

Health & Wellbeing Board Performance Report 2015/16 Quarter 1

Introduction

1. Annex 1 shows performance at the end of quarter 1 for all priorities in the Health & Wellbeing strategy. Performance on priorities 1-4 is managed through the Children's Trust; performance on priorities 5-7 is managed through the Joint Management Groups for the Pooled Budgets for adult health and care services and performance on priorities 8-11 is managed through the Health Improvement Board.
2. Priority 4 - raising achievement for all children and young people is monitored annually once the national results are known.

Summary

3. The table below summarises performance on each priority. In total 65 measures are reported, with 41 rated. 17 (just over 40%) are on target, with 11 (just over a quarter) rated amber and 13 (just under a third) rated red. Looking across all the measures performance is good on priorities 3, 5, 10 and 11, whereas in the following priorities most measures are rated red:
 - a. Narrowing the gap for our most disadvantaged and vulnerable groups
 - b. Support older people to live independently with dignity whilst reducing the need for care and support
 - c. Preventing early death and improving quality of life in later years

	Red	Amber	Green	Not Rated	Total
1. Ensuring children have a healthy start in life and stay healthy into adulthood	0	0	0	2	2
2. Narrowing the gap for our most disadvantaged and vulnerable groups	3	0	2	3	8
3. Keeping children and young people safe	1	1	4	2	8
5. Working together to improve quality and value for money in the Health and Social Care System	1	3	5	2	11
6 Adults with long term conditions living independently and achieving their full potential	1	1	2	4	8
7. Support older people to live independently with dignity whilst reducing the need for care & support	4	3	0	2	9
8 Preventing early death and improving quality of life in later years	3	2	2	0	7
9. Preventing chronic disease through tackling obesity	0	1	0	2	3
10. Tackling the broader determinants of health through better housing and preventing homelessness	0	0	1	5	6
11. Preventing infectious disease through immunisation	0	1	1	2	4
Total	13	11	17	24	65

4. The individual indicators rated as red are:
 - a. Ensuring children have a healthy start in life and stay healthy into adulthood (none)
 - b. Narrowing the gap for our most disadvantaged and vulnerable groups

- i. 2.2 Reduce the number of children and young people placed out of county and not in neighbouring authorities from 74 to 70
 - ii. 2.5 Reduce the number of children with SEN with at least one fixed term exclusion in the academic year.
 - iii. 2.7 Reduce the number of young people convicted of a violence against a person offence excluding common assault
 - c. Keeping children and young people safe
 - i. 3.4 Reduce the number of hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)
 - d. Working together to improve quality and value for money in the Health and Social Care System
 - i. 5.2 Reduce the number of avoidable emergency admissions to hospital for older people per 100,000 population
 - e. Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential
 - i. 6.5 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages
 - f. Support older people to live independently with dignity whilst reducing the need for care and support
 - i. 7.1 Reduce the number of people delayed in hospital
 - ii. 7.2 Reduce the number of older people placed in a care home
 - iii. Increasing the number of people accessing reablement from the community.
 - iv. 7.8 Increase the number of people supported through home care by social care in extra care housing by 10%
 - g. Preventing early death and improving quality of life in later years
 - i. At least 3650 people will quit smoking for at least 4 weeks
 - ii. The target for opiate users by end 2015/16 should be at least 7.6% successfully leaving treatment and not representing within 6 months
 - iii. At least 39% of non-opiate users by 2015/16 should successfully leave treatment and not represent within 6 months
 - h. Preventing chronic disease through tackling obesity/ Tackling the broader determinants of health through better housing and preventing homelessness/ Preventing infectious disease through immunisation all have no red indicators

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Oxfordshire Health and Wellbeing Board
Performance Report

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

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
1.1 Waiting times for first appointment CAHMS. 75% of children will receive their first appointment within 8 weeks of referral by the end 2016/16	75%	Not yet available								Awaiting data from the service
1.2 Support secondary schools to have a school health improvement plan which includes smoking, drug and alcohol initiatives.	100%									Annual measure only

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

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
2.1 Reducing inequalities as measured by Public Health measure 1.01i - Children in poverty (all dependent children under 20)	<10.9									Annual measure
2.2 Reduce the number of children and young people placed out of county and not in neighbouring authorities from 74 to 70	70	83	R							The growth in numbers placed out of county is a factor of the increase in overall looked after numbers.
2.3 Reduce the level of care leavers not in employment, education or training	< 47%									Annual measure
2.4 Increase the number of young carers identified and worked with by 20% from 1825 at April 1, 2015 to 2190.	2190	1945 - 120 new	G							365 new young carers need to be identified by March 2016. In the first quarter 120 or 33%
2.5 Reduce the number of children with SEN with at least one fixed term exclusion in the academic year. (Measured on an academic year)	5.1%	5.8%	R							747/12989
2.6 Increase the proportion of children with a disability who are accessing short breaks services who are eligible for school meals	24%	39.5%	G							38 children receiving short breaks, 15 eligible for FSM, 13 receiving pupil premium
2.7 Reduce the number of first time entrants to Youth Justice Service from 208 in the calendar year 2014	< 208									Annual measure
2.8 Reduce the number of young people convicted of a violence against a person offence excluding common assault (defined as a gravity score of 4 and above)	< 18	6	R							

Priority Three: Keeping children and young people safe

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
3.1 Set a baseline for and then increase the amount of times the Independent Chair is satisfied that the core group minutes show that the objectives of the CP Plan are being progressed by the Core Group. Baseline 48.6%	48.6%	72.8%	G							New measure. Will be examined going forward
3.2 Set a baseline for and then increase the proportion of specified outcomes that have been achieved in the child protection plan. Baseline 39%.	39%	42%	G							Overall there has been a small increase in the number of outcomes that have been achieved
3.3 Increase the proportion of neglect cases where the neglect tool is used.	13.3%	14.2%	A							127 new CPP for neglect. 18 neglect tools recorded. Figures are for neglect tools recorded on social care system only. Tools used in other organisations but may not be recorded on social care systems. Report card on use of neglect tool being drawn up.
3.4 Reduce the number of hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24) (PH OF 2.07ii)	135.4	145.0	R							Covered in report on the growth in demand for services across agencies
3.5 More than 70 schools receive direct support to implement effective Anti-Bullying strategies as evidenced by school action plans to tackle and reduce bullying through increased membership of Anti-Bullying Ambassador scheme, individual support from Anti-Bullying Co-ordinator and provision of training	70	46	G							28 primary & 18 secondary schools supported
3.6 Reduce the assessed level of risk for high risk domestic violence victims managed through the MARAC (Multi-Agency Referral Risk Assessment Conference)	< 80%	75%	G							

3.7 Female Genital Mutilation (measure to be confirmed)	tbc	tbc								Specific measure to be agreed
3.8 Monitor the proportion of MASH enquiries leading to a referral where information was shared with partner agencies.	32%	33.5% 557/ 1663								

Priority Four: Raising achievement for all children and young people

As these results are annual these will be provided by an annual report in February 2016 when both Oxfordshire's figures and other local authority figures will be available

<i>Monitoring Education Strategy measures:</i>	
4.1 Early Years, including: <ul style="list-style-type: none"> • 62% of children in early years & foundation stage reaching a good level of development 	
4.2 Levels of attainment and quality across all primary and secondary schools	
4.3 Closing the attainment gap, including: <ul style="list-style-type: none"> • Children eligible for Free School Meals • Special schools • Children with Special Educational Needs 	
<i>Monitoring Oxfordshire Skills Board measures:</i>	
4.4 Creating seamless services to support young people through their learning –from school and into training, further education, employment or business	
4.5 Up-skilling and improving the chances of young people marginalised or disadvantaged from work	
4.6 Increasing the number of apprenticeship opportunities	

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

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
5.1 Deliver the 6 Better Care Fund national requirements for closer working of health and social care			G							All are on track
5.2 Reduce the number of avoidable emergency admissions to hospital for older people per 100,000 population from a baseline of 15,849 in 13/14	15,849	16,782	R							
5.3 Increase the number of carers known to social care from 16,265 (March 2015) to 17,000 by March 2016	17,000	16,546	G							On track
5.4 Increase the number of carers receiving a social care assessment from 6,042 in 2014/15 to 7,000 in 2015/16	7,000	1,131	G							Target requires just under 600 assessments per month. Currently below target but performance is increasing month on month. In June & July 1380 assessments were completed. At this rate the target will be exceeded
5.5 Increase the number of carers receiving a service from 2,226 in 2014/15 to 2,450 in 2015/16	2,450	304								The current level of service recipients is half the target. This is primarily an unforeseen consequence the Care Act. National guidance is such that only carers with a personal budget or direct payment should be counted as receiving a service. Carers now have to be assessed to receive these, whereas previously they could directly access direct payments from GPs, The figure excludes most services that provide support for carers e.g. over 4000 people receive the Alert service, which provides an alarm to a call centre. A recent review of such

										services showed that in 88% of cases these reduced carers levels of stress and anxiety
5.6 Increase the percentage of people waiting a total time of less than 4 hours in A&E. Target 95% based on an average from the first three quarters of 2014/15 which is 91.3%	95%	96.2%	A							
5.7 Increase the percentage of people waiting less than 18 weeks for treatment following a referral:										
• Admitted patients target 90%	90%	89.0%	A							
• Non-admitted patients target 95%	95%	95.9%	G							On track
• Of patients who do not complete the pathway target 92%	92%	94.2%	G							On track
5.8 Monitor complaints and compliments people raise about health and social care with the Clinical Commissioning Group and the County Council. Set a target to increase next year as a measure of transparency and openness to learning										Information not yet available

Priority 6: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
6.1 20,000 people to receive information and advice about areas of support as part of community information networks	20,000	9078	G							On track
6.2 15% of patients with common mental health disorders, primarily anxiety and depression will access treatment	15%	Not yet available								
6.3 Improve access to psychological therapies so that more than 50% of people who have completed treatment having attended at least 2 treatment contacts are moving to recovery	50%	Not yet available								
6.4 At least 60% of people with learning disabilities will have an annual physical health check by their GP	60%	Not yet available								
6.5 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages (2013/14 baseline: 951.4 per 100,000 population)	< 951.4	986	R							
6.6 Increase the employment rate amongst people with mental illness from a baseline of 9.9% in 2013/14	9.9%	Not yet available								
6.7 Reduce the number of assessment and treatment hospital admissions for adults with a learning disability to 8 in 2015/16 from 20 in 2014/15	8		A							Figures are currently below the level reported last year, but higher than the expected position for 8 in the year.
6.8 Reduce the length of stay of hospital episodes for adults with a learning disability so that by March 2016 no one has been in a NHS Assessment & Treatment Unit for more than 2 years. It is acknowledged that 2 years remains an unacceptable length of stay and are working to develop a new approach which will improve the pathway.	0		G							On track to be at zero by the end of the year.

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

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
7.1 Reduce the number of people delayed in hospital from an average of 145 per day in 2014/15 to an average of 96 for 2015/16	96	154	R							
7.2 Reduce the number of older people placed in a care home from 11.5 per week in 2014/15 to 10.5 per week for 2015/16	10.5	12.8	R							166 people were placed in a care homes in quarter 1 or 12.8 people per week. This includes individuals coming from hospital or their own home, or who were previously self-funding but their savings have fallen below the threshold for local authority funding. The rate is above target and higher than the same period last year. This is in part due to general increasing demand for services, as more people are living longer. It is also a symptom of the capacity issue within the market for home care provision, as care homes are used as an alternative to home care. However, relative to other authorities, Oxfordshire tends to perform well on this measure and it is expected that it will be in the top quartile nationally when figures are published later in the year.
7.3 Increase the proportion of older people with an on-going care package supported to live at home from 62.7% in April 2015 to 63.0% in April 2016	63%	62.6%	A							More people than planned have been supported in care homes with the increase in admissions described above
7.4 Over 67% of the expected population (5081 out of 7641) with dementia will have a recorded diagnosis (provisional baseline 59.5% or 4948 people)	67%									Not yet available

7.5 Increase the number of people accessing the reablement pathway including										
<ul style="list-style-type: none"> Increasing the number of people accessing the reablement pathway from a hospital pathway to at least the national average. 	1945	420	A							1945 people accessed reablement from hospital last year. This is marginally above the national average. To maintain this level would require just fewer than 490 new episodes a quarter. In quarter 1 there have been just fewer than this, but episodes traditionally increase over winter
<ul style="list-style-type: none"> Increasing the number of people accessing reablement from the community. Our target for the year is 1875. 	1875	412	R							A multi-agency project has been set up to improve access to reablement and the performance of the whole reablement pathway. Work streams include developing a commissioning pathway, and improving the interface between the different parts of the reablement pathway. The recommendation for a single provider service from hospital delivered by a combined service from both current providers was agreed and the providers are developing a plan to implement this change.
7.6 Reduce the proportion of people who do not complete their reablement episode from 20.3% in 2014/15 to 17% in 2015/16	17%	18.4%	A							Significant improvement in year
7.7 Monitor the number of providers described as outstanding, good, requires improvement and inadequate by CQC and take appropriate action where required.										See below
7.8 Increase the number of people supported through home care by social care in extra care housing by 10% (from 114 to 125)	125	107	R							The number has dropped in the first quarter, but has subsequently risen again. Further work is in hand to better understand how people are supported.

7.9 Increase the proportion of people on the end of life pathway who die in their preferred place.																						Not yet available
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Provider CQC Ratings (as reported 7/9/2014) of providers inspected so far

	Care Homes			Clinics ¹			Community Services			Doctors/GPs			Hospitals			Mental health services			Social Care Support at home		
	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %
Outstanding	0	0%	0%	0	0%	4%	0	0%	1%	0	0%	4%	0	0%	2%	0	0%	2%	0	0%	1%
Good	19	58%	61%	7	70%	75%	1	50%	34%	5	71%	80%	3	75%	32%	3	60%	43%	5	38%	68%
Requires Improvement	13	39%	33%	2	20%	17%	1	50%	57%	1	14%	12%	1	25%	58%	2	40%	47%	8	62%	27%
Inadequate	1	3%	5%	1	10%	3%	0	0%	8%	1	14%	3%	0	0%	8%	0	0%	7%	0	0%	4%

Multi agency bi monthly care governance and quality meetings are held with the Care Quality Commission to review their reports alongside the council's own contract reports, safeguarding alerts and complaints to see all the intelligence held on the provider market and what further action is needed in working with these providers.

The council reviews all providers it has contracts with at least annually and agrees action plans with any provider which is not delivering care to an acceptable standard. The action plans are then regularly reviewed by the Contracts and Quality Team.

The major issues identified by both the Contracts & Quality Team and the Care Quality Commission are around specifically the capacity and capability of staff in these sectors.

¹ There are a range of different types of healthcare clinics in England in addition to GPs, which offer services such as IVF, cosmetic surgery and advice or treatment to help with family planning or losing weight.

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

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
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%			
NHS England		Actual 59.2%		Actual		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%		West Oxfordshire locality has fairly small proportion invited to attend (1.8%) this quarter.	
OCC		Actual 5%		Actual		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 50% with all aspiring to 66% (Baseline 46% Apr 2014)	Expected 46%	A	Expected 50%		Expected 58%		Expected 66%		North East Oxfordshire has a lower proportion attending (26.7%) whilst West Oxfordshire has had more attending than invited (150%)	
OCC		Actual 42.2%		Actual		Actual		Actual			
8.4	At least 3650 people will quit smoking for at least 4 weeks (Achievement in 2014/15 = 1955)	Expected 913	R	Expected 1825		Expected 2738		Expected 3650			
OCC		Actual 477		Actual		Actual		Actual			

8.5	The number of women smoking in pregnancy should decrease to below 8% (recorded at time of delivery). (Baseline 2014/15 = 8.1%)	Expected	G	Expected		Expected		Expected			
OCC		<8%		<8%		<8%		<8%			
		Actual		Actual		Actual		Actual			
		7.8%									
8.6	The target for opiate users by end 2015/16 should be at least 7.6% successfully leaving treatment and not representing within 6 months (baseline 7.8%)	Expected	R	Expected		Expected		Expected			
OCC		7.6%		7.6%		7.6%		7.6%			
		Actual		Actual		Actual		Actual			
		6.2%									
8.7	At least 39% of non-opiate users by 2015/16 should successfully leave treatment and not represent within 6 months (baseline 37.8%)	Expected	R	Expected		Expected		Expected			
OCC		39%		%		%		%			
		Actual		Actual		Actual		Actual			
		29%		%							

Please note that the completion data is from 1/10/14 to 31/12/14 and representations are up to 30/06/2015.

Priority 9: Preventing chronic disease through tackling obesity

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
9.1	Ensure that the obesity level in Year 6 children is held at no more than 16% (in 2013/14 this was 16.9%). No district population should record more than 19%					Expected					
OCC						16% 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 23% against 28.9% nationally, 2014-15 Active People Survey)							Expected			
District council								22% or less			
9.3	63% of babies are breastfed at 6-8 weeks of age (currently 60.4%) and no individual CCG locality should have a rate of less than 50%	Expected	A	Expected		Expected		Expected		For CCG localities in Q1 all are over 50%	
NHS England & CCG		63%		Actual		Actual		Actual			
		60.9%		%		%					

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

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
10.1	The number of households in temporary accommodation as at 31 March 2016 should be no greater than the level reported in March 2015 (192 households in Oxfordshire in 2014/15)			Expected				Expected			
				192 or less				192 or less			
District Councils				Actual				Actual			
10.2	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 91% in 14/15)	Expected	G	Expected		Expected		Expected			
				75%				75%			
OCC		Actual		Actual		Actual		Actual			
		84.8%		%		%		%			
10.3	At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless (baseline 83% in 2014/15 when there were 2454 households known to services). Reported 6-monthly			Expected				Expected			
				80%				80%			
District Councils				Actual				Actual			
				%							
10.4	More than 700 households in Oxfordshire will receive information or services to enable significant increases in the			Expected				Expected			
				>700				>700			

Affordable Warmth	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.			Actual				Actual			
10.5	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 70 (2014/15)										
District Councils											
10.6	A measure will be included in the performance framework to monitor the success of supporting vulnerable young people in appropriate housing following monitoring to establish a baseline.										Baseline to be established and outcome to be discussed in March 2016
OCC											

Priority 11: Preventing infectious disease through immunisation

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
11.1	At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 95.2%) and no CCG locality should perform below 94%	Expected	G	Expected		Expected		Expected		Oxford City is almost at the target (93.3%). All others are achieving over 95%	
NHS England		95%		Actual		Actual		Actual			
		95.1%		%		%					
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.5%) and no CCG locality should perform below 94%	Expected	A	Expected		Expected		Expected		North Oxfordshire and Oxford City have lower rates this quarter – below 92%. All other CCG localities are achieving 94% or higher	
NHS England		95%		Actual		Actual		Actual			
		92%				%					
11.3	At least 60% of people aged under 65 in “risk groups” receive flu vaccination (2014/15 =)							Expected			
NHS England								55%	Actual		
11.4	At least 90% of young women will receive both doses of HPV vaccination. (2014/15 =)							Expected			
NHS England								Over 90%	Actual		