to be determined						
				Actual						

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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Priority 11: Preventing infectious disease through immunisation

11.1	At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 95%)	Expected 95%	G	Expected 95%		Expected 95%		Expected 95%		Childhood immunisations data is usually available 1-2 months after the quarter end
		Actual 96.2%		Actual		Actual		Actual		
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.7%)	Expected 95%	A	Expected 95%		Expected 95%		Expected 95%		Childhood immunisations data is usually available 1-2 months after the quarter end. Oxfordshire County Council has recently run a campaign encouraging parents to ensure their children are immunised before returning to school.
		Actual 92.4%		Actual		Actual		Actual		
11.3	At least 55% of people aged under 65 in "risk groups" receive flu vaccination (currently 51.6%)							Expected 55%		Seasonal flu is annual data usually available in Quarter 4
						Actual				