

Health Improvement Board

28 November 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. 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, for example flu vaccinations.

3 indicators are Green.

2 indicators are Red (report cards attached)

10 indicators were not expected to report in this quarter

5. Where performance is not meeting expectations, commentary has been included in the table and appropriate action is being taken. Commentary is sometimes included for information.

Ben Threadgold
Strategy and Performance Manager, Joint Commissioning
November 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		19,557	G	29,335		39,114		
		Actual	G	Actual	G	Actual		Actual		
		9,938		20,329						
8.3	At least 65% of those invited for NHS Health Checks will attend (ages 40-74)	Expected		Expected		Expected		Expected		Please see Report Card
		65%		65%		65%		65%		
		Actual	R	Actual	R	Actual		Actual		
		41.9% (4165 of 9938)		46% (9351 of 19557)						
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		1639		2523		3800		
		Actual	G	Actual		Actual		Actual		

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		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%	R	Expected 62%		Expected 62%		Please see Report Card
		Actual 59%		Actual 59.5%		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 greater than the level reported in March 2013 (baseline 216 households in Oxfordshire)							Expected 216 or less		Measure reported annually, expected during Q4
								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
10.2	At least 75% of people receiving housing related support will depart services to take up independent living	Expected 75%	G	Expected 75%	G	Expected 75%		Expected 75%		
		Actual 85.7%		Actual 87.2%		Actual		Actual		
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 80%	G	Expected 80%	G	Expected 80%		Expected 80%		<p>As might be expected, the highest number of applicant households who were homeless as defined by the Housing Act 1996, were in Oxford City, followed by Cherwell. The lowest number was in West Oxfordshire. The highest percentage of applicants found to be eligible, unintentionally homeless and in priority need was in Vale of White Horse, where 69% applicants were in this category, compared to 51% in Cherwell, 54% in West Oxfordshire, 58% in South Oxfordshire, and 55% in Oxford City.</p> <p>The target of total number of cases where positive action was successful in preventing homelessness as a percentage of the number of applicants presenting as potentially homeless being 80% was met as an average across the County and all Districts were close to the target.</p> <p>Next steps : Gold Standard for Homelessness</p> <p>The Government has challenged Local Authorities to reach the “Gold Standard for Homelessness” meeting 10 challenges (attached as Appendix 1)</p> <p>The response is measured by conducting a peer review and the Oxfordshire District Councils have grouped together to begin undertaking this work. Taking up the challenge provides access to resources in the form of training and support.</p>
		Actual 82.3%		Actual 82%		Actual		Actual		

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10.4	Fuel poverty outcome to be determined			Expected Outcome measure to be determined Actual						Work to determine current activity on reducing fuel poverty in Oxfordshire is continuing. It is important for stakeholders to identify where additional work will add value. A new outcome measure is being introduced nationally which may provide an indicator for this work.
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% Actual 96.2%	G	Expected 95% Actual		Expected 95% Actual		Expected 95% Actual		Childhood immunisations data is usually available 1-2 months after the quarter end
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.7%)	Expected 95% Actual 92.4%	A	Expected 95% Actual		Expected 95% Actual		Expected 95% Actual		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.
11.3	At least 55% of people aged under 65 in "risk groups" receive flu vaccination (currently 51.6%)							Expected 55% Actual		Seasonal flu is annual data usually available in Quarter 4
11.4	At least 90% 12-13 year old girls receive all 3 doses of human									Annual data usually available Quarter 4

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	papilloma virus vaccination (currently 88.1%)									