

Health & Wellbeing Board Performance Report 2015/16

Introduction

1. Annex 1 shows 2015/6 performance 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 in the annual education report. 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 64 measures are reported, with 53 rated. 29 (55%) hit their target, with 6 (11%) rated amber and 18 (34%) rated red. Looking across all the measures performance is good, with more than half the measures hitting their target for priorities 2, 3, 5, 6, 9 and 10. However in the following priorities half or more measures are missed the target:
 - 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	1	0	2
2. Narrowing the gap for our most disadvantaged and vulnerable groups	1	1	5	1	8
3. Keeping children and young people safe	1	0	4	3	8
5. Working together to improve quality and value for money in the Health and Social Care System	2	0	4	2	8
6 Adults with long term conditions living independently and achieving their full potential	1	0	6	1	8
7. Support older people to live independently with dignity whilst reducing the need for care & support	5	2	1	2	10
8 Preventing early death and improving quality of life in later years	4	1	2	0	7
9. Preventing chronic disease through tackling obesity	0	2	1	0	3
10. Tackling the broader determinants of health through better housing and preventing homelessness	1	0	4	1	6
11. Preventing infectious disease through immunisation	2	0	1	1	4
Total	18	6	29	11	64

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. 2.8 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)
 - 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
 - ii. 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%
 - 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. 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)
 - 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.
 - v. 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
 - 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. Preventing chronic disease through tackling obesity
 - i. none

- i. Tackling the broader determinants of health through better housing and preventing homelessness
 - i. 10.5 people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 70 (2014/15)
- j. 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%
 - ii. 11.3 At least 60% of people aged under 65 in “risk groups” receive flu vaccination (2014/15 = 51.9%)

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June 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	38%	R	46%	R	Report provided to children's trust. 34% increase in referrals in year. Over 4000 open cases with increasing complexity. There are national recruitment issues. Services are being remodelled on partnership with Barnardo's; specialist pathways are being developed including Specialist Eating Disorder, ASD / ADHD and School In-Reach
1.2 Support secondary schools to have a school health improvement plan which includes smoking, drug and alcohol initiatives.	100%							100%	G	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. Data expected by the end of the year
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	78	A	77	A	Increase in number of LAC means this is 12.6% of children. Includes 6 children placed for adoption
2.3 Reduce the level of care leavers not in employment, education or training	< 47%							45%	G	
2.4 Increase the number of young carers identified and worked with by 20% from 1801 at April 1, 2015 to 2161.	2190	1898 97 new	G	2037 236 new	G	2199 398 new	G	2281 480 new	G	480 new young carers identified. Currently 2281 on record. Increase of 26.65%. Revised baseline, target and figures included due to data cleansing
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	n/a		3.4%	A	4.1%	G	493/12026 (T1-4) 61% of excluded children are SEN
2.6 Increase the proportion of children with a disability who are accessing short breaks services who are eligible for school meals	24%	40%	G	30.0%	G	32%	G	42%	G	
2.7 Reduce the number of first time entrants to Youth Justice Service from 208 in the calendar year 2014	< 208					175	G			Figure for 2015
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	20	R	24	R	Data is YTD. Equates to 21% 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	48.6%	72.8%	G	72.2%	G	72%	G	72%	G	Data is YTD. Measure to be dropped going forward. Not helpful
3.2 Set a baseline for and then increase the proportion of specified outcomes that have been achieved in the child protection plan	48%	52%	G	42%	R	43%	R	42%	R	Significant decrease in the outcomes achieved. Data is YTD. Slight increase in Q3. Dropped this measure going forward as it provides conflicting data to 3.1 above
3.3 Increase the proportion of neglect cases where the neglect tool is used.										Concern raised in Q1. Data only includes tools recorded in social care. Group set up to review use of tool across organisations
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	143.7	R	123.9	G	112.0	G	110.7	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	111	G	146	G	98 primary & 48 secondary schools supported since March 31st 2015
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			79%	G	77%	G	

3.7 Female Genital Mutilation										Annual report produced and shared with OSCB; Safer Oxfordshire Partnership and Children's Trust
3.8 Monitor the proportion of MASH enquiries leading to a referral where information was shared with partner agencies.	32%	33.5%		31.9%		32%		34%		Proposed measure for next year Numbers of consultations at the FGM specialist clinic.

Priority Four: Raising achievement for all children and young people

The Annual Educational Attainment Report was discussed at the Children’s Trust meeting on 19th January

- 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.

Monitoring Education Strategy measures:

	No	RAG
Early Years, including:	66%	G
<ul style="list-style-type: none"> • 62% of children in early years & foundation stage reaching a good level of development 		
Levels of attainment and quality across all primary and secondary schools		
Closing the attainment gap, including:		
<ul style="list-style-type: none"> • Children eligible for Free School Meals <ul style="list-style-type: none"> ○ KS2 (%L4+RWM) 	22% (20% in 2014)	R
<ul style="list-style-type: none"> • Children eligible for Free School Meals <ul style="list-style-type: none"> ○ KS4 (%5+A*C GCSES inc EM) 	31% (34% in 2014)	G
<ul style="list-style-type: none"> • Children with Special Educational Needs Pupils with SEN but no statement/ EHC plan) <ul style="list-style-type: none"> ○ KS2 (%L4+RWM)- 	41% (2014 – 39%)	R
<ul style="list-style-type: none"> • Children with Special Educational Needs Pupils with SEN but no statement/ EHC plan) <ul style="list-style-type: none"> ○ KS4 (%5+A*C GCSES inc EM) 	15% (2014 – 15%)	A

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	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	15,969	R	16,281	R	17,677	R	17,649	R	<p>Figures to the end of Feb</p> <p>We continue to be challenged with regards to ambulatory care being recorded in the national reporting system (SUS) as Non Elective or emergency admissions</p> <p>As a consequence national data collections will include this activity and show an increase in emergency admissions compared to the baseline. We do however know that the number of NELs has not increased in line with what was expected.</p>
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	17,233 +	G	17,233 +	G	Target already exceeded. Figure not available in new system.
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	4,904	G	7,036	G	Target met
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		1,306		2,024		<p>Figure is below target due to unforeseen consequence of the Care Act.</p> <p>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</p>

										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	90.6	A	88.2	R	78.9	R	This has been a very difficult time with increased flow and levels of patient acuity. There are a number of initiatives in place to support this measure, such as extended capacity in Ambulatory Units, better coordinated system-wide bed management, and more capacity in Intermediate Care beds and care home placements. A recent Perfect Week has made a number of recommendations to support the improvement of increased flow through the system in general and ED in particular.
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%	89.0%	A	87.2%	A	86.9%	A	93.7%	G	The 18 week waits from GP referral to treatment (RTT) targets have combined for 2015 / 16; OCCG reports on those admitted and non-admitted patients who have started their treatment within 18 week. The standard of 92% has been met with 93.7% of patients starting their treatment within 18 weeks of referral over the past year with Q4 achievement being 93%.
<ul style="list-style-type: none"> Non-admitted patients target 95% 	95%	95.9%	G	96.0%	G	94.8%	A			
<ul style="list-style-type: none"> Of patients who do not complete the pathway target 92% 	92%	94.2%	G	93.6%	G	93.6%	G			

<p>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</p>		<p>An annual report covering the number of complaints, key issues and how we have responded will be provided</p>
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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	28,220	G	Nya	G	Target exceeded by Q3
6.2 15% of patients with common mental health disorders, primarily anxiety and depression will access treatment	15%	14.6	A	14.4	A	17%	G	18%	G	Total for the year is 16%.
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	47%	R	51%	G	A new contract for an extended IAPT service commenced on 1 April 16. The service is now known as TalkingSpace PLUS and brings together the current Oxford Health, PML and Oxfordshire Mind services. The providers have worked hard through the transition to the new model to ensure they achieve KPIs and the CCG is assured this will be sustained into 2016/17. Total year-end figures reflect this with access at 16% and recovery at 51%
6.4 At least 60% of people with learning disabilities will have an annual physical health check by their GP	60%							33%		Oxon average 33% against a national average of 35%, 3 localities above the average and 3 below. Target and action plan to be reviewed in light of the national figure
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	999	R	938	G	1,092	R	1,092	R	Oxfordshire continues to develop its Ambulatory Care Pathways within both the acute and community settings. Recently, we have had further increase of capacity in the acute with the opening of the new Adams Ambulatory Unit and

										increased staffing capacity. Therefore we expect more patients with the appropriate conditions to be managed through an ambulatory pathway.
6.6 Increase the employment rate amongst people with mental illness from a baseline of 9.9% in 2013/14	9.9%	16.9%	G	15.6%	G	19.3	G	17.6	G	On track
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		G		G	Target exceeded
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.	0		G		G		G		G	All cases tracked on individual bases and exceptions agreed

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	167	R	153	R	<p>The <i>Rebalancing the System</i> initiative commenced in December 2015. Current performance has to be seen in the context of over 10% increase in A&E activity in January and February and worsening DTOC position nationally.</p> <p>The rate of occupied bed days as DTOC per thousand showed a significant drop in December – the latter falling from 1005 per 100k down to 791 per 100k and has remained below the November figure.</p> <p>The proportions of DTOCs of 0-7 days delay have shown a 10% increase in the initiative period. This would indicate our impact on bed days is greater than our impact on headcount snapshot.</p> <p>As part of the Better Care Fund plan we have identified a target of 74 people delayed by 3/17 to achieve the national target of no more than 3.5% delayed bed days.</p> <p>Performance has increased considerably since April. By the 16th June figures were under 100 (at 98)</p>

<p>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</p>	10.5	13.7	R	12.8	R	11.6	A	12.1	R	<p>629 people were placed in care homes or 12.1 people per week. The rate is above target but in line with performance (595) last year when Oxfordshire's performance was in the top quartile nationally. The reason admissions have not reduced 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. There has also been a 40% increase in people moving from hospitals directly to care homes - up from 177 last year to 252 this year. This has been particularly noticeable in the last 2 months where 53 people were permanently placed in care homes with the continued focus on delayed transfers of care</p>
<p>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</p>	63%	62.6%	A	62.1	R	60.0	R	61.0	R	<p>More people than planned have been supported in care homes with the increase in admissions described above</p>
<p>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)</p>	67%			65.3	G	66.0	G	66.7	A	

7.5 Increase the number of people accessing the reablement pathway including										<p>The number of people starting reablement has dropped by 16% from 2,743 last year to 2,315 this year when the plan was to increase uptake to 3,750. This is because of a lack of referrals (90% of recorded referrals translate to service starts); service capacity; delays of people in the reablement service waiting for long term on-going home care and a focus on ensuring that people are discharged from hospital in a timely manner, which means there is limited focus on encouraging community based referrals.</p> <p>Agreement to a new strategic care pathway for non-bed based short term care services was reached earlier this year consisting of two services: an Urgent Response and Telecare Service; and a Hospital Discharge and Reablement Service. The new Hospital Discharge and Reablement Service was to be provided by Oxford Health and Oxford University Hospitals. However agreement on how this will work has yet to be reached and the council is now out to tender for the new service</p>
<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	440	A	866	A	1245	R	1630	A	
<ul style="list-style-type: none"> Increasing the number of people accessing reablement from the community. Our target for the year is 1875. 	1875	178	R	360	R	506	R	685	R	
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	20.4%	R	20.4%	R	
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	120	A	135	G	Target met
7.9 Increase the proportion of people on the end of life pathway who die in their preferred place.										This data is collated and reported nationally. They have stopped reporting at county or CCG level so the data is no longer available.

Provider CQC Ratings (as reported 1/4/2016) 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%	1%	1	3%	1%	0	0%	10%	0	0%	1%	1	4%	4%
Good	61	63%	65%	25	63%	74%	1	50%	67%	4	80%	38%	18	75%	82%
Requires Improvement	36	37%	31%	14	35%	23%	1	50%	21%	1	20%	53%	4	17%	10%
Inadequate	0	0%	3%	0	0%	2%	0	0%	2%	0	0%	8%	1	4%	3%

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	57.1	A					Data for Q3 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	11.1%	G	15.7%	G	20%	G	<u>Cumulative Q4:</u> North East: 14.2%; North: 18.4%; City: 21.2%; South East 24.6%; South West 21.7%; West 17.3%
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%	42.2%	A	45.7%	R	48.0%	R	50.2%	R	<u>Cumulative Q4:</u> North East: 54.5%; North: 56.7%; City: 45.2%; South East 40.7%; South West 52.3%; West 58.6%
8.4 At least 3650 people will quit smoking for at least 4 weeks (Achievement in 2014/15 = 1955)	3650	477	R	992	R	1364	R			Data for Q4 are not yet available.
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	8.8%	A	7.2	G	
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	4.7%	R	4.5%	R	Please note that the completion data is from 01/10/2014 to 30/09/2015, Representations up to: 31/03/2016 (Q4)
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%	29.0%	R	27.9%	R	27.4%	R	26.2%	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%					16.2	A			Cherwell 19.7% Oxford 19.2% All other districts under 15%
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	57.9%	A	58.2%	A	Problems with Oxford Health IT system – unsure data for Q3 and Q4 are correct – are checking.

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			190	G	
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	88.0	G	87.2	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			85%	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					1427	G			This represents a cumulative figure for Q1, Q2 and Q3.
10.5 people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 70 (2014/15)	<70					90	R			
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 July 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	95.1	G			Q2 North Oxfordshire 93.8 Oxford City 92.7% Data for CCG localities are not available for Q3
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	91.9	R	92.5	R	Data for CCG localities are not available for Q3 and Q4. In Q2 only South West achieving over 94% (96.6%)
11.3 At least 60% of people aged under 65 in "risk groups" receive flu vaccination (2014/15 = 51.9%)	60%							45.9	R	
11.4 At least 90% of young women will receive both doses of HPV vaccination. (2014/15 =91.7%)	90%									Final figure for 2015/16 not yet available as Dose 2 being delivered during summer term 2016.