

## **Health Improvement Partnership Board**

### **Review of performance for 2016-17 and discussion of priorities**

#### **Introduction**

The Joint Health and Wellbeing Strategy for Oxfordshire includes 11 priority areas for partnership work. The Health Improvement Partnership Board oversees 4 of these priorities and monitors a range of outcomes associated with each priority area. Performance is reported and discussed at every meeting of the Health Improvement Board.

The Joint Health and Wellbeing Strategy is revised and updated annually. Every year the members of the Health Improvement Board decide on their priorities for the year ahead which can then be included in the revised strategy. This discussion gives an opportunity to focus on emerging areas of concern, to decide that some work that needs to continue and to propose that some issues no longer need to be monitored so closely.

#### **The purpose of this paper**

This paper sets out the latest performance figures available to the Health Improvement Board for each of the priority areas and also gives some information from the recently published annual report on the Oxfordshire Joint Strategic Needs Assessment. Additional information on inequalities of outcome is also included where that is known. This is to enable discussion on how the work of the Health Improvement Board can have even more focus on reducing health inequalities. This is an intention of the Board that has been expressed in recent discussion on implementation of the Health Inequalities Commission recommendations.

#### **Next Steps**

Following discussion at the Health Improvement Board in April 2017 there will be some work by officers to draw up draft proposals for inclusion in the revised Joint Health and Wellbeing Strategy. These draft proposals will be brought to the meeting of the HIB in June 2017 for discussion and agreement.

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
<b>Priority 8: Preventing early death and improving quality of life in later years</b>		
<p>8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years). <b>Responsible Organisation: NHS England</b></p>	<p>59.1% (2016-17 Q1)  Amber  Data is reported at least 6 months in arrears</p>	<p>Lung, bowel, breast and prostate cancers together accounted for almost half (46%) of all cancer deaths in the UK in 2014. More than a fifth of all cancer deaths are from lung cancer. More than half (53%) of cancer deaths in the UK are in people aged 75 years and over (2012-2014).(JSNA p 96)</p> <p>Latest data on bowel cancer <u>diagnosis</u> in people aged under 75 in 2011-13 showed 432 cases for men and 336 for women in Oxfordshire with no significant differences between districts or from national averages.</p> <p><u>Mortality</u> – the number of people who died aged under 75 from colorectal cancer for men in the period 2012-14 was 119 and for women was 85. There were no significant differences between districts or from national figures.</p>
<p>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%. <b>Responsible Organisation: Oxfordshire County Council</b></p>	<p>14.4%  Green  (County figures for Q3 2016-17)</p>	<p><b>CCG localities:</b> Oxford City 15.8% South East 15.7%, South West 14.5%, North East 13.6%, North 13%, West 12.7%,</p> <p>The performance measure is cumulative and it is expected that Q4 figures will exceed the target of 15%</p>
<p>8.3 Oxfordshire performance for those taking up the invitation for NHS</p>	<p>44.7%  Green</p>	<p><b>CCG localities:</b> North 49.9%,</p>

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<p>Health Checks should exceed the national average (baseline 2015-16 was 47.9% nationally) and aspire to 55% in the year ahead. No CCG locality should record less than 50%</p> <p><b>Responsible Organisation:</b> <b>Oxfordshire County Council</b></p>	<p>(County figures for Q3 in 2016-17)</p>	<p>West 48.8%, South West 48%, South East 47.9%, North East 38.3%, Oxford City 37.6%</p> <p>An equity audit of uptake of NHS Health Checks is planned for 2017-18</p>
<p>8.4 Oxfordshire performance for the number of people quitting smoking for at least 4 weeks should exceed 2015-16 baseline by at least 10% (baseline 1923 quitters 2015-16)</p> <p><b>Responsible Organisation:</b> <b>Oxfordshire County Council</b></p>	<p>1471 Amber</p> <p>(County figures for Q3 in 2016-17)</p> <p>The performance measure is cumulative and the end of year figures will be available in July 2017</p>	<p>JSNA p. 110</p> <ul style="list-style-type: none"> <li>Health survey for England data for 2015 shows a decline in proportion of adults smoking and a decline in the proportion of children smoking.</li> <li>In England in 2015, 5% of adults were currently using e-cigarettes. This was a small increase from 2013, when 3% of adults were current e-cigarette users.</li> <li>In 2015 an estimated 15.5% of adults in Oxfordshire were smokers, statistically similar to the England average. Smoking prevalence in all of Oxfordshire's districts was either below or similar to national and regional averages.</li> </ul> <p>JSNA p.121</p> <ul style="list-style-type: none"> <li>Estimated prevalence of smokers in "routine and manual" occupations in Oxfordshire was 30.6% (2015) which is higher than the national average for this group (26.2%).</li> <li>The proportion of children aged 8 to 15 who had ever smoked has decreased overall, from 18% of boys and 20% of girls in 1997 to 4% of both boys and girls in 2015.</li> </ul>
<p>8.5 The number of women smoking in pregnancy should remain below</p>	<p>7.8% Green</p>	<p>JSNA p. 110</p> <ul style="list-style-type: none"> <li>Smoking at time of delivery in Oxfordshire has reduced to 8%.</li> </ul>

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
<p>8% recorded at time of delivery (baseline 2015-16 was 7.9%).  <b>Responsible Organisation:</b>  <b>Oxfordshire Clinical Commissioning Group</b></p>	<p>(County figures for Q3 2016-17)</p>	<p>JSNA p. 121  The latest data (2015-16) shows that smoking at time of delivery in Oxfordshire has reduced again to 8.0%. This remains lower than England (10.6%) but indicates there are just over 580 women smoking during pregnancy.</p>
<p>8.6 Oxfordshire performance for the proportion of opiate users who successfully complete treatment should improve on the local baseline in 2015-16 (4.5%) and reach 5% in the year ahead with a longer term aspiration to reach the national average (6.8% in 2015-16)  <b>Responsible Organisation:</b>  <b>Oxfordshire County Council</b></p>	<p>6.1%  Green    (County figures for Q3 2016-17)</p>	<p>JSNA p.125</p> <ul style="list-style-type: none"> <li>Police recorded crime data from Thames Valley Police shows between 2014-15 and 2015-16 (Dec to Nov) there was a decline in the number of “possession of drugs” crimes in each reporting area of Oxfordshire (Cherwell &amp; West, Oxford, South &amp; Vale). The rate of possession of drugs crimes per 1,000 population (Dec15 to Nov16) was below the Thames Valley average in Cherwell &amp; West and in South&amp; Vale and above average in Oxford.</li> </ul> <p>JSNA p.126</p> <ul style="list-style-type: none"> <li>Combined data from 2013-15 gives a total of 50 drugs related deaths in Oxfordshire, half of which were in Oxford. The rate of deaths from drug misuse (not including alcohol and tobacco) was statistically above the national average in Oxford and statistically below average in Cherwell and West Oxfordshire.</li> </ul>
<p>8.7 Oxfordshire performance for the proportion of non-opiate users who successfully complete treatment should improve on the local baseline in 2015-16 ( 26.2%) to reach 30% in the year ahead, with a longer term aspiration to reach the national average (37.3% in 2015-16)  <b>Responsible Organisation:</b>  <b>Oxfordshire County Council</b></p>	<p>31.6%  Green    (County figures for Q3 2016-17)</p>	

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<b>Priority 9: Preventing chronic disease through tackling obesity</b>		
<p>9.1 Ensure that the obesity level in Year 6 children is held at no more than 16% (in 2015 this was 16.2%) No district population should record more than 19% <b>Data provided by Oxfordshire County Council</b></p>	<p>16%</p> <p>Green</p> <p>2015-16 data (only one report per year)</p>	<p>JSNA p.114 As of 2015-16, around 980 (13%) reception children, aged 4 or 5, in Oxfordshire were overweight or obese. In year 6, aged 10 or 11, there were around 920 children overweight or obese and the proportion was higher at 15%.</p> <p>Between 2014-15 and 2015-16, the prevalence of obesity in Oxfordshire increased in reception year and declined slightly in year 6.</p> <ul style="list-style-type: none"> <li>• In reception obesity increased from 6.6% to 7%, and in year 6 declined from 16.2% to 16%.</li> </ul> <p>The change in obesity in Oxfordshire's districts varied, with some increasing and some reducing:</p> <ul style="list-style-type: none"> <li>• In Cherwell obesity in reception aged children increased to from 6.9% to 7.3% and Year 6 reduced from 19.7% to 17.4%;</li> <li>• In Oxford both reception and Year 6 have increased (reception increased from 8.0% to 8.8% and Year 6 increased from 19.2% to 20.2%);</li> <li>• For South Oxfordshire there has been an increase in reception aged children from 5.7% to 6.6% and a decrease in Year 6 children from 12.8% to 11.8%;</li> <li>• In Vale of White Horse there has been a decrease in reception aged children from 6.6% to 5.1% and an increase in Year 6 from 13.9% to 14.5%;</li> <li>• For West Oxfordshire there has been an increase in both years – from 5.4% to 6.7% in reception and from 14.8% to 15.6% in Year 6.</li> </ul>

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
<p>9.2 Reduce by 0.5% the percentage of adults classified as "inactive" (Oxfordshire baseline calendar year 2014 of 21.9%). <b>Responsible Organisation: District Councils supported by Oxfordshire Sport and Physical Activity</b></p> <p>PLEASE NOTE CHANGE IN METHODOLOGY MEANS NOT DIRECTLY COMPARABLE TO DATA FROM ACTIVE PEOPLE SURVEY</p>	<p>17.5%</p> <p>Green</p> <p>Updated from Active Lives Survey (Nov - Nov 16)</p>	<p>Cherwell 21.7% and West Oxon 22%</p> <p>JSNA p. 118</p> <p>Between the active people survey of Oct12-Oct13 and Apr15-Mar16, there was a statistically significant increase in the proportion of people participating in sport in Oxfordshire as a whole and in Oxford and the Vale of White Horse districts.</p> <p>JSNA p. 117 – national survey data According to the 2015 Health survey for England, excluding school-based activities, 22% of children aged 5 to 15 met the physical activity guidelines of being at least moderately active for a minimum of 60 minutes every day. There has been a decline in the proportion of boys meeting physical activity recommendations. □ Among boys, there was a decrease in the proportion meeting physical activity recommendations between 2008 and 2012, falling from 28% in 2008 to 21% in 2012. It has remained at the lower level in 2015, at 23%. Among girls there has been no statistically significant change in the proportion meeting physical activity recommendations over the period, with 19% in 2008 and 20% in 2015</p>
<p>9.3 At least 63% of babies are breastfed at 6-8 weeks of age (currently 58.2%) and no individual health visitor locality should have a rate of less than 55% <b>Responsible Organisation: NHS England and</b></p>	<p>61.8%</p> <p>Amber</p> <p>County figures for Q3 2016-17</p>	<p>JSNA p.110 and p. 116</p> <p>Rates of breastfeeding initiation and at 6-8 weeks after birth in Oxfordshire remain above the national average. As of 2015-1683</p> <ul style="list-style-type: none"> <li>• <b>82%</b> of mothers in Oxfordshire initiated breastfeeding. This rate is similar to the previous year and is significantly higher than the</li> </ul>

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
<b>Oxfordshire Clinical Commissioning Group</b>		<p>England average (74.3%) and that for the South East (78.0%).</p> <ul style="list-style-type: none"> <li>At 6-8 weeks after birth, <b>60%</b> of mothers in Oxfordshire were breastfeeding, this was well above the national average of 43%.</li> </ul> <p>No recent figures on variation across Oxfordshire are available.</p>
<b>Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness</b>		
<p>10.1 The number of households in temporary accommodation on 31 March 2017 should be no greater than the level reported in March 2016 (baseline 190 households in Oxfordshire in 2015-16).</p> <p><b>Responsible Organisation: District Councils</b></p>	<p>192 Amber</p> <p>County wide figure Reported in Q2 2016-17</p>	<p>JSNA p.58</p> <p>There were <b>190</b> households in temporary accommodation in Oxfordshire at the end of the financial year 2015-16, a reduction of 2 from the previous year.</p> <p>Of these, 8 households were in bed and breakfast (non-self-contained style) accommodation (the same as 2014-15).</p>
<p>10.2 At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.2% in 2015-16).</p> <p><b>Responsible Organisation: Oxfordshire County Council</b></p>	<p>85.4% Green</p> <p>County figures from Q3 2016-17</p>	
<p>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</p>	<p>86.4% Green</p>	<p>JSNA p.57</p> <p>There has been an upward trend in people presenting as homeless in Oxfordshire, over the past five years, rising from <b>457</b> in 2011-12 to <b>505</b> in 2015-16.</p>

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
<p>becoming homeless (baseline 85% in 2015-16). <b>Responsible Organisation: District Councils</b></p>		<p>The reasons for homelessness presentations are changing. The loss of private rented accommodation is becoming an increasing cause of homelessness and in some Districts has overtaken exclusion by family or friends as the main reason for homelessness.</p> <p>There has been an increase in people who are accepted as statutorily homeless and are in <b>priority need</b> in the County since 2011-12 to 2015-16 (from 279 to 324 households).</p>
<p>Fuel poverty – at least 1430 residents are helped per year, over the next 4 years where building based measures account for 25% of those interventions by the final year. <b>Responsible organisation: Affordable Warmth Network</b></p>	<p>Not available</p>	<p>JSNA p. 60</p> <ul style="list-style-type: none"> <li>• Between 2013 and 2014, an additional 2,500 households in Oxfordshire were classed as being “fuel poor” taking the total to 24,300 households in fuel poverty in the county.</li> <li>• There was an increase in the proportion of households defined as “fuel poor” in each district of Oxfordshire with the exception of Oxford.</li> <li>• Oxford is one of four districts in the South East to be significantly worse than the England average on fuel poverty (2014). Cherwell, South Oxfordshire, Vale of White Horse and West Oxfordshire were each significantly better than the national average.</li> <li>• The greatest increase in the estimated number of fuel poor households was in West Oxfordshire (+24%), well above the county average (11%) and regional average (3%).</li> <li>•</li> </ul>
<p>10.5 Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2015-16 (baseline 90) <b>Responsible Organisation: District Councils</b></p>	<p>79 Green  Annual estimated report</p>	<p>JSNA p.59 The estimated number of people rough sleeping in 2015-16 was <b>90</b>, up from 70 persons in 2014-15. The rise in rough sleeping occurred in Cherwell and Oxford City. The rise in rough sleeping reflects a national increase in this indicator. The autumn 2015 England Rough Sleeper Count</p>



Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
		increased 30% compared to the previous year. (DCLG)
<p>10.6 Measure on young people's housing related support to be confirmed at the HIB in July 2016. Proposed measure is "at least 70% of young people leaving supported housing services will have positive outcomes in 16-17, aspiring to 95%".</p> <p><b>Responsible Organisation:</b> <b>Oxfordshire County Council</b> <b>Children, Education and Families Directorate</b></p>	No report available	<p>JSNA p.57 As of 2015-16 there was:</p> <ul style="list-style-type: none"> <li>• a total of <b>70</b> people aged 16-24 accepted as homeless in Oxfordshire, the lowest recorded in the past 5 years, with no 16/17 year olds accepted.</li> <li>• 20 homeless households where a member had a physical disability and 21 because of mental health.</li> <li>• a marginal increase in the number of households accepted as homeless with the main reason being due to rent arrears, from 12 in 2014-15 to 13 households in 2015-16.</li> </ul>
<b>Priority 11: Preventing infectious disease through immunisation</b>		
<p>11.1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 95.2%) and no CCG locality should perform below 94%</p> <p><b>Responsible Organisation: NHS England</b></p>	<p>94.6% Amber</p> <p>(County figures for Q3 2016-17)</p>	<p>No information in the JSNA</p> <p>Extract from Public Health Protection Group annual report Oct 2016:</p> <ul style="list-style-type: none"> <li>• In 2015-16 there was another slight uptake in MMR vaccine in children aged 2 years. Oxfordshire has passed the 95.0% uptake target achieving 95.4%.</li> </ul>
<p>11.2 At least 95% children receive dose 2 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 92.5%) and no CCG locality should perform below 94%</p> <p><b>Responsible Organisation: NHS England</b></p>	<p>93.1% Amber</p> <p>(County figures for Q3 2016-17)</p>	<p>No information in the JSNA</p> <p>Extract from Public Health Protection Group annual report Oct 2016:</p> <ul style="list-style-type: none"> <li>• However the vaccination rate for MMR vaccination at 5 years is 92.5% (last year 92.1%). The numbers that are not taking up the vaccine at 5 years are small. The area team are continuing to work on addressing this with local GP practices.</li> </ul>

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
<p>11.3 At least 55% of people aged under 65 in “risk groups” receive flu vaccination (baseline from 2015-16 45.9%) <b>Responsible Organisation: NHS England</b></p>		<p>In 2015/16 there was one reported case of Measles in Oxfordshire.</p> <p>No information in the JSNA</p> <p>Extract from Public Health Protection Group annual report Oct 2016: <u>Adult vaccinations 2015/16 Season</u></p> <ul style="list-style-type: none"> <li>• Adults aged &gt;65 in Oxfordshire vaccinated 72.4% (last year 75.6%)</li> <li>• Adults aged &lt; 65 at risk in Oxfordshire vaccinated 45.9% (last year 51.9%)</li> <li>• Pregnant Women in Oxfordshire vaccinated 49.5% (last year 51.3%)</li> </ul> <p>There has been continued mixed performance in vaccinations for the past season, despite concerted efforts there is still poor uptake for individuals aged under 65 at risk. In the next flu season adults suffering from liver disease, neurological conditions and learning difficulties will again be priority groups for vaccination.</p> <p>For the 2016/17 season the model for flu vaccinations in 5 &amp; 6 year old children will change to a school based delivery. This will bring the model in line with the other areas within Thames valley. The offer will also be extended to children aged seven.</p>
<p>11.4 At least 90% of young women to receive both doses of HPV vaccination. (Baseline in 2015-16 tbc) <b>Responsible Organisation: NHS England</b></p>		<p>Ongoing work with the provider continues to maintain and improve upon school-based performance in 16/17 (reported to the Health Protection Forum in Feb 2017 by NHS England South Central. .</p>