

Oxfordshire Health and Wellbeing Board
25 July 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. End of year performance can be summarised as follows:

34 indicators are Green
4 indicators are Amber (defined as within 5% of target)
11 indicators are Red
4 indicators expected to report in Q4 do not have information available – explanation is included in the notes column in the appendix.
3. Current performance is generally good, with many targets being met and exceeded for the year. Appropriate action is being taken where performance did not meet expected levels to improve this. This has been summarised in the notes column of the appendix.
4. It is worth noting that performance on the indicators for teenage pregnancy (indicator 2.1) has dropped from Green to Amber, and the indicator for young people not in education, employment and training (indicator 4.5) has dropped from Green to Red.
5. It is also worth noting that performance against the indicator for breastfeeding (indicator 9.2) has improved from Amber to Green.
6. End of year performance information is not available for four indicators – support for people with long term conditions (5.5), health checks for people with severe mental illness and for people with learning disability (indicators 5.4 and 5.5), and bowel screening (indicator 8.2). Due to changes in the health structures at the start of April this information has taken longer than normal to release, and is expected within the next month. If it is available by the time of the meeting this will be updated verbally.

Action Planning

7. 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.
8. 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.

9. The Children and Young People's Board hosted four workshops in 2012/13, focused on key priorities within the strategy: mental health transitions, children's safeguarding, raising achievement and a child and families journey through health and social care services.
10. The Adult Health and Social Care Board hosted three workshops in 2012/13, focused on key priorities within the strategy: the Older People's Commissioning Strategy and the Staying Healthy workshop held jointly with the Health Improvement Board. There was also a workshop on the new carers strategy in June 2013.
11. The Health Improvement Board hosted workshops in 2012/13 focused on housing and action planning.
12. Further workshops over the coming months will focus on learning disability and obesity.

Ben Threadgold
Strategy Manager, Joint Commissioning, Tel: (01865) 328219

July 2013

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 Actual 35 admissions	G	Expected 74 admissions Actual 66 admissions	G	Expected 111 admissions Actual 96 admissions	G	Expected 148 admissions Actual 134 admissions	G	
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 Actual 512 admissions	R	Expected 834 admissions Actual 993 admissions	R	Expected 1251 admissions Actual 1870 admissions	R	Expected 1668 admissions Actual 2486 admissions	R	This is a challenging target set against a national trend of increased admissions. The original baseline for 2011/12 has been increased from 1450 to 1853, meaning the quarterly targets and overall reduction have also been amended. This increase in numbers is not matched by an increase in rate of admissions and relates primarily to the change in demographics in Oxford City.
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 Actual Review is	G	Project completed. Implementation of new service underway. New service will go live on 1 st October 2013.

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								completed and service will be in place from October 2013		
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 62		Expected 125		Expected 187		Expected 251		2011 Calendar Year (Q4). Latest data Sept-Dec 2011. Revised data published March 2013. Although the actual number of conceptions rose slightly in Q4, the overall rate of conceptions (the national measure) remained constant; 22 in 2010 and 22.4 in 2011 the 0.4 increase actually isn't statistically significant and there has been a steady downward trend over the last five years which is excellent news.
		Actual 62	G	Actual 123	G	Actual 182	G	Actual 254	A	
2.2	The 'Thriving Families' project will have begun work with the first 100 families by April 2013							Expected 100 families		663 families have been identified who meet the Thriving Family criteria with an additional 43 families identified and worked with that are not included within these figures as they are receiving funding via The European Social Fund within Oxfordshire. Of the 663 identified families, 338 currently have a worker from a network of partnership targeted services and 83 families are being seen by Thriving Family workers. The target of working with 100 families was not met for operational reasons in
								Actual 83 families	R	

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										order to ensure a safe and appropriate start for families. This included not all Thriving Family worker posts filled and Senior Practitioners jointly working with other workers at the start as very complex cases were undertaken. In some instances it has been more appropriate for Thriving Family workers to work jointly with Early Intervention Hub or Children's Social Care staff which reduced the number of families solely worked with by Thriving Family workers.
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 4.9%	G					This figure is for those children continually looked after for at least 12 months as of 31 March 2012. The figure is suppressed under data protection legislation as it relates to less than 6 individuals, but performance is below target and below the national average. We are currently receiving real-time data from Welfare Call which will be looked at by the Deputy Director within the County Council to identify any actions required; an Intervention Manager starting in Sep 2013 will coordinate, support and challenge via schools and Hubs . 6-weekly meetings with a multi-agency team are ongoing.
				Actual Figure Suppressed						
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 Baseline established and targets	G	This work was led by the Child Sexual Exploitation (CSE) sub group of the Safeguarding Children's Board. (OSCB) Although the national data collection model has still not been confirmed, a

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								set		local data collection model has been developed based on the University of Bedfordshire model, including some local indicators, It is being applied to all known cases. A baseline and target will be established as a result and reported to the next meeting of the Board. However, there are some issues with the new reporting system which need to be resolved before the local data collection can be complete. A Thames Valley Police prevalence report of local 'hotspots' of Child Sexual Exploitation in Oxfordshire has been submitted to the Office of the Children's Commissioner and has gone to the CSE subgroup of the OSCB
								Actual There is a clear baseline and multi-agency strategy to prevent and detect Child sexual exploitation		
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		Expected 15% rolling year 15% year to date		Expected 15% rolling year 15% year to date		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	G	Actual 10.3% rolling year (44/429) 10.2% year to date (22/216)	G	Actual 12.3% rolling year (55/446) 13.2% year to date (44/333)	G	Actual 13.5% (60/444)	G	

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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	G	In 2012/13 through audit, the quality of practice is being measured against the key interagency tasks: referral, assessment, decision making, planning, review and outcomes. Grade descriptors and outcomes are based on the London safeguarding Board guidance on practice audits.
							Actual Programme of audits is in place and baseline established	Adjustment to the quality assurance audit target (50%) is being determined by the outcome of the 2012/13 baseline exercise, and is being set at a higher percentage than the attainment in 2012/13. This baseline will be reported on the 24 October meeting of the CYPB together with the first performance report .		
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%	G					Performance is now above national average (76%). Oxfordshire still ranks below its statistical neighbour average
				Actual 78%						
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%	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.
				Actual 82%						
4.3	59% (3,500 out of 6,000) of young people achieve 5 GCSEs at A*-C including English and Maths at			Expected 59%						In the key performance measure of pupils achieving 5+A*-C inc English and maths Oxfordshire has increased slightly

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	the end of the academic year 2011/12 (currently 57.4% for the academic year 2010/11)			Actual 57.9%	R					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)	G	The proportion of both primary and secondary schools judged as Good or Outstanding continues to rise.
	Actual 60% primary 65% secondary	Actual 62% primary 65% secondary		Actual 65% primary 71% secondary		Actual 71% (165) Primary 77% (26) secondary				
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%	R	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" is 34%, one of the highest in the country. 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 5.4% (937)				
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										

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
5.1	75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 71.3%)							Expected 75%	R	Overall the proportion of people who use adult social care who said they found information very or fairly easy to find rose from 71.5% to 73.5%. However for working age adults the figure fell from 71.3% to 69.4%. This represents 129 adults of working age who use adult social care who said information was very or fairly easy to find out of 186 who had tried to access information in the year. The council is developing an information strategy which will look at both the information that is provided and the ways in which it is provided
								Actual 69%		
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%	R	The wording of this indicator has been changed slightly to more accurately reflect the targeted individuals, although the baseline and targets remain the same In 2014-15 it is proposed to move to a different measure based more on the relative severity of people's illness. The range of expectation for people in work will vary from 2 to 25%, meaning the global figure used in 2012/13 has masked this and it is unclear whether 15% would have been a "good" or a "poor" result.
		Actual 11%		Actual 13.4%		Actual 13.6%		Actual 13%		
5.3	86% of people with a long-term condition feel supported to manage their condition (currently 84%)							Expected 86%	G	This target and baseline was set using the GP Patient annual survey 2012, and performance this year is taken from the 2013 survey. Performance compares favourably with
								Actual		

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								88%		the Area Team figure of 85%, South of England figure of 86% and the national figure of 84%
5.4	95% of people living with severe mental illness will have an annual physical health check by their GP (currently 93.7%)							Expected 95% Actual		It has not been possible to report on this as the indicator was removed from the Quality Outcomes Framework and there is no suitable alternative indicator to use. However, this is still considered to be a priority locally, and it is proposed to include an indicator for 2013/14 that focuses on supporting all patients with schizophrenia to undertake a physical health assessment
5.5	50% of people with learning disabilities will have an annual physical health check by their GP (currently 45%)							Expected 50% Actual 43.7%	R	<p>Performance reflects that this is a challenging target, and does not reflect the amount of work that has been done this year across agencies to increase the number of people having a health check.</p> <p>Many people with learning disabilities are in regular contact with their GP, and so visits are not necessarily recorded as being specifically for an annual health check.</p> <p>It is proposed to add a measure for 2013/14 that reports the contact people have with their GP, to give a more rounded picture of the support they are receiving.</p>
Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support										

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
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 146	R	Expected 103	R	Expected 72	R	Expected 72	R	The figure reported is the actual number of delays. Delays rose in the final quarter of the year and remain the worst of any authority nationally (151/151). However this needs to be seen in the context of an increasing pressure on hospital admissions - with a 10% rise in non-elective admissions in 2012/13 compared to 2011/12. The pathway through hospitals is currently being revised to ensure people are seen in the most appropriate place and are given a greater chance of returning home
		Actual 151		Actual 144		Actual 104		Actual 182		
6.2	No more than 400 older people per year to be permanently admitted to a care home from October 2012 (currently 546)					Expected 100	R	Expected 100	A	A reduced number of people were placed permanently in care homes in the final quarter. An additional 40 people were placed in a short term assessment bed, but now need a permanent placement in a care home
					Actual 136	Actual 105				
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%	A	There has been a significant increase in diagnosis rates this year, from 37.8% to 49.6%. A new calculator is being introduced, but has not yet been finalised and distributed. Indications are that this is more stringent and if applied to current performance the figures for Q4 would be lower at 44.6% (creating a new baseline for 13-14).
			Actual 46.7%	Actual 47.4%		Actual 49.6% 3516 diagnosed 7086 expected				
6.4	3,140 people will receive a reablement service (currently 1,812)	Expected 654	R	Expected 1526	R	Expected 2420	R	Expected 3140	R	The number of people starting reablement increased in the year and by over 20% on last year's level, but is

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		Actual 492		Actual 1020		Actual 1566		Actual 2197		below the contract level. Work is in hand to ensure appropriate capacity from the service and timely and complete referrals.
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%	A	Figures are taken from the annual adult social care user survey run in February 2013. 246 out of 274 older people who use social care reported that the way they were helped and treated either made them feel better about themselves or did not affect the way they felt about themselves.
							Actual 89.9%			
6.6	By the end of March 2013, commission an additional 130 Extra Care Housing places, bringing the total to 407 and by the end of March 2015 an additional 523 places, bringing the total number of places to 930			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.
				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 71.6%)							Expected 75%	G	This is taken from the annual adult social care user survey in February 2013. Of the 188 older people who responded and indicated they had tried to find some information about social care, 146 reported that they found information very or fairly easy to find. This is a significant increase from 2011/12.
							Actual 77.7%			

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6.8	Review transport in the community to understand the best way of meeting community needs by June 2013							Expected Review complete by June 2013 Actual Review will report in 2013/14	G	
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 Actual An integrated health and social care Single Point of Access has been established and operational since the 3rd December 2012	G			The single point of access has staff from both organisations co-located, and is adopting a multi-agency/multi-professional approach towards ensuring the delivery of seamless integrated care.
7.2	Deliver fully functioning, locality based and integrated health and							Expected	G	OHFT and OCC have been working in partnership to deliver integrated

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	social care services by March 2013							Integrated health and social care services operational in localities Actual Good progress has been made, a plan for further integration being implemented in 2013/14		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
7.3	A single Section 75 agreement to cover all the pooled budget arrangements by April 2013							Expected Single section 75 agreement in place Actual Agreement in place	G	The agreement was approved in March and formally signed in April by both parties.
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	G	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 the strategy and action plans were formally signed off by the

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								Actual Strategy and Action Plan in place		County Council Cabinet and Clinical Commissioning Group Executive Board in June
7.5	Oxfordshire's Clinical Commissioning Group will be authorised by April 2013							Expected CCG to be authorised	G	Oxfordshire Clinical Commissioning Group has been formally authorised to take on commissioning responsibilities for Oxfordshire from 1 April 2013.
							Actual CCG Authorised			
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 61.7%)							Expected 60%	G	This is measured through the annual adult social care user survey in February 2013. Overall satisfaction has increased for the third successive year. 324 people who used social care out of 507 people who responded (64%) reported that they were extremely or very satisfied with services. 476 people (94%) reported they were satisfied.
							Actual 64.0%			
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.

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						Actual 78.7%				OUHT 75.1/100 NOC 82.3 / 100 Oxford Mental Health Trust is not included.
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 Actual Above national average (Oxfordshire 90.1% England 87.6%)	G	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 published March 2013 - 90.1% of respondents 'very satisfied' (10,551 of 11,713) compared to 87.6% nationally (837,852 of 956,509)
7.9	Establish a baseline for measuring carer satisfaction of services by May 2013							Expected Baseline established and targets set Actual Baseline established and targets set	G	Carer survey completed and baseline established. Current levels of satisfaction are 39% - this is significantly lower than levels of service user satisfaction, but a similar picture is appearing nationally. 39% reflects 185 out of 472 carers who reported to being extremely or very satisfied. 360 carers (76%) are satisfied. An action plan to address this is being put in place as part of the carers strategy The baseline and targets form part of the proposed outcomes for 2013/14
7.10	800 carers' breaks jointly funded and accessed via GPs	Expected 200	G	Expected 400	G	Expected 600	A	Expected 800	G	Achieved

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		Actual		Actual		Actual		Actual		
		213		427		594		881		
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 840	G	Expected 1617	G	Expected 2490	G	Expected 3676	G	Target has been amended slightly to reflect higher national target for Oxfordshire.
		Actual 852		Actual 1668		Actual 2559		Actual 3703		
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 500	R	Expected 1000	R	Expected 1500	R	Expected 2000		Delay in age-extension has negatively affected the performance. Programme now age-extended (March 2013) and the media campaign to increase up-take has also been delivered therefore improved performance is expected in 2013/14. Bowel cancer screening data is usually available 3 months in arrears, however due to changes in the health structures it had taken longer for data release. Q4 data is not expected until end July early Aug.
		Actual 406		Actual 776		Actual 1260		Actual		
8.3	30,000 people invited for Health Checks for the first time (currently 25,000)	Expected 7500	G	Expected 15000	G	Expected 22500	G	Expected 30000	G	Achieved Q4 and 2012/13 target
		Actual 8848		Actual 20707		Actual 27658		Actual 40914		

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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			
						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%	R	Although there is a dip in quarter 4 performance, the average performance throughout the year (2012/13) is 59.1%, which does represent an improvement on 2011/12.
		Actual 59.8%		Actual 59.3%		Actual 60.3%		Actual 56.9%		
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	G	Numbers fluctuate as Active People Survey is based on a sample of approximately 2,500 people
				Actual 136,000 Adults		Actual 145,646 Adults				
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. A group of indicators has been

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	grants and enforcement activity							be agreed to enable monitoring and setting of outcomes	G	established that includes measures on fuel poverty and excess winter deaths
								Actual Basket of relevant indicators is agreed to enable monitoring and setting of outcomes		
10.2	Action to prevent homelessness and ensure a joint approach in times of change.							Expected	G	Report on proactive work in all districts and pilot work on direct payments in the City has been presented to the Health Improvement Board and a basket of indicators has been agreed
							Review in the light of information on best practice			
								Actual Basket of relevant indicators is agreed to enable monitoring and setting of outcomes		
10.3	New arrangements for partnership work to ensure vulnerable people are supported to remain in appropriate accommodation e.g.							Expected		New Terms of Reference for the Housing Support Advisory Group are agreed including the new name for the group and the group is meeting regularly
								New partnership arrangements		

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	young people, victims of domestic violence, offenders and other adults with complex needs.							to be in place	G	
								Actual New partnership arrangements have been agreed and are in place	G	
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 target of 96.5%)	Expected 2000	G	Expected 4000	G	Expected 6000	G	Expected 8000	G	Achieved Q4 (cumulative) and 2012/13 target
		Actual 2038		Actual 4074		Actual 6055		Actual 8042		
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	G	Achieved Q4 (cumulative) and 2012/13 target
		Actual 1883		Actual 3955		Actual 6038		Actual 7990		
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	G	Achieved Q4 (cumulative) and 2012/13 target
		Actual 1857		Actual 3775		Actual 5684		Actual 7610		

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
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			3 doses required to achieve target - final data as at 08/10/2012 Dose 1 = 3259 Dose 2 = 3238 Dose 3 = 3189
					Actual 3189					
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	G			
					Actual 83287					