Health Improvement Board 16 May 2019

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 2018-2023, 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 indicators are grouped into the over-arching priorities of:
 - A good start in life
 - Living well
 - Ageing well
 - Tackling Wider Issues that determine health

Current Performance

- 3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached.
- 4. There are some indicators that will not be reported on a quarterly basis and these will be reported in future reports following the release of the data. They are marked n/a for this report.
- 5. Some areas of work will be monitored through achievement of milestones. These are set out on pages 4-5 of this report. No reports are expected until the end of Q1 and therefore this table is included for information only.
- 6. The latest update for some indicators relate to 2018/19; therefore RAG rating also refers to 2018/19 targets. Performance for those indicators that are updated this quarter can be summarised as follows:

Of the 11 indicators reported in this paper:

- 5 indicators are Green.
- **5** indicators are Amber (defined as within 5% of target).
- 1 indicator is Red 1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 (by 5 years of age).

Health Improvement Board Performance Indicators

Heal	th Improvement Board Performa	nce Indicator	rs 20	19/20						
	Measure	Responsible Board	Baseline	Target 2019/20	Updated	Latest	RAG	Notes		
4)	1.12 Reduce the level of smoking in pregnancy	HIB	8% (Q1 18/19)	8%	Q3 2018/19	6.7%	G	Data incomplete for OCCG - no return from Great Western Hospital this quarter. RAG based on 18/19 targets		
start in life	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	HIB	94.3% (Q2 18/19)	95%	Q3 2018/19	92.8%	Α	RAG based on 18/19 targets		
d stari	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	HIB	92.7% (Q2 18/19)	95%	Q3 2018/19	89.4%	R	RAG based on 18/19 targets		
A good	1.15 Maintain the levels of children obese in reception class	HIB	7.8% (17/18)	7%		n/a		The baseline for children who are obese and does NOT include those overweight (but not obese)		
	1.16 Reduce the levels of children obese in year 6	HIB	16.2% (17/18)	16%		n/a		The baseline for children who are obese and does NOT include those overweight (but not obese)		
	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	HIB	19.1% (May 2018)	18.6%		n/a				
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	HIB	>2,337 per 100,000 (2017/18)	> 2,337 per 100,000*	Q4 2018/19	2,929	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears		
well	2.18 Increase the level of fluimmunisation for at risk groups under65 years	HIB	52.4 (2017/18)	55%	Sept 18 to Feb 19	51.4%	Α			
Living	2.19 Maintain the % of people invited for a NHS Health Check (Q1 2014/15 to Q4 2019/20)	HIB	97% (2018/19)	97%	Q3 2018/19	94.9%	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears		
	2.20 Maintain the % of people receiving an NHS Health Check (Q1 2014/15 to Q4 2019/20)	HIB	49% (2018/19)	49%	Q3 2018/19	47.1%	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears		
	2.19 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 3.5/5.5 years	HIB	68.2% (Q4 2017/18)	80%	Q1 2018/19	71.2%	А			

1	3.16 Maintain the level of flu immunisations for the over 65s	HIB	75.9% (2017/18)	75%	Sept 18 to Feb 19	76.3%	G	
ng well	3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	HIB	58.1% (Q4 2017/18)	60%	Q1 2018/19	59.5%	А	
Ageing	3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	HIB	74.1% (Q4 2017/18)	80%	Q1 2018/19	73.9%	А	
ealth 2	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	HIB	208 (Q1 2018-29)	>208		n/a		
Tackling Wider Issues that determine health	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	HIB	tbc	<75%		n/a		
s that de	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	HIB	90 (2018-19)	>90		n/a		
er Issue	4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	HIB	no baseline	Monitor only		n/a		
Mid Wid	4.5 Monitor the number where a "relief duty is owed" (already homeless)	HIB	no baseline	Monitor only		n/a		
Tacklir	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	HIB	no baseline	Monitor only		n/a		

Health Improvement Board – Process Measures 2019/20

Measure	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	Process	Rag	Process	Rag	Process	Rag	Process	Rag
Whole Systems Approach to Obesity	Review the National guidance appropriate to Oxfordshire and the NHS Long Term Plan		Identify and engage stakeholders		Establish a working group		Develop a joint action plan	
Making Every Contact Count	Transformation of Oxfordshire MECC Systems Implementation Group		Promoting MECC approach and training within stakeholder organisations		Support BOB STP with 1. development and implementation of the MECC digital App 2. IAPT training model test bed and Train the Trainer model		 Engagement with local/regional MECC networks to contribute updates and share learning. Test/shadow BOB STP MECC Metrics. 	
Mental Wellbeing	Sign Mental Wellbeing Prevention Concordat		Establish a working group for mental wellbeing		Identify wider stakeholders; Suicide Prevention Multi-Agency Group active in May and Dec		Develop Mental wellbeing framework	
Diabetes Transformation							1. National Diabetes prevention programme - increase uptake from baseline; 2. Increase percentage of patients achieving all three NICE treatment targets; 3. Attendance at diabetes structured education - increase numbers from baseline; 4. Increase percentage of patients with 8 care processes completed from baseline	
Domestic Abuse	tbc		tbc		tbc		tbc	
Healthy Place Shaping	tbc		tbc		tbc		tbc	

	Cherwell and West Oxfordshire - GP Practices identified and targeted for each phase of the scheme roll out; Practices in areas of inequality identified and targeted.		1. Oxford City - Develop measurable outcomes. Install 'Elemental' social prescribing platform to track the patient journey; 2. SE Locality - All 10 Practices know the Community Navigators and their role and proactively refer patients. Proactive referrals made from the hospital discharge team to the Community Navigators	Social Prescribing
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