

Health & Wellbeing Board Performance Report 2017/18 Quarter 3

Introduction

1. Annex 1 shows performance for the priorities within the Health & Wellbeing strategy for 2017/18. Priorities 1-4 are managed through the Children's Trust; priorities 5-7 is managed through the Joint Management Groups for the Pooled Budgets for adult health and care services and priorities 8-11 is managed through the Health Improvement Board.

Summary

2. The table below summarises performance on each priority. 63 measures are reported with 31 currently rated:
 - a. 11 (17%) are currently green,
 - b. 10 (16%) rated amber - not on target, but close to target
 - c. 10 (16%) rated red.

	Red	Amber	Green	Not Rated	Total
1. Ensuring children have a healthy start in life and stay healthy into adulthood	1	0	0	0	1
2. Narrowing the gap for our most disadvantaged and vulnerable groups	2	1	1	2	6
3. Keeping children and young people safe	3	1	0	2	6
4. Raising achievements for all children and young people	0	1	1	0	2
5. Working together to improve quality and value for money in the Health and Social Care System	2	0	3	2	7
6 Adults with long term conditions living independently and achieving their full potential	0	4	3	4	11
7. Support older people to live independently with dignity whilst reducing the need for care & support	1	1	1	7	10
8 Preventing early death and improving quality of life in later years	0	1	2	4	7
9. Preventing chronic disease through tackling obesity	0	1	0	2	3
10. Tackling the broader determinants of health through better housing and preventing homelessness	1	0	0	5	6
11. Preventing infectious disease through immunisation	0	0	0	4	4
Total	10	10	11	32	63

3. **Recommendation:** The Health and Wellbeing Board is recommended to hold members to account for performance against key indicators. Those indicators that are currently rated Red are listed in detail below.

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 with Child and Adolescent Health Services (CAMHS). 75% of children will receive their first appointment within 12 weeks of referral by the end 2017/18.

- b. Narrowing the gap for our most disadvantaged and vulnerable groups
 - i. 2.3 Ensure that the attainment of pupils with Special Educational Needs and Disability (SEND) but no statement or Education Health and Care Plan is in line with the national average.
 - ii. 2.6 Reduce the number of children and young people placed out of county and not in neighbouring authorities
- c. Keeping children and young people safe
 - i. 3.4 Reduce the number of children subject of a child protection plan
 - ii. 3.5 Reduce the number of hospital admissions caused by unintentional and deliberate injuries in young people aged 0-14 (Public Health measure number 2.07i) to the national level
 - iii. 3.6 Reduce the current number of looked after children
- d. Raising achievement for all children and young people
 - i. none
- e. Working together to improve quality and value for money in the Health and Social Care System
 - i. 5.2 Increase the percentage of people waiting a total time of less than 4 hours in A&E.
 - ii. 5.4 Reduce the number of people placed out of county into care homes by social care
- f. Adults with long term conditions living independently and achieving their full potential
 - i. none
- g. Support older people to live independently with dignity whilst reducing the need for care and support
 - i. 7.2 Reduce the number of older people placed in a care home from 11.25 per week in 2016/17 to 11 per week for 2017/18
- h. Preventing early death and improving quality of life in later years
 - i. none
- i. Preventing chronic disease through tackling obesity
 - i. none
- j. Tackling the broader determinants of health through better housing and preventing homelessness
 - i. 10.4 Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2016-17 (baseline 79)
- k. Preventing infectious disease through immunisation
 - i. none

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Oxfordshire Health and Wellbeing Board
Performance Report

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

Measure	Tgt	Baseline	Q1		Q2		Q3		Q4		Comment
			Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
1.1 Waiting times for first appointment with Child and Adolescent Health Services (CAMHS). 75% of children will receive their first appointment within 12 weeks of referral by the end 2017/18.	75%	68% (16/17)	53 %	R	45%	R	66%	R			The service continues to face high levels of demand. An action plan has been put in place by the provider (Oxford Health) which is routinely reviewed in contract meetings with the commissioned (CCG). Detailed updates have been provided to both the Children's Trust and its Performance and Quality Assurance sub group.

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

Measure	Tgt	Baseline	Q1		Q2		Q3		Q4		Comment
			Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
2.1 Reduce the proportion of children with Special Educational Needs and Disability (SEND) with at least one fixed term exclusion in the academic year.	<6.7%	7.1% 15/16	8.3% (terms 1-6 16/17 ac yr)	R			3.9%	A			Rag Q1 updated. Terms 1&2 (17-18 academic year) showing under Q3 – fig expected to increase.
2.2 Increase the proportion of children with a disability who are eligible for free school meals who are accessing short breaks services.	>42%	57% 16/17	53%	G	55%	G	53%	G			
2.3 Ensure that the attainment of pupils with Special Educational Needs and Disability (SEND) but no statement or Education Health and Care Plan is in line with the national average. * Key Stage 2 * Key Stage 4	16% 36.2	No baseline	9% KS2 32.8 KS4 (15/1 6)	R			17% KS2 28.5 KS4 (16/1 7)	R			KS2 fig (% SEN support pupils reaching at least the expected standard in reading writing and maths 16/17 academic year <ul style="list-style-type: none"> Oxon =17%, National - 21%. 7 th of our 12 statistical neighbours KS4 fig (Average point score of SEN support pupils 16/17 academic year) <ul style="list-style-type: none"> Oxon = 28.5, National = 31.9. Oxfordshire is ranked bottom out of statistical neighbours
2.4 Reduce the persistent absence of children subject to a Child In Need plan.	<28%	30.4% 16/17									
2.5 Reduce the persistent absence of children subject to a Child Protection plan.	<29%	30.3% 16/17									

<p>2.6 Reduce the number placed out of county and not in a neighbouring authority from 77 to 60</p>	<p>60 (9.8%)</p>	<p>118 17.5%</p>	<p>132 19%</p>	<p>R</p>	<p>139 20%</p>	<p>R</p>	<p>146 20.6 %</p>	<p>R</p>		<p>as at 31/12/17 figure includes: 8 children placed for adoption 1 child in a secure unit 39 children placed in Children's Homes 2 placed with own parents 5 children placed in independent living 13 children placed in a kinship placement 76 children placed with other foster carer 1 child in residential school 1 mother and baby placements</p>
<p>2.7 Increase the % of care leavers who are in employment, education and training (17-21)</p>	<p>50%</p>	<p>48%</p>					<p>64%</p>	<p>G</p>		

Priority Three: Keeping children and young people safe (select measures from the OSCB dataset)

Measure	Tgt	Baseline	Q1		Q2		Q3		Q4		Comment
			Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
3.1 Monitor the number of child victims of crime	Monitoring only	2189 16/17	604		1138		1658				Last year the figure was 1680 in quarter 3. A child victim of crime is anyone aged 17 and under who has reported to the police that they have been a victim of any crime.
3.2 Number of children missing from home	Monitoring only	2105	304		1052		1599				Last year the figure was 1022 in quarter 2
3.3 Reduce the number of social care referrals to the level of our statistical neighbours	6852	7066	1679	R	3151	G	4812	G			(Target amended to reflect publication of latest figures for statistical neighbours)
3.4 Reduce the number of children subject of a child protection plan	595	607	585	G	657	R	651	R			Child protection numbers are 7% more than the start of the year. Target amended to reflect latest comparative figures
3.5 Reduce the number of hospital admissions caused by unintentional and deliberate injuries in young people aged 0-14 (Public Health measure number 2.07i) to the national level	109.6	108	123.7	R	116.3	R	101.8	R			
3.6 Safely reduce the number of looked after children	700	667	691	R	701	R	710	A			Target amended based on latest comparative figures and realigned budget At the end of quarter 3 the number of looked after children was rising, but by March 1 had dropped to 671 0 virtually where it was at the start of the year. 52% of children becoming looked after in Q3 had been previously looked after or subject of a child protection plan within 12 months of becoming looked after

Priority Four: Raising achievement for all children and young people

Measure	Tgt	Baseline	Q1		Q2		Q3		Q4		Comment
			Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
4.1 Improve the disadvantaged attainment gap at all key stages and aim to be in line with the national average by 2018 and in the top 25% of local authorities. * Key Stage 2 * Key Stage 4	To be top quartile	31% KS2 15pts KS4					26%- KS2	A			KS2 Oxfordshire gap 26% pts compared National gap 20% pts. Oxfordshire is in the 3 rd quartile nationally. KS4 disadvantage average point score gap in Oxfordshire is 14.9pts. This places the County 5 th out of statistical neighbours and in the 3 rd quartile nationally.
4.2 69% of children in early years & foundation stage reaching a good level of development, Early Years Foundation Stage Profile placing Oxfordshire in the top quartile of local authorities. Baseline is 66% from 2015.	69%	70%					73%	G			Annual Figure - available in public domain in November

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

	Target	Baseline	Q1		Q2		Q3		Q4		Comment
			Fig	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
5.1 Reduce the number of avoidable emergency admissions for acute conditions that should not usually require hospital admission for people of all ages	< baseline	524	511	G							Q2 and Q3 not yet available
5.2 Increase the percentage of people waiting a total time of less than 4 hours in A&E. Target 95 %.	95%	86%	87.5	R	84.8	R	83.4 %	R			
5.3 Reduce the average length of “days delay” for people discharged from hospital to care homes	310	762	632	A	529	G	430	G			Agreed trajectory (BCF plan 31/7): Aug 558, Sep 480; Oct 434; Nov 434, Dec 434, Jan 403, Feb 336, Mar 310. Actual July: 622; Aug: 529 Sep data not yet available. Marked as on target as latest figures (August) are on target. Note measure amended to align with revised BCF
5.3a Validated local position of CCG on average length of days delay for locally registered people discharged from hospital to care homes											New indicator
5.4 Reduce the number of people placed out of county into care homes by social care	<306	306	302	G	299	G	307	R			
5.6 Ensure the proportion of (all) providers described as outstanding or good by CQC remains above the national average	> 81%	84%	87.5	G	89.4	G	90%	G			See table below for breakdown by provider
5.7 Ensure the proportion of people who use services who feel safe remains above the national average	> 69%	73.3		G		G		G			

CQC ratings by Provider Type as at 1-1-18

CQC rating as at 1-1-18	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	6	5%	2%	6	7%	2%	1	17%	12%	1	14%	6%	3	4%	5%
Good	93	78%	77%	81	88%	82%	5	83%	70%	3	43%	45%	66	94%	91%
Requires Improvement	16	13%	19%	4	4%	15%	0	0%	17%	3	43%	45%	0	0%	4%
Inadequate	4	3%	2%	1	1%	1%	0	0%	1%	0	0%	4%	1	1%	1%

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	Baseline	Q1		Q2		Q3		Q4		Comment
			Fig	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
6.1 Increase the number of people with mild to moderate mental illness accessing psychological therapies, with a focus on people with long-term physical health conditions	17%	16.5	16.5	A	16%	A	17% (Oct)	A			Latest data is available for October 2017
6.2 Reduce the number of people with severe mental illness accessing Emergency Departments in acute hospital for treatment for their mental illness	tbc	tbc									This is a measure that is provided in the outcomes based contract: we do not have the baseline confirmed yet: performance will be measured from 1/10/17 annual review of contract.
6.3 Reduce the use of s136 Mental Health Act 1983 so that fewer people are detained in police cells when they are unwell: 6.3.1 Reduction in the use of s136 (number for 16/17)	tbc	266	76		130		185				This measure is in 3 parts: Adults JMG will confirm the trajectory in Dec.
6.3.2 People on s135/6 detained in police cells is a never event (number of people detained in police cell)		4	0		0		0				
6.3.3. Person is in health based place of safety (HBPOS) for no longer than 24hours (number of people in HBPOS for >24 hours)		5	0		3		5				
6.4 Reduce the number of deaths by suicides	< baseline	9.4					8.7 (2014-16)	G			Baseline is 2013-15 3 year average rate per 100k. The target tbc at Adult JMG Dec. It will be an annual measure-Q1 and Q2 is N/A.
6.5 Increase the number of people with severe mental illness in employment	16.5%	16.5%	18%	G	18%	G	18%	G			
6.6 Increase the number of people with severe mental illness in settled accommodation	70%	70%	80%	G	79%	G	71%	A			
6.7 Increase the number of people with learning disability having annual health checks in primary	75%	n/a	n/a		n/a		63%	A			This is a locally derived number which cannot routinely be produced.

care to 75% of all registered patients by 2019										
6.8 Reduce the number of people with learning disabilities and/or autism admitted to specialist in-patient beds to 11 by Q4 17/18 and 9 by Q4 18/19	11	16	12	G	16	R	15	A		
6.9 Reduce the number of people with learning disability and/or autism placed/living out of county	< 182	182	179	G	181	G	179	G		
<p>This measure has been extended to monitor the NHSE Transforming Care Plan target in relation to people with learning disability and/or autism. The current performance is skewed as it includes 4 patients who are on s17 leave from their in-patient bed but who have to be counted for these purposes. There are a number of discharges planned for Q3.</p>										

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

	Target	Baseline	Q1		Q2		Q3		Q4		Comment
			Fig	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
7.1 The number of home care hours purchased per week	Monitoring only	22,284	22,368		22,163		21,813				
7.2 Reduce the number of older people placed in a care home from 11.25 per week in 2016/17 to 11 per week for 2017/18	11	11.25	13	R	12.8	R	14.1	R			
7.3 Reduce the number of permanent admissions to care homes per 100k of population	469	480	554		546		636				
7.4 70% of people who receive reablement need no ongoing support (defined as no Council-funded long term service excluding low level preventative service).	70%	68%	56%	R	51%		51%				We are reviewing this target as we have a discharge to assess pathway and all people returning home are expected to go through this service. The 70% target is based on national benchmarks including people without a discharge to assess model. We will look to move to target which identifies how much we reduce the amount of care needed as people are supported to become more independent.
7.5 Increase in the number of people still at home 90 days post reablement	83%	80%									Figure available annually only
7.6 Reduce the beds days lost to delays in Oxfordshire from an average of 181 in March 2017	87	181	214	R	118	G	105	A			

to an average of 97 in November and 83 by March 2018										
7.7 Reduce the average number of weekly delays attributable to the HART service from 65 in March 2017 to 41 in November and 35 in March 2018	35	65	n/a		41	G	34	G		
7.8 Reduce the average overall length of stay in health funded beds from hospital admission to final destination										OCCG seeking to measure monitor patients length of stay through the bed-based pathway: if this cannot be resolved by Dec JMG will propose alternative measure or will use the acute and community hospital
7.9 Increase the number of carers receiving a social care assessment	6000	5609	865	R	1834		2659			We are reviewing this target in the light of feedback from carers. The assessment is not the most important thing for carers. IN the recent carers survey older carers were more likely to have accessed information and advice and more likely to rate advice as helpful
7.10 100% of patients with dementia are registered with GPs and live in Oxfordshire are known to the Dementia Support Service										We are working with GPs and Age UK (who run the dementia support service) to find a way to monitor this. If this cannot be resolved by Dec JMG will propose alternative measure.

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

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
8.1	At least 60% of those sent bowel screening packs will complete and return them (aged 60-74 years) - and adequately screened	60%	58.3%		0%		0%		0%		Data at least six months in arrears.
8.2	At least 95% of the eligible population 40-74 will have been invited for a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 80%	95% over 5-year period Q1 84%, Q2 88%, Q3 92%, Q4 95%	85.2%	G	90.7%	G	95.1%	G	0%		All CCG localities are above 80% (Oxford City has lowest proportion offered at 89.8%)
8.3	At least 45% of the eligible population 40-74 will have received a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 40%.	45% over 5-year period Q1 42%, Q2 43%, Q3 44%, Q4 45%	42.3%	A	44.7%	G	47.3%	G	0.0%		CCG localities are above 40%. Ranges from Oxford City 40.1% to North Oxfordshire 51.6%
8.4	Rate of successful quitters per 100,000 smokers aged 18+ should exceed the baseline set in 2017-18	>2315	2432	G	2159	A	2219	A	0		
8.5	The number of women smoking in pregnancy should remain below 8% recorded at time of delivery	<8%	8.0%	G	7.5%	G	0.0%		0.0%		-
8.6	Oxfordshire performance for the proportion of opiate users who successfully complete treatment.	>6.8%	7.3%	G	8.4%	G	0.0%		0.0%		
8.7	Oxfordshire performance for the proportion of non-opiate users who successfully complete treatment	>37.3%	44.6%	G	45.6%	G	0.0%		0.0%		-

Priority 9: Preventing chronic disease through tackling obesity

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
9.1	Ensure that obesity level in Year 6 children is held at below 16% (in 2016 this was 16.0%) No district population should record more than 19% (NCMP)	<=16%					16.9%	A			Cherwell 18.8%; Oxford 21.3%; South Oxfordshire 12.9%; Vale of White Horse 16%; West Oxfordshire 14.7%
9.2	Reduce by 0.5% the percentage of adults classified as "inactive" (Oxfordshire baseline Nov 2016 of 17%).	Reduce by 0.5% from baseline (17%)					0.0%				Nov. 18 next release (note change of definition from 16+ to 19+)
9.3	63% of babies are breastfed at 6-8 weeks of age (county). KEEP UNDER SURVEILLANCE IN 2017/18	63%	60.1%		62.3%		59.8%		0.0%		There has been a slight decline in breastfeeding at 6-8 weeks in the recent Quarter (Q3)

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

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
10.1	The number of households in temporary accommodation on 31 March 2018 should be no greater than level reported in March 2017 (baseline 161 households in Oxfordshire 2016-17).	≥161			180	R			0		Please see breakdown of housing data
10.2	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.3% in 2016-17)	≥75%	85.6%	G	83.1%	G	0.0%		0.0%		
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 80% in 2016-17).	80%			80.0%	G			0%		
10.4	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2016-17 (baseline 79)	≥79					117	R			Please see exception report by HSAG
10.5	At least 70% of young people leaving supported housing services will have positive outcomes in 2017-18	≤70% Aspire 95%			63.1%	A	0.0%		0.0%		Q1+Q2 combined
10.6	At least 1430 residents are helped per year over the next 4 years where building based measures account for 25% of those interventions by the final year. KEEP UNDER SURVEILLANCE in 2017/18	NO TARGET							0		

Priority 11: Preventing infectious disease through immunisation

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
11.1	1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 94.6%) No CCG locality should perform below 94%	95%	95.0%	G	94.6%	A	0.0%		0.0%		North Oxfordshire 92% in Q1
11.2	2 At least 95% children receive dose 2 of MMR (measles, mumps, rubella) vaccination by age 5 (currently 93.1%) No CCG locality should perform below 94%	95%	93.6%	A	93.6%	A	0.0%		0.0%		Oxford City 91.5% & South West 93.9% in Q1
11.3	At least 55% of people aged under 65 in "risk groups" receive flu vaccination	≥ 55%							0.0%		
11.4	At least 90% of young women to receive both doses of HPV vaccination. KEEP UNDER SURVEILLANCE in 2017/18	≥ 90%							0%		Data available annually for school year Sept-Aug so published after September.