

**Health and Wellbeing Board**  
**13 March 2014**

**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 report includes performance up to and including quarter 3 (October – December 2013) where possible. Performance can be summarised as follows:  
  
**23** indicators are Green  
**14** indicators are Amber (defined as within 5% of target)  
**7** indicators are Red  
**32** indicators are not expected to report in this quarter, or 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. There has been a notable increase in the take up of free early education for eligible 2 year olds, including amongst looked after children (indicators 2.1 and 2.2).
  - b. The numbers of children going missing remains similar to last year (514 from April to December) but an increasing number have gone missing more than once - 65 compared with 56 this time last year (indicator 3.4).
  - c. NEET performance is below target and is the lowest rate it is been for a number of years. The numbers of young people whose status is unknown also continues to decrease due to a range of measures introduced. There continue to be variations across the county, with numbers highest in Oxford City (indicator 4.9).
  - d. There has been a 6.5% increase in the number of people supported at home this year, but the increase in people supported in care homes, means that a lower proportion of people are supported in their own homes than was planned. (indicators 6.5 and 6.7)

- e. Although the number of people receiving a reablement service remains below target, the general trend is of increasing activity (indicator 6.10)
  - f. the number of front line health and social care workers that received autism awareness training increased significantly in the period (indicator 5.8)
5. It is also worth noting that there have been significant changes to the way that a number of indicators are reported and calculated, meaning it has not been possible to report as anticipated and some targets have changed. This has been particularly true of indicators reported by the NHS. This will need to be considered in setting measures and targets for next year, as the significant number of targets that are reported on an annual basis or significantly later than the performance period they relate to mean it is difficult for the Boards to effectively manage performance or take appropriate action in a timely way.
6. The Board may wish to consider this in the context of the Joint Strategic Needs Assessment and process for updating the Joint Health and Wellbeing Strategy, as reported elsewhere on the agenda for this meeting.

**Ben Threadgold**  
**Strategy and Performance Manager, Joint Commissioning**  
**February 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
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**Oxfordshire Health and Wellbeing Board  
Performance Report**

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
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**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.	<b>Expected</b> 90.5%	<b>G</b>	<b>Expected</b> 91%		<b>Expected</b> 91.5%		<b>Expected</b> 92%		The way in which the maternity booking data is reported changed with effect from end December 2013.  Nationally validated data will now be publicly available on the NHS England website on a quarterly basis but there will be no information for the rest of this until end of March when an end of year position will be published.
		<b>Actual</b> 90.6%		<b>Actual</b> Due March 2014		<b>Actual</b> Due March 2014		<b>Actual</b>		
1.2	Ensure that at least 90% of children aged 2-2.5 years old receive a Health Visitor review (currently 90%)	<b>Expected</b> 90%	<b>G</b>	<b>Expected</b> 90%	<b>G</b>	<b>Expected</b> 90%	<b>G</b>	<b>Expected</b> 90%		During the Q3 period, 2013 children were eligible for review and 1928 children received the review.  Data is now available at individual team level so that problems can be identified and good practice shared.
		<b>Actual</b> 94.7%		<b>Actual</b> 94.8%		<b>Actual</b> 95.8%		<b>Actual</b>		
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	<b>Expected</b> 173.1	<b>G</b>	<b>Expected</b> 168.7	<b>G</b>	<b>Expected</b> 164.3		<b>Expected</b> 159.8		Q2 data provided this reporting period but Q3 data is not currently available. However local intelligence on activity at Emergency Departments over the Christmas period indicates that this rate is likely to rise significantly over the next two quarters.
		<b>Actual</b> 129.0%		<b>Actual</b> 121.5%		<b>Actual</b>		<b>Actual</b>		

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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 <b>Actual</b>		Work on options for this indicator is nearing completion and a report will be brought to the next Children and Young People Partnership Board meeting in June.

### 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)	<b>Expected</b>  360 <b>Actual</b>  195	<b>R</b>	<b>Expected</b>  595 <b>Actual</b>  525	<b>A</b>	<b>Expected</b>  720 <b>Actual</b>  715	<b>G</b>	Expected  1080 <b>Actual</b>		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)	<b>Expected</b>  20% <b>Actual</b> <b>nya</b>		<b>Expected</b>  40% <b>Actual</b> <b>nya</b>		<b>Expected</b>  60% <b>Actual</b> <b>84%</b>	<b>G</b>	<b>Expected</b>  80% <b>Actual</b>		This represents 16 out of 19 children.
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)	<b>Expected</b>  65 <b>Actual</b>  65	<b>G</b>	<b>Expected</b>  130 <b>Actual</b>  67 (132 cumulative)	<b>G</b>	<b>Expected</b>  195 <b>Actual</b>  52 (184 cumulative)	<b>G</b>	<b>Expected</b>  260 <b>Actual</b>		The low number in Q3 follows the same pattern as previous years for the quarter ending Sept 2013.
2.4	Maintain the current low level of persistent absence from school for looked after children ((2012 persistent absence figures were			<b>Expected</b>  Less than 5%						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.

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	supressed by the Department for Education, however they indicated that the number of children was small, ie less than 4%).			<b>Actual</b> 4.7% (7 pupils) Reported cohort  9.8% (31 pupils) Whole cohort	<b>G</b>					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			<b>Expected</b> Zero  <b>Actual</b> Zero	<b>G</b>					
2.6	Establish a baseline of all children in need who are persistently absent from school			<b>Expected</b> Baseline and targets established  <b>Actual</b>						Due to systems issues in collecting a full set of absence data this will not be available until early 2014.
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			<b>Expected</b> Baseline and targets established  <b>Actual</b> nya						Currently in discussion and baseline and target to be established at next Children and Young People Partnership Board meeting in June

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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 na		Expected 405  Actual 500	G	Expected 607  Actual		Expected 810  Actual		A claim for 500 identified families was made to the DfE at the end of July.  The next claim is currently being submitted and will be reported next quarter.
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: 23% 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: 23% points; KS4 26% points  Actual KS2: 22% points; KS4 33% points	R			2012 KS2 figures revised to reflect updated performance measure. Nationally the KS2 gap has remained at 19%points. Oxfordshire is still above this but gap narrowed slightly. Nationally the KS4 gap increased from 26 to 27 %points.

### 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							Expected 85%		85% is based over the last 5 year period. The baseline for 12/13 is 78%
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	medium or low through Multi-Agency Risk Assessment Conferences (currently 85% for 2012/13 based on a single-agency)							Actual		<p>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 IDVA service.</p> <p>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.</p>
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%	G	Expected 100%	G	Expected 100%	G	Expected 100%		Every child that is open to the Kingfisher team is subject to a multi-agency assessment and a plan which involves all the agencies as appropriate to their needs.
		Actual 100%		Actual 100%		Actual 100%		Actual 100%		
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	G	Expected Prevalence reported and action taken as appropriate	G	Expected Prevalence reported and action taken as appropriate	G	Expected Prevalence reported and action taken as appropriate		<p>Prevalence report has been submitted and discussed by the CSE sub-group for the last 3 quarters.</p> <p>All reported incidents of CSE have received an appropriate police and social care response.</p>

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		<b>Actual</b>  Prevalence reported and action taken as appropriate		<b>Actual</b>  Prevalence reported and action taken as appropriate		<b>Actual</b>		<b>Actual</b>		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
<b>3.4</b>	Reduce the proportion of children who go missing from home 3 or more times in a 12 month period	<b>Expected</b>  8.0% or less	<b>G</b>	<b>Expected</b>  10.0% or less	<b>G</b>	<b>Expected</b>  11.0% or less	<b>A</b>	<b>Expected</b>  12.0% or less		The numbers of children going missing remains similar to last year (514 from April to December) but an increasing number have gone missing more than once - 65 compared with 56 this time last year. The mitigating actions include: <ul style="list-style-type: none"> <li>○ Staff notified immediately a child goes missing rather than when they return</li> <li>○ Implementation of return interviews within 72 hours</li> <li>○ Introducing monitoring the reasons why people go missing</li> <li>○ Ensuring that multi agency risk assessments are completed on the most vulnerable children</li> <li>○ Improved reporting on those most at risk</li> </ul>
		<b>Actual</b>  <b>7.9%</b>		<b>Actual</b>  <b>10.5%</b>		<b>Actual</b>  12.6%		<b>Actual</b>		



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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 83% or 8870 children (currently 80.5% or 8600 children)	Expected 81.1% or 8600 children		Expected 81.7% or 8725 children	G	Expected 82.3% or 8790 children	A	Expected 83% or 8870 children		This slightly decreased proportion is a result of a few providers with a larger number of children being judged as requiring improvement in their most recent inspection where previously they were good. All settings that are judged as requiring improvement or inadequate have a comprehensive programme of support from the Foundation Years team to ensure that their judgements improve.
		Actual n/a		Actual 82.3% or 8800 children		Actual 81.5% or 8720 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	G					
				Actual 81% or 5791						

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				children						
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)			<b>Expected</b> 80% or 4800 children <b>Actual</b> 77% or 4666 children	A					Updated figure following validated data in December. 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 76%)
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)			<b>Expected</b> 61% or 3840 children <b>Actual</b> 60.3% or 3776 children	G					Updated figure following validated data in January. 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 (60.8%)
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)			<b>Expected</b> 70% - Eng 72% - Maths <b>Actual</b> 71% - Eng 72% - Maths	G					Updated figure following validated data in January.

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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
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)	<b>Expected</b> Primary: 65% (32,795 pupils) Secondary: 74.5% (26,980 pupils)		<b>Expected</b> Primary: 70% (35,320 pupils) Secondary: 76% (27,525 pupils)	G	<b>Expected</b> Primary: 72% (36,325 pupils) Secondary: 80% (28,975 pupils)	G	<b>Expected</b> Primary: 74% (37,335 pupils) Secondary: 83% (30,060 pupils)		Updated targets in education strategy aim for the proportion of children in good/ outstanding schools will be 75% (primary schools) and 86% (secondary schools) by Aug 14. Targets updated to reflect this change.
		<b>Actual</b>	<b>Actual</b> Primary: 72% (36,320 pupils) Secondary: 84% (30,420 pupils)	<b>Actual</b> Primary: 74% (37,335 pupils) Secondary: 80% (28,790 pupils)		<b>Actual</b>				
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)					<b>Expected</b> 17% or 70 children	R			Nationally the proportion has increased to 23%.
						<b>Actual</b> 10% or 40 children				
4.8	To reduce the persistent absence rates in primary schools to 2.6% (1070 children) and secondary schools to 7.2% (2250 children)			<b>Expected</b> Primary: 2.6% (1070)	A					This is provisional local data – national comparative information is due April 2014.

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	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)			pupils) Secondary: 7.2% (2250 pupils)						
				<b>Actual</b>  Primary: 2.9% Secondary: 6.4%						
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)	<b>Expected</b>  4.8%		<b>Expected</b>  8.0% (NB figures always peak in September)		<b>Expected</b>  5.7%		<b>Expected</b>  5% or 870 children		NEET performance is below target and is the lowest rate it is been for a number of years. The numbers of young people whose status is unknown also continues to decrease due to a range of measures introduced. There continue to be variations across the county, with numbers highest in Oxford City
		<b>Actual</b>  5.8% (1027) June	<b>R</b>	<b>Actual</b>  7.4% (919) Sept	<b>A</b>	<b>Actual</b>  4.8% (838) Dec	<b>G</b>	<b>Actual</b>		

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**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**

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)							<b>Expected</b> 75%		This target is reported using the results of the annual survey. Provisional results for 2013 will be available in May 2014.
								<b>Actual</b>		
5.2	Maintain the proportion of people with a long-term condition who feel supported to manage their condition at 85%.							<b>Expected</b>		Target set using the Annual GP Patient Survey.
								<b>Actual</b>		
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)							<b>Expected</b> 100%		Measure being developed by Oxfordshire Clinical Commissioning Group.
								<b>Actual</b>		
5.4	At least 60% of people with learning disabilities will have an annual physical health check by their GP (currently 45.7%)							<b>Expected</b> 60%		Target reported using information from the Learning Disabilities Observatory. Information for 2013/14 likely to be available in September 2014.
								<b>Actual</b>		
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)							<b>Expected</b> 90%		Target reported using information from the Learning Disabilities Observatory. Information for 2013/14 likely to be available in September 2014.
								<b>Actual</b>		
5.6	Reduce the number of emergency admissions for acute conditions that should not usually require	<b>Expected</b> Less than 956 per	<b>G</b>	<b>Expected</b> Less than 956 per	<b>A</b>	<b>Expected</b> Less than 956 per 100,000	<b>A</b>	<b>Expected</b> Less than 956 per		Target based on national indicator from the NHS Information Centre Indicator Portal (NHSICIP).

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
	hospital admission for people of all ages (2012/13 baseline: 956.2 DSR for all ages per 100,000 population)	100,000		100,000				100,000		Data for this target is now available quarterly.  The baseline for this indicator has been adjusted from 1012.6 to 956 per 100,000 due to updated information available in year.
		<b>Actual</b> 948.8		<b>Actual</b> 958.4		<b>Actual</b> 964.2		<b>Actual</b>		
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. 2012/13 baseline 603.0 DSR for all ages per 100,000 population	<b>Expected</b> 603 per 100,000		<b>Expected</b> 603 per 100,000		<b>Expected</b> 603 per 100,000		<b>Expected</b> 603 per 100,000		Target based on national indicator from the NHS Information Centre Indicator Portal (NHSICIP). Data for this target is now available quarterly.  The baseline for this indicator has been adjusted from 493 to 603 per 100,000 due to updated information available in year.
		<b>Actual</b> 588.7	<b>G</b>	<b>Actual</b> 568.4	<b>G</b>	<b>Actual</b> 577.5	<b>G</b>	<b>Actual</b>		
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)	<b>Expected</b> 125	<b>R</b>	<b>Expected</b> 250	<b>R</b>	<b>Expected</b> 375	<b>A</b>	<b>Expected</b> 500		More sessions planned for second half of year than first, so anticipated to achieve target
		<b>Actual</b> 86		<b>Actual</b> 194		<b>Actual</b> 364		<b>Actual</b>		
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		Measure being developed by Oxfordshire Clinical Commissioning Group.
								<b>Actual</b>		
<b>Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support</b>										

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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	R	Expected	R	Expected	R	Expected		Latest comparative figures are for the end of Dec and Oxfordshire rate is still the lowest in the country Work in hand to improve the discharge pathway in Oxfordshire and patient flow through that pathway. This included full 7-day a week working across the pathway; increased investment in the reablement service; new arrangements for domiciliary care agencies to take patients at weekends and a media campaign to explain that people do not have a right to choose their community hospital (a fifth of delays are due to people exercising choice)
		72 delays		72 delays		72 delays		72 delays		
6.2	Reduce the average number of days that a patient is delayed for discharge from hospital (baseline 14.8 days in acute hospitals)			Expected	R	Expected		Expected		Systems are being set up to report on the length of delay in community hospitals.
				Less than 14.8		Less than 14.8		Less than 14.8		
6.3	Reduce the number of emergency admissions to hospital for older people aged 60+ (from 25,538 in 2012/13)	Expected	G	Expected		Expected		Expected		Comparative figures for Q2 onwards are being calculated
		7272 (Apr-Jul 2012)		Actual		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	G		G			The model has been developed by Oxford Health involving Social Care and Acute Services. This has been implemented across the system in line with the plans for winter.
				Model developed						
				Actual						

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
				Model developed						
6.5	No more than 400 older people per year to be permanently admitted to a care home (currently 582)	<b>Expected</b> 100		<b>Expected</b> 200		<b>Expected</b> 300		<b>Expected</b> 400		The number of people permanently placed in care homes has increased this year - 479 at the end of December a 9% increase on last year, when the aim was to reduce this and support more people in the community. Most people who enter a care home do so from hospital. Improved and quicker patient pathways should have a positive knock-on effect to help reduce people being placed in permanent care home places, where these people could have been supported at home.
		<b>Actual</b> 156	R	<b>Actual</b> 311	R	<b>Actual</b> 479	R	<b>Actual</b>		
6.6	By September 2013, review and redesign the range of community services that support people to live independently at home, 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.			<b>Expected</b> Review completed						Initial project scoping meetings held with joint commissioning partners. Service options are currently being drafted and will be presented to commissioners for discussion in early December 2014 Focused work has taken place on ensuring much greater consistency & coherence on the whole system discharge pathway Work is underway to reduce the number of contractors involved in delivering the services on the pathway in 2014/15. New services have been commissioned to support people at home
				<b>Actual</b> Review completed, actions being implemented	A	<b>Actual</b> Service options being developed	A			
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)	<b>Expected</b> 60.75%	A	<b>Expected</b> 61.5%	A	<b>Expected</b> 62.25%	A	<b>Expected</b> 63%		There has been a 6.5% increase in the number of people supported at home this year, but the increase in people supported in care homes, means that a lower proportion of people are supported



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
		<b>Actual</b> 60.4%		<b>Actual</b> 60.9%		<b>Actual</b> 61.0%		<b>Actual</b>		in their own homes than was planned.
<b>6.8</b>	60% of the expected population (4251 of 7086 people) with dementia will have a recorded diagnosis (currently 49.6% or 3516 people)	<b>Expected</b> 52.4%	N C I	<b>Expected</b> 54.9%	R	<b>Expected</b> 57.4%	Waiting for info	<b>Expected</b> 60%		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 %. A number of initiatives have been put in place to reach what is now a very challenging target set for this year.
	<b>Actual</b> 40% (3555 people)	<b>Actual</b> 42.9% (3815 people)		<b>Actual</b>						
<b>6.9</b>	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 (baseline zero as this is a new initiative)	<b>Expected</b> 22.5% (24 homes)		<b>Expected</b> 45% (48 homes)		<b>Expected</b> 67.5% (71 homes)	A	<b>Expected</b> 90% (95 homes)		Target part of wider campaign to start a network of 300 champions by June 2014. The Oxfordshire Dignity & Dementia Champions Network was set up in October and we have 184 registered champions including 59 from 21 care homes. All care homes have been contacted about the network. There may be cultural barriers to reaching the target as some homes believe that all their staff will champion dignity and do not need to join the network. Further work on sharing good practice in the use of champions with homes is on-going.
	<b>Actual</b>	<b>Actual</b>	<b>Actual</b> 20% (21 homes)	<b>Actual</b>						
<b>6.10</b>	3500 people will receive a reablement service (currently 2197)	<b>Expected</b> 819	R	<b>Expected</b> 1728	R	<b>Expected</b> 2652	R	<b>Expected</b> 3500		The general trend (excluding December) is of increasing activity - though this is still below the target. There have been issues with the flow of information from hospitals to the reablement service, which have affected the services ability to pick up cases. To improve this regular meetings take place with staff in
	<b>Actual</b> 681	<b>Actual</b> 1353		<b>Actual</b> 2037		<b>Actual</b>				

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
										hospitals. At the end of December a significant number (52) of people who had completed their reablement were still in the service as we could not find on-going permanent care. Various initiatives have been put in place and by the end of January this had dropped to 8.
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%	R	Expected 55%	R	Expected 55%	A	Expected 55%		This has improved significantly from the last quarter.
	Actual 50%	Actual 52%		Actual 54%		Actual				
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%		Annual indicator taken from survey.
							Actual			
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 81.2% (currently 80.4%, 229 of 285 respondents)							Expected 81.2%		Annual indicator taken from survey.
							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	G			Expected 50	A			Indicator is rated as amber for the whole programme although it is on track for this quarter. Minor slippage from March 2015 to December 2015, with schemes at Chipping Norton (80) and Carterton (92) completing after March due to delays in planning permission and site assembly. 45 extra flats at the proposed Kingston
	Actual 55	Actual 50								

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
										Bagpuize scheme also now expected by the end of 2015. The programme is still likely to deliver 893 places by the end of 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	A		A			Delay in completion of the wider Oxfordshire Strategic Housing Market Assessment (SHMA) has impacted on the older persons housing work stream. The SHMA will provide a strategic context for all new housing in the County. Expected for agreement at Health & Wellbeing Board in July 2014.
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.

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
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### Priority 7: Working together to improve quality and value for money in the Health and Social Care System

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									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 end of 2014.
7.2	Agree an expanded and genuinely pooled budget for older people by July 2013			Expected	G					Completed.
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)									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
7.4	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)					<b>Expected</b>  Above the national average				Annual indicator taken from survey.
						<b>Actual</b>				
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)							<b>Expected</b>  Above the national average		Annual indicator taken from survey.
								<b>Actual</b>		
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)	<b>Expected</b>  14,224 carers known	G	<b>Expected</b>  14,571 carers known	G	<b>Expected</b>  14,918 carers known	G	<b>Expected</b>  15,265 carers known		Forecasting 15,533 by year end.
		<b>Actual</b>  14255		<b>Actual</b>  14,656		<b>Actual</b>  15100		<b>Actual</b>  		
7.7	880 carers breaks jointly funded and accessed via GPs (currently 881)	<b>Expected</b>  220	G	<b>Expected</b>  440	G	<b>Expected</b>  660	G	<b>Expected</b>  880		Funding only exists for 880 breaks. Once these have been funded new breaks this year will cease.
		<b>Actual</b>  409		<b>Actual</b>  633		<b>Actual</b>  737		<b>Actual</b>  		

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

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
8.1	At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years)	Expected 60%	A	Expected 60%		Expected 60%		Expected 60%		Bowel cancer screening data is released at least 4-5 months in arrears and is not yet available. During Q1 56.6% of individuals (aged 60-69 years) who were sent invitation letters that were adequately FOBt (Faecal Occult Blood test) screened. Across the Thames Valley the average is 56.5% and Oxfordshire ranks 2 <sup>nd</sup> out of the 4 Public Health teams within this area.
		Actual 56.6%		Actual		Actual		Actual		
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	G	Expected 19,557	G	Expected 29,335		Expected 39,114		NHS Health Check data is usually available a month after quarter end.  20,329 invitations had been sent out by the end of Q2. This represents 5.3% of the eligible population. This is above the national average of 3.9% and Oxfordshire ranks the highest within the 8 Thames Valley authorities.
		Actual 9,938		Actual 20,329		Actual		Actual		
8.3	At least 65% of those invited for NHS Health Checks will attend (ages 40-74)	Expected 65%	R	Expected 65%	R	Expected 65%		Expected 65%		Report Card was circulated in Nov 2013.  Although this indicator remains below the target it represents an improvement in uptake from Q1. Oxfordshire ranks 5th within the group of 8 Thames Valley authorities.
		Actual 41.9% (4165 of 9938)		Actual 46% (9351 of 20,329)		Actual		Actual		
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	G	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 having quit smoking.
		Actual 875		Actual 1653		Actual		Actual		

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
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### 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	A					Childhood obesity data is an annual data return that follows the school year instead of financial year cycle  Although slightly above the target, the proportion of Year 6 pupils that are obese in Oxfordshire is below that nationally (18.9%). Oxfordshire ranks 3 <sup>rd</sup> out of the 9 authorities in the South Central area. The average obesity level within the South Central area is 16.9%.
				14.9% or less						
				Actual						
				15.2%						
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
9.3	62% of babies are breastfed at 6-8 weeks of age (currently 59.1%)	Expected	R	Expected	R	Expected		Expected		Report card was circulated in Nov 2013. A request has been made to Oxford Health to produce a recovery plan detailing work towards improving rates of breastfeeding.
		62%		62%		62%		62%		
		Actual		Actual		Actual		Actual		
		59%		59.5%						

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

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
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)							<b>Expected</b> 216 or less		Measure reported annually, expected during Q4.
								<b>Actual</b>		
10.2	At least 75% of people receiving housing related support will depart services to take up independent living	<b>Expected</b> 75%	<b>G</b>	<b>Expected</b> 75%	<b>G</b>	<b>Expected</b> 75%		<b>Expected</b> 75%		
		<b>Actual</b> 85.7%		<b>Actual</b> 87.2%		<b>Actual</b>		<b>Actual</b>		
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%)	<b>Expected</b> 80%	<b>G</b>	<b>Expected</b> 80%	<b>G</b>	<b>Expected</b> 80%		<b>Expected</b> 80%		As might be expected, the highest number of applicant households who were homeless as defined by the Housing Act 1996, were in Oxford City, followed by Cherwell. The lowest number was in West Oxfordshire. The highest percentage of applicants found to be eligible, unintentionally homeless and in priority need was in Vale of White Horse, where 69% applicants were in this category, compared to 51% in Cherwell, 54% in West Oxfordshire, 58% in South Oxfordshire, and 55% in Oxford City.
		<b>Actual</b> 82.3%		<b>Actual</b> 82%		<b>Actual</b>		<b>Actual</b>		
10.4	Fuel poverty outcome to be determined							<b>Expected</b>  Outcome measure to be		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



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
								determined		measure is being introduced nationally which may provide an indicator for this work.
								Actual		
<b>Priority 11: Preventing infectious disease through immunisation</b>										
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%	G	Expected 95%		Expected 95%		Childhood immunisations data is usually available 1-2 months after the quarter end.
		Actual 96.2%		Actual 95%		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%	A	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 92.4%		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 Quarter 4
								Actual		