

Health Improvement Board 10 February 2022

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. A short commentary is included to give insight into what is influencing the performance reported for each indicator
4. All indicators show 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).

Of the 15 indicators reported in this paper:

Three indicators are **green**

Six indicators are **amber**

Four indicators are **red**:

- **2.16** Reduce the percentage of the population aged 16+ who are inactive (less than 30 mins/week moderate intensity activity) *NB data not updated since last meeting*
 - **2.18** Increase the level of flu immunisation for at risk groups under 65 years *NB data not updated since last meeting*
 - **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)
5. A "deep dive" performance report is included at the end of this document. As discussed at the HIB meeting in September 2021, we are including this to ensure the Board are sighted on performance against agreed priority areas.

This time it relates to Physical Activity and Healthy Weight, and over a 12 month period will cycle through other areas (such as tobacco control and mental wellbeing). The deep dive starts with metrics from the Public Health Outcome Framework (PHOF) relevant to this area. It then provides some data on adults weight, followed by children's' weight and finally physical activity in children. Occasionally data has been taken from national surveys where it is not available locally

Health Improvement Board Performance Indicators 2021/22

	Measure (frequency)	New data since last HIB?	Target 2021/22	Reporting date	Latest	RAG	Change since last data point	Commentary
A good start in life	1.12 Reduce the level of smoking in pregnancy (quarterly)	Y	7%	Q2 21/22	5.7%	G	▲	The percentage of the population smoking at the time of delivery has been below 6% for the first two quarters of 2021/22 compared with above 6% for the whole of 2020/21 (5.4% in Q1 and 5.7% in Q2, this is 189 people in total). There will be some fluctuation in the percentage reported in each quarter given the overall small numbers.
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 (quarterly)	Y	95%*	Q2 21/22	92.6%	A	▼	Please see below
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 (quarterly)	Y	95%*	Q2 21/22	91.6%	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 on-going work on increasing MMR uptake across the Thames Valley, focusing in particular on areas with low uptake of preschool and MMR booster vaccines
	1.15 Reduce the levels of children obese in reception class (annual)	N	7%	2019/20	6.7%	A	▼	It isn't possible to report 21/22 data due to COVID resulting in a smaller sample being measured than is reportable by LA. However data we do have suggests that, as is the case nationally, there has been an increase in obesity. For 19/20 Reporting on smaller proportion of cohort. Cherwell 7.1% Oxford 6.5% South Oxfordshire 7.9% Vale of White Horse 5.5% West Oxfordshire 7.4%
	1.16 Reduce the levels of children obese in year 6 (annual)	N	16%	2019/20	16.2%	A	▲	It isn't possible to report 21/22 data due to COVID resulting in a smaller sample being measured than is reportable by LA.. However data we do have suggests that, as is the case nationally, there has been an increase in obesity.

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	▲	COVID has found inactivity increasing across England and this is reflected in Oxfordshire. At a lower level data shows : Cherwell 31.0%% Oxford 15.3% South Oxfordshire 19.7% Vale of White Horse 20.0% West Oxfordshire 20.6%
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population (quarterly)	Y	1146 per 100,000	Q2 2021/22	1042	A	▲	Changed from red to amber. However, projections of YTD remains on target when you account for seasonal changes in expected activity.
	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	
	2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2017/18 to Q4 2021/22) (quarterly)	N	N/A	Q2 21/22	69.6%	-	▼	The NHS Health Check Programme, currently commissioned via GP Practices, remains significantly impacted since the onset of the COVID-19 pandemic and current activity is below target. This is in part due to GP staffing capacity being redeployed to vaccination clinics and a national supply issue with blood tubes to enable collection of blood samples. Officers are currently in a commissioning cycle for a supplementary delivery method of the NHS Health Check Programme that sits outside of GP settings and provides targeted outreach. Important to note that the programme was paused nationally in response to the pandemic in order to create additional capacity in primary care.
	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2017/18 to Q4 2021/22) (quarterly)	N	N/A	Q2 21/22	32.6%	-	▼	Commentary as for 2.19.
	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)	Y	80%*	Q1 21/22	67.6%	R	▲	Cancer screening programmes were paused for several months in 2020 due to the pandemic. cervical screening programmes in Oxfordshire have now recovered. In the recovery phase all programmes undertook targeted work to maximise uptake and minimise DNAs. 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)	Y	80%*	Q1 21/22	75.4%	R	▲	As above.

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	
	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%)*	Q1 21/22	70.9%	G	▲	
	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	76.9%	A		All cancer screening services were paused for several months in 2020 due to the pandemic - currently on track to recover by March 22.

*National target