

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

Outcome measure, target and baseline for 2016-17				Performance in 2016-17								Proposed outcome measure for 2017-18
Outcome measure for 2016-17	OSCB	Tgt	Baseline	Q1		Q2		Q3		Q4		
				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	68	A	Measure to be retained for 17-18. All children's measures revised in Nov 16 as part of the refresh of the Children's Plan

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

Outcome measure, target and baseline for 2016-17				Performance in 2016-17								Proposed outcome measure for 2017-18
Outcome measure for 2016-17	OSCB	Tgt	Baseline	Q1		Q2		Q3		Q4		
				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	Measure to be retained for 17-18. All children's measures revised in Nov 16 as part of the refresh of the Children's Plan
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		tbc	No baseline					9% KS2 33% KS4	R			
2.4 Reduce the persistent absence of children subject to a Child In Need plan.		<18%	18% 15/16							30%	R	
2.5 Reduce the persistent absence of children subject to a Child Protection plan.		<17%	17% 15/16							30%	R	
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	118 18%	R	
2.7 Increase the % of care leavers who are in employment, education and training	Y	49.1%	49.1%									

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

Outcome measure, target and baseline for 2016-17				Performance in 2016-17								Proposed outcome measure for 2017-18
Outcome measure in 2016-17	OSCB	Tgt	Baseline	Q1		Q2		Q3		Q4		
				Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
3.1 Monitor the number of child victims of crime: baseline 15/16 2,094	Y	Monitor only	2094 15/16	613		1126		1649		2189		Measure to be retained for 17-18. All children's measures revised in Nov 16 as part of the refresh of the Children's Plan
3.2 Number of children missing from home; baseline 817	Y	Monitor only	1933	495		1022		1610		1780		
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	6658	R	
3.4 Reduce the number of children subject of a child protection plan	Y	500	569	551	A	563	R	605	R	607	R	
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	101.3	G	
3.6 Maintain the current number of looked after children	Y	600	609	622	R	643	R	651	R	675	R	

Priority Four: Raising achievement for all children and young people

Monitoring Education Strategy measures:

Outcome measure, target and baseline for 2016-17				Performance in 2016-17								Proposed outcome measure for 2017-18
Measure	OSCB	Tgt	Baseline	Q1		Q2		Q3		Q4		
				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			Measure to be retained for 17-18. All children's measures revised in Nov 16 as part of the refresh of the Children's Plan
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					

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

Outcome measure, target and baseline for 2016-17		Performance in 2016-17								Proposed outcome measure for 2017-18
Outcome measure for 2016-17	Target	Q1		Q2		Q3		Q4		
		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	Work still in hand to develop 2017/18 measures
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	
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	5690	A	
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	
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	
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	

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

Outcome measure, target and baseline for 2016-17		Performance in 2016-17								Proposed outcome measure for 2017-18
Outcome measure for 2016-17	Target	Q1		Q2		Q3		Q4		
		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	41273	G	Work still in hand to develop 2017/18 measures
6.2 15 % of patients with common mental health disorders, primarily anxiety and depression with access to treatment.	15%	15.9%	G	16%	G	15.0%	G	15.0% (end of 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% (end of Jan)	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							

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

Outcome measure, target and baseline for 2016-17		Performance in 2016-17								Proposed outcome measure for 2017-18
Outcome measure for 2016-17	Target	Q1		Q2		Q3		Jan 2017		
		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	126	R	192	R	Work still in hand to develop 2017/18 measures
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	
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%	76%	69	85%	81%	4	67%	68%	3	43%	44%	60	85%	86%
Requires Improvement	15	13%	21%	10	12%	16%	1	17%	19%	3	43%	46%	8	11%	8%
Inadequate	1	1%	2%	1	1%	1%	0	0%	2%	0	0%	4%	0	0%	2%

CQC have rated one care home in Oxfordshire as inadequate - this is Stowford House Care Home in Abingdon. Hawthorns in Minster Lovell which was rated inadequate has now closed. Stowford is rated red on the council's own internal monitoring system due to safeguarding concerns.

The Social Care Organisation which has been rated as inadequate is Enable Health Limited based at Unipart House which provides community based adult social services. It was rated inadequate on 28-3-17. They are rated as red on the council's internal monitoring system since February 2017. There is 1 client receiving services from them as at 2-5-17 managed by us. The Contracts unit have offered support to the organisation to improve their services.

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

New Topics to be discussed and developed in 2017-18

1. Health and Wellbeing of Older Adults, including participation in physical activity and access to social networks / preventing loneliness. This work will build on what is already being done in the County including the Oxfordshire Sport and Activity work to increase participation of older people in physical activity and the Loneliness Summit which will be held in July 2017.
2. Promoting Mental wellbeing. An overview of current work to promote mental wellbeing will be presented to the Health Improvement Board in the autumn of 2017. The Board will consider how value can be added to existing work and a plan will be drawn up.

Outcome measure, target and baseline for 2016-17		Performance in 2016-17								Proposed outcome measure for 2017-18
Indicator for 2016-17	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		
		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 be adequately screened	60%	59.1%	A	59.6%	A	58.5%	A	0%	Data at least 6 months in arrears. Responsible Organisation: NHS England
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%	All CCG localities over 15%. Responsible Organisation: Oxfordshire County Council
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%	Some localities > 50% - North 60%, South West 56.3%, South East 54.2% Some < 50% - West 48.3%, North East 46.2%, Oxford City 45% Some localities above 50% Responsible Organisation: Oxfordshire County Council

Outcome measure, target and baseline for 2016-17			Performance in 2016-17								Proposed outcome measure for 2017-18
Indicator for 2016-17	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4			
		Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG		
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	8.4 Rate of successful quitters per 100,000 smokers aged 18+ should exceed the baseline set in 2017-18 (Baseline: 2016/17 Oxon baseline was 2315 quitters per 100,000 adult smokers. Responsible Organisation: Oxfordshire County Council)
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%	G	8.5 The number of women smoking in pregnancy should remain below 8% recorded at time of delivery (baseline 2015-16 was 7.9%). Responsible Organisation: Oxfordshire Clinical Commissioning Group
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	6.1%	G	7%	G	Indicator to be kept under surveillance in 2017-18 8.6 Oxfordshire performance for the proportion of opiate users who successfully complete treatment Responsible Organisation: Oxfordshire County Council
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	31.6%	G	44.3%	G	Indicator to be kept under surveillance in 2017-18 8.7 Oxfordshire performance for the proportion of non-opiate users who successfully complete treatment Responsible Organisation: Oxfordshire County Council

Priority 9: Preventing chronic disease through tackling obesity

Topics to be discussed and developed in 2017-18

- Addressing inequalities issues in preventing chronic disease by tackling obesity and improving participation in physical activity. In order to implement the recommendations of the Health Inequalities Commission, all of the work to tackle this priority area will include a focus on reducing inequality of outcome.

Outcome measure, target and baseline for 2016-17			Performance in 2016-17								Proposed outcome measure for 2017-18
Indicator for 2016-17	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4			
		Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG		
9.1	National Childhood Measurement Programme (NCMP) - obesity prevalence in Year 6.	<=16%					16%	G			9.1 Ensure that the 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% Data provided by Oxfordshire County Council
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							9.2 Reduce by 0.5% the percentage of adults classified as "inactive" (Oxfordshire baseline Nov 2016 of 17%). Responsible Organisation: District Councils supported by Oxfordshire Sport and Physical Activity
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	Indicators to be kept under surveillance in 2017-18 9.3 63% of babies that are breastfed at 6-8 weeks of age Q4 – S W Oxfordshire and West Oxfordshire localities <55%. All others higher – S East and Oxford City localities >70% Responsible Organisation: NHS England and Oxfordshire Clinical Commissioning Group

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

Topics to be discussed and developed in 2017-18

1. Domestic abuse – strategic approach to joint commissioning. The work to jointly commission high quality services for prevention, early intervention and support for victims of domestic abuse is building on a major review carried out in 2016. The Health Improvement Board will consider its role in governance and strategic leadership for this work.

Outcome measure, target and baseline for 2016-17		Performance in 2016-17								Proposed outcome measure for 2017-18	
Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4			
		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%	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	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		
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	79	G			

Outcome measure, target and baseline for 2016-17		Performance in 2016-17								Proposed outcome measure for 2017-18	
Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4			
		Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG		
10.6	At least 70% of young people leaving supported housing services will have positive outcomes in 2016-17, aspiring to 95%	<=70%					73.2%	G	70.7%	G	

Priority 11: Preventing infectious disease through immunisation

Outcome measure, target and baseline for 2016-17		Performance in 2016-17								Proposed outcome measure for 2017-18	
Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4			
		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 No CCG locality should perform below 94%	95%	95.0%	G	94.5%	A	94.6%	A	94.8%	A	11.1 Oxford City and North Oxfordshire localities are below 94% in Q4 Responsible Organisation: NHS England
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 years No CCG locality should perform below 94%	95%	93.4%	A	92.5%	A	93.1%	A	92.6%	A	11.2 Oxford City, S E Oxfordshire and West Oxfordshire localities below 94% in Q4 Responsible Organisation: NHS England
11.3	Seasonal Flu <65 at risk (Oxfordshire CCG)	≥ 55%							52.4%	A	11.3 At least 55% of people aged under 65 in “risk groups” receive flu vaccination (baseline from 2015-16 45.9%) Responsible Organisation: NHS England
11.4	HPV 12-13 years (Human papillomavirus) 2 doses	≥ 90%							0%		Indicators to be kept under surveillance in 2017-18 11.4 Data available annually for school year Sept-Aug so published after September) Responsible Organisation: NHS England

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 %.

Joint Health and Wellbeing Strategy – draft outcomes for 2017-18

	A6b	KS4 – Progress 8 score		2 nd Q	Top Q 0.05	A	G		0.01	0	0.04 6th	
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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