

Shadow Health and Wellbeing Board 14 March 2013

Performance Reporting

Current Performance

1. A table showing the agreed measures under each priority in the Joint Health and Wellbeing Strategy, expected performance and current performance is attached as Appendix A.
2. It is worth noting that although the most up to date figures possible have been included, in some cases this relates to quarter 2 (July - September) as quarter 3 (October - December) is still being verified. Where possible, interim performance has been indicated in the notes column.
3. There are also a number of targets that will not be reported on a quarterly basis. This may be where data is collected or released less frequently (as the result of an annual survey for example), or because work this year is focused on establishing baselines for new measures.
4. Current performance can be summarised as follows:
 - 18** indicators are Green
 - 2** indicators are Amber (defined as within 5% of target)
 - 6** indicators are Red
 - 2** indicators expected to report in Q3 do not have information available yet
 - 23** indicators were not expected to report this quarter.
5. Current performance is varied, and appropriate action is being taken where it does not meet expected levels to improve this. This has been summarised in the notes column of the appendix.
6. It is worth noting that performance on three indicators has improved from Amber to Green. These are schools rated outstanding by OFSTED (indicator 4.4), young people not in employment, education or training (indicator 4.5) and breastfeeding (indicator 9.2).
7. It is also worth noting that performance on two indicators has dropped from Green to Amber. These relate to mental health service users in employment (indicator 5.2) and carers breaks (indicator 7.10).

Action Planning

8. Each of the priorities and measures in the Joint Health and Wellbeing Strategy has a clear owner, an organisation or partnership that is responsible for reporting progress.
9. However, it is important to capture the wide range of activity happening across the county that contributes to each of them. The workshops are

proving to be important in understanding the work of partner organisations, how this contributes to meeting the priorities and measures in the strategy, and the opportunities they present for further joint working.

10. The Children and Young People's Board has hosted three workshops this year, focused on key priorities within the strategy: mental health transitions, children's safeguarding and raising achievement.
11. The Adult Health and Social Care Board has hosted workshops on Frail Older People and the older people's commissioning strategy.
12. The Health Improvement Board has hosted workshops focused on housing and action planning.
13. There was also a workshop focused on prevention hosted jointly by the Adults and Health Improvement Boards.
14. Further workshops over the coming months will focus on carers, learning disability and obesity.

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February 2012

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
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**Oxfordshire Health and Wellbeing Board
Performance Report**

No.	Indicator	Q1 report Apr-Jun		Q2 report Jul-Sept		Q3 report Oct-Dec		Q4 report Jan-Mar		Notes
Priority 1: All children have a healthy start in life and stay healthy into adulthood										
1.1	Reduce emergency admissions to hospital for episodes of self-harm by 5% year on year. This means reducing admissions by 8 young people in 2012/13 (currently 155)	Expected 37 admissions	G	Expected 74 admissions	G	Expected 111 admissions	G	Expected 148 admissions		
		Actual 36 admissions		Actual 66 admissions		Actual 96 admissions		Actual		
1.2	Reduce emergency admissions to hospital with infections by 10% year on year. This means reducing emergency admissions by 145 in 2012/13	Expected 417 admissions	R	Expected 834 admissions	R	Expected 1251 admissions	R	Expected 1668 admissions		This is a challenging target set against a national trend of increased admissions, but is part of the NHS outcomes framework. The original baseline for 2011/12 has been increased from 1450 to 1853, meaning the quarterly targets and overall reduction have also been amended
		Actual 413 admissions		Actual 805 admissions		Actual 1986 admissions		Actual		
1.3	Review and redesign transition services for young people with mental health problems. This would mean there would be a new service in place from 1 st April 2013							Expected New service to be in place		A project group led by the Director of Children Education and Families has been established to take this forward, following a successful workshop held by the Children and Young People's Board

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Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups										
2.1	Maintain the recently improved rate of teenage conceptions (currently at 22 women aged 15-17 per 1000 - in 2010 this was 251 conceptions)	Expected	G	Expected	G	Expected	G	Expected		2011 Calendar Year (Q3). Latest data July-Sept 2011. Revised data published Dec 2012
		62		125		187		251		
		Actual		Actual		Actual		Actual		
		62		123		182				
2.2	The 'Thriving Families' project will have begun work with the first 100 families by April 2013							Expected		512 families have been identified who meet the criteria and of these 262 currently have a worker. Team started working with families from January 2013 and will be working with 100 families by end of March.
								100 families		
								Actual		
2.3	Reduce persistent absence (15% lost school days or more) from school for children looked after to 4.9% for 2011/12 academic year (currently 11.7%)			Expected	R					This figure is for those children continually looked after for at least 12 months as of 31 March 2012.
				4.9%						
				Actual						
				7.7%						
Priority 3: Keeping all children and young people safer										
3.1	Collect information to establish a baseline of prevalence and trends of child sexual exploitation in Oxfordshire by March 2013							Expected		This work is being undertaken by the Child Sexual Exploitation sub group of the Safeguarding Children's Board. Although the national data collection model has not been confirmed, it is likely to be based on the University of Bedfordshire model. A local data collection model based on this, including some local indicators, has been set up and is being tested. It will then be applied to all known cases by end
								Baseline established and targets set		

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										March. A baseline and target will be established as a result and reported to the next meeting of the Board.
3.2	Reduce the number of children who need a subsequent Child Protection Plan (following a previous completed plan) to no more than 15%, which will require full multi-agency commitment (in 2011/12 15.3%)	Expected 15% rolling year 15% year to date	G	Expected 15% rolling year 15% year to date	G	Expected 15% rolling year 15% year to date	G	Expected 15% rolling year 15% year to date		The measure is the proportion of children who became subject to a child protection plan who had previously been subject to a plan (the national definition is within 2 years, this report is all children)
		Actual 11.5% rolling year 2.6% year to date		Actual 10.3% rolling year (44/429) 10.2% year to date (22/216)		Actual 12.3% rolling year (55/446) 13.2% year to date (44/333)		Actual		
3.3	A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire's Safeguarding Children Board covering the following agencies: children's social care; youth offending service; education services; children and adult health services; early intervention services; services provided by the police. Over 50% of these audits will show a positive overall impact (baseline to be confirmed in 2012/13)							Expected Programme of audits in place and baseline established		The Quality Assurance and Audit sub-group of OSCB have set up a working group to develop this measure fully, to report by March 2013. An update is also being provided on the agenda for CYPB meeting on 25 th Feb.
								Actual		

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Priority 4: Raising achievement for all children and young people										
4.1	76% (5,000) children achieve Level 2b or above in reading at the end of Key Stage 1 of the academic year 2011/12 (currently 74.3% for the academic year 2010/11)			Expected 76% Actual 78%	G					Performance is now above national average (76%). Oxfordshire still ranks below its statistical neighbour average
4.2	80% (4,880) of children achieve Level 4 or above in English and Maths at the end of Key Stage 2 of the academic year 2011/12 (currently 75% for the academic year 2010/11)			Expected 80% Actual 82%	G					Oxfordshire now performs above national average (80%) and above the statistical neighbour average (81%). Only 1 primary school is below floor standard compared with 18 in 2011.
4.3	59% (3,500 out of 6,000) of young people achieve 5 GCSEs at A*-C including English and Maths at the end of the academic year 2011/12 (currently 57.4% for the academic year 2010/11)			Expected 59% Actual 57.9%	R					In the key performance measure of pupils achieving 5+A*-C inc English and maths Oxfordshire has increased slightly to 57.9%. However, in this measure Oxfordshire is performing below the Statistical Neighbour and National averages and is ranked 8 th out of Statistical Neighbours
4.4	66% (153) primary schools and 70% (24) secondary schools will be judged by Ofsted to be good or outstanding in 2012/13 (currently 61% (142) of primary schools and 65% (21) of secondary schools)	Expected 62% (Primary) 66% (Secondary)	A	Expected 63% (Primary) 67% (Secondary)	A	Expected 64% (Primary) 68% (Secondary)	G	Expected 66% (Primary) 70% (Secondary)		The proportion of both primary and secondary schools judged as Good or Outstanding continues to rise. Between Sep and Dec, 11 schools (41% of those inspected) had increased their judgement to this level. End of January figures show that this has increased further to 16 schools.
		Actual 60% primary 65% secondary		Actual 62% primary 65% secondary		Actual 65% primary 71% secondary		Actual		

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4.5	Reduce the number of young people not in education, employment or training to 5% or 864 young people (currently 5.7% in the financial year 2012/13)	Expected 5.6%	G	Expected 8.3% (NB figures always peak in September)	A	Expected 6.6%	G	Expected 5.0%		The proportion of young people that are not in education, employment or training continues to reduce from the seasonally high figure reported in September. This reduction is due to confirmation from schools and colleges about the activity of young people post-16. The proportion of “Not Knowns” remains high. Measures are in place to address this such as the recruitment of a casual tracking team and the commissioning of Welfare Call to provide an intensive follow up service
	Actual 5.2%	Actual 8.4%		Actual 6.1%		Actual				
Priority 5: Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential										
5.1	75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 72.4%)							Expected 75%		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking information in August.
								Actual		
5.2	15% of adults on the care programme approach receiving secondary mental health services will be in paid employment at the time of their most recent assessment / review (currently 10.7%)	Expected 11.8%	A	Expected 12.9%	G	Expected 13.9%	A	Expected 15%		The wording of this indicator has been changed slightly to more accurately reflect the targeted individuals, although the baseline and targets remain the same
		Actual 11%		Actual 13.4%		Actual 13.6%		Actual		
5.3	86% of people with a long-term condition feel supported to manage their condition (currently 84%)							Expected 86%		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking

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								Actual		information in August.
5.4	95% of people living with severe mental illness will have an annual physical health check by their GP (currently 93.7%)							Expected		This indicator is no longer part of the national outcomes framework, however it remains a priority locally and will be reported on an annual basis
								95% Actual		
5.5	50% of people with learning disabilities will have an annual physical health check by their GP (currently 45%)							Expected		The data for this indicator is only collected at the end of the financial year and so will be available after end March.
								50% Actual		
Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support										
6.1	A reduction in delayed transfers of care so that Oxfordshire's performance is out of the bottom quarter (current ranking is 151/151)	Expected	R	Expected	R	Expected	R	Expected		Note – figures are actual number of people delayed. Although Oxfordshire remains in the bottom quartile nationally, the number of people delayed has reduced. The introduction of 'discharge to assess' (assessing people's ongoing care needs at home rather than in hospital) in November should also have a positive impact, although increased demand due to winter pressures may also impact on the number of delays.
		146		103		72		72		
		Actual		Actual		Actual		Actual		
		151		144		104				
6.2	No more than 400 older people per year to be permanently admitted to a care home from October 2012 (currently 546)					Expected	G	Expected		It is anticipated that a higher number will be placed in Q3 and Q4 due to winter pressures – the expected figures have been amended to reflect this. Of the total figure, 64 were placed from
						150		300		
						Actual		Actual		
						136				

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										hospital, 9 from Intermediate Care Beds, 63 from the community
6.3	50% of the expected population with dementia will have a recorded diagnosis (currently 37.8%)			Expected 43.9%	G	Expected 46.95%	G	Expected 50%		Data being collected from Q2 due to changes in collection methods
				Actual 46.7%		Actual 47.4%		Actual		
6.4	3,140 people will receive a reablement service (currently 1,812)	Expected 654	R	Expected 1526	R	Expected 2420	R	Expected 3140		The introduction of a new contract for reablement in November 2012 has not yet lead to the intended increase in the number of people receiving a service.
		Actual 492		Actual 1020		Actual 1566		Actual		
6.5	Maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 91.6%).							Expected 91.6%		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking information in August.
								Actual		
6.6	By the end of March 2013, commission an additional 130 Extra Care Housing places, bringing the total to 407 and by			Expected 130	G					Target for this year has been achieved – 40 new ECH places have opened at Thame, 70 at Banbury (Stanbridge) and 20 at Bicester.

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	the end of March 2015 an additional 523 places, bringing the total number of places to 930			Actual 130						
6.7	75% of older people who use adult social care say that they find information very or fairly easy to find (currently 73.8%)							Expected 75%		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking information in August.
								Actual		
6.8	Review transport in the community to understand the best way of meeting community needs by June 2013							Expected Review complete and action plan in place		A programme has been established and is on track to complete this review by June 2013.
								Actual		
	Priority 7: Working together to improve quality and value for money in the Health and Social Care System									
7.1	Deliver a joint single point of access to health and social care community services, provided by Oxford Health and Oxfordshire County Council by the 1 st December 2012					Expected Single point of access in place	G			The single point of access has staff co-located at Abingdon Community Hospital adopting a multi-agency/multi-professional approach towards ensuring the delivery of seamless integrated care. During December the newly integrated Single Point of Access handled 654 referrals, supporting 56 avoided acute hospital admissions. It also supported the new Oxfordshire discharge to assess policy – by brokering the process
						Actual An integrated health and social care Single Point of				

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						Access has been established and operational since the 3rd December 2012				for discharge from hospital and participating in the newly established 'Discharge Pathway Teams' at both the John Radcliffe and the Horton Hospital.
7.2	Deliver fully functioning, locality based and integrated health and social care services by March 2013							Expected		OHFT and OCC have been working in partnership to deliver integrated community services throughout 2012/13 with significant progress being made with the development of the integrated Single Point of Access and the implementation of the Oxfordshire Discharge to Assess Policy. A detailed plan for fully integrated health (community and older adult's mental health) and social care services has been jointly developed by Oxford Health Foundation Trust and Oxfordshire County Council and will be fully implemented during 2013/14
								Integrated health and social care services operational in localities		
7.3	A single Section 75 agreement to cover all the pooled budget arrangements by April 2013							Actual		
								Expected		
								Single section 75 agreement in place		A joint County Council and Clinical Commissioning Group working group has been set up to oversee this work, and is on track to deliver by end March 2013
								Actual		

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7.4	A joint older people's commissioning strategy covering both health and social care by April 2013							Expected Joint strategy agreed and delivery plans in place Actual		The draft strategy has been developed by a multi-agency working group, and consultation took place between Dec – Feb. The strategy has now been amended to reflect the outcomes of consultation, and work to develop action plans will be completed by June 2013.
7.5	Oxfordshire's Clinical Commissioning Group will be authorised by April 2013							Expected CCG to be authorised Actual		<p>Oxfordshire Clinical Commissioning Group has been formally authorised to take on commissioning responsibilities for Oxfordshire from 1 April 2013. There are five areas to address before the end of March 2013:</p> <ul style="list-style-type: none"> • two relating to the constitution which was reviewed in January to reflect necessary changes, and • three relating to the clear and credible plan. OCCG will update its Operational and Quality, Innovation, Productivity and Prevention (QIPP) Plan which includes developing further the financial plans for 2013/14, 2014/15 and 2015/16. OCCG will continue to monitor delivery of the current plan and mitigation where plans are not on course. It is anticipated that sign off of 2013/14 plans by the NHS Commissioning Board will confirm that these criteria have been met.

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7.6	More than 60% of people who use social care services in Oxfordshire will say they are very satisfied with their care and support (currently 59.4%)							Expected 60%		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking information in August.
								Actual		
7.7	Achieve above the national average of people satisfied with their experience of hospital care (when the nationally sourced information for Oxfordshire is available)					Expected Above national average England 2011/12 = 75.6%	G			Published as NHS National Outcomes Framework 4b. Since it is for experience of hospital care the data is given for individual hospitals, performance is then averaged to give an overall figure. NOC and OUHT were separate in 2011/12 and so they are reported individually. The values are reported as values out of 100. OUHT 75.1/100 NOC 82.3 / 100 Oxford Mental Health Trust is not included.
						Actual 78.7%				
7.8	Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (when the nationally sourced information for Oxfordshire is available).							Expected Above national average		Data for this indicator comes from the GP Patient Survey. 2011/12 data for the survey was collected in two waves. (NHS National Outcomes indicator 4a) 1st wave published (July-Sept) – 88.28% 2nd wave to be published March 2013
								Actual		
7.9	Establish a baseline for measuring carer satisfaction of services by May 2013							Expected Baseline established and targets set		A survey is taking place in November to establish current performance, the outcomes of which will be used to identify priorities and targets. Comparative data with other areas expected to be available in early

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								Actual		2013/14
7.10	800 carers' breaks jointly funded and accessed via GPs	Expected	G	Expected	G	Expected	A	Expected		Achieved Q1 and Q2 targets
		200		400		600		800		
		Actual		Actual		Actual		Actual		
		213		427		594				
Priority 8: Preventing early death and improving quality of life in later years										
8.1	100 smoking quitters above the national target (the nationally set target for Oxfordshire is 3,576)	Expected	G	Expected	G	Expected		Expected		Target has been amended slightly to reflect higher national target for Oxfordshire. Achieved Q2 target
		840		1617		2490		3676		
		Actual		Actual		Actual		Actual		
		852		1668						
8.2	2,000 adults receiving bowel screening for the first time (meeting the challenging national target of 60% of 60-69 year olds every 2 years)	Expected	R	Expected		Expected		Expected		Not achieved Q1 target as number of people invited fluctuates quarterly. Plans are in place to ensure the annual target is met
		500		1000		1500		2000		
		Actual		Actual		Actual		Actual		
		406								
8.3	30,000 people invited for Health Checks for the first time (currently 25,000)	Expected	G	Expected	G	Expected	G	Expected		
		7500		15000		22500		30000		
		Actual		Actual		Actual		Actual		
		8848		20707		27658				

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Priority 9: Preventing chronic disease through tackling obesity										
9.1	Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2011 this was 14.9%)					Expected 14.9% or less	R			Provisional data expected end of Q3 and final in Q4
						Actual 15.6%				
9.2	60% of babies are breastfed at 6-8 weeks of age (currently 58.4%)	Expected 60%	A	Expected 60%	A	Expected 60%	G	Expected 60%		
		Actual 59.8%		Actual 59.3%		Actual 60.3%		Actual		
9.3	5,000 additional physically active adults (Data available twice per year) Baseline: 125,500 Adults Annual target:130,500 Adults			Expected 128,000 Adults	G			Expected 130,500 Adults		Numbers fluctuate as Active People Survey is based on a sample of approximately 2,500 people
				Actual 136,000 Adults				Actual		
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness										
10.1	A reduction in the number of households at risk of fuel poverty through use of improvement							Expected Basket of relevant indicators to		The HIB has established a working group to develop appropriate indicators and targets

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	grants and enforcement activity							be agreed to enable monitoring and setting of outcomes Actual		
10.2	Action to prevent homelessness and ensure a joint approach in times of change.							Expected Review in the light of information on best practice Actual		Report on proactive work in all districts and pilot work on direct payments in the City is being considered at the next meeting of the Health Improvement Board
10.3	New arrangements for partnership work to ensure vulnerable people are supported to remain in appropriate accommodation e.g. young people, victims of domestic violence, offenders and other adults with complex needs.							Expected New partnership arrangements to be in place Actual		New Terms of Reference for the Supporting People Core Strategy Group are being agreed
Priority 11: Preventing infectious disease through immunisation										
11.1	8,000 children immunised at 12 months, maintaining the high coverage (this means we will meet the challenging national	Expected 2000	G	Expected 4000	G	Expected 6000	G	Expected 8000		Achieved Q3 (cumulative) target

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	target of 96.5%)	Actual 2038		Actual 4074		Actual 6055		Actual		
11.2	7,700 children vaccinated against Measles Mumps and Rubella (MMR) by age 2	Expected 1925	A	Expected 3850	G	Expected 5775	G	Expected 7700		Achieved Q3 (cumulative) target
		Actual 1883		Actual 3955		Actual 6038		Actual		
11.3	7,300 children receiving MMR booster by age 5 (meeting the ambitious national target of 95%)	Expected 1825	G	Expected 3650	G	Expected 5475	G	Expected 7300		Achieved Q3 (cumulative) target
		Actual 1857		Actual 3775		Actual 5684		Actual		
11.4	3,000 girls receiving Human Papilloma Virus vaccination to protect them from cervical cancer (meeting the national target of 90% of 12-13 year old girls)					Expected 3000	G	Expected 3000		3 doses required to achieve target - final data as at 08/10/2012 Dose 1 = 3259 Dose 2 = 3238 Dose 3 = 3189
						Actual 3189		Actual		
11.5	80,000 flu vaccinations for people aged 65 or more (meeting the national target of 75% of people aged 65+)							Expected 80,000		Data expected in Q4
								Actual		