

Health Improvement Board 18 November 2021

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 overarching priorities of:
 - A good start in life
 - Living well
 - Ageing well

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached.
4. For all indicators it is clear which quarter's data is being reported on and whether it is new data or the same as that presented to the last meeting (if the metric is yet to be updated).
5. Some areas of work will be monitored through achievement of milestones. These are set out on page 5 of this report. For Q1 and Q2 achievement progress is shown for Whole Systems Approach to Obesity and Mental Wellbeing.

Of the 21 indicators reported in this paper:

Six indicators are **green**

Four indicators are **amber**

Six indicators are **red**:

- **2.16** Reduce the percentage of the population aged 16+ who are inactive (less than 30 mins/week moderate intensity activity)
- **2.17** Increase the number of smoking quitters per 100,000 smokers in the adult population
- **2.18** Increase the level of flu immunisation for at risk groups under 65 years
- **2.21i** Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years)
- **2.21ii** Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years)
- **3.18** Increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)

NB- please note that due to the timing of data updates, none of these red indicators are based on new performance data, rather it is the same data as that presented at the last HIB.

6. A new "deep dive" performance report is included at the end of this document. As discussed at the HIB meeting in September, we are including this to ensure the Board are sighted on performance against agreed priority areas. This time it relates to Mental Wellbeing, and at subsequent meetings it will focus on other priority areas (such as physical activity or tobacco control). Within the deep dive report, we have two sections. Firstly, metrics from the Public

Health Outcome Framework (PHOF) relevant to mental wellbeing. Secondly, we have included some summary metrics from the recent mental wellbeing health needs assessment that was presented to the HIB in September 2021. This second part will not be available for all future deep dive reports as they won't necessarily have a concurrent needs assessment that has been undertaken.

Health Improvement Board Performance Indicators 2021/22

	Measure (frequency)	New Data since last HIB?	Target 2021/22	Reporting date	Latest	RAG	Change since last reporting period	Notes
A good start in life	1.12 Reduce the level of smoking in pregnancy (Quarterly)	N	7%	Q4 20/21	6.9%	G	▲	Whilst rates of smoking at time of delivery are lower than the national average, this masks significant ward-level variation. The NHS Long Term Plan focus on tobacco control, as well as ongoing OCC work to support pregnant women to quit, offers an opportunity to accelerate the rate of decline
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 (Quarterly)	Y	95%*	Q1 21/22	93.7%	A	▲	The pandemic impacted on all childhood immunisation uptake mainly due to GP practices being (wrongly) presumed closed. However uptake is now stable. There is ongoing work on increasing MMR uptake across the Thames Valley, focusing in particular on areas with low uptake of preschool and MMR booster vaccines.
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 (Quarterly)	Y	95%*	Q1 21/22	92.4%	A	▼	Same as 1.13.
	1.15 Reduce the levels of children obese in reception class (Annual)	N	7%	2019/20	6.7%	A	▼	Obesity prevalence differs by District ranging from 5.5% in Vale of White Horse to 7.9% in South Oxfordshire. 20/21 data is due on 16 th November. We expect this to show a further increase in levels of childhood obesity in line with national trends during COVID.
	1.16 Reduce the levels of children obese in year 6 (Annual)	N	16%	2019/20	16.1%	A	▲	Obesity prevalence differs by District ranging from 13.6% in West Oxfordshire to 19.9% in Cherwell. 20/21 data is due on 16 th November. We expect this to show a further increase in levels of childhood obesity in line with national trends during COVID.
Living Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) (Annual)	N	18.6%	May-21	22.4%	R	▲	Physical activity has decreased nationally during the COVID year. It ranges in Oxfordshire from 17% inactive in Oxford to 28% inactive in Cherwell. Cherwell 28.4% Oxford 17.1% South Oxon 20.8% VoWH 23.8% West Oxon 22.1%
	2.17 Increase the number of smoking quitters per 100,000	N	>1146 per 100,000	Q1 2021/22	678	R	N/A	This was the first quarter of a new Service Provider delivering against a new Service Model, it remains projected that the annual rate of >1146 will be

	smokers in the adult population (Quarterly)							achieved. Due to the change in Model, comparisons in quitters per 100,000 in previous years is not directly applicable.
	2.18 Increase the level of flu immunisation for at risk groups under 65 years (Cumulative for Flu season only)	N	75%*	Sep 2020 to Feb 2021	58.9%	R	N/A	Uptake in this cohort increased from previous years, and is above the national average. There is ongoing focused work for the 2021/22 season to increase uptake, including continued commissioning of renal services in the OUH to administer vaccine. In addition, there is a new initiative by NHSE in Thames Valley to provide eligibility cards to allow patients to demonstrate eligibility for the flu vaccine at a provider of their choice without having to disclose their medical history.
	2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2017/18 to Q4 2021/22) (Quarterly)	Y	N/A	Q2 21/22	69.6%	-	▲	The last 18 months have been extremely challenging for Primary Care settings due to the pandemic. The NHS Health Check programme had to be paused for several months in 2020/21 in order for primary care to focus on responding to COVID-19. Going forward we are in the process of identifying other service delivery options to support Primary Care settings to address the current NHS Health Check backlog caused by COVID-19.
	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2017/18 to Q4 2021/22) (Quarterly)	Y	N/A	Q2 21/22	32.6%	-	▲	
	2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (Quarterly)	N	80%*	Q4 20/21	67.1%	R	▲	Due to the pandemic all screening programmes had to be paused for several months in 2020. In the recovery phase all programmes undertook targeted work to maximise uptake. Work is now underway to support programme resilience during the winter period.
	2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years (Quarterly)	N	80%*	Q4 20/21	75.3%	R	▼	Same as 2.21i
Ageing Well ¹	3.16 Maintain the level of flu immunisations for the over 65s (Cumulative for Flu season only)	N	75%*	Sep 2020 to Feb 2021	84.4%	G	N/A	Notable increase in uptake among this cohort. Efforts ongoing aiming for a high uptake for the 21/22 season.
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years) (Quarterly)	Y	60% (Acceptable 52%)*	Q3 20/21	70.3%	G	▼	Same as 2.21i
	3.18 increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage) (Quarterly)	N	80% (Acceptable 70%)*	Q4 19/20	55.4%	R	▼	Same as 2.21i

*National target

Health Improvement Board Process Measures 2021/22

Measure	Quarter 1			Quarter 2		
	Process	Progress	Rag	Process	Progress	Rag
Whole Systems Approach to Obesity	Expand the network group for the whole systems approach to healthy weight (Phase 1)	Network group expanded.	G	Expand the network group for the whole systems approach to healthy weight (Phase 1)	Further stakeholders identified. WSA wider network event planned for Jan 2022 to share work of the group to date and engage new members.	G
	Building a local picture (Phase 2) and mapping the local system (Phase 3)	Development of Causal maps from the themed network workshops to inform the action plan underway.		Building a local picture (Phase 2) and mapping the local system (Phase 3)	Causal maps completed. A complete healthy weight systems map for Oxfordshire (incorporating all individual causal maps) in development to inform the action plan (Phase 4).	
	Healthy Weight Community Insight Project 2021-22	Commissioned a yearlong community insight project, data analysis completed to identify initial target areas and population groups. Report due Mar 2022.		Healthy Weight Community Insight Project 2021-22	Part 2 of the Healthy Weight Story Map (focus on the food environment) in progress and due for publication Nov 2021. Worked with local partners to build on existing insight. Community engagement underway September – February 2022.	
Mental Wellbeing	Suicide Prevention Multi-Agency Group (MAG) active and delivering to the strategy and year 2 action plan.	MAG meeting held May 2021. Continued to work with a wide range of partners to share good practice and identify opportunities for joint working to prevent suicide and self-harm in the community	G	Suicide Prevention Multi-Agency Group (MAG) active and delivering to the strategy and year 2 action plan.	Next MAG meeting 04/11/2021 due to review the action plan and outcomes framework with partners.	G
	Mental Health Prevention Concordat Partnership delivering the framework and Year 2 priorities.	Concordat meeting held June 2021. Comms campaigns completed and mental health and suicide prevention training continued. Reviewed draft mental wellbeing needs assessment to inform priorities and action plan.		Mental Health Prevention Concordat Partnership delivering the framework and Year 2 priorities.	Concordat meeting held September 2021. Reviewed mental wellbeing needs assessment with partners to plan year 2 priorities, including outcomes framework. Evaluation of Year 1 partnership approach presented to the group.	

Mental Wellbeing Detailed Performance Report

	Measure (frequency)	Oxfordshire	South East	England	Date	RAG (against England value)	Commentary	Data Notes
Start well	Percentage of Mothers who received a Maternal Mood Review (by 0-5 Health Visiting Service) in line with the local pathway by the time the infant is aged 8 weeks. (Quarterly)	95.7%	-	95%*	Q1 2021/22	G	Mothers who are identified as needing additional support are referred on for Listening Visits, Knowing me - Knowing You groups, Perinatal Mental Health support services.	*95% is a Target not England value
	Hospital admissions as a result of self-harm (10-14 years), crude rate of finished admission episodes for self-harm per 100,000 population. (Annual)	169.9	197.8	219.8	2019/20	A	This is a priority within the Children and Young People's Plan led by the Children's Trust and is part of the Suicide and Self-Harm Strategy.	PHE Fingertips data.
	Hospital admissions as a result of self-harm (15-19 years), crude rate of finished admission episodes for self-harm per 100,000 population. (Annual)	722.5	795.2	664.7	2019/20	A	This is a priority within the Children and Young People's Plan led by the Children's Trust and is part of the Suicide and Self-harm Strategy.	PHE Fingertips data.
	Hospital admissions as a result of self-harm (20-24 years), crude rate of finished admission episodes for self-harm per 100,000 population. (Annual)	497.5	531.9	433.7	2019/20	A	Self-harm is risk factor for suicidal behaviour, support is provided through universal and targeted support to people in crisis.	PHE Fingertips data.

	School Readiness: percentage of children achieving a good level of development at the end of Reception (Annual).	73.5%	74.6%	71.8%	2018/19	G	This a priority for the Oxfordshire School Readiness and Lifelong Strategic Plan and led by a multi-agency task and finish group	PHOF B02a
	School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception (Annual)	49.9%	55.4%	56.5%	2018/19	R	This indictor is a priority for the Oxfordshire School Readiness and Lifelong Strategic Plan and led by a multi-agency task and finish group	PHOF B02a
Live well	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate, percentage point gap (Annual)	74.7	70.6	67.2	2019/20	R	This is forming part of the COVID recovery planning	PHOF B08c
	Percentage of people in employment	83.70%	79.60%	76.20%	2019/20	G	This is forming part of the COVID recovery planning	PHOF B08d
	Self-reported wellbeing - people with a low happiness score	7.0%	7.9%	8.7%	2019/20	A	This is a priority for the Mental Health Concordat and organisations across the county.	PHOF C28c
	Self-reported wellbeing - people with a high anxiety score	20.1%	22.0%	21.9%	2019/20	A	This is a priority for the Mental Health Concordat and organisations across the county.	PHOF C28d
	Suicide rate, age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (Annual)	8.7	10.1	10.4	2018-20	G	This is a priority for the Suicide Prevention Strategy and Multiagency Group	PHOF E10

Age well	Loneliness: Percentage of adults who feel lonely often / always or some of the time (Annual)	24.2%	20.8%	22.3%	2019/20	R	This is a system priority for organisations supporting adults and should form part of a holistic assessment.	PHOF - B19
	Excess under 75 mortality rate in adults with severe mental illness (SMI) (Annual)	325.2%	402.5%	365.2%	2016-18	A	This is a priority for primary and secondary care.	PHOF - E09b
	Social isolation: percentage of adult social care users who have as much social contact as they would like (Annual)	44.1%	45.5%	45.9%	2019/20	A	This is a system priority for organisations supporting adults and should form part of a holistic assessment.	PHOF B18a

Findings across the life course for mental wellbeing

This includes what we know from local and national data and the gaps in our knowledge (see table below) and breakdown across the age groups:

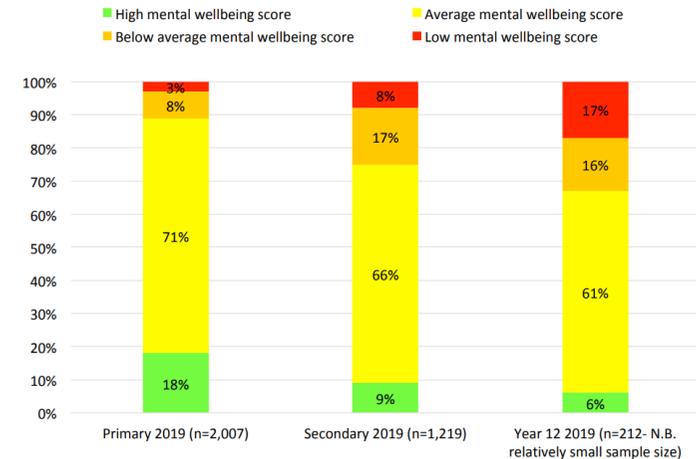
Area		Inequalities/at risk groups - prevalence and impact - group with INCREASED risk stated. All data for NATIONAL level, unless indicated otherwise								
		Age	Gender	Socio-Economic	employment	Ethnicity	Rural vs urban	Sexual orientation	Living alone vs not	Long term medical conditions, disability
Mental health	common mental disorders		young F> young M ●	lower income ●	not employed> employed ●	Identify as Black, Asian, Ethnic minorities ●		LGBTQ ●	living alone ●	Long term medical conditions, disability ●
	Impact of COVID			lower income ●	not employed> employed ●	not clear - recent data shows Black, Asian, Ethnic minorities higher risk, some data affected by small sample size ●	urban areas ●			with existing mental illn
Suicide			M>F ●							
Indicators of wellbeing	Life satisfaction	Bimodal distribution, life satisfaction - variable over age groups: lowest 45-59 yrs ●	M<F ●	●	●	Scores vary: higher than UK average (Indian), most BAME marginally lower but Black/African/Caribbean ●	●	●	living alone worse life satisfaction ●	long term medical conditions score less ●
	Worthwhile	Bimodal distribution worthwhile - variable over age groups: lowest 45-54 yrs, > 85's ●	M<F ●	●	●	Scores vary: Bangladeshi and Black/African Caribbean significantly higher, Indian background - significantly higher, Black/African Caribbean significantly lower ●	●	●	living alone score less on worthwhile ●	long term medical conditions score less ●
	Happiness	Bimodal distribution happiness - variable over age groups: lowest 40-59 yrs, highest 60-80 yrs ●	M<F ●	●	●	●	●	●	living alone score less on happiness ●	long term medical conditions score less ●
	Anxiety	Anxiety, increases across age categories until 30-34 then reduces ●	F>M ●	●	not employed> employed ●	not employed> employed ●	varies across background, most higher anxiety than average but not significant, "arab" only ●	●	living alone score higher on anxiety ●	long term medical conditions score higher for anxiety ●

Key	
●	Data available nationally but not locally
●	Data available locally
●	Data not available/located

Children and young people

Local data: from the OxWell Survey (primary and secondary schools) 2019 & 2020 and local analysis of the Active Lives survey for Oxfordshire:

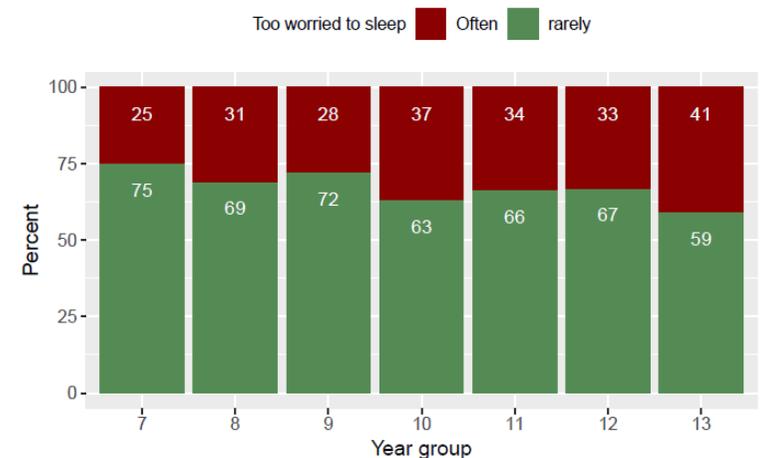
- **Mental wellbeing reduces with increasing age and is worse in girls.**
- During the lockdown, if support for mental health was needed the majority of in **years 4-11** would speak to **carer/parent**, over half would contact a **friend** almost 1 in 5 would look for help **online**.
- **Impact of lockdown**; teenagers more likely to struggle with **sleep and feel lonely**. 41% of pupils who responded to the 2020 Oxfordshire survey in year reported being too worried to sleep often.
- **Those most at risk of reporting deteriorations in their mental wellbeing** during lockdown, according to [analysis](#) of Oxwell 2020 data across the South of pupils in **school years 8-13** were **female**, those who reported **socio-economic deprivation/use of food banks** and those with **previous mental health support or upcoming examinations**
- In **teenager years**, young people engage less with physical activity (decreasing after year 9/10).
- **4 in 10 children and young people** across Oxfordshire are **not active enough (by national CMO activity guidelines)**. Children and young people from Black backgrounds have seen the largest drop in activity levels during COVID-19 pandemic of all ethnic groups and those from less wealthy families also saw a worse impact on physical activity.
- **Experiencing bullying** is more common in younger ages: in 2019, 21% (1 in 5) pupils in year 4 reported being frequently bullied and 10% (1 in 10) sometimes bullied (Oxwell 2019 data).



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National data:

- Teenagers up to 16 years, connect less with nature. Watch a short video [here](#) from Daniel aged 16; relaxing with nature in my local park.
- [Nationally](#) over 1 in 10 of 10-15 year olds report feeling lonely often and loneliness is increased at life transition points. Children living in urban areas are more likely to feel lonely

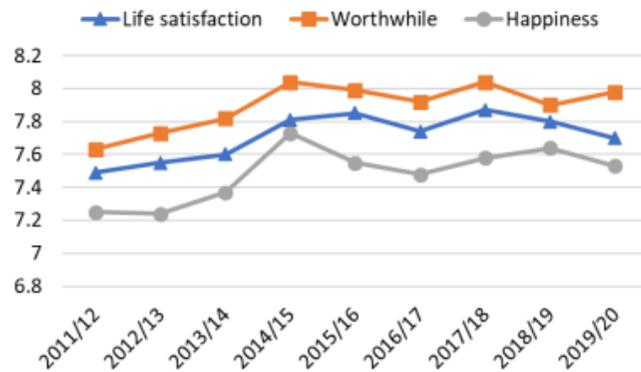
Young adults (16-24-year olds)

- Young adults were disproportionately affected by unemployment during the COVID-19 pandemic, from December 2020 compared to December 2019 people aged **16-24 claiming unemployment benefits tripled** in Oxfordshire.
- National surveys repeatedly show highest levels of **self-reported loneliness** amongst all adult ages are in **16-24-year olds. Greater level of risk of loneliness** with younger renters with little trust and sense of belonging to their area. Or if living in single adult households ([this is from ONS analysis of national data](#))
- Local providers feel there is less support available or accessed by ethnic minorities, younger adults, LGBTQ+ ; highlighting the need to consider **transition points** into adulthood.

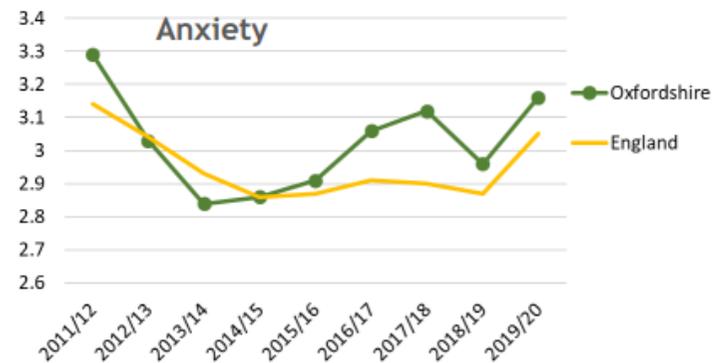
Adults

- Across Oxfordshire indicators of mental wellbeing in adults are generally good, however around 1 in 5 Oxfordshire residents' still report high anxiety scores (20.1% of Oxfordshire residents in 2019/2020, compared to 22% of residents in the South East).
- In 2019/2020 7% of Oxfordshire residents reported a low happiness score (compared to 8.7% nationally and 7.9% in the South East, although differences are not significant). The full impact of COVID-19 on mental wellbeing is not yet known.

Trend in average wellbeing scores in Oxfordshire to year ending March 2020



Trend in average level of Anxiety to year ending March 2020, Oxfordshire vs England

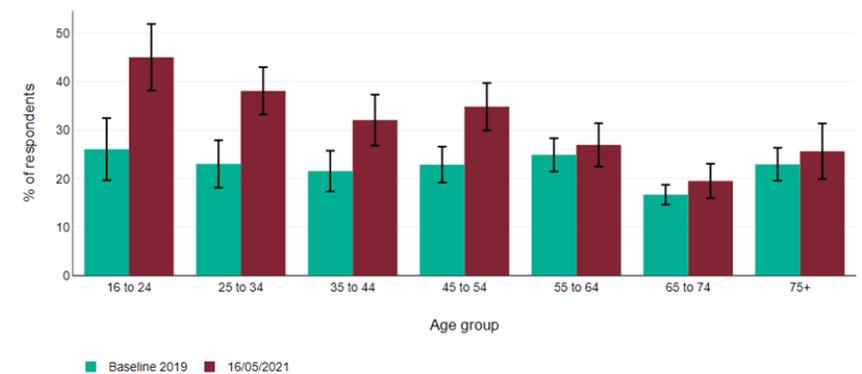


- In Oxfordshire most visits to **natural environments** are made by wealthier families and those that identify as white. See barriers to visiting the natural environment graph.
- There are **inequalities in levels of wellbeing and enablers** across Oxfordshire; as one of the most affluent areas of the Country. There are 10 wards which feature areas in the 20% most deprived in England; 9 in Oxford City, 6 in Banbury and 1 in Abingdon.
- **Financial stability** is a significant contributor to mental wellbeing. Healthwatch and community actions' January 2021 report highlighted the pressures of life including - money, jobs and family concerns, cost of housing and food in Oxford, racism and discrimination, immigration worries and the impact of COVID-19 as important contributors to mental wellbeing in Oxford's new and emerging communities.
- More likely to be **lonely** in this age group are **un-married, middle agers** with **long-term health conditions** ([ONS national data](#))
- Recent ONS data highlights the increase of loneliness during the COVID-19 pandemic. Levels of self-reported loneliness between October and February 2021 are available at [district and city level](#), though caution is advised in making direct comparisons due to small sample sizes.
- Anxiety during the COVID-19 pandemic has increased across the life course according to PHE data

Barriers to visiting the natural environment: Oxfordshire residents



Percentage of respondents with high anxiety (score 6-10) in England, by age group – 2019 compared with most recent time period



Older adults

- **Access and use of green spaces and physical activity** decreases with age; e.g. for physical activity above the age of 75 years across Oxfordshire.
- **Feelings of life being worth- while and happiness** decrease in those over 80 or 85 years (ONS national level data)
- **Loneliness**: More likely to be lonely in this age group are those who are **widowed older homeowners living alone** ([ONS national data](#)). Especially during COVID-19 those isolated or with restricted visitors.
- **Different ways the pandemic has impacted** – for example those who are isolated, shielding experienced an additional loss of physical, cognitive skills and social confidence .

Number of older people digitally connected is rising, but age is still the biggest factor for digital exclusion. **Nearly two million over-75s in England are still digitally excluded** .