

**Oxfordshire Health & Wellbeing Board
13 November 2014**

Performance Report

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. There are 68 indicators included in the strategy with the majority reported on a quarterly basis. A number have annual targets, with a mixture being reported at the end of the academic year or the end of the financial year.
3. Where possible data for Quarter 2 has been provided, however in some cases this data is not yet available and so the summary relates to Quarter 1 performance. Up to date data will be reported to the relevant partnership boards when available.
4. Current performance (based on 47 indicators that data is expected to be available for) can be summarised as follows:

21 indicators are Green
8 indicators are Amber (defined as within 5% of target)
10 indicators are Red
3 indicators are awaiting data
5 indicators have data but are for monitoring purposes only and hence not RAG rated.
5. Current performance is generally positive, with over 40% being on target. Appropriate action is being taken where performance is not currently meeting expected levels. This has been summarised in the notes column of the appendix.
6. Of the indicators that are rated as Red:
 - a. **5 are in Priority 8 - Preventing early death and improving quality of life in later years** (these all relate to Q1 data)
 - 8.1a – Proportion of bowel screening packs completed and returned (ages 60-69)
 - 8.1b – Proportion of bowel screening packs completed and returned (aged 70-74)
 - 8.3 – At least 66% of those invited for NHS Health Checks will attend
 - 8.4 – Number of people quitting smoking for at least 4 weeks
 - 8.6 – Non-opiate users successfully leaving treatment
 - b. **3 are in Priority 6 – Support older people to live independently with dignity whilst reducing the need for care and support**
 - 6.1 – Reduce the number of days that a patient is delayed in hospital
 - 6.2 – Reduce the number of avoidable emergency admissions to hospital for older people
 - 6.6 – Increase the number of people referred to reablement from their own home (as opposed to a hospital stay)

- c. **1 is in Priority 5 – Living and working well**
 - 5.5 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages

- d. **1 is in Priority 2 – Narrowing the gap for our most disadvantaged and vulnerable groups**
 - 2.3 Maintain the low level of persistent absence from school for looked after children.

John Jackson
Director of Adult Social Care

Contact Officer: Alison Wallis, Performance & Information Manager, Joint
Commissioning, Tel: (01865) 815140

October 2014

Oxfordshire Health and Wellbeing Board Performance Report

No	Indicator	Q1 Apr-Jun	R A G	Q2 Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Locality spread	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 2015.	Expected		Expected		Expected		Expected			Latest data available is for Q3 13/14 (95.5%)
CCG		90.5%		91%		91.5%		92%			
		Actual		Actual		Actual		Actual			
1.2	Reduce the rate of emergency admissions to hospital with infections, for under 18's, maintaining low rates through 2014-15 (baseline 152.2 per 10,000 Mar13/14)	Expected		Expected		Expected		Expected			
CCG		173.1		168.7		164.3		159.8			
		Actual		Actual		Actual		Actual			
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 2014/15 to 1800 (from 1036 in 13/14)	Expected		Expected		Expected		Expected		Funding is targeted at areas of deprivation	This represents a significant increase from 2013/14, as eligibility criteria expands from September 2014 If expected take up achieved it is estimated that there will be 75% take up by eligible children in the summer 2015 school term
OCC		350		1020		1275		1800			
		Actual		Actual		Actual		Actual			
		392	G		G						

2.2	Maintain the take up of free early education for 2 year-old Looked After children to 80% (currently at 80% in 13/14)	Expected 80%	A	Expected 80%	A	Expected 80%		Expected 80%		Not applicable	
OCC		Actual 78%		Actual 78%		Actual		Actual			
2.3	Maintain the current low level of persistent absence from school for looked after children. The target for 2013-14 academic year is 3.3% The target for 2014-15 academic year will be set in the autumn term			Expected 3.3%	R					Reported cohort refers to children who have been continuously looked after for at least 12 months as of 31 March 2013.	
OCC			Actual 5.3% (8 children)								
2.4	Maintain the number of looked after children permanently excluded from school at zero (13/14)			Expected Zero	G						
OCC			Actual Zero								
2.5	Decrease the rate of persistent absence from school of children in need from school from 19.8% (baseline in 2012/13 academic year)					Expected <19.8%					
OCC						Actual					
2.6	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 target established					
OCC						Actual					

2.7	Identify, track and measure the outcomes of all 810 families in Oxfordshire meeting the national Troubled Families criteria			Expected a) 90% b) 80%	G			Expected a) 90% b) 80%			Targets are for end of year but have already been met. The Troubled Families criteria are: improve attendance and behaviour in school; reduce anti-social behaviour and youth offending; increase adults entering work
OCC	a) working with 90% of identified families b) turning around 80% of identified families			Actual a) 100% b) 90%				Actual			
2.8	Improve the free school meals attainment gap at all key stages and aim to be in line with the national average by 2014 a) KS2: 23% points; b) 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 In line with national KS2: (19%pts in 12/13); KS4 (27pts in 12/13)					
OCC						Actual					
Priority 3: Keeping all children and young people safe											
3.1	Establish a baseline in order to reduce the assessed level of risk of high risk Domestic Abuse victims managed through Multi-Agency Risk Assessment Conferences (MARAC).							Expected Baseline established			The immediate risk was reduced for 100% through initial safety measures - this is a measure of engagement with the victim to work towards longer term safety
		Actual 82%		Actual 84%		Actual		Actual			
3.2	Every child considered likely to be at risk of Child Sexual Exploitation (identified using the	Expected 100%	G	Expected 100%	G	Expected 100%		Expected 100%			

OCC	CSE screening tool) will have a multi-agency plan in place	Actual 100%	Actual 100%	Actual	Actual	Actual			
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	Expected Prevalence reported and action taken as appropriate	Expected Prevalence reported and action taken as appropriate	Expected Prevalence reported and action taken as appropriate	Expected Prevalence reported and action taken as appropriate			
OCC		Actual Prevalence reported and action taken as appropriate	Actual Prevalence reported and action taken as appropriate	Actual	Actual	Actual			
3.4	Monitor the number of children who go missing from home and the proportion who go missing 3 or more times within a 12 month period	Expected No target	Expected No target	Expected No target	Expected No target	Expected No target			
OCC		Actual 25/179	Actual 56/356	Actual	Actual	Actual			
3.5	Increase the proportion of quality assurance audits undertaken and reviewed through the Oxfordshire					Expected >76%			Oxfordshire's Safeguarding Children Board covering the

OCC	Safeguarding Children Board that show a positive overall impact from a baseline of over 76% (13/14)							Actual			following agencies: children's social care; youth offending service; education services; children and adult health services; early intervention services; services provided by the police.
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 85% (baseline 83% 13/14)	Expected	A	Expected	G	Expected		Expected			
OCC		83.5%		84.0%		84.5%		85%			
		Actual		Actual		Actual		Actual			
		82.1%		84.5%							
4.2	84% of children will achieve Level 2b or above in reading at the end of Key Stage 1 of the academic year 2012/13 (baseline 81% 12/13 academic year)	Expected		Expected	A						
OCC		84%		Actual		82%					
4.3	80% of children at the end of Key Stage 2 will achieve Level 4 or above in reading, writing and maths (baseline 78% 12/13 academic year)	Expected		Expected	A						
OCC		80%		Actual		77%					
4.4	63% of young people achieve 5 GCSEs at A*-C including English and Maths at the end of the academic year 2013/14			Expected	change of						Change of definition within the academic year means that the published figure (based

OCC	(baseline 61% 12/13 academic year)			Actual 58.6%						on pupils first entry results) cannot be directly compared to last year and to target (based on best results). However in 2014 Oxfordshire's results were significantly above the national average (56.1%)
4.5 a	a) At least 72% of young people will make the expected 3 levels of progress between key stages 2-4 in English (baseline 70% 12/13 academic year)			Expected 72%	G					
OCC			Actual 74%							
4.5 b	b) At least 73% of young people will make the expected 3 levels of progress between key stages 2 and 3 in maths. (baseline 71% 12/13 academic year)			Expected 73%	A					
OCC			Actual 71%							
4.6	Increase the proportion of pupils attending good or outstanding: a) primary schools to 75% at the end of 13/14 academic year (baseline 73% 12/13 academic year)	Expected Primary: 75% Secondary: 87%	A	Expected Primary: 75% Secondary: 87%	A	Expected Primary: tbc Secondary: tbc	Expected Primary: tbc Secondary: tbc			

OCC	b) secondary schools to 87% at the end of 13/14 academic year (baseline 84% 12/13)	Actual Primary 78% Secondary 85%		Actual Primary: 79% Secondary: 85%		Actual Primary: Secondary:		Actual Primary: Secondary:			
4.7	Of those pupils at School Action Plus, increase the proportion achieving 5 GCSEs at A* - C including English and Maths to 17% (baseline 10%12/13 academic year)					Expected 17%					
OCC						Actual					
4.8 a	To reduce the persistent absence rates in primary schools to 2.8% (baseline 3.2% 12/13 academic year)			Expected Primary: 2.8%	G					Data remains provisional. Official figures will be published by the Dfe in March 2015. Indicator relating to secondary schools not rated due to incomplete set of data received	
OCC				Actual 2.0% provisiona 							
4.8 b	To reduce the persistent absence rates in secondary schools to 6.7% (baseline 7.4% 12/13 academic year)			Expected 6.7%	Not rated						
OCC				Actual 6.0% provisiona 							
4.9	Continue to reduce the number of young people not in education, employment or training to below 5% (baseline	Expected <7%	G	Expected <7%	G	Expected <5%		Expected <5%			NEET and not known data follows a cyclical pattern with distinct peaks in September

OCC	4.7% - 937 young people, 2013/14)	Actual 5.4%		Actual 6.0%		Actual		Actual		following young people's transition from school.
4.1	Continue to reduce the proportion of young people whose NEET status is not known, to less than 5% (March 15) (Baseline 11% March 14)	Expected <10%		Expected <64%		Expected <20%		Expected <5%		
OCC		Actual 5.4%	G	Actual 47.6%	G	Actual		Actual		

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	1800 people to receive information and advice about areas of support as part of community information networks	Expected 450		Expected 900		Expected 1350		Expected 1800		
OCC		Actual		Actual Not yet available		Actual		Actual		
5.2	Excess under 75 mortality in adults with serious mental health illness (PHOF 4.9 from outcomes framework) Baseline 350.3 in 2011/12 (England average 337.4).							Expected tbc		Target to be determined
CCG								Actual		
5.3	Access to psychological therapies to be improved so that more than 50% of people who have completed treatment having attended at least 2 treatment contacts are moving to recovery							Expected >50%		
OCC								Actual		

5.4	At least 60% of people with learning disabilities will have an annual physical health check by their GP (baseline 45.7% 2013/14)						Expected 60%			
CCG							Actual			
5.5	Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages (2013/14 baseline: 951.4 per 100,000 population)	Expected Less than 951.4 per 100,000		Expected Less than 951.4 per 100,000	R	Expected Less than 951.4 per 100,000	Expected Less than 951.4 per 100,000			
CCG		Actual na		Actual 1010.8		Actual	Actual			
5.6	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 565.4 per 100,000 population)	Expected 565.4 per 100,000		Expected 565.4 per 100,000	G	Expected 565.4 per 100,000	Expected 565.4 per 100,000			
CCG		Actual na		Actual 534.7		Actual	Actual			
5.7	Increase the employment rate amongst people with mental illness from a baseline of 33.2% in 2013/14						Expected >33.2%			
CCG							Actual			
Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support										
6.1	Reduce the number of days that a patient is delayed in hospital by 38% from an average of 4688 per month in 2012/13 to 2908	Expected 2908	R	Expected 2908	R	Expected 2908	Expected 2908 per month			Although social care delays remain at target level they grew in July and August. This was driven by an increase in home

OCC	per month in 2014/15 (baseline 14.8 days in acute hospitals)	Actual 3603		Actual 3922		Actual		Actual		care delays and in part reflects the summer holidays. The new block contracts began in October, which should improve pick up times, which remain the main performance issue for the directorate.
6.2	Reduce the number of avoidable emergency admissions to hospital for older people (aged 65+) per 100,000 population from a baseline of 15,849 in 13/14	Expected		Expected <15,849		Expected <15,849		Expected <15,849		
CCG		Actual		Actual 16,161	R	Actual		Actual		
6.3	Reduce the number of permanent admissions of older people (aged 65+) to residential and nursing care homes from 582 in 2012/13 to 546 in 2014/15	Expected 136		Expected 275		Expected 410		Expected 546		
OCC		Actual 139	A	Actual 240	G	Actual		Actual		
6.4	Increase the proportion of older people with an ongoing care package supported to live at home from 60.0% in April 2014 to 61.9% in April 2015	Expected 60.0%		Expected 60.7%		Expected 61.3%		Expected 61.9%		
OCC		Actual 61.4%	A	Actual 62.0%	G	Actual		Actual		
6.5	60% of the expected population (5134 out of 8557) with dementia will have a recorded diagnosis (baseline 44.2% or 3929 people)	Expected 48.2%		Expected 52.2%		Expected 56.6%		Expected 60.0%		Data source is currently the quarterly GP data collection as CQRS quarterly figures are not yet available, hence not yet RAG rated
CCG		Actual na		Actual 47.4%	No clear data	Actual		Actual		

6.6	Increase the number of people referred to reablement from their own home (as opposed to a hospital stay) to 1875 in 2014/15 from a baseline of 881 in 2013/14	Expected	R	Expected	R	Expected	Expected			The issue remains low levels of community based referrals (with referrals from hospital above the expected contract level). There has however been an increase in referrals from GPs in August.
OCC		469		938		1406	1875			
		Actual		Actual		Actual	Actual			
		196		391						
6.7	Increase proportion of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services to 80% by April 2015 from a baseline of 71.7% in April 2013						Expected			
OCC							80%			
							Actual			
6.8	Maintain the number of organisations providing social care in Oxfordshire that meet the standard of treating people with respect and involving them in their care at above 95%	Expected	G	Expected	G	Expected	Expected			
OCC		95%		95%		95%	95%			
		Actual		Actual		Actual	Actual			
		95%		96%						
6.9	Target to be developed around the Better Care Fund national patient/ service user experience measure						Expected			Work to agree Better Care Fund plan ongoing to March 2015, measures being developed as part of its process
OCC							Actual			
6.1	Ensure an additional 523 Extra Care Housing places by the end of Mar 2015, bringing the total number of places to 768 by the end of March 2015			Expected		Expected	Expected			512 flats in operation and due to open a further 256 in the next 6 months
OCC				Actual		Actual	768			
				512			Actual			

6.1 1	Increase the proportion of people approaching the end of life who receive consistent care that is coordinated effectively across all relevant settings leading to patients dying in their preferred place of care. Baseline and targets to be determined							Expected Target tbc			
CCG								Actual			
Priority 7: Working together to improve quality and value for money in the Health and Social Care System											
7.1	A measure to be developed relating to how the County Council and the Clinical Commissioning Group and Oxford Health FT are responding to Better Care Fund national conditions for shared care coordination, 7 day access and accountable lead professionals							Expected			Work to agree Better Care Fund ongoing, including response to national conditions. Measures will be developed and agreed as part of this process.
								Actual			
7.2	A national measure of patient/ service user experience to be developed in line with the Better Care Fund							Expected To be developed			Work to agree Better Care Fund plan ongoing to March 2015, measures being developed as part of its process
								Actual			
7.3	Increase the number of carers known and supported by adult social care by 10% to 17,000 (baseline 15,474 Apr 2014)	Expected 15,855	A	Expected 16,235	A	Expected 16,615		Expected 17,000			
OCC		Actual 15,723		Actual 15,843		Actual		Actual			

7.4	At least 880 carers breaks jointly funded and accessed via GPs (currently 880 at Apr 2014)	Expected 220	G	Expected 440	G	Expected 660		Expected 880		
OCC		Actual 459		Actual 747		Actual		Actual		

No	Indicator	Q1 Apr-Jun	R A G	Q2 Jul-Sept	R A G	Q3 Oct-Dec	R A G	Q4 Jan-Mar	R A G	Locality spread	Notes
Priority 8: Preventing early death and improving quality of life in later years											
8.1 a	At least 60% of those sent bowel screening packs will complete and return them (ages 60-69 years) and an equity audit should be conducted to ensure all population groups are responding	Expected 60%	R	Expected 60%		Expected 60%		Expected 60%			
NHS England		Actual 54.2%		Actual		Actual					
8.1 b	At least 60% of those sent bowel screening packs will complete and return them (ages 70-74 years) and an equity audit should be conducted to ensure all population groups are responding	Expected 60%	R	Expected		Expected		Expected			
NHS England		Actual 56.2%		Actual		Actual					
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%	Expected 3.75%	G	Expected 7.5%		Expected 11.25%		Expected 15%		Q1 South West – 7.5% West Oxfordshire – 3.1%	
OCC		Actual 5.4%		Actual		Actual					
8.3	At least 66% of those invited for NHS Health Checks will attend (ages 40-74) and no CCG locality should record less than	Expected 46%	R	Expected 50%		Expected 58%		Expected 66%		Q1 West Oxfordshire – 85.3%	

No	Indicator	Q1 Apr-Jun	R A G	Q2 Jul-Sept	R A G	Q3 Oct-Dec	R A G	Q4 Jan-Mar	R A G	Locality spread	Notes
OCC	50% with all aspiring to 66% (Baseline 46% Apr 2014)	Actual 42%		Actual		Actual		Actual		Oxford City – 31%	
8.4	At least 3800 people will quit smoking for at least 4 weeks (Baseline 3622 in 13/14) Baseline women smoking in pregnancy (%) – 9% (Q4 1314)	Expected 868		Expected 1672		Expected 2574		Expected 3800			Women smoking in pregnancy – 8%
OCC		Actual 626 Women smoking in pregnancy – 8%	R	Actual		Actual		Actual			
8.5	8.6% of opiate users successfully leaving treatment by the end of 14/15 (baseline 6.5% 2013/14)	Expected 7.0%		Expected 7.5%		Expected 8.0%		Expected 8.6%			The number of non- opiates users successfully completing treatment is below the set target. Through the introduction of the Public Health Outcome Framework the performance measure has changed from counting drug users safely supported in services to counting those who successfully complete treatment. Current performance is being addressed with a comprehensive recovery plan with Public Health England support to develop and implement system wide action plans.
OCC		Actual 7.1%	G	Actual		Actual		Actual			
8.6	38.2% of non-opiate users successfully leaving treatment by the end of 14/15 (baseline 15.5% 2013/14)	Expected 21.2%		Expected 26.9%		Expected 32.6%		Expected 38.2%			
OCC		Actual 14.5%	R	Actual		Actual		Actual			

No	Indicator	Q1 Apr-Jun	R A G	Q2 Jul-Sept	R A G	Q3 Oct-Dec	R A G	Q4 Jan-Mar	R A G	Locality spread	Notes
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% and no district population should record more than 19% (Baseline 15.2% in 2013)			Expected							
OCC				14.9% or less							
9.2	Reduce by 1% the proportion of people who are NOT physically active for at least 30 minutes a week (Baseline for Oxfordshire 22.2% against 28.5% nationally, 2013-14 Active People Survey)							Expected			
District councils								Actual			
9.3	63% of babies are breastfed at 6-8 weeks of age (currently 60.4%) and no individual health visitor locality should have a rate of less than 50%	Expected	A	Expected		Expected		Expected		Q1. 80.9% North Oxford/ Cumnor/ Botley 44.1% Didcot	Didcot is the only locality to fall below the 50% target
NHS England & CCG		63%		63%		63%		63%			
		Actual		Actual		Actual		Actual			
		60.3%									

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 Oct-Dec	RAG	Q4 Jan-Mar	RAG	Locality spread	Notes
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness											
10.1	The number of households in temporary accommodation as at 31 March 2015 should be no greater than the level reported in March 2014 (baseline 197 households in Oxfordshire)							Expected 197 or less			
District Councils								Actual			
10.2	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 83.9% in 13/14)	Expected 75%		Expected 75%		Expected 75%		Expected 75%		The majority of people receive a service from a county wide service which means it isn't possible to accurately provide data on a locality basis	
OCC		Actual 91%	G	Actual		Actual		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 81% in 2013- 2014 when there were 2837 households known to services)	Expected 80%		Expected 80%		Expected 80%		Expected 80%		Q1 West Oxfordshire – 89% (108/122) Vale – 79% (70/89)	
District Councils		Actual 82%	G	Actual		Actual		Actual			
10.4	Establish a baseline of the number of households in Oxfordshire who have received significant increases in the							Expected 550			

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 Oct-Dec	RAG	Q4 Jan-Mar	RAG	Locality spread	Notes
Affordable Warmth Network	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. It is hoped that an aspirational baseline target of 550 households will be reached							Actual			
10.5	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 74 in 2013-14							Target < 74			
District Councils								Actual			

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 Oct-Dec	RAG	Q4 Jan-Mar	RAG	Locality spread	Notes
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 95.8%) and no CCG locality should perform below 94%	Expected	G	Expected		Expected		Expected		Oxford City 92.8%	
NHS England		95%		95%		95%		95%			
		Actual		Actual		Actual		Actual			
		95.2%									
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 93.7%) and no CCG locality should perform below 94%	Expected	A	Expected		Expected		Expected		North Oxon 93.8% Oxford City 90.1% South East 92.4% West Oxon 92.4%	
		95%		95%		95%		95%			
		Actual		Actual		Actual		Actual			
		92.6%									
11.3	At least 60% of people aged under 65 in "risk groups" receive flu vaccination (baseline 55% 13/14)							Expected			
								55%			
NHS England								Actual			
11.4	At least 90% of young women will receive both doses of HPV vaccination. (baseline to be confirmed)							Expected			
								Over 90%			
NHS England								Actual			