

**Health Improvement Board  
27 March 2014**

**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 (awaiting data on two indicators that were green in Q2)

**3** indicators are Amber

**1** indicator is Red (report card circulated in November 2013)

**8** indicators were not expected to report in this quarter

5. Data for 10.4 (fuel poverty) has been received but has not been RAG rated until more information becomes available

6. 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.

Alison Wallis  
Performance & Information Manager, Joint Commissioning  
March 2014

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**

<b>Priority 8: Preventing early death and improving quality of life in later years</b>										
8.1	At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years)	Expected	A	Expected		Expected		Expected		Bowel cancer screening data is released at least 4-5 months in arrears and is not yet available. During Q1 56.6% of individuals (aged 60-69 years) who were sent invitation letters that were adequately FOBt (Faecal Occult Blood test) screened. Across the Thames Valley the average is 56.5% and Oxfordshire ranks 2 <sup>nd</sup> out of the 4 Public Health teams within this area.
		60%		60%		60%		60%		
		Actual		Actual		Actual		Actual		
		56.6%		nya		nya				
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	G	Expected	G	Expected	G	Expected		NHS Health Check data is usually available a month after quarter end.  30,206 invitations had been sent out between Q1 and the end of Q3. This represents 13.7% of the eligible population. This remains above the national average of 13.2% and equal to that of the Thames Valley average; ranking Oxfordshire 4 <sup>th</sup> out of the 8 local authorities within Thames Valley.
		9,778		19,557		29,335		39,114		
		Actual		Actual		Actual		Actual		
		9,938		20,329		30,206				
8.3	At least 65% of those invited for NHS Health Checks will attend (ages 40-74)	Expected	R	Expected	R	Expected	R	Expected		Report Card was circulated in Nov 2013. Although this indicator remains below the target uptake continues to steadily improve. Compared
		65%		65%		65%		65%		

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		<b>Actual</b>  41.9% (4165 of 9938)		<b>Actual</b>  46.0% (9351 of 20,329)		<b>Actual</b>  46.5% (14148 of 30206)		<b>Actual</b>		across Thames Valley (43.6% average) the county performs well and is currently ranked 3 <sup>rd</sup> out of the 8 authorities. This is a progression from 5 <sup>th</sup> at the end of Q1 and 4 <sup>th</sup> at the end of Q3, evidencing a continued improvement. Nationally the uptake rate is running at 48.1%.  Campaigns are being planned to target groups in the population who are less likely to take up the offer of a health check.
<b>8.4</b>	At least 3800 people will quit smoking for at least 4 weeks (last year target 3676, actual 3703)	<b>Expected</b>  851	<b>G</b>	<b>Expected</b>  1639	<b>G</b>	<b>Expected</b>  2523	<b>G</b>	<b>Expected</b>  3800		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.
		<b>Actual</b>  909		<b>Actual</b>  1735		<b>Actual</b>  2672		<b>Actual</b>		
<b>Priority 9: Preventing chronic disease through tackling obesity</b>										
<b>9.1</b>	Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2012 this was 15.6%)			<b>Expected</b>  14.9% or less	<b>A</b>					Childhood obesity data is an annual data return that follows the school year instead of financial year cycle
				<b>Actual</b>  15.2%						
<b>9.2</b>	Increase to 62.2% the percentage of adults who do at least 150 minutes of physical activity a							<b>Expected</b>  62.2%		This is reported annually from the Active People Survey monitored / managed by the Oxfordshire Sports

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	week. (Baseline for Oxfordshire 61.2% 2011-12)									Partnership. This is a new indicator. The 2012 baseline figure shows that Oxfordshire has the highest proportion out of the 7 authorities in the South East.
		<b>Actual</b>		<b>Actual</b>		<b>Actual</b>		<b>Actual</b>		
<b>9.3</b>	62% of babies are breastfed at 6-8 weeks of age (currently 59.1%)	<b>Expected</b> 62%	A	<b>Expected</b> 62%	A	<b>Expected</b> 62%	A	<b>Expected</b> 62%		Report card was circulated in Nov 2013.  The recovery plan by Oxford Health is resulting in some gradual improvement.
		<b>Actual</b> 58.7%		<b>Actual</b> 59.5%		<b>Actual</b> 60.4%		<b>Actual</b>		
<b>Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness</b>										
<b>10.1</b>	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)							<b>Expected</b> 216 or less		Measure reported annually, expected during Q4.
								<b>Actual</b>		
<b>10.2</b>	At least 75% of people receiving housing related support will depart services to take up independent living	<b>Expected</b> 75%	G	<b>Expected</b> 75%	G	<b>Expected</b> 75%		<b>Expected</b> 75%		
		<b>Actual</b> 85.7%		<b>Actual</b> 87.2%		<b>Actual</b> nya		<b>Actual</b>		
<b>10.3</b>	At least 80% of households presenting at risk of being homeless and known to District	<b>Expected</b> 80%	G	<b>Expected</b> 80%	G	<b>Expected</b> 80%		<b>Expected</b> 80%		

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
	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. $1992/2468 = 80.7\%$ )	Actual 82.3%		Actual 82%		Actual nya		Actual		
10.4	Fuel poverty outcome to be determined							Expected		<p>A new national indicator has been introduced and this reports levels of fuel poverty in Oxfordshire of 8.7%. In England the rate is 11%. Under this new Low Income High Cost definition a household is considered to be fuel poor when:</p> <ul style="list-style-type: none"> <li>they have required fuel costs that are above average (the national median level)</li> <li>were they to spend that amount, they would be left with a residual income below the official poverty line.</li> </ul> <p>Plans are being drawn up by the Affordable Warmth Network for 2014-15 to target action to reduce fuel poverty. It is suggested that this indicator is not RAG rated as more information is still needed.</p>
								Actual <b>Oxfordshire 8.7% are fuel poor according to the Low Income, High Cost definition</b>		
<b>Priority 11: Preventing infectious disease through immunisation</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
11.1	At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 95%)	Expected	G	Expected	G	Expected	G	Expected		Childhood immunisations data is usually available 1-2 months after the quarter end.
		95%		95%		95%		95%		
		Actual		Actual		Actual		Actual		
		96.2%		95.0%		95.8%				
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.7%)	Expected	A	Expected	A	Expected	A	Expected		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.
		95%		95%		95%		95%		
		Actual		Actual		Actual		Actual		
		92.4%		92.4%		93.7%				
11.3	At least 55% of people aged under 65 in "risk groups" receive flu vaccination (currently 51.6%)							Expected		Seasonal flu is annual data usually available in Quarter 4.
								55%		
								Actual		
11.4	At least 90% 12-13 year old girls receive all 3 doses of human papilloma virus vaccination (currently 88.1%).							Expected		Annual data usually available Quarter 4
								90%		
								Actual		