

Health & Wellbeing Board Performance Report 2015/16 Quarter 2

Introduction

1. Annex 1 shows performance at the end of quarter 2 for all priorities in the Health & Wellbeing strategy. Performance on priorities 1-4 is managed through the Children's Trust; performance on priorities 5-7 is managed through the Joint Management Groups for the Pooled Budgets for adult health and care services and performance on priorities 8-11 is managed through the Health Improvement Board.
2. Priority 4 - is monitored via the Children's Trust. Attainment at all key stages is in line or above the national average. At all Key Stages the gap between disadvantaged and other pupils in Oxfordshire has narrowed this year due to increased performance of the disadvantaged group. However, the disadvantaged gap remains significantly wider than that nationally.

Summary

3. The table below summarises performance on each priority. In total 68 measures are reported, with 44 rated. 21, nearly a half are on target, with 9 (20%) rated amber and 14 (just under a third) rated red. Looking across all the measures performance is good (with half or more measures on target for on priorities 2, 3, 5, 6, 9 and 10, whereas in the following priorities most measures are rated red:
 - a. Ensuring children have a healthy start in life and stay healthy into adulthood
 - b. Support older people to live independently with dignity whilst reducing the need for care & support
 - c. Preventing early death and improving quality of life in later years
 - d. Preventing infectious disease through immunisation

	Red	Amber	Green	Not Rated	Total
1. Ensuring children have a healthy start in life and stay healthy into adulthood	1	0	0	1	2
2. Narrowing the gap for our most disadvantaged and vulnerable groups	1	1	2	4	8
3. Keeping children and young people safe	1	0	3	4	8
5. Working together to improve quality and value for money in the Health and Social Care System	1	2	5	2	10
6 Adults with long term conditions living independently and achieving their full potential	0	1	5	2	8
7. Support older people to live independently with dignity whilst reducing the need for care & support	4	3	1	2	10
8 Preventing early death and improving quality of life in later years	4	1	1	1	7
9. Preventing chronic disease through tackling obesity	0	0	2	1	3
10. Tackling the broader determinants of health through better housing and preventing homelessness	1	0	2	3	6
11. Preventing infectious disease through immunisation	1	1	0	2	4
Total	14	9	21	22	68

4. The individual indicators rated as red are:
 - a. Ensuring children have a healthy start in life and stay healthy into adulthood
 - i. 1.1 Waiting times for first appointment CAHMS. 75% of children will receive their first appointment within 8 weeks of referral by the end 2015/16
 - b. Narrowing the gap for our most disadvantaged and vulnerable groups
 - i. 2.2 Reduce the number of children and young people placed out of county and not in neighbouring authorities from 74 to 70
 - c. Keeping children and young people safe
 - i. 3.2 Set a baseline for and then increase the proportion of specified outcomes that have been achieved in the child protection plan.
 - d. Working together to improve quality and value for money in the Health and Social Care System
 - i. 5.2 Reduce the number of avoidable emergency admissions to hospital for older people per 100,000 population from a baseline of 15,849 in 13/14
 - e. Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential
 - i. None
 - f. Support older people to live independently with dignity whilst reducing the need for care and support
 - i. 7.1 Reduce the number of people delayed in hospital
 - ii. 7.2 Reduce the number of older people placed in a care home
 - iii. 7.3 Increase the proportion of older people with an on-going care package supported to live at home from 62.7% in April 2015 to 63.0% in April 2016
 - iv. 7.5 Increasing the number of people accessing reablement from the community.
 - g. Preventing early death and improving quality of life in later years
 - i. 8.3 At least 66% of those invited for NHS Health Checks will attend (ages 40-74) and no CCG locality should record less than 50% with all aspiring to 66% (Baseline 46% Apr 2014)
 - ii. 8.4 At least 3650 people will quit smoking for at least 4 weeks
 - iii. 8.6 The target for opiate users by end 2015/16 should be at least 7.6% successfully leaving treatment and not representing within 6 months
 - iv. 8.7 At least 39% of non-opiate users by 2015/16 should successfully leave treatment and not represent within 6 months
 - h. Tackling the broader determinants of health through better housing and preventing homelessness
 - i. 10.1 The number of households in temporary accommodation on 31 March 2016 should be no greater than level reported in March 2015
 - i. Preventing infectious disease through immunisation
 - i. 11.2 At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.5%) and no CCG locality should perform below 94%

Steve Thomas
Performance & Information Manager, Joint Commissioning
February 2016

Oxfordshire Health and Wellbeing Board
Performance Report

Priority One: Ensuring children have a healthy start in life and stay healthy into adulthood

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
1.1 Waiting times for first appointment CAHMS. 75% of children will receive their first appointment within 8 weeks of referral by the end 2015/16	61%	Not yet available		50%	R					
1.2 Support secondary schools to have a school health improvement plan which includes smoking, drug and alcohol initiatives.	100%									Annual measure

Priority Two: Narrowing the gap for our most disadvantaged and vulnerable groups

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
2.1 Reducing inequalities as measured by Public Health measure 1.01i - Children in poverty (all dependent children under 20)	<10.9									Annual measure
2.2 Reduce the number of children and young people placed out of county and not in neighbouring authorities from 74 to 70	74	83	R	83	R					This has remained the same although 12% increase in LAC in period
2.3 Reduce the level of care leavers not in employment, education or training	< 47%									Annual measure
2.4 Increase the number of young carers identified and worked with by 20% from 1825 at April 1, 2015 to 2190.	2190	1945 - 120 new	G	2056 - 231 new	G					365 new young carers need to be identified by March 2016. In the first quarter 120 or 33%
2.5 Reduce the number of children with SEN with at least one fixed term exclusion in the academic year. (Measured on an academic year)	5.1%	2.7%	G	nya						346/12989 Term 1. Figure provided last time for 14/15 academic year
2.6 Increase the proportion of children with a disability who are accessing short breaks services who are eligible for school meals	24%	39.5%	G	30.0%	G					30 children receiving short breaks, 9 eligible for FSM
2.7 Reduce the number of first time entrants to Youth Justice Service from 208 in the calendar year 2014	< 208									Annual measure
2.8 Reduce the number of young people convicted of a violence against a person offence excluding common assault (defined as a gravity score of 4 and above)	< 18	7	R	11	A					Data is YTD. Equates to 14% of all violent offences compared with 13% last year

Priority Three: Keeping children and young people safe

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
3.1 Set a baseline for and then increase the amount of times the Independent Chair is satisfied that the core group minutes show that the objectives of the CP Plan are being progressed by the Core Group. Baseline 48.6%	48.6%	72.8%	G	72.2%	G					New measure. Will be examined going forward. Data is YTD
3.2 Set a baseline for and then increase the proportion of specified outcomes that have been achieved in the child protection plan. Baseline 48%.	48%	52%	G	42%	R					Significant decrease in the outcomes achieved Data is YTD. Baseline 48%; increased to 52% in Qtr1, but is now 42%
3.3 Increase the proportion of neglect cases where the neglect tool is used.										Figures are available for neglect tools recorded on social care system only. Tools used in other organisations but may not be recorded on social care systems. Report card on use of neglect tool being drawn up.
3.4 Reduce the number of hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24) (PH OF 2.07ii)	135.4	156.0	R	137.0	G					
3.5 More than 70 schools receive direct support to implement effective Anti-Bullying strategies as evidenced by school action plans to tackle and reduce bullying through increased membership of Anti-Bullying Ambassador scheme, individual support from Anti-Bullying Co-ordinator and provision of training	70	46	G	46	G					28 primary & 18 secondary schools supported
3.6 Reduce the assessed level of risk for high risk domestic violence victims managed through the MARAC (Multi-Agency Referral Risk Assessment Conference)	< 80%	75%	G							

3.7 Female Genital Mutilation (measure to be confirmed)	tbc	tbc								Specific measure to be agreed
3.8 Monitor the proportion of MASH enquiries leading to a referral where information was shared with partner agencies.	32%	33.5% 557/ 1663		31.9% 543/ 1701						

Priority Four: Raising achievement for all children and young people

The Annual Educational Attainment Report was discussed at the recent Children’s Trust meeting.

- Attainment at all key stages is in line or above the national average.
- At all Key Stages the gap between disadvantaged and other pupils in Oxfordshire has narrowed this year. In all instances, this is due to increased performance of the disadvantaged group. However, the disadvantaged gap remains significantly wider than that nationally.

<i>Monitoring Education Strategy measures:</i>	
<i>4.1 Early Years, including:</i>	
<ul style="list-style-type: none"> • <i>62% of children in early years & foundation stage reaching a good level of development</i> 	
<i>4.2 Levels of attainment and quality across all primary and secondary schools</i>	
<i>4.3 Closing the attainment gap, including:</i>	
<ul style="list-style-type: none"> • <i>Children eligible for Free School Meals</i> • <i>Special schools</i> • <i>Children with Special Educational Needs</i> 	
<i>Monitoring Oxfordshire Skills Board measures:</i>	
<i>4.4 Creating seamless services to support young people through their learning –from school and into training, further education, employment or business</i>	
<i>4.5 Up-skilling and improving the chances of young people marginalised or disadvantaged from work</i>	
<i>4.6 Increasing the number of apprenticeship opportunities</i>	

Priority 5: Working together to improve quality and value for money in the Health and Social Care System

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
5.1 Deliver the 6 Better Care Fund national requirements for closer working of health and social care			G		G					All are on track
5.2 Reduce the number of avoidable emergency admissions to hospital for older people per 100,000 population from a baseline of 15,849 in 13/14	15,849	16,782	R	17,212	R					In 2015/16, our main provider implemented an Ambulatory Care scheme in order to reduce emergency admissions. However, this activity is still recorded in the national data we use as emergency admission meaning figures show as increased activity.
5.3 Increase the number of carers known to social care from 16,265 (March 2015) to 17,000 by March 2016	17,000	16,546	G	17,233	G					Target already exceeded
5.4 Increase the number of carers receiving a social care assessment from 6,042 in 2014/15 to 7,000 in 2015/16	7,000	1,131	G	3,337	G					Over 2,200 carer assessments in the last quarter. Target of 1750 for the quarter
5.5 Increase the number of carers receiving a service from 2,226 in 2014/15 to 2,450 in 2015/16	2,450	304		972						Figure is below target due to unforeseen consequence of the Care Act. Only carers with a personal budget or direct payment can be counted as receiving a service and have to be assessed, whereas previously they could directly access direct payments from GPs. Figure excludes most services that support carers e.g. over 4000 people receive the alert service, which provides an alarm to a call centre. A recent review of such services showed that in 88% of cases these reduced carers levels of stress and anxiety

5.6 Increase the percentage of people waiting a total time of less than 4 hours in A&E. Target 95% based on an average from the first three quarters of 2014/15 which is 91.3%	95%	96.2%	A	93.7	A					
5.7 Increase the percentage of people waiting less than 18 weeks for treatment following a referral:										
<ul style="list-style-type: none"> Admitted patients target 90% 	90%	88.8%	A	89.0%	A					Not met due to pressures in a number of specialities including Trauma & Orthopaedics, Ophthalmology, Gynaecology and ENT. This is the figure for all providers of whom Royal Berks FT are struggling to meet all Referral to treatment standards. Performance from the OUH is higher
<ul style="list-style-type: none"> Non-admitted patients target 95% 	95%	96.0%	G	96.1%	G					On track
<ul style="list-style-type: none"> Of patients who do not complete the pathway target 92% 	92%	94.3%	G	93.7%	G					On track
5.8 Monitor complaints and compliments people raise about health and social care with the Clinical Commissioning Group and the County Council. Set a target to increase next year as a measure of transparency and openness to learning										An annual report covering the number of complaints, key issues and how we have responded will be provided

Priority 6: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
6.1 20,000 people to receive information and advice about areas of support as part of community information networks	20,000	9078	G	19,808	G					On track.
6.2 15% of patients with common mental health disorders, primarily anxiety and depression will access treatment	15%	14.6	A	14.4	A					Figure was below target at Q2, but is now above target and on track for year end.
6.3 Improve access to psychological therapies so that more than 50% of people who have completed treatment having attended at least 2 treatment contacts are moving to recovery	50%	52.3	G	54.0	G					On track
6.4 At least 60% of people with learning disabilities will have an annual physical health check by their GP	60%									Annual measure only which will be available in the summer
6.5 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages (2013/14 baseline: 951.4 per 100,000 population)	< 951.4	980	R	944	G					On track
6.6 Increase the employment rate amongst people with mental illness from a baseline of 9.9% in 2013/14	9.9%	Not yet available		Not yet available						Negotiations on-going on exact measure and target. Performance on all reported measures of employment for people with mental illness is better than 9.9%
6.7 Reduce the number of assessment and treatment hospital admissions for adults with a learning disability to 8 in 2015/16 from 20 in 2014/15	8		A		G					On track

<p>6.8 Reduce the length of stay of hospital episodes for adults with a learning disability so that by March 2016 no one has been in a NHS Assessment & Treatment Unit for more than 2 years. It is acknowledged that 2 years remains an unacceptable length of stay and are working to develop a new approach which will improve the pathway.</p>	<p>0</p>		<p>G</p>		<p>G</p>					<p>On track</p>
--	----------	--	----------	--	----------	--	--	--	--	-----------------

Priority 7: Support older people to live independently with dignity whilst reducing the need for care and support

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
7.1 Reduce the number of people delayed in hospital from an average of 145 per day in 2014/15 to an average of 96 for 2015/16	96	154	R	173	R					Oxfordshire is currently undertaking an exercise to “rebalance the health and social care system” by moving a number of patients to newly commissioned intermediate care beds and using freed up capacity to manage front door pressure more effectively and improve throughput from hospital. The impact of this initiative which will run to March 16 will be used as part of the long-term balancing the system to achieve a permanent reduction in delays.
7.2 Reduce the number of older people placed in a care home from 11.5 per week in 2014/15 to 10.5 per week for 2015/16	10.5	13.7	R	12.8	R					In the first 6 months of the year 312 people have been placed in care homes – this is equivalent to 12 people per week. The rate is above target and higher than the same period last year. This is in part due to capacity issue within the market for home care provision, as care homes are used as an alternative to home care. However, relative to other authorities, Oxfordshire performs well on this measure and was in the top quartile nationally in preventing permanent care home admissions.
7.3 Increase the proportion of older people with an on-going care package supported to live at home from 62.7% in April 2015 to 63.0% in April 2016	63%	62.6%	A	62.1	R					More people than planned have been supported in care homes with the increase in admissions described above

7.4 Over 67% of the expected population (5081 out of 7641) with dementia will have a recorded diagnosis (provisional baseline 59.5% or 4948 people)	67%		65.3	G				On track
7.5 Increase the number of people accessing the reablement pathway including								
<ul style="list-style-type: none"> Increasing the number of people accessing the reablement pathway from a hospital pathway to at least the national average. 	1945	420	A	834	A			1945 people accessed reablement from hospital last year. This is marginally above the national average. To maintain this level would require just fewer than 980 in 6 months. In quarter 1 there have been just fewer than this, but episodes traditionally increase over winter
<ul style="list-style-type: none"> Increasing the number of people accessing reablement from the community. Our target for the year is 1875. 	1875	198	R	394	R			A multi-agency project has been set up to improve access to reablement and the performance of the whole reablement pathway. Work streams include developing a commissioning pathway, and improving the interface between the different parts of the reablement pathway. The recommendation for a single provider service from hospital delivered by a combined service from both current providers was agreed and the providers are developing a plan to implement this change.
7.6 Reduce the proportion of people who do not complete their reablement episode from 20.3% in 2014/15 to 17% in 2015/16	17%	18.4%	A	18.8%	A			Significant improvement compared to last year, but not yet at target level.
7.7 Monitor the number of providers described as outstanding, good, requires improvement and inadequate by CQC and take appropriate action where required.								See below

7.8 Increase the number of people supported through home care by social care in extra care housing by 10% (from 114 to 125)	125	107	R	110	A											Figure is beginning to rise (and has subsequently risen again in October).	
7.9 Increase the proportion of people on the end of life pathway who die in their preferred place.																	Not yet available

Provider CQC Ratings (as reported 2/11/2015) of providers inspected so far

	Care Homes			Social Care at home			Independent Health Care			NHS Healthcare			Primary Medical Services		
	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %
Outstanding	0	0%	0%	0	0%	1%	0	0%	8%	0	0%	2%	5	9%	4%
Good	40	55%	60%	11	50%	70%	1	25%	68%	25	89%	47%	31	54%	81%
Requires Improvement	33	45%	35%	11	50%	27%	1	25%	21%	3	11%	45%	14	25%	11%
Inadequate	0	0%	4%	0	0%	3%	2	50%	3%	0	0%	7%	7	12%	4%

Multi agency bi monthly care governance and quality meetings are held with the Care Quality Commission to review their reports alongside the council's own contract reports, safeguarding alerts and complaints to see all the intelligence held on the provider market and what further action is needed in working with these providers.

The council reviews all providers it has contracts with at least annually and agrees action plans with any provider which is not delivering care to an acceptable standard. The action plans are then regularly reviewed by the Contracts and Quality Team.

The major issues identified by both the Contracts & Quality Team and the Care Quality Commission are around specifically the capacity and capability of staff in these sectors.

Priority 8: Preventing early death and improving quality of life in later years

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years)	60%	59.2	A							Data for Q2 are not yet available.
8.2 Of people aged 40-74 who are eligible for health checks once every 5 years, at least 15% are invited to attend during the year. No CCG locality should record less than 15% and all should aspire to 20%	15%	5%	G	11%	G					<u>Cumulative Q3</u> North East: 13.1% North: 13.3% City: 17.6% South East 17.6% South West 18.1% West 11.2%
8.3 At least 66% of those invited for NHS Health Checks will attend (ages 40-74) and no CCG locality should record less than 50% with all aspiring to 66% (Baseline 46% Apr 2014)	66%	42%	A	46%	R					<u>Cumulative Q3</u> North East: 47.1% North: 58.8% City: 41.9% South East 41.2% South West 47% West 63.9%
8.4 At least 3650 people will quit smoking for at least 4 weeks (Achievement in 2014/15 = 1955)	3650	477	R	992	R					
8.5 The number of women smoking in pregnancy should decrease to below 8% (recorded at time of delivery). (Baseline 2014/15 = 8.1%)	<8%	7.8%	G	8.5%	A					
8.6 The target for opiate users by end 2015/16 should be at least 7.6% successfully leaving treatment and not representing within 6 months (baseline 7.8%)	7.6%	6.2%	R	5.6%	R					Please note that the completion data is from 01/03/2014 to 31/01/2015 and representations are up to 30/09/2015 (end Q2)
8.7 At least 39% of non-opiate users by 2015/16 should successfully leave treatment and not represent within 6 months (baseline 37.8%)	39%	29%	R	28%	R					

Priority 9: Preventing chronic disease through tackling obesity

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
9.1 Ensure that the obesity level in Year 6 children is held at no more than 16% (in 2013/14 this was 16.9%). No district population should record more than 19%	< 16%									
9.2 Reduce by 1% the proportion of people who are NOT physically active for at least 30 minutes a week (Baseline for Oxfordshire 23% against 28.9% nationally, 2014-15 Active People Survey)	< 22%			21.9%	G					
9.3 63% of babies are breastfed at 6-8 weeks of age (currently 60.4%) and no individual CCG locality should have a rate of less than 50%	63%	60.9%	A	63.8%	G					No CCG locality under 50% (Q1 & Q2). However, some practices across most localities have less than 50%

Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
10.1 The number of households in temporary accommodation on 31 March 2016 should be no greater than level reported in March 2015 (baseline 192 households)	< 192			218	R					
10.2 At least 75% of people receiving housing related support will depart services to take up independent living (baseline 91% in 14/15)	75%	84.8	G	86.1	G					
10.3 At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless (baseline 83% in 2014/15 when there were 2454 households known to services). Reported 6-monthly	80%			82%	G					
10.4 More than 700 households in Oxfordshire will receive information or services to enable significant increases in the energy efficiency of their homes or their ability to afford adequate heating, as a result of the activity of the Affordable Warmth Network and their partners.	<700									
10.5 people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 70 (2014/15)	<70									
10.6 A measure will be included in the performance framework to monitor the success of supporting vulnerable young people in appropriate housing following monitoring to establish a baseline.										Baseline to be established and outcome to be discussed in March 2016

Priority 11: Preventing infectious disease through immunisation

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
11.1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 95.2%) and no CCG locality should perform below 94%	95%	95.1	G	94.5	A					Data for CCG localities are not available for Q2
11.2 At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.5%) and no CCG locality should perform below 94%	95%	92%	A	91%	R					Data for CCG localities are not available for Q2
11.3 At least 60% of people aged under 65 in "risk groups" receive flu vaccination (2014/15 = 51.9%)	60%									
11.4 At least 90% of young women will receive both doses of HPV vaccination. (2014/15 =91.7%)	90%									