

## Health Improvement Board 2<sup>nd</sup> February 2015

### Performance Report

#### Background

1. The Health Improvement Board is expected to have oversight and 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. There are 2 indicators that are only reported on an annual basis and these will be reported in future reports following the release of the data.
5. For the 13 indicators that can be regularly reported on, current performance can be summarised as follows:
  - 3 indicators are Green.
  - 1 indicator is Amber (defined as within 5% of target).
  - 8 indicators are Red
  - 1 indicator does not yet have information available for Q2 (proportion of households presenting at being homeless will be prevented from becoming homeless). This should be available for the next meeting.
6. All the indicators that form Priority 8 are currently rated Red. This includes 2 indicators that were Green in Q1
  - a. 8.2 At least 15% of 40-74 people eligible for health checks will be invited to attend during the year. This has only increased slightly from 5.4% in Q1 (when it was over target) to 6.4% in Q2.
  - b. 8.5 Opiate users successfully leaving treatment. The proportion has fallen from 7.1% in Q1 to 6.9%.
7. Annual data relating to the obesity levels of Year 6 pupils has been published. This shows that Obesity levels in Oxfordshire increased from 15.2% in 2013 to 16.9% in 2014. There

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continues to be a wide variation between districts, from 15.2% in South Oxfordshire to 21% in Oxford City.

8. Report cards have been produced for indicators 8.3 – attendance at NHS Health Checks and 8.4 – quitting smoking for at least 4 weeks. These will be discussed at the next meeting in order that the board can see the work being undertaken to address these priorities.

Alison Wallis  
Performance & Information Manager, Joint Commissioning  
19/01/2015

**Oxfordshire Health and Wellbeing Board  
Performance Report**

No	Indicator	Q1 Apr-Jun	R A G	Q2 Jul-Sept	R A G	Q3 Oct-Dec	R A G	Q4 Jan-Mar	R A G	Locality spread	Notes
<b>Priority 8: Preventing early death and improving quality of life in later years</b>											
8.1 a	At least 60% of those sent bowel screening packs will complete and return them (ages 60-69 years) and an equity audit should be conducted to ensure all population groups are responding	Expected	R	Expected		Expected		Expected			Q2 data not yet available
		60%		60%		60%		60%			
NHS England		Actual		Actual		Actual		Actual			
		54.2%									
8.1 b	At least 60% of those sent bowel screening packs will complete and return them (ages 70-74 years) and an equity audit should be conducted to ensure all population groups are responding	Expected	R	Expected		Expected		Expected			
		60%		Actual		Actual		Actual			
NHS England		Actual		Actual		Actual		Actual			
		56.2%									
8.2	Of people aged 40-74 who are eligible for health checks once every 5 years, at least 15% are invited to attend during the year. No CCG locality should record less than 15% and all should aspire to 20%	Expected	G	Expected	R	Expected		Expected		Q2 data. South West is currently the only locality to record above 15% Lowest – West Oxfordshire – 9.2%	
		3.75%		7.5%		11.25%		15%			
OCC		Actual		Actual		Actual		Actual			
		5.4%		6.4%							
8.3	At least 66% of those invited for NHS Health Checks will attend (ages 40-74) and no CCG locality should record less than 50% with all aspiring to 66% (Baseline 46% Apr 2014)	Expected	R	Expected	R	Expected		Expected		Q2 West Oxfordshire and North Oxfordshire are only localities currently reaching the 50% target. Lowest – 33.6%	
		46%		50%		58%		66%			
OCC		Actual		Actual		Actual		Actual			
		42%		43.3%							

No	Indicator	Q1 Apr-Jun	R A G	Q2 Jul-Sept	R A G	Q3 Oct-Dec	R A G	Q4 Jan-Mar	R A G	Locality spread	Notes
8.4	At least 3800 people will quit smoking for at least 4 weeks (Baseline 3622 in 13/14) Baseline women smoking in pregnancy (%) – 9% (Q4 1314)	Expected 868	R	Expected 1672	R	Expected 2574		Expected 3800			Women smoking in pregnancy – 8%
OCC		Actual 626  Women smoking in pregnancy – 8%		Actual 1133		Actual		Actual			
8.5	8.6% of opiate users successfully leaving treatment by the end of 14/15 (baseline 6.5% 2013/14)	Expected 7.0%	G	Expected 7.5%	R	Expected 8.0%		Expected 8.6%			The number of non-opiates users successfully completing treatment is below the set target. Through the introduction of the Public Health Outcome Framework the performance measure has changed from counting drug users safely supported in services to counting those who successfully complete treatment. Current performance is being addressed with a comprehensive recovery plan with Public Health England support to develop and implement system wide action plans.
OCC		Actual 7.1%		Actual 6.9%		Actual		Actual			
8.6	38.2% of non-opiate users successfully leaving treatment by the end of 14/15 (baseline 15.5% 2013/14)	Expected 21.2%	R	Expected 26.9%	R	Expected 32.6%		Expected 38.2%			
OCC		Actual 14.5%		Actual 17.7%		Actual		Actual			

No	Indicator	Q1 Apr-Jun	R A G	Q2 Jul-Sept	R A G	Q3 Oct-Dec	R A G	Q4 Jan-Mar	R A G	Locality spread	Notes
<b>Priority 9: Preventing chronic disease through tackling obesity</b>											
9.1	Ensure that the obesity level in Year 6 children is held at no more than 15% and no district population should record more than 19% (Baseline 15.2% in 2013)			Expected	R					Oxford City – 21% Is the only locality above 19%. South Oxfordshire has the lowest obesity level – 15.2%	
OCC				14.9% or less							
9.2	Reduce by 1% the proportion of people who are NOT physically active for at least 30 minutes a week (Baseline for Oxfordshire 22.2% against 28.5% nationally, 2013-14 Active People Survey)							Expected			
District councils								Actual			
9.3	63% of babies are breastfed at 6-8 weeks of age (currently 60.4%) and no individual health visitor locality should have a rate of less than 50%	Expected	A	Expected	A	Expected		Expected		Didcot has a low rate of 47.8%. This however is an increase from 44.1% in Q1	
NHS England & CCG		63%		Actual		63%		Actual			

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 Oct-Dec	RAG	Q4 Jan-Mar	RAG	Locality spread	Notes
<b>Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness</b>											
10.1	The number of households in temporary accommodation as at 31 March 2015 should be no greater than the level reported in March 2014 (baseline 197 households in Oxfordshire)							<b>Expected</b>			
								197 or less			
10.2	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 83.9% in 13/14)	<b>Expected</b>		<b>Expected</b>		<b>Expected</b>		<b>Expected</b>		The majority of people receive a service from a county wide service which means it isn't possible to accurately provide data on a locality basis	
		75%	<b>G</b>	75%	<b>G</b>	75%		75%			
OCC		<b>Actual</b>		<b>Actual</b>		<b>Actual</b>		<b>Actual</b>			
		91%		91%							
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 81% in 2013- 2014 when there were 2837 households known to services)	<b>Expected</b>		<b>Expected</b>		<b>Expected</b>		<b>Expected</b>			Data not yet available for Cherwell and City – hence indicator not yet rated.
		80%	<b>G</b>	80%		80%		80%			
District Councils		<b>Actual</b>		<b>Actual</b>		<b>Actual</b>		<b>Actual</b>			
		82%		86% prov							

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 Oct-Dec	RAG	Q4 Jan-Mar	RAG	Locality spread	Notes
10.4	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. It is hoped that an aspirational baseline target of 550 households will be reached			Actual	G			Expected			
Affordable Warmth Network				712				Actual			
10.5	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 74 in 2013-14					Target					
District Councils						< 74	G				
						Actual					
						68					

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 Oct-Dec	RAG	Q4 Jan-Mar	RAG	Locality spread	Notes
<b>Priority 11: Preventing infectious disease through immunisation</b>											
11.1	At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 95.8%) and no CCG locality should perform below 94%	Expected 95%	G	Expected 95%	A	Expected 95%		Expected 95%		Two localities fall below the expected 94% target - Oxford City 93.2% (an increase from 92.8% in Q1) South East 93.6%. Highest – West Oxfordshire – 96.7%	
NHS England		Actual 95.2%		Actual 94.6%		Actual					
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 93.7%) and no CCG locality should perform below 94%	Expected 95%	R	Expected 95%	R	Expected 95%		Expected 95%		Only 2 localities (North East and South East) perform above the 94%. Lowest – Oxford City – 88.5%	
NHS England		Actual 92.6%		Actual 91.9		Actual					
11.3	At least 60% of people aged under 65 in “risk groups” receive flu vaccination (baseline 55% 13/14)							Expected 55%			
NHS England								Actual			
11.4	At least 90% of young women will receive both doses of HPV vaccination. (baseline to be confirmed)							Expected Over 90%			
NHS England								Actual			