Updated: 21 June 2016

Health Improvement Board June 2016

Q3 & Q4 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 some indicators that are reported on an annual basis and some on a half-yearly basis these will be reported in future reports following the release of the data.
- 5. For the indicators that can be regularly reported on, current performance (at Q4) can be summarised as follows:
 - 6 indicators are Green.
 - 1 indicator is Amber (defined as within 5% of target).
 - 6 indicators are Red
- 6. The indicators that are red are:
 - 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% April 2014) Q4 reached 50.2%
 - 8.4 At least 3650 people will quit smoking for at least 4 weeks (Achievement in 2014/15 = 1955) Q4 achieved 1562
 - 8.6 The target for opiate users by end 2015/16 should be at least 7.6% successfully leaving treatment and not representing within 6 months (baseline 7.8%) Q4 reached 4.5%
 - 8.7 At least 39% of non-opiate users by 2015/16 should successfully leave treatment and not represent within 6 months (baseline 37.8%) Q4 reached 26.2%
 - 10.5 Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 70 (2014/15) final figure is 90 (of which 56 in Oxford City)
 - 11.2 At least 95% children receive dose 2 of MMR vaccination by age 5 and no CCG locality should perform below 94% Q4 achieved 92.5%

Sue Lygo Health Improvement Practitioner

June 2016

Oxfordshire Health and Wellbeing Board Performance Report

No	Indicator	Q1 Apr-Jun	R A G	Q2 Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Locality spread	Notes			
Prior	Priority 8: Preventing early death and improving quality of life in later years													
		Expected		Expected		Expected		Expected						
8.1	At least 60% of those sent bowel screening packs will	60%		60%		60%		60%			Data for Q3			
р	complete and return them (ages	Actual	Α	Actual	Α	Actual	•	Actual			not available.			
NHS England	60-74 years)	59.2%		57.1%										
	Of people aged 40-74 who are	Expected		Expected		Expected		Expected						
8.2	Of people aged 40-74 who are eligible for health checks once every 5 years, at least 15% are	3.75%		7.5%		11.25%	G -	15%		Cumulative Q4: North East: 14.2%; North: 18.4%; City:				
4.5	invited to attend during the year. No CCG locality should record	Actual	G	Actual		Actual		Actual	G	21.2%; South East				
၁၁၀	less than 15% and all should aspire to 20%	5%		11.1%		15.7%		20%		24.6%; South West 21.7%; West 17.3%				
		Expected		Expected		Expected		Expected						
8.3	At least 66% of those invited for NHS Health Checks will attend	46%		50%		58%		66%		Cumulative Q4: North East: 54.5%; North: 56.7%; City:				
	(ages 40-74) and no CCG locality should record less than	Actual	Α	Actual	R	Actual	R	Actual	R	45.2%; South East				
၁၁၀	50% with all aspiring to 66% (Baseline 46% Apr 2014)	42.2%		45.7%		48%		50.2%		40.7%; South West 52.3%; West 58.6%				

No	Indicator	Q1 Apr-Jun	R A G	Q2 Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Locality spread	Notes
		Expected		Expected		Expected		Expected			
8.4	At least 3650 people will quit smoking for at least 4 weeks	913	R	1825	R	2738	R	3650	В		
()	(Achievement in 2014/15 =	Actual	K	Actual	K	Actual	K	Actual	K		
220	1955)	477		992		1364		1562			
		Expected		Expected		Expected		Expected			
8.5	The number of women smoking in pregnancy should decrease to below 8% (recorded at time of	<8% Actual	G	<8% Actual	A	<8% Actual	A	<8% Actual	G		
)) (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0	delivery). (Baseline 2014/15 = 8.1%)	7.8%		8.5%		8.8%		7.2%			
		Expected		Expected		Expected		Expected			
8.6	The target for opiate users by end 2015/16 should be at least	7.6%		7.6%		7.6%		7.6%			
()	7.6% successfully leaving treatment and not representing	Actual	R	Actual	R	Actual	R	Actual	R		
220	within 6 months (baseline 7.8%)	6.2%		5.6%		4.7%		4.5%			Please note that the completion data is from
		Expected		Expected		Expected		Expected			01/10/2014 to 30/09/2015, Re-presentations up to:
8.7	At least 39% of non-opiate users by 2015/16 should successfully	39%		39%		39%		%			31/03/2016 (Q4)
4.	leave treatment and not represent within 6 months	Actual	R	Actual	R	Actual	R	Actual	R		
220	(baseline 37.8%)	29%		27.9%		27.4%		26.2%			
Prior	ity 9: Preventing chronic di	isease thro	ugh	tackling ol	besi	ty					
9.1	Ensure that the obesity level in Year 6 children is held at no more than 16% (in 2013/14 this					Expected 16% or less	Α			Cherwell 19.7% Oxford 19.2% All other districts	

200	was 16.9%). No district population should record more than 19%					Actual 16.2%				under 15%			
No	Indicator	Q1 Apr-Jun	R A G	Q2 Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Locality spread	Notes		
Distri	Reduce by 1% the proportion of people who are NOT physically active for at least 30 minutes a week (Baseline for Oxfordshire 23% against 28.9% nationally, 2014-15 Active People Survey)			Expected 22% or less Actual 21.9%	G								
9.3	63% of babies are breastfed at 6-8 weeks of age (currently	Expected 63%		Expected 63%		Expected 63%		Expected 63%		No CCG locality under 50% (Q1 & Q2). However,	Problems with Oxford Health IT system – unsure		
NHS England &	60.4%) and no individual CCG	Actual 60.9%	Α	Actual 63.8%	G	Actual 57.5%	A	Actual 58.2%	A	some practices across most localities have less than 50%	data for Q3 and Q4 are correct – are checking.		
Prior	Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness												
10.1	The number of households in			Expected				Expected					
	temporary accommodation on 31 March 2016 should be no			192 or less				192 or less	G				
ct	greater than level reported in March 2015 (baseline 192			Actual 218	R			Actual					
District Councils	households)			210				190					
10.2		Expected		Expected		Expected		Expected					
10.2	At least 75% of people receiving housing related support will	75%		75%		75%		75%			Final annual figure for		
	depart services to take up independent living (baseline	Actual	G	Actual	G	Actual	G	Actual	G		2015/16 = 87.2% (1491 / 1710)		
000	91% in 14/15)	84.8%		86.1%		88%		87.2%					

No	Indicator	Q1 Apr-Jun	R A G	Q2 Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Locality spread	Notes
10.3	At least 80% of households presenting at risk of being homeless and known to District Housing services or District			Expected 80%				Expected 80%			
District Councils	funded advice agencies will be prevented from becoming homeless (baseline 83% in 2014/15 when there were 2454 households known to services). Reported 6-monthly			Actual 82%	G			Actual 85%	G		
10.4	More than 700 households in Oxfordshire will receive information or services to enable significant increases in the					>700		Expected >700			This represents a
Affordabl e Warmth	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.					Actual 1427	G	Actual			cumulative figure for Q1, Q2 and Q3.
10.5	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not					Target < 70	0				
District Councils	exceed the baseline figure of 70 (2014/15)					Actual 90	R				
10.6	A measure will be included in the performance framework to										Baseline to be established and outcome to be discussed in March 2016

220	monitor the success of supporting vulnerable young people in appropriate housing following monitoring to establish a baseline.													
Prior	Priority 11: Preventing infectious disease through immunisation													
No	Indicator	Q1 Apr-Jun	R A G	Q2 Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Locality spread	Notes			
11.1	At least 95% children receive dose 1 of MMR (measles,	Expected		Expected		Expected		Expected						
	mumps, rubella) vaccination by age 2 (currently 95.2%) and no	95%		95%	_	95%	_	95.4%		Q2	Data for CCG localities			
NHS England	CCG locality should perform below 94%	Actual 95.1%	G	Actual 94.5%	A	Actual 95.1%	G	Actual	G	North Oxfordshire 93.8 Oxford City 92.7%	are not available for Q3			
		Expected		Expected		Expected		Expected						
11.2	At least 95% children receive dose 2 of MMR vaccination by	95%		95%		95%		95%		Q2	Data for CCG localities			
р	age 5 (currently 92.5%) and no	Actual	Α	Actual	R	Actual	R	Actual	R	Only South West achieving over 94% (96.6%)	are not available for Q3+Q4			
NHS England	CCG locality should perform below 94%	92%		91%		91.9%		92.5%			Q3+Q4			
11.3								Expected						
	At least 60% of people aged under 65 in "risk groups"							55%	-					
NHS England	receive flu vaccination (2014/15 = 51.9%)							Actual 45.9%	R					
11.4	At least 90% of young women will receive both doses of HPV							Expected Over 90%			Final figure for 2015/16 not yet available as			

Appendix A

	vaccination. (2014/15 =91.7%)						Dose 2 being delivered during summer term 2016.
NHS Englan					Actual		2010.