Health and Wellbeing Board
21 November 2013

Performance Reporting

Current Performance

1. A table showing the agreed measures under each priority in the Joint Health and Wellbeing Strategy, expected performance and current performance is attached as appendix A.

2. This is the first report against the new measures agreed in July as part of the refreshed strategy. As such, it includes performance for quarter 1 (April – June) and quarter 2 (July – September) where possible. Performance can be summarised as follows:

   24 indicators are Green
   11 indicators are Amber (defined as within 5% of target)
   8 indicators are Red
   27 indicators expected to report in Q1 and/or Q2 do not have information available – explanation is included in the notes column in the appendix.

3. Current performance is generally good, with many targets being met and exceeded. Appropriate action is being taken where performance is not meeting expected levels to improve this. This has been summarised in the notes column of the appendix.

4. It is worth noting that:

   a. the proportion of pupils achieving 5 or more GCSEs at A*-C including English and maths in Oxfordshire is at its highest ever level and is now in line with the national average (indicator 4.4).

   b. The proportion of young people who are Not in Education, Employment or Training (NEET) is lower than the same time last year, although the figures always peak in September (indicator 4.9).

   c. There has been an increase in the number of older people supported with on-going care of over 5% (indicator 6.7)

   d. A further 105 Extra Care Housing places have been opened in Shotover in Oxford and in Yarnton, bringing the total number to 512.

   e. 87.2% of people receiving housing related support are now living independently (indicator 10.2).

   f. 660 people have received carers breaks accessed via their GP so far this year, a significant increase on the same period last year (indicator 7.7).

Ben Threadgold
Strategy and Performance Manager, Joint Commissioning
November 2013

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes

Oxfordshire Health and Wellbeing Board
Performance Report

No.	Indicator	Q1 report Apr-Jun		Q2 report Jul-Sept		Q3 report Oct-Dec		Q4 report Jan-Mar		Notes
	Priority 1: All children have a healthy start in life and stay healthy into adulthood									
1.1	Increase percentage of women who have seen a midwife or maternity health care professional by 13 weeks of pregnancy from 90% to 92% by end March 2014.	Expected 90.5%	G	Expected 91%		Expected 91.5%		Expected 92%		Due to transition, Health and Social Care Information Centre (HSCIC) decided to collect data for this indicator for 2013/14 Q1 and Q 2 together at Q2. As such, although we have data from Oxford University Hospital Trust (OUHT) for Q1 we haven't got it yet from Berks or Swindon hospitals (although numbers are small)

OUHT obviously account for the vast majority of maternity bookings but it is possible that the Q1 figure will change slightly when we have a complete Q1 data set. |
		Actual 90.6%		Actual		Actual		Actual		
1.2	Ensure that at least 90% of children aged 2-2.5 years old receive a Health Visitor review (currently 90%)	Expected 90%	G	Expected 90%	G	Expected 90%		Expected 90%		This relates to 2132 children aged 2.5 years old during the period and therefore represents good progress.
		Actual 94.7%		Actual **94.8%**		Actual		Actual		
1.3	Reduce the rate of emergency admissions to hospital with infections, for under 18's from 177.5 per 10,000 to 159.8 per 10,000	Expected 173.1	G	Expected 168.7		Expected 164.3		Expected 159.8		This is good progress although we know that there are always significant seasonal fluctuations in admissions for infection.

It is also noted that the reduction in rate of admissions for infection in under 18s |
| | | Actual **129.0%** | | Actual **121.5%** | | Actual | | Actual | | |

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
			G							in mirrored in a similar reduction in the overall rate of emergency admissions for under 18s.
1.4	By March 2014 we will have developed a joint measure(s) that will demonstrate the impact of services on the mental health and wellbeing of school age children.							Expected New joint measure will be in place **Actual**		Work has begun in Q2 to develop an indicator and baseline
Priority 2:	**Narrowing the gap for our most disadvantaged and vulnerable groups**									
2.1	Increase the take up of free early education for eligible 2 year olds in 2013/14 to 1080 (from 1050 in 12/13)	**Expected** **360** **Actual** **195**	R	**Expected** **595** **Actual** **525**	A	**Expected** **720** **Actual**		Expected 1080 **Actual**		Targets are set to take into account the starting patterns of children
2.2	Increase the take up of free early education for 2 year-old Looked After children to 80% (currently at 8% - 2/24)	Expected 20% **Actual**		Expected 40% **Actual**		Expected 60% **Actual**		Expected 80% **Actual**		The data for this indicator is not yet available but processes are in the process of being established that will allow the data to be captured by next quarter.
2.3	Maintain the improved rate of teenage conceptions (currently at 23.3 women aged 15-17 per 1000 - in quarter 1 of 2012 this was 65 conceptions	Expected 65 **Actual** 65	G	Expected 130 **Actual**		Expected 195 **Actual**		Expected 260 **Actual**		
2.4	Maintain the current low level of persistent absence from school for looked after children ((2012 persistent absence figures were			Expected Less than 5%	G					Data relates to academic year 12/13. Reported cohort refers to children who have been continuously looked after for at least 12 months as of 31 March 2013.

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
	supressed by the Department for Education, however they indicated that the number of children was small, ie less than 4%)).			**Actual** **4.7% (7 pupils) Reported cohort 9.8% (31 pupils) Whole cohort**	**G**					Comparative national figures will be published for this cohort in due course. The whole cohort refers to any looked after child for the period of time that the child was in care only. These figures may be revised further as some data is still outstanding.
2.5	Maintain the number of looked after children permanently excluded from school at zero			Expected Zero **Actual** **Zero**	**G**					
2.6	Establish a baseline of all children in need who are persistently absent from school			Expected Baseline and targets established **Actual**						Baseline and target to be established by end of Quarter 3.
2.7	Establish a baseline of children and young people on the autistic spectrum who have had an exclusion from school (over a school year) and work to reduce this number in future years			Expected Baseline and targets established **Actual**						Baseline and target to be established by end of Quarter 3.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
2.8	Identify, track and measure the outcomes of all 810 families in Oxfordshire meeting the national Troubled Families criteria (improve attendance and behaviour in school; reduce anti-social behaviour and youth offending; increase adults entering work)	Expected 202 **Actual** Not reported		Expected 405 **Actual** **500**	G	Expected 607 **Actual**		Expected 810 **Actual**		A claim for 500 identified families was made to the Department for Education at the end of July.
2.9	Improve the free school meals attainment gap at all key stages and aim to be in line with the national average by 2014 KS2: 16.8% points; KS4 26% points (currently the free school meal attainment gap in Oxfordshire is in line or above the gap nationally in all key stages)					Expected KS2: 16.8% points; KS4 26% points Actual				KS2 figures due December KS4 figures due January
Priority 3: Keeping all children and young people safe										
3.1	Maintain the reduction in risk for victims of domestic abuse considered to be high risk to medium or low through Multi-Agency Risk Assessment Conferences (currently 85% for 2012/13 based on a single-agency)							Expected 85% **Actual**		85% is based over the last 5 year period. The baseline for 12/13 is 78% Whilst this trend goes against the direction of travel we understand that it is because we are now dealing with more complex cases of domestic abuse who are less likely to engage with the Independent Domestic Violence Advocacy service.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
										We also need to bear in mind that this is a single agency measure and therefore a multi-agency measure will be more robust. Partners are working on developing a multi-agency measure for 2014/15 that can be reported on a monthly basis, if required.
3.2	Every child considered likely to be at risk of Child Sexual Exploitation (identified using the CSE screening tool) will have a multi-agency plan in place	Expected 100% **Actual** **100%**	G	Expected 100% **Actual** **100%**	G	Expected 100% **Actual**		Expected 100% **Actual**		Every child that is open to the Kingfisher team is subject to a multi-agency plan
3.3	Reduce prevalence of Child Sexual Exploitation in Oxfordshire through quarterly reporting on victims and perpetrators to the Child Sexual Exploitation sub group of the Oxfordshire Safeguarding Children's Board	Expected Prevalence reported and action taken as appropriate **Actual** **Prevalence reported and action taken as appropriate**	G	Expected Prevalence reported and action taken as appropriate **Actual** **Prevalence reported and action taken as appropriate**	G	Expected Prevalence reported and action taken as appropriate **Actual**		Expected Prevalence reported and action taken as appropriate **Actual**		Prevalence report has been submitted and discussed by the CSE sub-group for the last 2 quarters. All reported incidents of CSE have received an appropriate police and social care response. CSE is still an emerging phenomenon, so it is not yet possible to determine that it is reducing. However, the prevalence report is established as a key component of the strategy to tackle CSE

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
3.4	Reduce the proportion of children who go missing from home 3 or more times in a 12 month period	Expected 8.0% or less	G	Expected 10.0% or less	G	Expected 11.0% or less		Expected 12.0% or less		37 children out of the 351 who have gone missing have been missing 3 or more times in the year. This is 10.5%

However the actual number of children going missing 3 or more times in the year (37) is the same as at this point last year, and less than the same point 2 years ago (44).

The increased percentage represents the fact that fewer children overall (351 compared to 382) have gone missing |
		Actual 7.9%		**Actual** 10.5%		**Actual**		**Actual**		
3.5	A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire's Safeguarding Children Board covering the following agencies: children's social care; youth offending service; education services; children and adult health services; early intervention services; services provided by the police. Over 50% of these audits will show a positive overall impact							Expected 50%		
								Actual		
Priority 4: Raising achievement for all children and young people										
4.1	Increase the number of funded 2-4 year olds attending good and outstanding early years settings to			Expected 81.7% or	G	Expected 82.3% or 8790		Expected 83% or 8870		

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
	83% or 8870 children (currently 80.5% or 8600 children)			8725 children **Actual** **82.3% or 8800 children**	G	children **Actual**		children **Actual**		
4.2	80% (5700) of children will achieve Level 2b or above in reading at the end of Key Stage 1 of the academic year 2012/13 (currently 78% or 5,382 children for the academic year 2011/12)			Expected 80% or 5700 children **Actual** **81% or 5791 children**	G					
4.3	80% (4800) of children at the end of Key Stage 2 will achieve Level 4 or above in reading, writing and maths (currently 78% or 4800 children)			Expected 80% or 4800 children **Actual** **77% or 4666 children**	A					This was a redefined performance measure this year and although this has not met the aspirational target set, performance remains above national (77% compared to 75%)
4.4	61% (3840 children) of young people achieve 5 GCSEs at A*-C including English and Maths at the end of the academic year 2012/13 (currently 57.9% or 3474 children)			**Expected** 61% or 3840 children **Actual** **60.3% or 3776 children**	A					Although performance remains slightly below target, the proportion of children meeting this key measure in Oxfordshire increased from 57.9% in 2012 and is now in line with the national average (60.4%)

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No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
							A			
4.5	At least 70% (4400 children)) of young people will make the expected 3 levels of progress between key stages 2-4 in English and 72%(4525 children) in Maths (currently 65% or 3800 young people for English and 71% or 4170 young people for Maths)			Expected 70% - Eng 72% - Maths **Actual** **70% - Eng 71% - Maths**	A					Revised targets for the academic year 13/14 are currently in the process of being revised.
4.6	Increase the proportion of pupils attending good or outstanding primary schools from 59% (29,160) to 70% (34,590) and the proportion attending good or outstanding secondary schools from 74% (26,920) to 76% (27,640) (currently 67% primary and 74% secondary)	Expected Primary: 62% (31,280 pupils) Secondary: 74% (26,800 pupils) **Actual** **Primary: 70% (35,233 pupils) Secondary 84% (30,506 pupils)**	G	Expected Primary: 65% (32,795 pupils) Secondary: 76% (27,525 pupils) **Actual** **Primary: 72% (36,240 pupils) Secondary: 84% (30,506 pupils)**	G	Expected Primary: 67% (33,800 pupils) Secondary: 76% (27,525 pupils) **Actual**		Expected Primary: 70% (35,310 pupils) Secondary: 76% (27,525 pupils) **Actual**		2013/14 academic year targets are in the process of being updated taking into account current performance and will be reported in Q3.
4.7	Of those pupils at School Action Plus, increase the proportion achieving 5 GCSEs at A* - C including English and Maths to 17% (70 children) (currently 7% or 30 children)							Expected 17% or 70 children		Official figures due Jan 14

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
								Actual		
4.8	To reduce the persistent absence rates in primary schools to 2.6% (1070 children) and secondary schools to 7.2% (2250 children) by the end of 2012/13 academic year. (The current rates are 3.0% or 1233 children for primary schools and 8.0% or 2500 children for secondary schools)			Expected Primary: 2.6% (1070 pupils) Secondary: 7.2% (2250 pupils) **Actual** **Primary: 2.9% Secondary: 6.4%**	A					
4.9	Reduce the number of young people not in education, employment or training to 5% (870 children) (currently 5.4% or 937 young people)	Expected 4.8% **Actual** **5.8% (1027) June**	R	Expected 8.0% (NB figures always peak in September) **Actual** **7.4% (919) Sept**	A	Expected 5.7% Actual		Expected 5% or 870 children Actual		Figures for end of September show an increase from June. This is expected at this time of year, though the figure is below target and also below the figure for the same period in 2012 (8.4%).

Priority 5:   Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
5.1	75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 69%, 129 of 186 responses)							Expected 75% **Actual**		This target is reported using the results of the annual survey. Provisional results for 2013 will be available in May 2014.
5.2	Maintain the proportion of people with a long-term condition who feel supported to manage their condition at 85%.							Expected 85% **Actual**		Target set using the Annual GP Patient Survey.
5.3	100% patients with schizophrenia are supported to undertake a physical health assessment during 2013/14 (this is a new indicator and the baseline will be established this year)							Expected 100% **Actual**		
5.4	At least 60% of people with learning disabilities will have an annual physical health check by their GP (currently 45.7%)							Expected 60% **Actual**		Target reported using information from the Learning Disabilities Observatory. Information for 2013/14 likely to be available in September 2014.
5.5	Maintain the high number of people with a learning disability who say they have seen their GP in the last 12 months at over 90% (currently 93%, 223 of 241 respondents for 2012/13)							Expected 90% **Actual**		Target reported using information from the Learning Disabilities Observatory. Information for 2013/14 likely to be available in September 2014.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
5.6	Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages (baseline rate of 1012.6 per 100,000)							Expected 1012.6 per 100,000 **Actual**		Target based on national indicator from the NHS Information Centre Indicator Portal (NHSICIP). From Q2 this target can be reported quarterly.
5.7	Reduce unplanned hospitalisation for chronic conditions that can be actively managed (such as congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension) for people of all ages (baseline rate of 490.5 per 100,000)							Expected 490.5 per 100,000 **Actual**		Target based on national indicator from the NHS Information Centre Indicator Portal (NHSICIP). From Q2 this target can be reported quarterly.
5.8	Provide autism awareness training for an additional 500 front line health and social care workers in Oxfordshire (1000 have been trained since 2011/12)	Expected 125 **Actual** **86**	**R**	Expected 250 **Actual** **194**	**R**	Expected 375 **Actual**		Expected 500 **Actual**		Fewer people have been trained because of delays in arranging dates, mainly due to staff availability and a lack of autism-friendly venues in the area which are suitable for our autistic team due to sensory issues. Most of the training is booked and due to take place in Quarters 3 and 4.
5.9	Develop a measure of how effectively people with mental health needs are supported to find and stay in employment by March 2014, based on the relative severity of people's illness							Expected Measure developed and baseline established **Actual**		Measure being developed by Clinical Commissioning Group.
	Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support									

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
6.1	Reduce the number of patients delayed for transfer or discharge from hospital so that Oxfordshire's performance is out of the bottom quartile (current ranking is 151/151)	Expected 72 delays **Actual** **128**	R	Expected 72 delays **Actual** **166**	R	Expected 72 delays **Actual**		Expected 72 delays **Actual**		Figure to end of September is 166. Oxfordshire has the highest actual number of delays and delays per capita in the country. The detailed actions to address delayed transfers of care are managed by the Chief Operating Officers Group, which consists of the County Council, Oxford Health NHS Trust, Oxford University Hospital Trust and Oxfordshire Clinical Commissioning Group. The Clinical Commissioning Group has also appointed a dedicated lead for this area who is developing revised plans to improve performance. This includes targeting a significant proportion of the £10m winter funding Oxfordshire will receive at discharge, including discharge coordinators on each ward, extra transport to facilitate discharge at weekends, funding for extra therapists and social work support.
6.2	Reduce the average number of days that a patient is delayed for discharge from hospital (baseline 14.8 days in acute hospital)			Expected Less than 14.8 **Actual** **16.8**	R	Expected Less than 14.8 **Actual**		Expected Less than 14.8 **Actual**		Figure relates to delays in acute hospitals (Oxford University Hospitals). Systems are being set up to report on the length of delay in community hospitals.
6.3	Reduce the number of emergency admissions to hospital for older people aged 60+ (from 25,538 in 2012/13)	Expected 5442	R	Expected 11,056	A	Expected 17,159		Expected 22,819		Figure to the end of September represents an increase of 2.6% on the same period last year

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
		Actual **5652**	red	**Actual** **11,344**	amber	**Actual**		**Actual**		
6.4	Develop a model for matching capacity to demand for health and social care, to support smooth discharge from hospital, by September 2013			Expected Model developed **Actual** Model being rolled out	G					The model has been developed by Oxford Health involving Social Care and Acute Services. It is currently being rolled out involving Oxford Health staff.
6.5	No more than 400 older people per year to be permanently admitted to a care home (currently 582)	Expected 100 **Actual** **156**	R	Expected 200 **Actual** **311**	R	Expected 300 **Actual**		Expected 400 **Actual**		The target was to have no more than 400 admissions, and already there have been 311. 168 of these have entered from hospital (or an assessment bed following hospital). The council's approach is to purchase additional home care to support people in their own homes. However the reablement service have not picked up the number of episodes needed (20% below capacity), and there have been difficulties accessing home care that may mean people are being placed in care homes because appropriate care is not available.
6.6	By September 2013, review and redesign the range of community services that support people to live independently at home,			Expected Review completed	amber					Review not yet complete, although a proposed set of measures agreed by the Older People Joint Management Group with expectation to report on these from

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
	receive good quality local support of their choice when needed and to help avoid getting into a crisis situation, and implement a way of monitoring waiting times for health and social care services at home that provide support in an emergency.			**Actual** **Review underway**	**A**					quarter 3
6.7	Increase the proportion of older people with an ongoing care package supported to live at home from 60% to 63% (currently 2122 of 3537 clients)	Expected 60.75% **Actual** **60.4%**	**A**	Expected 61.5% **Actual** **60.9%**	**A**	Expected 62.25% **Actual**		Expected 63% **Actual**		There has been an increase in the number of older people supported with on-going care of 5.2% (3537 to 3721). While the increase in people supported at home is in line with plans, there has been a 34% increase in people supported in long term care home places driven by an increase in permanent admissions (see 6.5)
6.8	60% of the expected population (4251 of 7086 people) with dementia will have a recorded diagnosis (currently 49.6% or 3516 people)	Expected 52.4% **Actual** **40%** **(3555 people)**	**R**	Expected 54.9% **Actual** **42.9%** **(3815 people)**	**R**	Expected 57.4% **Actual**		Expected 60% **Actual**		A national tool has been issued for estimating the number of people with dementia and this has increased the numbers in the expected population. The baseline re-worked on the new methodology would be 41%.
6.9	Set up a network of dignity and dementia champions in care homes so that by March 2014 90% of care homes (95 of 105) in the county have a champion	Expected 22.5% (24 homes)		Expected 45% (48 homes)		Expected 67.5% (71 homes)		Expected 90% (95 homes)		Plan developed and implementation on track. Currently 137 dignity champions across all services. Contacting care homes in September to identify how many champions they each have.

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
	(baseline zero as this is a new initiative)	**Actual**		**Actual**		**Actual**		**Actual**		
6.10	3500 people will receive a reablement service (currently 2197)	Expected 819 **Actual** **681**	R	Expected 1728 **Actual** **1353**	R	Expected 2562 **Actual**		Expected 3500 **Actual**		The number of people receiving reablement dropped in the quarter. Director level meetings are taking place to review the future arrangements of the contract.
6.11	Increase proportion of people who complete reablement who need no on-going care from 50% to 55% (was 426 of 858 Oct to March, would be 1484 of 2698 based on current numbers)	**Expected** **55%** **Actual** **50%**	R	Expected 55% **Actual** **52%**	R	Expected 55% **Actual**		Expected 55% **Actual**		52% of people who completed reablement needed no on-going care. This figure has been consistent since the new contract in October varying month on month from a minimum figure of 47.2% to a maximum of 60%.
6.12	Maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 89.9%, 246 of 274 respondents).							Expected 90% **Actual**		Annual indicator taken from survey.
6.13	Increase the proportion of older people who use social care who reported that they have adequate social contact or as much social contact as they would like to							Expected 81.2%		Annual indicator taken from survey.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
	81.2% (currently 80.4%, 229 of 285 respondents)							**Actual**		
6.14	Ensure an additional 523 Extra Care Housing places by the end of March 2015, bringing the total number of places to 930	Expected 55 **Actual** **55**	**G**			Expected 50 **Actual**				55 Flats opened at Shotover in Oxford in April. A further 50 are due to open in Yarnton in October 2013. This brings the total number of places to 512. A further four schemes are due to complete during 2014/15 which will increase the total number to 771 places. Schemes in Carterton and Chipping Norton will deliver another 176 units (making the total 944), but will not complete until later in 2015.
6.15	Produce an analysis of demand for alternative housing options for older people within Oxfordshire to inform future targets and planning by September 2013			Expected Analysis completed **Actual** **Analysis completed**	**G**					The analysis was completed and shared with the 5 district councils. The Health Improvement Board and Adult Health and Social Care Board have both received reports and presentations on housing needs for Older People based on the analysis. Needs and targets will be considered further in the context of the current Oxfordshire Strategic Housing Market Analysis (SHMA), and a final report produced which can be agreed by County and District Councils. This final report will then be brought to the Health and Wellbeing Board for approval in March 2014.

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
6.16	Maintain the high number of older people who use adult social care and say that they find information very or fairly easy to find (currently 77.7%, 146 of 188 respondents for adult social care)							Expected 77.7% Actual		Annual indicator taken from survey.
6.17	Bereaved carers' views on the quality of care the person they cared for received in the last 3 months of life (baseline and target to be confirmed as awaiting national figures – these are due in September 2013)					Expected Baseline and target to be confirmed Sept 2013 Actual				Annual only. National figures for 2012/13 are not yet published.
6.18	Increase the proportion of adults who use social care that say they receive their care and support in a timely way to 85% (currently 214 of 259 – 83%)							Expected 85% Actual		Annual indicator taken from survey.
	Priority 7: Working together to improve quality and value for money in the Health and Social Care System									

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
7.1	Implement a joint plan for fully integrated health (community and older adult's mental health) and social care services in GP locality areas by March 2014, leading to improved outcomes for individuals							Expected Joint plan developed and implemented **Actual**		Plans are in place for integration of community health services, accessed via a single front door by the end of September. Integration of Health and Social Care staff into locality teams to be complete by March 2014.
7.2	Agree an expanded and genuinely pooled budget for older people by July 2013			Expected Pooled budget agreed **Actual** **Pooled budget agreed**	G					Expanded pooled budget arrangements were agreed by the County Council and Clinical Commissioning Group in July.
7.3	Achieve above the national average of people very satisfied with the care and support they receive from adult social care (currently 62.4% against a national figure of 63.7% for 2012/13)							Expected Above the national average **Actual**		Annual indicator taken from survey.
7.4	Achieve above the national average of people satisfied with their experience of hospital care (currently 78.7% against national figure of 75.6% for 2012/13)					Expected Above the national average **Actual**				Annual indicator taken from survey.

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
7.5	Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (currently 91% against national figure of 87% for 2012/13)							Expected Above the national average **Actual**		Annual indicator taken from survey.
7.6	Increase the number of carers known and supported by adult social care by 10% to 15,265 (currently 13,877 are known so this would represent an additional 1,388)	Expected 14,224 carers known **Actual** **14255**	G	Expected 14,571 carers known **Actual** **14,656**	G	Expected 14,918 carers known **Actual**		Expected 15,265 carers known **Actual**		Forecasting 15,471 by year end.
7.7	880 carers breaks jointly funded and accessed via GPs (currently 881)	Expected 220 **Actual** **409**	G	Expected 440 **Actual** **633**	G	Expected 660 **Actual**		Expected 880 **Actual**		1,266 at year end at current rate.
	Priority 8: Preventing early death and improving quality of life in later years									
8.1	At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years)	Expected 60% **Actual**		Expected 60% **Actual**		Expected 60% **Actual**		Expected 60% **Actual**		Bowel cancer screening data is released at least 4-5 months in arrears

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
8.2	Number of invitations sent out for NHS Health Checks to reach the target of 39,114 people aged 40-74 in 2013-14 (Invitations sent in 2012-13 = 40914 as more people were eligible in 2012-13)	Expected 9,778 **Actual** 9,938	G	Expected 19,557 **Actual** 20,329	G	Expected 29,335 **Actual**		Expected 39,114 Actual		NHS Health Check data is usually available a month after quarter end
8.3	At least 65% of those invited for NHS Health Checks will attend (ages 40-74)	Expected 65% **Actual** **41.9% (4165 of 9938)**	R	Expected 65% **Actual** **46% (9351 of 19557)**	R	Expected 65% **Actual**		Expected 65% **Actual**		Uptake in Q1 of 41.9% is better than Thames Valley uptake rate of 41.5%. There was also a technical issue with reporting in Q1 which means that the Oxfordshire figure is an underestimate. In Q2 we have over performed in terms of inviting people for Health Checks (target offered: 19557, Actual offered: 20329). The actual uptake rate is 48%, however as we have offered more Health Checks than the target set the uptake looks like 46%. In Q3 work to further improve the uptake rates will include; Analysing the Q2 data and communicating performance information to practices; Providing tailored support to low performing practices including training and sharing best practice to improve uptake rates; Working with Clinical Commissioning Group locality teams to provide additional support to practices; Developing the Health Check Communication and Media plan to increase public awareness of Health Check programme
8.4	At least 3800 people will quit smoking for at least 4 weeks (last year target 3676, actual 3703)	Expected 851	G	Expected 1639		Expected 2523		Expected 3800		Smoking quitters data is at least 2-3 months in arrears because people need to quit for 4 weeks to be considered as

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
		Actual 875		Actual		Actual		Actual		having quit smoking
Priority 9: Preventing chronic disease through tackling obesity										
9.1	Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2012 this was 15.6%)					Expected 14.9% or less **Actual**				Childhood obesity data is an annual data return that follows the school year instead of financial year cycle
9.2	Increase to 62.2% the percentage of adults who do at least 150 minutes of physical activity a week . (Baseline for Oxfordshire 61.2% 2011-12)							Expected 62.2% **Actual**		This is reported annually from the Active People Survey monitored / managed by the Oxfordshire Sports Partnership
9.3	62% of babies are breastfed at 6-8 weeks of age (currently 59.1%)	Expected 62% **Actual** **59%**	A	Expected 62% **Actual**		Expected 62% **Actual**		Expected 62% **Actual**		Breastfeeding data is received at least 2 months in arrears Although the expected level was not reached in quarter 1, the figure represents an improvement on quarter 4 (56.9%) in 2012/13. A request has been made to Oxford Health to produce a recovery plan detailing work towards improving rates of breastfeeding
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness										

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
10.1	The number of households in temporary accommodation as at 31 March 2014 should be no greater than the level reported in March 2013 (baseline 216 households in Oxfordshire)							Expected 216 or less **Actual**		
10.2	At least 75% of people receiving housing related support will depart services to take up independent living	Expected 75% **Actual** **85.7%**	G	Expected 75% **Actual** **87.2%**	G	Expected 75% **Actual**		Expected 75% **Actual**		
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 2012- 2013 when there were 2468 households known to services, of which 1992 households were prevented from becoming homeless. 1992/2468 = 80.7%)	Expected 80% **Actual** 82.3%	G	Expected 80% **Actual**		Expected 80% **Actual**		Expected 80% **Actual**		
10.4	Fuel poverty outcome to be determined			Expected Outcome measure to be determined						Work to determine current activity on reducing fuel poverty in Oxfordshire is continuing. It is important for stakeholders to identify where additional work will add value. A new outcome measure is being introduced nationally which may provide an indicator for this

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
				Actual						work.
Priority 11: **Preventing infectious disease through immunisation**										
11.1	At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 95%)	Expected 95%	G	Expected 95%		Expected 95%		Expected 95%		Childhood immunisations data is usually available 1-2 months after the quarter end
		Actual 96.2%		**Actual**		**Actual**		**Actual**		
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.7%)	Expected 95%	A	Expected 95%		Expected 95%		Expected 95%		Childhood immunisations data is usually available 1-2 months after the quarter end. Oxfordshire County Council has recently run a campaign encouraging parents to ensure their children are immunised before returning to school.
		Actual 92.4%		**Actual**		**Actual**		**Actual**		
11.3	At least 55% of people aged under 65 in "risk groups" receive flu vaccination (currently 51.6%)							Expected 55%		Seasonal flu is annual data usually available in Quarter 4
								Actual		
11.4	At least 90% 12-13 year old girls receive all 3 doses of human papilloma virus vaccination (currently 88.1%).							Expected 90%		Annual data usually available in Quarter 4
								Actual		