Review of Priorities for the Health Improvement Board

Purpose of this paper

1. To review current priorities in the Joint Health and Wellbeing Strategy in the list of recent performance and findings in the JSNA
2. To propose amendments and additions to the list of priorities of the Health Improvement Board
3. To enable discussion and decision on the priorities and outcomes to be included in the Joint Health and Wellbeing Strategy when it is presented to the Health and Wellbeing Board in July 2014.

Overview

The full text currently set out in the Joint Health and Wellbeing Strategy as it was agreed in July 2013 is included in Appendix 1. The sections below set out a brief review for each of the existing priorities, with a recommendation for discussion by the Board. There is also a proposal that the Health Improvement Board should oversee work to improve outcomes for people in drugs and alcohol treatment services. A decision will be sought on whether this work should be part of an existing priority area or be set up as a new priority.

Comments received following circulation of an earlier draft of this paper have been incorporated.

Review and Recommendations on current priorities

Priority 8: Preventing early death and improving quality of life in later years

Outcomes set in 2013-14	Performance in 2013-14 (latest figures reported May 14)	JSNA findings
8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years)	Bowel screening performance data was difficult to obtain through 2013-14. Reports showed underperformance and the latest report at the end of Q2 was rated Amber at 56.1% packs returned (target 60%)	Late reporting of bowel screening uptake has made analysis difficult
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	Invitations to attend NHS Health Checks met the numerical target set. However, there was considerable variation between practices in the number of invitations sent out. Every year invitations should be sent to 20% of the population aged	Although performance by GP practices in sending out invitations to NHS health checks has met the numerical target, there have been some variations in performance across practices with some practices not participating

as more people were eligible in 2012-13)	40-74. • County 13.74% • CCG City locality 10.4%, • CCG SW locality 17.6%	and others more fully engaged.
8.3 At least 65% of those invited for NHS Health Checks will attend (ages 40-74)	Uptake of invitations to attend NHS Health Checks improved during the year but did not meet the aspirational target of 65%. The indicator remained Red. The target was 65% • County 46.51% • CCG city locality 41.7% • CCG North locality 59.9% An audit showed no significant differences in attendance by ethnicity.	Uptake of NHS Health Checks is subject to considerable variation and there are some groups in the population who seem less likely to respond e.g. • men aged 40-50 • people from more disadvantaged localities.
8.4 At least 3800 people will quit smoking for at least 4 weeks (last year target 3676, actual 3703)	Smoking quit rates in the county remained on target throughout the year and the indicator was Green. The overall achievement up to May 2014 was • County 161 / 100,000 people aged 16+ • South Oxon 92/100,000 • City 221 / 100,000 NB Smoking prevalence may vary across the county so quit rates will be low in areas where few people smoke.	Analysis of smoking prevalence is mainly based on survey results but shows higher prevalence in "routine and manual" groups and some minority ethnic communities. There is ongoing concern about smoking rates among pregnant women (although in all cases the rates in Oxfordshire are lower than national rates)

Recommendation for discussion

1. We should continue to measure performance on the same topics in 2014-15 as these are still important issues for improvement and monitoring. It is suggested that we maintain our resolve for stretch targets if we are going to make a difference to the health of a growing older population.

2. Adjust targets to include both a county wide improvement on each indicator and also a focus on the groups with worst outcomes. This will show that targeted work is having an impact on reducing inequalities of uptake and outcome. Some specific proposals for this will be tabled at the Health Improvement Board meeting.

Priority 9: <u>Preventing chronic disease through tackling obesity</u>

Outcomes set in 2013-14	Performance in 2013-14 (latest figures reported May 14)	JSNA findings
9.1 Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2012 this was 15.6%)	There was an improvement in obesity rates for children in year 6 but this did not meet the target so the indicator remained Amber. • County wide average 15.2% • West Oxon 13.6% • Oxford City 19.5%	There is considerable variation in childhood obesity rates in different parts of the county. Figures are an annual snap-shot so trends cannot be analysed.
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)	The report from the Active People Survey showed high levels of activity and the indicator was GREEN. • County wide average 61.2% • Cherwell 59.3%, Vale 59.4% • West Oxon 64%	Oxfordshire shows consistently high rates of reported levels of physical activity, through there is some variation between districts.
9.3 65% of babies are breastfed at 6-8 weeks of age (currently 59.1%)	Breastfeeding rates at 6-8 weeks improved during 2013-14 but did not reach the ambitious target of 62% (which is much higher than national rates). The indicator remained Amber • County wide average 60.4% • Banbury Health Visitor locality 45.1% • North Oxford/Cumnor/Botley HV locality 84.3%	There is considerable variation in breastfeeding rates at 6-8 weeks which are related to age of the mother, areas of deprivation and cultural norms.

Recommendation for discussion

1. Keep the same indicators for obesity and breastfeeding in 2014-15 as these are still important issues for improvement and monitoring overall county wide rates.

2. Set targets to include both a county wide improvement on each indicator and also a focus on the groups with worst outcomes. This will show that targeted work is having an impact on reducing inequalities of access and outcome. Some specific proposals for this will be tabled at the Health Improvement Board meeting.

3. Change the physical activity indicator to reflect the number of people who are NOT physically active and set an outcome to reduce this rate. The latest Active People Survey reported that 116,943 aged 16 or older are termed sedentary (doing less than 30 minutes of activity per week). This is a rate of 22.2% against 28.5% nationally. In addition the survey reports that 207,307 are not doing the guideline amount of 150 minutes per week.

Priority 10: <u>Tackling the broader determinants of health through better housing and preventing homelessness</u>

Outcomes set in 2013-14	Performance in 2013-14 (latest figures reported May 14)	JSNA findings
10.1 The number of households in temporary accommodation on 31 March 2014 should be no greater than the level reported in March 2013 (baseline 216 households in Oxfordshire)	The number of household was reported as 197 which means performance on this outcome is rated GREEN. The numbers vary between districts but is a factor of differences in housing tenure, leading to highest numbers in the City (113) and lowest numbers in West Oxon (14)	The pattern of housing tenure differs in Oxford City compared to other districts, with a much higher proportion of people in local authority social housing (13.4%) and private rented housing (26.1%) than the county average (4.6% and 15.2% respectively).
10.2 At least 75% of people receiving housing related support will depart services to take up independent living.	The number of people departing services to take up independent living was 93.1% making the performance rating GREEN. The range across the county showed 75% success in the City and 97% success in South Oxon.	No information on this indicator was included in the JSNA report
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%)	The report at the end of 2013-14 showed 81% households at risk of being homeless and known to specific services were prevented from becoming homeless. This outcome is rated GREEN. The number of households who presented in this way increased across the county compared to 2012-13 with all districts except South Oxon seeing increased numbers. The range was 256 households in Vale and 916 households in the City.	No information on this indicator was included in the JSNA report
10.4 Fuel poverty outcome to be determined in Sept 2013	No outcome was set for fuel poverty. A new national indicator was brought into use during the year and reported that 8.7% of households in Oxfordshire were likely to be fuel poor, compared with 11% nationally	No information on this indicator was included in the JSNA report

Recommendation for discussion

- Keep the same indicators for 2014-15 as these are still important issues for improvement and monitoring.
- The Affordable Warmth Network propose to establish a baseline of the number of households in Oxfordshire, who have received significant increases in the energy efficiency of their homes or their ability to afford adequate heating, as a result of the activity of the Affordable Warmth Network and their partners.
- Discuss how variations between different parts of the county can be targeted to improve outcomes for the worst.

Priority 11: **Preventing infectious disease through immunisation**

Outcomes set in 2013-14	Performance in 2013-14 (latest figures reported May 14)	JSNA findings
11.1 At least 95% children receive dose 1 of MMR vaccination by age 2 (currently 95%)	The number of children receiving their first dose of MMR vaccine has remained above the 95% target so this indicator is rated Green • County wide average 95.8% • CCG north locality 93.3% • CCG West Oxon locality 98.5%	Oxfordshire rates of immunisation uptake remain high when compared with local and national benchmarks
11.2 At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.7%)	The number of children receiving their second dose of MMR has not reached the 95% target and this indicator remained Amber • County wide average 94.7% • City CCG locality 91.1% • CCG SE locality 95.1%	
11.3 At least 55% of people aged under 65 in "risk groups" receive flu vaccination (currently 51.6%)	Improvements in uptake of seasonal flu vaccination by those aged under 65 which particular needs mean this indicator will be rated Green. • County wide average 54.5% • CCG city locality 49.6% • CCG West Oxon locality 60.1%	
11.4 At least 90% 12-13 year old girls receive all 3 doses of human papilloma virus vaccination (currently 88.1%).	Uptake of HPV vaccinations has still not been reported for 2013-14.	

Recommendation for discussion

- It remains important to keep these indications under surveillance and for the Public Health Protection Forum to ensure that good performance in Oxfordshire is continued and that national targets are met.
- The poorest performing localities should improve performance in comparison with the county average.

Proposed additional priority 12 - <u>Improving Recovery from alcohol and drugs misuse</u>

Rationale for adding this priority

At the meeting of the HIB in May a paper will be presented which will outline proposals for new partnership arrangements for work to prevent or treat alcohol and drug misuse. It will be proposed that this work is governed through the Health Improvement Board and that relevant outcomes are included in the Joint H&WB Strategy. The full detail of this report will not be reproduced here, but the outline below is in line with that fuller proposal.

Recent changes have meant that the function for commissioning services for drugs and alcohol treatment has become part of the Public Health function in the County Council. In addition to this commissioning function there is a need for wider partnership working, particularly in preventing alcohol and drug related harm and providing early intervention.

Drugs and alcohol treatment services which were commissioned before this transition are currently underperforming and a programme for improving recovery rates is underway. It is proposed that the Health Improvement Board take on oversight of this work, monitoring plans that involve service providers, users and commissioners and ensuring a multi-agency approach to improvement.

Performance in 2013-14

The Public Health Outcomes Framework includes several indicators which measure the success of various aspects of drugs and alcohol treatment. A full picture of 2 of these indicators is given in Appendix 2. The measures we propose to use are:

- Number of users of **opiates** who left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months, or by the end of the period if this is less than 6 months, as a percentage of the total number of non-opiate users in treatment. We would hope to see this figure increase over time (Data supplied by National Drugs Treatment Monitoring System, Public Health England)
- Number of users of **non- opiates** who left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6

months, or by the end of the period if this is less than 6 months, as a percentage of the total number of non-opiate users in treatment. We would hope to see this figure increase over time (Data supplied by National Drugs Treatment Monitoring System, Public Health England)

The data in the appendix shows that

1. The number of people completing treatment and remaining drug free of opiate use is 6.5% of those in treatment.
2. The completion rate for non-opiate use is 15.5% of those in treatment.

These are among the lowest rates in the country. There have been some recent improvements and the recovery plan is being implemented.

JSNA findings relevant to this priority

A comprehensive needs assessment of drugs and alcohol users in Oxfordshire shows that

- Engagement with services is good. A high proportion of those thought to misuse substances do engage with services.
- Some people in treatment for opiate use remain in services for long periods of time, often on methadone prescriptions, but do not successfully complete treatment and achieve abstinence.
- The number of people accessing alcohol treatment services is rising.
- Numbers of young people accessing services are low but include children whose parents are substance misusers.

Recommendation for discussion

- Targets for the two indicators outlined above can be added to the range of outcomes that are managed and monitored by the Health Improvement Board.
- A 2014-15 target for opiate users should be set at 8.6% successfully leaving treatment (baseline 6.5%)
- A 2014-15 target for non-opiate users should be set at 38.2% successfully leaving treatment (baseline 15.5%)

Jackie Wilderspin, May 2014

Appendix 1 C. Priorities for Health Improvement

Priority 8: Preventing early death and improving quality of life in later years

This priority aims to add years to life and life to years – something we all aspire to. The biggest killers are heart disease, stroke and cancers. Some of the contributing factors to these diseases are beyond the influence of the individual or of health services but we can encourage healthier lifestyles and prevent disease through early detection and screening.

A gap in life expectancy still remains within Oxfordshire, with women likely to live longer than men and those in more deprived areas likely to die sooner and be ill or disabled for longer before death.

Promoting healthy lifestyles and access to screening programmes is a cost effective way of reducing the risk of chronic disease and premature death

The following priorities for action will continue to be the priorities in the year ahead:

- To reduce levels of smoking in the county by encouraging more people to quit as smoking remains a major cause of heart disease and cancer.
- To boost our cancer screening programmes so that more people are protected, focusing on the bowel cancer screening programme.
- To promote the 'Health Checks' programme which offer adults a full health 'MOT' and looks at many lifestyle factors such as obesity, exercise, smoking, blood cholesterol levels ,diabetes, blood pressure and alcohol consumption.
- Reversing the rise in the consumption of alcohol is another priority of the Health and Wellbeing Board. It is being taken forward by the Oxfordshire Community Safety Partnership and progress will be monitored by the Health Improvement Board.

In addition to this, our work must be even more focused on those who are most at risk. The Joint Strategic Needs Assessment shows that there are differences between different groups of people and different places in the County, with some faring better than others both in terms of their life expectancy and in their chances of living healthy lives into old age.

A programme of public awareness campaigns will support this work by raising awareness of prevention and early intervention services.

Where are we now?

- Over 2500 people in Oxfordshire had quit smoking for at least 4 weeks by the end of Q3
- The number of 40-74 year olds invited for NHS Health Checks was on target
- Bowel screening rates were below target at the end of Q3

Outcomes for 2013-14

14.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years)

14.2 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)

14.3 At least 65% of those invited for NHS Health Checks will attend (ages 40-74)

14.4 At least 3800 people will quit smoking for at least 4 weeks (last year target 3676, actual 3703)

Priority 9: <u>Preventing chronic disease through tackling obesity</u>

After smoking, obesity is the biggest underlying cause of ill health. It can lead to high blood pressure, heart disease, stroke, diabetes, cancer and early death. It also increases immobility and makes any other disability more severe than it would otherwise be.

Surveillance of these issues in the last year show that

- Rates of obesity in the county continue to rise. Data from surveys show a cause for concern.
- The percentage of people diagnosed with diabetes by their GP continues to rise across the county.
- The rates for breastfeeding initiation soon after birth and continuation to at least 6-8 weeks are good in Oxfordshire. These higher rates need to be maintained.
- Measurement of children shows the numbers who are deemed to be overweight or obese at both Reception Class and Year 6 are generally lower than England rates, but show over 15% obesity at year 6. These are year on year snap shot measures so trends cannot be identified.

To tackle obesity we propose to keep our focus in the following areas:

Promoting breastfeeding

Breastfeeding gives the best start to life and has been proven to lead to fewer overweight children and adults. Increasing the number of breastfed babies is still the foundation of an obesity strategy for the County. The national figure for breastfeeding prevalence at 6-8 weeks is 47% but in Oxfordshire we want to keep the stretching target of 60% and will only achieve this if we focus on the areas where rates are low.

Halting the increase in childhood obesity

Children in Reception class and Year 6 are weighed and measured every year and results show that around 8% of reception year and 15% of Year 6 children are obese. This feeds through into ever increasing levels of obesity in young adults. Making parents aware of problems early helps them to take action if they choose to.

Healthy eating initiatives are part of the approach. Levels of obesity are also linked to social deprivation, with more deprived parts of the County showing higher rates of obesity, so some targeting of effort is called for here too.

Promoting physical activity in adults

Physical activity is an important component of maintaining a healthy weight for all ages and there is local encouragement here, with Oxfordshire still doing well according to the 'Active People' survey. The survey showed that 27% of the population participate in regular activity each week. Maintaining this position will be critical to good health in the County. Regular participation in physical activity will also have an impact on mental wellbeing.

Where are we now?

- The ambitious target of halting the rise in childhood obesity was not met, though the Oxfordshire rate is still lower that the national rate.
- Breastfeeding rates for babies aged 6-8 weeks showed good progress but dipped at the end of the year.
- The rates of adults undertaking the recommended level of physical activity continued to increase.

Outcomes for 2013-14

17.1 Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2012 this was 15.6%)

17.2 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)

17.3 65% of babies are breastfed at 6-8 weeks of age (currently 59.1%)

Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness

Housing and health are intimately connected and inextricably linked. Having a home, living in good housing conditions and in a good neighbourhood with the right kind of support, are vital ingredients to health and well-being.

There are several ways in which housing issues impact on health, including the following:

- 'Fuel poverty' affects people of all ages and in all types of housing. Having a poorly heated home shows itself in greater incidence of respiratory disease, allergies, asthma and risk of hypothermia. Excess winter deaths are directly related to poor energy efficiency in houses

- Homeless people die earlier and suffer worse health than people with a stable home. The threat and experience of homelessness also has an impact on mental wellbeing.
- Safe, secure housing contributes to improving health outcomes. Some vulnerable people need support to maintain their tenancies and live ordinary lives as fully participating members of the wider community. This is an essential ingredient for preventing ill health and homelessness.

These housing issues all have to be tackled in partnership.

Surveillance and sharing of good practice over the last year through the Health Improvement Board has already seen a higher profile for this area of work. Concerns remain including

- Changes to the welfare benefit system have potential to put more households at risk of homelessness
- New ways of working to provide Housing Related Support need time to develop
- Fuel poverty is still a risk for a large number of households. New systems for improving energy efficiency of homes have been introduced and need to be established.
- Fuel Poverty work is not funded sustainably.

Where are we now?

- Scoping work and local pilot projects to understand and agree actions to reduce the risk of homelessness are now complete.
- The Housing Related Support Group has been established and several services will have to be re-procured in 2013-14
- The annual report from the Affordable Warmth Network for 2012-13 shows that there has been good take-up of information and advice services. Some energy efficiency improvements were made in 363 households across the county. 400 referrals were made to Warm Front resulting in improvements in 105 households

Outcomes for 2013-14

1. The number of households in temporary accommodation on 31 March 2014 should be no greater than the level reported in March 2013 (baseline 216 households in Oxfordshire)
2. At least 75% of people receiving housing related support will depart services to take up independent living.
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%)
4. Fuel poverty outcome to be determined in Sept 2013

Priority 11: **Preventing infectious disease through immunisation**

Immunisation is the most cost-effective medical public health intervention. Levels of immunisation for childhood diseases in Oxfordshire continue to improve but it is imperative that this is maintained. Constant vigilance is needed to make sure that individual children have access to immunisation. This means working closely with GPs, community nurses and individual families.

It is important that immunisation rates remain high throughout the population to maintain "herd immunity". Responsibility for commissioning immunisation services has been taken on by NHS England. This is done locally through the Thames Valley Area Team. High levels of coverage need to be maintained through this transition to new organisations within the NHS in order to continue to achieve the goal of protection for the population.

The recent increase in cases of measles in other parts of the UK and increased prevalence of whooping cough has caused concern at a national level.

New immunisations are to be introduced in the next year. From July 2013, a rotavirus vaccination will be offered at 2 months and at 3 months, flu immunisation will be given to children aged 2 and 3 and Shingles vaccinations to people aged 70 and 79..

The Oxfordshire Joint Strategic Needs Assessment shows high levels of coverage but some targets are still not being met and there are early signs that our high rates have begun to slip a little. The leadership for these services will change profoundly during the next year and maintaining our current position will be a real challenge.

We are proposing priorities for improving immunisation levels across the board, focussing on childhood immunisation, immunisation of teenage girls to protect against cervical cancer and flu vaccinations in the elderly and vulnerable.

Where are we now?

- High coverage rates for most childhood immunisations were achieved across the county.
- Follow up of some families with incomplete immunisation records meant that they were successfully immunised.
- Over 80,000 people aged over 65 received their flu immunisations in 2012-13
- Rates of flu immunisations for people aged under 65 who are at risk of illness are not meeting targets.

Outcomes for 2013-14

21.1 At least 95% children receive dose 1 of MMR vaccination by age 2 (currently 95%)

21.2 At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.7%)

21.3 At least 55% of people aged under 65 in “risk groups” receive flu vaccination (currently 51.6%)

21.4 At least 90% 12-13 year old girls receive all 3 doses of human papilloma virus vaccination (currently 88.1%).

Appendix 2 Improving Successful Completions in Drugs Treatment

Detailed performance report

a. The number of adult service users who successfully completed treatment (free from drugs/alcohol dependence) in the latest rolling 12 month period of time, and have not re-presented to treatment within 6 months, or by the end of the period if this is less than 6 months. Separate figures are calculated for opiate drug users and non-opiate drug users. We would hope to see this figure **increase** over time (Data supplied by National Drugs Treatment Monitoring System, Public Health England)

Current indicator RAG Rating

Red

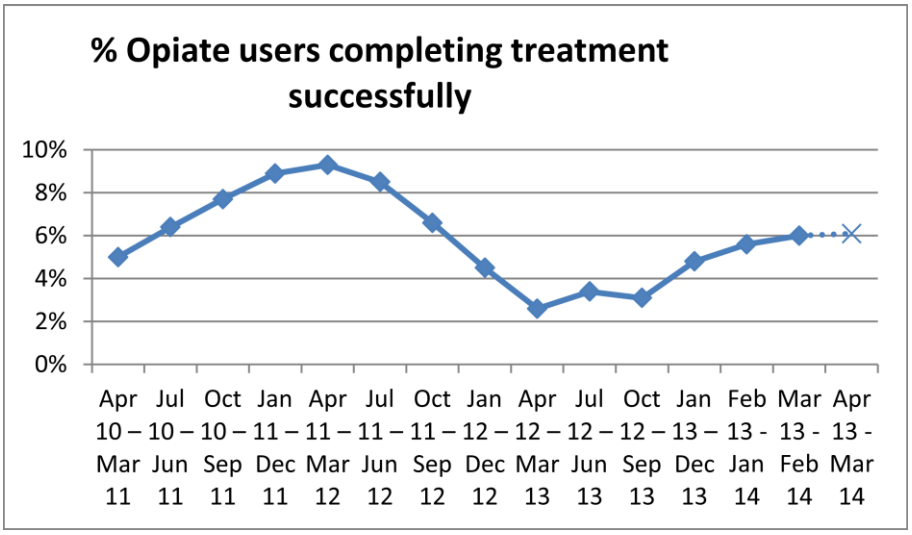
2. Trend Data

a. Opiate users :

Opiate Cluster Group C	Oct 10 – Sept 11	Jan 11 – Dec 11	Apr 11 – Mar 12	Jul 11 – Jun 12	Oct 11 – Sept 12	Jan 12 – Dec 12	Apr 12 – Mar 13	Jul 12 – Jun 13	Oct 12 – Sept 13	Jan 13 – Dec 13	Feb 13 – Jan 14	*Mar 13 – Feb 14*	*Apr 13 – Mar 14**
% Completions	7.7%	8.9%	9.3%	8.5%	6.6%	4.5%	2.6%	3.4%	3.1%	4.8%	5.6%	*6.0%*	*6.1%*
Number of completions / Total no. of clients				137/ 1604	105/ 1595	71/ 1580	41/ 1552	53/ 1561	49/ 1583	77/ 1600	89/ 1579	*94/ 1573*	*96/ 1573*
Cluster Average			9%				8%				8.3%	*8.4%*	

Position in cluster Mar 13 - Feb 14: 27/31

*Latest figures are provisional from local data



- The chart shows the percentage of clients who left treatment successfully and did not represent within 6 months or by the end of the measuring period if that was less than six months.
- These data are compared within "clusters" of areas where there is a similar profile of clients accessing treatment. Oxfordshire is in cluster "C" with 30 other areas and is ranked 27th in that cluster.
- The figures are percentages for the previous 12 months, updated on a quarterly basis.
- There has been a sharp decline since April 12, reaching a low point in January/February 2013. Data work undertaken since November 2013, and increased completions at the Recovery Service as they had been in place longer have brought a 3% increase to these figures.
- The number of clients successfully recovering in the last report was 94 out of a total of 1573 in treatment

Source: National Drugs Treatment Monitoring Services, Public Health England

b. Number of users of non- opiates who left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months, or by the end of the period if this is less than 6 months, as a percentage of the total number of non-opiate users in treatment. We would hope to see this figure **increase** over time (Data supplied by National Drugs Treatment Monitoring System, Public Health England)

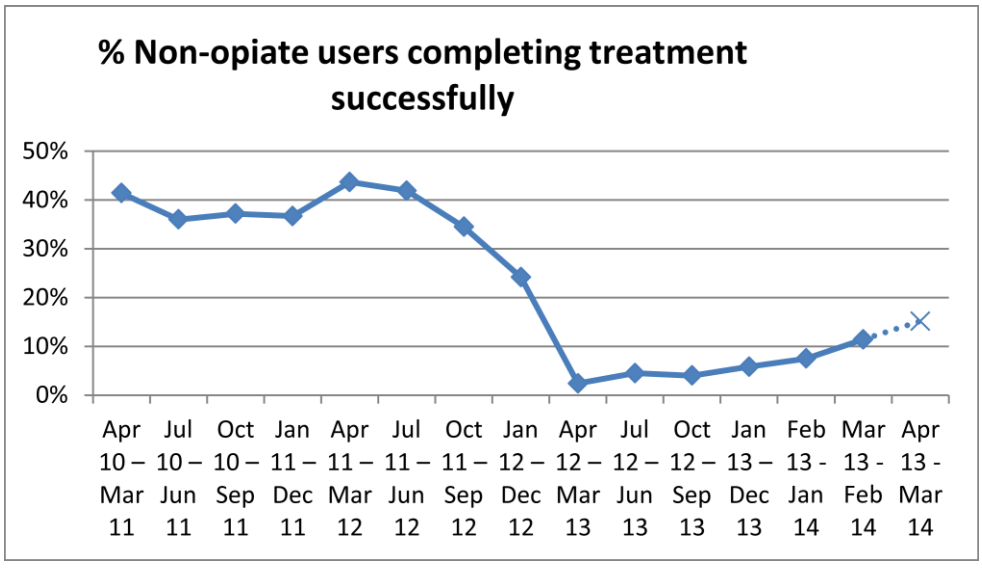
Current indicator RAG Rating Red

b. Non- Opiate users :

Non - Opiate Cluster Group C	Oct 10 – Sept 11	Jan 11 – Dec 11	April 11 – Mar 12	July 11 – June 12	Oct 11 – Sept 12	Jan 12 – Dec 12	Apr 12 – Mar 13	July 12 – June 13	Oct 12 – Sept 13	Jan 13 – Dec 13	Feb 13 – Jan 14	*Mar 13 – Feb 14*	*Apr 13 – Mar 14**
% Completions	37.2%	36.7%	43.7%	41.9%	34.5%	24.2%	2.4%	4.5%	4.0%	5.8%	7.5%	*11.4%*	*15.2%*
Number of completions / Total no. of clients				98/234	70/203	47/194	4/167	9/201	9/224	13/226	16/214	*24/210*	*32/210*
Cluster Average			43%				43%				38.3%	*38.6%*	

Position in cluster Mar 13 – Feb 14: 38/38

*Latest figures are provisional from local data



- The chart shows the percentage of non-opiate using clients who left treatment successfully and did not represent within 6 months or by the end of the measuring period if that was less than 6 months.
- These data are compared within "clusters" of areas where there is a similar profile of clients accessing treatment. Oxfordshire is in cluster "C" with 37 other areas and is the worst performing in that cluster.
- The figures are percentages for the previous 12 months, updated on a quarterly basis.
- The major reduction in percentage in the year ending March 13 implies a major issue with reporting.
- The number of clients successfully recovering in the last report was 24 out of a total of 210 in treatment.

Source: National Drugs Treatment Monitoring Services, Public Health England