

## Health & Wellbeing Board Performance Report 2016/17

### Introduction

1. Annex 1 shows performance for the priorities within the Health & Wellbeing strategy for 2016/17. 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. 55 measures are reported with 47 rated:
  - a. 24 (50%) hit their target,
  - b. 12 (25%) rated amber - not on target, but close to target
  - c. 12 (25%) rated red.
  
3. Looking across all the measures the priorities where fewest targets were met were
  - a. Priority 3: keeping children safe, where there was a considerable increase in use of services
  - b. Priority 4: Raising achievements for all children and young people which was reported in detail in the quarter 3 report to the Health and Wellbeing Board
  - c. Priority 5: Working together to improve quality and value for money in the Health and Social Care System where increased demand for health services has meant that some waiting times targets are not being met.

	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	3	0	4	0	7
3. Keeping children and young people safe	3	0	1	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	2	1	0	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	0	2	5	0	7
9. Preventing chronic disease through tackling obesity	0	1	2	0	3
10. Tackling the broader determinants of health through better housing and preventing homelessness	0	0	5	1	6
11. Preventing infectious disease through immunisation	0	3	0	1	4
<b>Total</b>	<b>12</b>	<b>12</b>	<b>24</b>	<b>7</b>	<b>55</b>

4. 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. 2.4 Reduce persistent absence of children subject to a child in need plan.
    - ii. 2.5 Reduce persistent absence of children subject to a child protection plan.
    - iii. 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. 3.3 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 to be in line with the national average by 2018 and in the top 25% of local authorities for 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
    - 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 73 in March 2017
    - ii. 7.5 Increasing the number of hours people are able to access the reablement pathway to 110,000 hours per year by April 2017.
  - 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. none
  - 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 2016/17.	75%	54% (15/16)	29	R	47	R	70	A	68	A	

**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%	5.1% 14/15	7.1%	R			4%	G	5.2%	G	Terms 1-4 academic year 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	57%	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%	G			KS2 fig. Oxon =9%, National - 16%. % SEN Support pupils reaching at least the expected standard in reading writing and maths - summer 15/16 ac. Yr. 10th of our statistical neighbours KS4 fig: Oxon = 32.8 pts, National = 36.2 pts. 11th of our statistical neighbours
2.4 Reduce the persistent absence of children subject to a Child In Need plan.	<18%	18% 15/16							30.4%	R	National figure=28.3%. Note: Definition of persistent absence changed from 15% of available sessions to 10%
2.5 Reduce the persistent absence of children subject to a Child Protection plan.	<17%	17% 15/16							30.3%	R	National figure=28.7%.
2.6 Reduce the number placed out of county and not in a neighbouring authority from 77 to 60	60 (9.8%)	77 12.6%	87 14%	R	80 13%	R	104 16%	R	118 17.5%	R	Driven by an increase in looked after numbers.
2.7 Increase the % of care leavers who are in employment, education and training (17-21)	49.1%	49.1%							51.1%	G	

**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	2094 15/16	613		1126		1649		2189		5% increase in children as victims of crime compared to the same period last year
3.2 Number of children missing from home	Monitoring only	817	273		468		649		798		2% drop in children reported as missing, but increase in missing episodes
3.3 Reduce the number of social care referrals to the level of our statistical neighbours	6151	5,612	1626	R	3154	R	4981	R	6658	R	19% increase in referrals when target was to reduce
3.4 Reduce the number of children subject of a child protection plan	500	569	551	A	563	R	605	R	607	R	Child protection numbers are 7% 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	109.6				118.1	R	110.7	A	101.3	G	Figures to the end of Feb 16
3.6 Maintain the current number of looked after children	600	609	622	R	643	R	651	R	667	R	10% increase in looked after figures

**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	New measure					31% KS2 15pts KS4	R			KS2 Oxfordshire gap 31% pts compared National gap 21% pts. Oxfordshire is in the bottom quartile (lowest 25%) nationally. KS4 Oxon 15 pts compared to 12.3 nationally. This means that disadvantaged pupils achieve 1.5 GCSE grades lower than non-disadvantaged pupils nationally. Oxon in bottom 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%	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		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	1202 (end Feb)	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	5609	A	Target was set when we expected funding reforms to have been implemented in adult social care, which would have encouraged carers to come forward for an assessment
5.4 Increase % carers who are extremely or very satisfied with support or services received. 43.8 % baseline from 2014 Carers survey.	> 44%							39%	A	Satisfaction fell amongst carers. A detailed analysis was undertaken. Some of the concern relates to national concerns and some local
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	86.1%	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	78.9%	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	G	41273	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	15% (end Jan)	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	51%	G	51%	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		nya		
6.5 Increase the employment rate amongst people with mental illness.	16.75%	20%	G	19.7%	G	17%	G	20%	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	192	R	Delays reduced in the first 6 months of the year, but subsequently rose. 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	11	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	59%	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	67.7%	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	1246	R	A new hospital discharge contract began on October 1 <sup>st</sup> 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	68%	A	
7.7 Monitor the number of providers described as outstanding, good, requires improvement and inadequate by CQC.	See below									

**Provider CQC Ratings (as reported 10/5/2017) 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%	1	17%	11%	1	14%	6%	3	4%	4%
Good	97	84%	74%	69	85%	81%	4	67%	68%	3	43%	44%	60	85%	86%
Requires Improvement	15	13%	23%	10	12%	16%	1	17%	19%	3	43%	46%	8	11%	8%
Inadequate	1	1%	2%	1	1%	4%	0	0%	2%	0	0%	4%	0	0%	2%

**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	60%	G	59%	A			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	14.4%	G	18%	G	All CCG localities over 15%
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	44.7%	G	51.5%	G	Some localities above 50% North 60%, South West 56.3%, South East 54.2%  Some below 50%. West 48.3%, North East 46.2%, Oxford City 45%
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	1471	A	2037	A	
8.5	Mother smoking at time of delivery should decrease to below 8% - Oxfordshire CCG	<8%	7.8%	G	7.2%	G	7.8%	G	8.0%	G	
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 yr (Aspire 6.8% long term)	4.6%	G	4.3%	A	6.1%	G	7.0%	G	
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 yr (Aspire 37.3% long term)	20.8%	R	20.0%	R	31.6%	G	44.3%	G	

**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%					16.0%	G			2015/16 - Inequalities across the county - Cherwell 17% and Oxford City 20%
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%)					17.5%	G			Updated from Active Lives Survey (Nov - Nov 16). Cherwell 21.7% and West Oxon 22% PLEASE NOTE CHANGE IN METHODOLOGY MEANS NOT DIRECTLY COMPARABLE TO DATA FROM ACTIVE PEOPLE SURVEY
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	62.5%	A	Q4 - South West Oxfordshire and West Oxfordshire localities <55%. All others are higher - South East and Oxford City localities >70%

**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			161	G	
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	84.2%	G	85.4%	G	87.3%	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.	80%			86.4%	G			80%	G	
10.4	Through the work of the Affordable Warmth Network, 1430 residents will receive help, support or information to improve fuel poverty, with an aspiration that, by 2020, 25% of the interventions will be building based improvements to energy efficiency.	1430 residents							0		New indicator agreed at HIB Feb 2017. Data will be available for Q4 (and Q2 in 2017/18)
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			
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%					73.2%	G	70.7%	G	Sum of all four quarters shown for Q4

**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	94.6%	A	94.8%	A	Oxford City and North Oxfordshire localities are below 94% in Q4
	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	93.1%	A	92.6%	A	Oxford City, S E Oxfordshire and West Oxfordshire localities below 94% in Q4
	No CCG locality should perform below 94%										
11.3	Seasonal Flu <65 at risk (Oxfordshire CCG)	≥ 55%							52.4%	A	
11.4	HPV 12-13 yrs (Human papillomavirus) 2 doses	≥ 90%							0%		Data available annually for school year Sept-Aug so published after September.