

Oxfordshire Health & Wellbeing Board – 23 March 2017 Performance Report 2016/17

Introduction

1. Annex 1 shows 2016/7 performance for all priorities in the Health & Wellbeing strategy for quarters 1-3 (for priorities 1-7) and quarters 1 and 2 (priorities 8-11). 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. The Children's Trust has completed a review of its roles and functions and has amended the datasets associated with priorities 1-4. The proposed revised dataset is included in annex 1. Additionally an annual summary of all attainment indicators that monitor in part how we are raising achievements for all children and young people is included for information in annex 2.

Summary

3. The table on the next page summarises performance on each priority. In total 55 measures are reported, with 41 rated. 14 (34%) are on target, with 12 (32%) rated amber and 12 (32%) rated red. Looking across all the measures, performance is falling with half or more of the measures that are rated failing to meet their target for priorities 1, 3, 4, 5, 7, 8, 9 and 11.
4. The measures where most indicators rated are showing as green (indicating better performance) are:
 - 2. Narrowing the gap for our most disadvantaged and vulnerable groups
 - 6 Adults with long term conditions living independently and achieving their full potential
 - 10. Tacking the broader determinants of health through better housing and preventing homelessness
5. A key driver in failure to meet targets is related to increased activity across the system e.g. children entering the social care system; increased emergency admissions to hospital of all ages and the consequent pressures this puts on the system.

	Red	Amber	Green	Not Rated	Total
1. Ensuring children have a healthy start in life and stay healthy into adulthood	0	1	0	0	1
2. Narrowing the gap for our most disadvantaged and vulnerable groups	1	0	3	3	7
3. Keeping children and young people safe	3	1	0	2	6
4. Raising achievements for all children and young people	1	0	1	0	2
5. Working together to improve quality and value for money in the Health and Social Care System	3	1	1	1	6
6 Adults with long term conditions living independently and achieving their full potential	0	0	4	2	6
7. Support older people to live independently with dignity whilst reducing the need for care & support	2	3	1	1	7
8 Preventing early death and improving quality of life in later years	3	3	1	0	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	0	1	3	2	6
11. Preventing infectious disease through immunisation	0	2	0	2	4
Total	13	13	14	15	55

6. The individual indicators rated as red are:

- a. Ensuring children have a healthy start in life and stay healthy into adulthood
 - i. none
- b. Narrowing the gap for our most disadvantaged and vulnerable groups
 - i. 2.6 Reduce the number of children and young people placed out of county and not in neighbouring authorities from 77 to 60
- c. Keeping children and young people safe
 - i. 3.3 Reduce the number of social care referrals to the level of our statistical neighbours
 - ii. 3.4 Reduce the number of children subject of a child protection plan
 - iii. 3.6 Maintain the current number of looked after children
- d. Raising achievement for all children and young people
 - i. 4.1 Improve the disadvantage 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)
- e. Working together to improve quality and value for money in the Health and Social Care System
 - i. 5.2 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages
 - ii. 5.5 Increase the percentage of people waiting a total time of less than 4 hours in A&E.
 - iii. 5.6 Increase the percentage of people waiting less than 18 weeks for treatment following a referral

- 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. 7.1 Reduce the number of people delayed in hospital from current level of 136 in April 2016 to 102 in December 2016 and 73 in March 2017
 - ii. 7.6 75% of people who receive reablement need no ongoing support
 - h. Preventing early death and improving quality of life in later years
 - i. 8.3 Take-up of invitation for NHS Health Checks should exceed national average (2015-16 = 51.7% nationally) and aspire to 55% in year ahead. No CCG locality should record less than 50%.
 - ii. 8.4 Number of people quitting smoking for at least 4 weeks should exceed 2015-16 baseline by at least 10% (15-16 baseline = 1923)
 - iii. 8.7 Number of users on NON-OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.
 - i. Preventing chronic disease through tackling obesity
 - i. none
 - j. Tackling the broader determinants of health through better housing and preventing homelessness
 - i. none
 - k. Preventing infectious disease through immunisation
 - i. None
7. A separate dashboard showing a summary of the key attainment indicators is attached as Annex 2. The ambition of the Education Strategy 2015-18 is that by 2018 Oxfordshire will be amongst the highest performing local authorities (top quartile nationally) for each measure. The annual targets have therefore been set with this ambition in mind. There are 16 annually reported performance indicators, of these:
- only 2 met the 2016 target (Early Years and Foundation stage and Progress KS1-2 reading)
 - 2 are rated AMBER i.e. performance was in the 2nd quartile nationally (broadly in line with national) – these were both key stage 4 indicators
 - 12 are rated RED

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March 2017

Oxfordshire Health and Wellbeing Board
Performance Report

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

Measure	OSCB	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 2016/17.	Y	75%	54% (15/16)	29	R	47	R	70	A			

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

Measure	OSCB	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%	5.1% 14/15	7.1%	R			4%	G			Q3 fig. is for terms 1-2 16/17
2.2 Increase the proportion of children with a disability who are eligible for free school meals who are accessing short breaks services.		>42%	41.9% 15/16	44%	G	44%	G	46%	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		tbc	No baseline					9%	G			
2.4 Reduce the persistent absence of children subject to a Child In Need plan.		<18%	18% 15/16									Annual Figure available in March 2017
2.5 Reduce the persistent absence of children subject to a Child Protection plan.		<17%	17% 15/16									Annual Figure available in March 2017
2.6 Reduce the number placed out of county and not in a neighbouring authority from 77 to 60	Y	60 (9.8%)	77 12.6%	87 14%	R	80 13%	R	104 16%	R			Driven by an increase in looked after numbers.
2.7 Increase the % of care leavers who are in employment, education and training	Y	49.1%	49.1%									Calculated annually

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

Measure	OSCB	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: baseline 15/16 2,094	Y	Monitoring only	2094 15/16	613		1126		1649				6% increase in children as victims of crime compared to the same period last year
3.2 Number of children missing from home; baseline 817	Y	Monitoring only	1933	495		1022		1610				9% increase children reported as missing
3.3 Reduce the number of social care referrals to the level of our statistical neighbours	Y	6151	5,612	1626	R	3154	R	4981	R			18% increase in referrals when target was to reduce
3.4 Reduce the number of children subject of a child protection plan	Y	500	569	551	A	563	R	605	R			Child protection numbers are 6% higher than the start of the year
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	Y	109.6				118.1	R	110.7	A			Figures to the end of Oct 16
3.6 Maintain the current number of looked after children	Y	600	609	622	R	643	R	651	R			7% increase in looked after figures

Priority Four: Raising achievement for all children and young people

Monitoring Education Strategy measures:

Measure	OSCB	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			New measure					31%	R			KS2 Oxfordshire gap 31% pts compared National gap 21% pts. Oxfordshire is in the bottom quartile (lowest 25%) nationally. KS4 figures available end Jan 2017.
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%	66%			70%	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	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		G			
5.2 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages	997		R	1,105	R	1145 (end Nov)	R			Currently there is significant pressure on non-elective admissions overall driven by the increased number of people presenting at Emergency Department.
5.3 Increase the number of carers receiving a social care assessment from 7,036 in 2015/16 to 7,500 in 2016/17.	7,500	nya		2,430	A	3205	A			
5.4 Increase % carers who are extremely or very satisfied with support or services received. 43.8 % baseline from 2014 Carers survey.	> 44%									Based on a national survey of informal carers of social care service users.
5.5 Increase the percentage of people waiting a total time of less than 4 hours in A&E.	95%	83.5%	R	86.6%	R	86.5%	R			A detailed A&E Improvement Plan has been jointly agreed and is managed through the A&E Delivery Board. Initiatives include: staffing review; development of a clinical coordination centre; providing increased clinical support to primary care and paramedics both in-hours and during the out-of-hours period via existing on-call arrangements and increased capacity to support Ambulatory Care Pathways – increasing emphasis on supporting patients at home wherever possible.
5.6 Increase the percentage of people waiting less than 18 weeks for treatment following a referral	92%	92.2%	G	81.7%	R	80.5%	R			This figure is the overall position for all providers across all specialities. There has been under performance in a number of specialities which has caused the numbers to dip below target in the second quarter.

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	2801	G	12949	G	27631 to end Oct	G			
6.2 15 % of patients with common mental health disorders, primarily anxiety and depression with access to treatment.	15%	15.9%	G	16%	G	15.5% (end Oct)	G			
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%	50.6%	G	51.1%	G	50.7% (end Sep)	G			
6.4 At least 60% of people with learning disabilities will have an annual physical health check by their GP.	60%	nya		nya		Nya				
6.5 Increase the employment rate amongst people with mental illness.	16.75%	20%	G	19.7%	G	17% (end Dec)	G			
6.6 Reduce the number of assessment and treatment hospital admissions for adults with a learning disability to 6 or fewer	6		G							National reporting guidance against the transforming care requirements now includes people in forensic placements and people with autism. We are revising the measure to and target to include this category.

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

	Target	Q1		Q2		Q3		Jan 2017		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 current level of 136 in April 2016 to 102 in December 2016 and 73 in March 2017.	73	110	G	119	R	128	R			Delays at the end of December were 5% higher than the same time last year in Oxfordshire, compared with 27% increase nationally. However delays have risen in the last quarter and are not on target. A whole system plan to manage delays is co-ordinated by a multi agency A&E delivery board and includes actions to improve both capacity and processes.
7.2 Reduce the number of older people placed in a care home from 12 per week in 2015/16 to 11 per week for 2016/17.	11	13	R	12	A	12	A			
7.3 Increase the proportion of older people with an on-going care package supported to live at home from 60% in April 2016 to 62% in April 2017	62%	60.4%	A	61.0%	A	59.9%	A			
7.4 66.7% of the expected population with dementia will have a recorded diagnosis	66.7%	66.3%	G	67.8%	G	67.4%	G			
7.5 Increasing the number of hours people are able to access the reablement pathway to 110,000 hours per year (2,115 per week) by April 2017.	2,115	832	R	775	R	950	A			A new hospital discharge contract began on October 1 st bringing together several existing services into a Discharge to Assess model. This will allow the service to deliver more care tailored to the needs of people whose final destination is to return home.
7.6 75% of people who receive reablement need no ongoing support.	75%	67%	A	65%	R	49%	R			This includes a new reablement pathway based on a model of the demand requirement to deliver a high performing system
7.7 Monitor the number of providers described as outstanding, good, requires improvement and inadequate by CQC.	See below									

Provider CQC Ratings (as reported 1/2/2017) 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	3	3%	1%	1	1%	2%	0	0%	11%	1	17%	6%	3	4%	4%
Good	91	78%	74%	64	80%	80%	4	80%	67%	3	50%	43%	58	81%	85%
Requires Improvement	21	18%	23%	14	18%	18%	1	20%	20%	2	33%	47%	11	15%	9%
Inadequate	1	1%	2%	1	1%	1%	0	0%	2%	0	0%	4%	0	0%	2%

CQC have rated the first care home in Oxfordshire as inadequate - it is Stowford House Care Home in Abingdon. This home is rated red on the council's own internal monitoring system due to safeguarding concerns.

There is also one social care provider at home provider in Oxfordshire rated as inadequate. This is Oasis home care. They had been rated as red on the council's internal monitoring for some time and we have no service users placed there. However they have private service users and some people using a direct payment are purchasing care from the company. The situation is being managed jointly between the Safeguarding Team and the Quality & Contracts Team in the county council, alongside the Care Quality Commission.

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%	59.1%	A	0%		0%		0%		Data six months in arrears.
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%	5.0%	R	10.2%	A	0.0%		0%		Most CCG Localities have similar % offered. West Oxfordshire is lowest and South East is highest.
8.3	Take-up of invitation for NHS Health Checks should exceed national average (2015-16 = 47.9% nationally) and aspire to 55% in year ahead. No CCG locality should record less than 50%.	>47.9% (Aspire 55%)	35.1%	R	40.8%	R	0.0%		0%		Uptake varies from 33% in North East to 50% in West Oxfordshire. NB: error recording national average at time of priority setting - figure for England 47.9% in 2015/16 (not 51.7%). Cumulative figure.
8.4	Number of people quitting smoking for at least 4 weeks should exceed 2015-16 baseline by at least 10% (15-16 baseline = 1923)	> 2115 by end year	551	G	978	R	0		0		
8.5	Mother smoking at time of delivery should decrease to below 8% - Oxfordshire CCG	<8%	7.8%	G	7.2%	G	0.0%		0.0%		-

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
8.6	Number of users of OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.	> 4.5% 5% end year (Aspire 6.8% long term)	4.6%	G	4.3%	A	0.0%		0.0%		
8.7	Number of users on NON-OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.	> 26.2% 30% end year (Aspire 37.3% long term)	20.8%	R	20.0%	R	0.0%		0.0%		-

Priority 9: Preventing chronic disease through tackling obesity

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
9.1	National Childhood Measurement Programme (NCMP) - obesity prevalence in Year 6.	<=16%									
9.2	Reduce by 0.5% the proportion of people who are NOT physically active for at least 30 minutes a week (baseline for Oxfordshire 21.9% Jan14-15)	Reduce by 0.5% from baseline (21.9%)	23.4%	A							Updated PHOF Aug 2016. This has been classed as "amber" as it remains significantly better than England (28.7%)
9.3	Babies breastfed at 6-8 weeks of age (County) No individual CCG locality should have a rate of less than 55%	63%	62.2%	A	61.7%	A	61.8%	A	0.0%		Trying to obtain these data at locality level (SL)

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
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
10.1	The number of households in temporary accommodation on 31 March 2017 should be no greater than level reported in March 2016 (baseline 190 households)	≥190			192	A			0		
10.2	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.2% 2015-16)	75%	85.1%	G	84%	G	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.	80%			86.4%	G			0%		
10.4	Increase the number of households in Oxfordshire who have received significant increases in 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	Needs a new target						0	0		
10.5	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 90 (2015)	≥90			79	G	0		0		
10.6	At least 70% of young people leaving supported housing services will have positive outcomes in 2016-17, aspiring to 95%	≤70% Aspire 95%					0%		0%		

Priority 11: Preventing infectious disease through immunisation

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
11.1	At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 years	95%	95.0%	G	94.5%	A	0.0%		0.0%		Data not available by CCG locality at present.
	No CCG locality should perform below 94%										
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 years	95%	93.4%	A	92.5%	A	0.0%		0.0%		Data not available by CCG locality at present.
	No CCG locality should perform below 94%										
11.3	Seasonal Flu <65 at risk (Oxfordshire CCG)	≥ 55%							0.0%		
11.4	HPV 12-13 years (Human papillomavirus) 2 doses	≥ 90%							0%		-

Education Quality Dashboard Targets 16/17

24/01/17

The ambition of the Education Strategy 2015-18 is that by 2018 Oxfordshire will be amongst the highest performing local authorities (top quartile nationally) for each measure. The annual targets have therefore been set with this ambition in mind.

	Indicator	Trend data		Target 16/17	RAG		Direction of Travel	Comparative data			Comment	
		14/15	15/16		2016 target	2018 target		Oxon	National average	SN Average		
		A1	EYFSP – % good level of development	2 nd Q	2 nd Q	Top Q 72%	G	G	↑	70%		69%
A2	Phonics – % expected standard	3 rd Q	3 rd Q	2 nd Q 83%	R	A	→	80%	81%	80% 6 th		
New indicators from 2016 so no baseline – target to be in top Q												
Raising Achievement	A3a	Key Stage 1 - % expect standard reading	New indicators from 2016	3 rd Q	2 nd Q 75%	R	A		74%	74%	75% 6 th	
	A3b	Key Stage 1 - % expected standard writing		4 th Q	2 nd Q 67%	R	R		62%	65%	64% 9 th	
	A3c	Key Stage 1 - % expected standard maths		3 rd Q	2 nd Q 74%	R	A		71%	73%	72% 7 th	
	A4	Key Stage 2 - % expected standard RWM		3 rd Q	2 nd Q 55%	R	A		52%	54%	54% 9 th	
	A5a	Progress KS1-2 Reading		Top Q	Top Q 0.7	G	G		0.6	0	0.1 3 rd	
	A5b	Progress KS1-2 Writing		4 th Q	3 rd Q -0.7	R	R		-1.2	0	-1.0 7 th	
	A5c	Progress KS1-2 Maths		3 rd Q	2 nd Q 0.2	R	A		-0.5	0	-0.8 4 th	
	A6a	KS4 – Attainment 8 score		2 nd Q	Top Q 51.5	A	G		50.4	50.1	52.0 11 th	Note this is average score NOT a %.
	A6b	KS4 – Progress 8 score		2 nd Q	Top Q 0.05	A	G		0.01	0	0.04 6 th	

Vulnerable group performance													
Narrowing the Gap	A7a	Free School Meal gap – EYFSP	3 rd Q	3 rd Q	2 nd Q -18	R	A			-23	-21	-22 5th	Gap narrowed slightly this year
	A7b	Disadvantaged gap – KS2		4 th Q	3 rd Q -26	R	R			-31%	-21%	-28 9th	Only 4 LAs have wider gaps
	A7c	Disadvantaged gap – KS4		4 th Q	3 rd Q -13.2	R	R			-15.0 pts	-12.3 pts	-13.7 10th	NB these are scores NOT %s
	A8a	SEN Support – KS2 attainment		4 th Q	3 rd Q 13%	R	R			9%	16%	14% 10th	Only 5 LAs have wider gaps
	A8b	SEN Support – KS4 attainment		4 th Q	3 rd Q 34.0	R	R			32.8 pts	36.2 pts	38.1 11th	NB these are scores NOT %s
RAG ratings against 2016 target (G=top Q, A=2 nd Q, G=3 rd /4 th Q) and likelihood of reaching 2018 target. SN comparisons (G=top Q, A= 2 nd /3 rd Q, R=4 th Q)													

'Disadvantaged pupils' are those who attract pupil premium funding, meaning pupils claiming free school meals at any point in the last six years and pupils in care, or who left care through adoption or another formal route. Evidence shows that the progress and achievement of disadvantaged pupils is normally lower than that of 'other' pupils

The disadvantaged gap is calculated as the difference between the attainment of disadvantaged pupils in the County compared to other pupils nationally.

Statistical Neighbours

- Bath & NE Somerset
- Bracknell Forest
- Buckinghamshire
- Cambridgeshire
- Gloucestershire
- Hampshire
- Hertfordshire
- West Berkshire
- West Sussex
- Wiltshire