

Health Improvement Board
29 May 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. Since the last HIB performance report data has been received for five indicators. Four of these are Green and one is Amber. The remaining Q4 data is expected early in June and will be reported in the next performance report.

5. Data was received for two indicators that only report annually (the number of households in temporary accommodation and the proportion of under 65s in "risk groups" receiving a flu vaccination) and both met their set targets.

6. The current situation for the set of indicators is:

7 indicators are Green

4 indicators are Amber

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

3 indicators do not yet have data to allow a rating.

7. 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.

8. A separate report is attached providing a geographical breakdown of indicators where appropriate. This will allow the board to see the variations between different areas of the county.

9. A further report showing the takeup of health screening checks by ethnic background is also attached as requested.

Alison Wallis
Performance & Information Manager, Joint Commissioning
May 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**

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	A	Expected	A	Expected		Expected		This data is released at least 4-5 months in arrears and so Q2 data has just been released. Oxfordshire now is ranked top of the 4 Public Health teams within the Thames Valley region.
		60%		Actual		Actual		Actual		
		56.6%		58.1%		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.
		9,778		Actual		Actual		Actual		
		9,938		20,329		30,206		Nya		
8.3	At least 65% of those invited for NHS Health Checks will attend (ages 40-74)	Expected	R	Expected	R	Expected	R	Expected		Q4 data available in June
		65%		Actual		Actual		Actual		
		41.9% (4165 of 9938)		46.0% (9351 of 20,329)		46.5% (14148 of 30206)		nya		

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
8.4	At least 3800 people will quit smoking for at least 4 weeks (last year target 3676, actual 3703)	Expected 851	G	Expected 1639	G	Expected 2523	G	Expected 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.
	Actual 909	Actual 1735		Actual 2672		Actual nya				
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	A					Childhood obesity data is an annual data return that follows the school year instead of financial year cycle
				Actual 15.2%						
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 nya			
9.3	62% of babies are breastfed at 6-8 weeks of age (currently 59.1%)	Expected 62%	A	Expected 62%	A	Expected 62%	A	Expected 62%		Report card was circulated in Nov 2013. The recovery plan by Oxford Health is resulting in some gradual improvement.
		Actual 58.7%		Actual 59.5%		Actual 60.4%		Actual nya		

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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	G	The majority (57%) are in Oxford City.
								Actual 197		
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%	G	Expected 75%	G	This figure does not include information from mental health services.
		Actual 85.7%		Actual 87.2%		Actual 83.9%		Actual 93.1%		
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%	G	The number of households known to services increased this year (from 2468 to 2837). Positive action covers securing accommodation with a housing association or in the private rented sector as well as a result of the provision of advice, support or other intervention.
		Actual 82.3%		Actual 82%		Actual nya		Actual 81%		
10.4	Fuel poverty outcome to be determined							Expected		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
								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
								Oxfordshire 8.7% are fuel poor according to the Low Income, High Cost definition		household is considered to be fuel poor when: <ul style="list-style-type: none"> they have required fuel costs that are above average (the national median level) were they to spend that amount, they would be left with a residual income below the official poverty line. 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.
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	G	Expected	G	Expected	G	Expected		Data available June
		95%		95%		95%		95%		
		Actual		Actual		Actual		Actual		
		96.2%		95.0%		95.8%		nya		
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%		nya		

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
11.3	At least 55% of people aged under 65 in "risk groups" receive flu vaccination (currently 51.6%)							Expected	G	
								55%		
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 available June
								90%		
								Actual		
								Nya		