

Health Improvement Board October 2016

Q1 Performance Report 2016/17

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 2015-2019, 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 Q1) can be summarised as follows:
 - 5 indicators are Green.
 - 4 indicators are Amber (defined as within 5% of target).
 - 2 indicators are Red
6. The indicators that are red are:
 - 8.3 Take-up of invitation for NHS Health Checks should exceed national average (51.7%) and aspire to 55% in year ahead. No CCG locality should record less than 50%. Q1 reached 35.1% but public health is confident that the annual action plan will see an improvement in the near future for NHS Health Checks.
 - 8.7 More than 26.2% (30% by end year and aspire to 37.3% long term) of non-opiate users should successfully leave treatment and not represent within 6 months (baseline 37.8%) – Q1 is at 20.8% (slightly lower than Q4 2015/16).

Sue Lygo
Health Improvement Practitioner

October 2016

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

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
8.1	At least 60% of those sent bowel screening packs will complete and return them (aged 60-74 years) - and adequately screened	60%	0%		0%		0%		0%		Data received for Q4 2015/16 indicates this is now at 59.9%. Data received 6 months in arrears.
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%.	15%	5.0%		0.0%		0.0%		0%		Q1 - all localities (except West Oxfordshire (2.6%)) have similar proportions to Oxfordshire overall.
8.3	Take-up of invitation for NHS Health Checks should exceed national average (2015-16 = 51.7% nationally) and aspire to 55% in year ahead. No CCG locality should record less than 50%.	>51.7% (Aspire 55%)	35.1%		0.0%		0.0%		0%		Q1 - some variance between localities. West Oxfordshire 76%, North Oxfordshire 48%, All others lower than Oxfordshire figure.
8.4	Number of people quitting smoking for at least 4 weeks should exceed 2015-16 baseline by at least 10% (15-16 baseline = 1923)	> 2115 by end year	551		0		0		0		Currently on-target to meet 2115 by end year. However, due to past trends, have classed this as amber.
8.5	Mother smoking at time of delivery should decrease to below 8% - Oxfordshire CCG	<8%	7.8%		0.0%		0.0%		0.0%		
8.6	Number of users of OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.	> 4.5% 5% end year (Aspire 6.8% long term)	4.6%		0.0%		0.0%		0.0%		This has improved and achieves the new target. It is not as high as the aspiration for the end of the year.
8.7	Number of users on NON-OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.	> 26.2% 30% end year (Aspire 37.3% long term)	20.8%		0.0%		0.0%		0.0%		

Priority 9: Preventing chronic disease through tackling obesity

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
9.1	National Childhood Measurement Programme (NCMP) - obesity prevalence in Year 6. No district population should record more than 19%	<=16%									
9.2	Reduce by 0.5% the proportion of people who are NOT physically active for at least 30 minutes a week (baseline for Oxfordshire 21.9% Jan14-15)	Reduce by 0.5% from baseline (21.9%)	23.4%								Updated PHOF Aug 2016. This has been classed as "amber" rather than "red" as it remains significantly better than England (28.7%)
9.3	Babies breastfed at 6-8 weeks of age (County) No individual CCG locality should have a rate of less than 55%)	63%	62.2%		0.0%		0.0%		0.0%		Seeking to obtain these data at locality level (SL)

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

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
10.1	The number of households in temporary accommodation on 31 March 2017 should be no greater than level reported in March 2016 (baseline 190 households)	≥190			0				0		
10.2	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.2% 2015-16)	75%	84.9%		0%		0%		0%		
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.	80%					0%		0%		

10.4	Increase the number of households in Oxfordshire who have received significant increases in 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	Needs a new target					0		0		
10.5	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 90 (2015)	≥90			0		0		0		
10.6	At least 70% of young people leaving supported housing services will have positive outcomes in 2016-17, aspiring to 95%	≤70% Aspire 95%					0%		0%		

Priority 11: Preventing infectious disease through immunisation

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
11.1	At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 years and no CCG locality should perform below 94%	95%	95.0%		0.0%		0.0%		0.0%		Seeking data at locality level
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 years and no CCG locality should perform below 94%	95%	93.4%		0.0%		0.0%		0.0%		Seeking data at locality level
11.3	Seasonal Flu <65 at risk (Oxfordshire CCG)	≥ 55%							0.0%		
11.4	HPV 12-13 years (Human papillomavirus) 2 doses	≥ 90%							0%		