

Oxfordshire Health & Wellbeing Board – 10 November 2016 Performance Report 2016/17

Introduction

1. Annex 1 shows 2016/7 performance for all priorities in the Health & Wellbeing strategy for quarter 1. 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. The Children's Trust is just completing a review of its roles and functions and has amended the datasets associated with priorities 1-4. The revised dataset will be reported in quarter 2.
2. Priority 4 is monitored via the Children's Trust in the annual education report – the 2016 annual report will be provided in February 2017 once the full set of attainment results are published.

Summary

3. The table below summarises performance on each priority. In total 48 measures are now reported, with 31 rated. 20 (61%) are on target, with 4 (12%) rated amber and 9 (27%) rated red. Looking across all the measures, performance is good, with half or more of the measures hitting their target for priorities 2, 3, 5, 6, 7, 8, 10 and 11. However in the following priorities over half of the measures have missed the target:
 - a. Ensuring children have a healthy start in life and stay healthy into adulthood
 - b. Preventing chronic disease

	Red	Amber	Green	Not Rated	Total
1. Ensuring children have a healthy start in life and stay healthy into adulthood	1	0	0	0	1
2. Narrowing the gap for our most disadvantaged and vulnerable groups	2	0	2	2	6
3. Keeping children and young people safe	0	0	2	0	2
5. Working together to improve quality and value for money in the Health and Social Care System	2	0	2	2	6
6 Adults with long term conditions living independently and achieving their full potential	0	0	5	1	6
7. Support older people to live independently with dignity whilst reducing the need for care & support	2	1	3	1	7
8 Preventing early death and improving quality of life in later years	2	0	4	1	7
9. Preventing chronic disease through tackling obesity	0	2	0	1	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	9	4	20	15	48

4. The individual indicators rated as red are:
- a. Ensuring children have a healthy start in life and stay healthy into adulthood
 - i. 1.1 Waiting times for first appointment CAHMS. 75% of children will receive their first appointment within 12 weeks of referral by the end 2016/17
 - 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 77 to 60
 - ii. 2.5 Reduce the proportion of children with SEN with at least one fixed term exclusion in the academic year. (Measured on an academic year)
 - c. Keeping children and young people safe
 - i. none
 - d. Working together to improve quality and value for money in the Health and Social Care System
 - i. 5.2 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages
 - ii. 5.5 Increase the percentage of people waiting a total time of less than 4 hours in A&E.
 - e. Adults with long term conditions living independently and achieving their full potential
 - i. none
 - f. Support older people to live independently with dignity whilst reducing the need for care and support
 - i. 7.2 Reduce the number of older people placed in a care home from 12 per week in 2015/16 to 11 per week for 2016/17
 - ii. 7.5 Increasing the number of hours people are able to access the reablement pathway to 110,000 hours per year (2,115 per week) by April 2017.
 - g. Preventing early death and improving quality of life in later years
 - i. 8.3 Take-up of invitation for NHS Health Checks should exceed national average (2015-16 = 51.7% nationally) and aspire to 55% in year ahead. No CCG locality should record less than 50%.
 - ii. 8.7 Number of users on NON-OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.
 - h. Preventing chronic disease through tackling obesity
 - i. none
 - i. Tackling the broader determinants of health through better housing and preventing homelessness
 - i. none
 - j. Preventing infectious disease through immunisation
 - i. none

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October 2016

Oxfordshire Health and Wellbeing Board
Performance Report

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

	Baseline	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 12 weeks of referral by the end 2016/17	54%	29%	R							CCG is monitoring performance and has plans in place to tackle this issue assured by the NHSE.

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

	Baseline	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)	10.7									Annual measure. Children in poverty (all dependent children under 20) – latest figure we have is for 2013 – 10.7% (significantly better than England average (18%)). Children (under 16s) in poverty – latest figure also for 2013 – 11.1% (significantly better than England average (18.6%)). 2014 figures not available
2.2 Reduce the number of children and young people placed out of county and not in neighbouring authorities from 77 to 60	77	87	R							The number of looked after children has risen to 622. This is a similar rate to our statistical neighbours, but significantly below the national level. The growth affects the number of placed out of county. The delivery of the residential part of the placement strategy has been delayed by 7 months due to the late completion of the Thame Assessment Centre. The fostering element of the placement strategy has been very successful - with a 41% increase in use of in-house foster placement and foster placement with family and friends since March 2013.
2.3 Reduce the level of care leavers not in employment, education or training	51%									Annual Figure
2.4 Increase the number of young carers identified and worked with from 2281 by 20%	2281	2387 (124 new)	G							124 new young carers were identified in first quarter.

<p>2.5 Reduce the proportion of children with SEN with at least one fixed term exclusion in the academic year. (Measured on an academic year)</p>	<p>5.1%</p>	<p>7.1%</p>	<p>R</p>						<p>The provision of schooling is increasingly through a more autonomous academy led system. Not all academy schools or academy chains have a strategic approach to SEND provision and those schools can be isolated or experience a reduction in SEN support and direction. There are also growing concerns that SEND budgets are not being used appropriately but difficult to challenge as funding is not as transparent in academies.</p>
<p>2.6 Increase the proportion of children with a disability who are accessing short breaks services who are eligible for school meals</p>	<p>24%</p>	<p>44.4%</p>	<p>G</p>						<p>27 children receiving short breaks, 12 eligible for FSM</p>

Priority Three: Keeping children and young people safe

	Baseline	15/16 figure	Q1		Q2		Q3		Q4		Comment
			Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
3.1 Reduce the number of hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24) (PH OF 2.07ii)	152.3	152.3	132.7	G							
3.2 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	146	28	G							18 primary and 10 secondary schools supported between 1 April and 31 July 2016 compared with 146 in 2015-16

Priority Four: Raising achievement for all children and young people

Monitoring Education Strategy measures:

	No	RAG
Early Years, including: <ul style="list-style-type: none"> • 62% of children in early years & foundation stage reaching a good level of development, updated now with 2016 data 	70%	G
Levels of attainment and quality across all primary and secondary schools		
Closing the attainment gap, including:		
<ul style="list-style-type: none"> • Free School Meals gap <ul style="list-style-type: none"> ○ KS2 (%expected standard) New definition so no baseline. Data to be provided in February 	No baseline	
<ul style="list-style-type: none"> • Free School Meals gap <ul style="list-style-type: none"> ○ KS4 (Progress 8) New definition so no baseline. Data to be provided in February 	No baseline	
<ul style="list-style-type: none"> • Children at School Support <ul style="list-style-type: none"> ○ KS2 (% expected standard) New definition so no baseline. Data to be provided in February 	No baseline	
<ul style="list-style-type: none"> • Children at School Support <ul style="list-style-type: none"> ○ KS4 (Progress 8) New definition so no baseline. Data to be provided in February 	No baseline	

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	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
5.1 Deliver the 6 Better Care Fund national requirements for closer working of health and social care			G							All requirements being met.
5.2 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages	tbc		R							Year on year performance showed a reduction at April (the most recent figures) but this is classed as red as the latest figure exceeds the target. Currently there is significant pressure on non-elective admissions overall and this may be reflected in future reports.
5.3 Increase the number of carers receiving a social care assessment from 7,036 in 2015/16 to 7,500 in 2016/17.	7,500	nya								Figure not currently available. Awaiting update in social care system
5.4 Increase % carers who are extremely or very satisfied with support or services received. 43.8 % baseline from 2014 Carers survey.	> 44%									Based on a national survey of informal carers of social care service users. Survey to be run in November
5.5 Increase the percentage of people waiting a total time of less than 4 hours in A&E.	95%	83.5%	R							We aim to improve performance in respect of the 95% A&E target through a number of initiatives including an extension of Ambulatory Care Pathways and the use of interface medics to bridge the gap between primary and secondary care. Further work is being carried out and we are striving to continue developing pathways to become increasingly effective and efficient. The Ambulatory Emergency Care service facility has been expanded to increase the number of patients that can be seen. We anticipate that this will have a positive impact from Q2 onwards.
5.6 Increase the percentage of people waiting less than 18 weeks for treatment	92%	92.2%	G							This figure is the overall position for all providers across all specialities. There has

following a referral										been under performance in some specialities that have caused the numbers to vary below target in some months but the year to date performance is on target at July.
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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	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
6.1 20,000 people to receive information and advice about areas of support as part of community information networks.	20,000	16,785	G							
6.2 15 % of patients with common mental health disorders, primarily anxiety and depression with access to treatment.	15%	15.9%	G							
6.3 Improve access to psychological therapies so that more than 50% of people who have completed treatment having attended at least 2 treatment contacts are moving to recovery.	50%	50.6%	G							
6.4 At least 60% of people with learning disabilities will have an annual physical health check by their GP.	60%	nya								
6.5 Increase the employment rate amongst people with mental illness.	16.75%	20%	G							
6.6 Reduce the number of assessment and treatment hospital admissions for adults with a learning disability to 6 or fewer	6		G							Figures under 5 are not reported to ensure confidentiality is maintained. Performance is on target. This measure will be revised next quarter in line with revised NHS England guidance

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	R A G	Fig	R A G	Fig	R A G	Fig	R A G	
7.1 Reduce the number of people delayed in hospital from current level of 136 in April 2016 to 102 in December 2016 and 73 in March 2017.	73	110	G							On track to meet target. The reduction attributed to the introduction of the 'new command-and-control' structures between the providers, which in turn has supplemented the DTOC pathway work ongoing since December 2015.
7.2 Reduce the number of older people placed in a care home from 12 per week in 2015/16 to 11 per week for 2016/17.	12	13	R							There has been an increase in care home admissions whereas the target was to reduce the number. This though has in part reflects a fall in the waiting lists.
7.3 Increase the proportion of older with an on-going care package supported to live at home from 60% in April 2016 to 62% in April 2017	63%	63.3%	G							New home care contracts began in May and fewer people are now waiting for care. Increased availability of care has meant the proportion of older people supported at home has increased beyond target. Within the Better Care Fund plan we agreed to purchase an additional 10% more home care in the year. This has been exceeded. This has helped reduce delays across the system (in hospital, at home and in reablement and other short term services)
7.4 66.7% of the expected population with dementia will have a recorded diagnosis	66.7%	66.3%	G							

<p>7.5 Increasing the number of hours people are able to access the reablement pathway to 110,000 hours per year (2,115 per week) by April 2017.</p>	<p>2,115</p>	<p>917</p>	<p>R</p>							<p>A new reablement contract begins on October 1st bringing together several existing services, which will allow the service to deliver more care. However performance is 25% below what would be expected at this point in the year.</p>
<p>7.6 75% of people who receive reablement need no ongoing support.</p>	<p>75%</p>	<p>67%</p>	<p>A</p>						<p>The transition is being managed through a Joint Strategic Oversight Group and has involved increased monitoring of the outgoing supplier and joint work with the incoming supplier. Both the outgoing and incoming suppliers have met to co-ordinate and agree arrangements particularly around staff transfers and communication. All workstreams are progressing as expected and the services will remain a priority.</p>	
<p>7.7 Monitor the number of providers described as outstanding, good, requires improvement and inadequate by Ofsted.</p>	<p>See below</p>									

Provider CQC Ratings (as reported 1/7/2016) of providers inspected so far

	Care Homes			Social Care at home			Independent Health Care			NHS Healthcare			Primary Medical Services		
	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %
Outstanding	2	2%	1%	1	2%	1%	0	0%	9%	1	20%	5%	2	6%	4%
Good	69	65%	68%	45	74%	76%	3	100%	65%	3	60%	40%	28	82%	83%
Requires Improvement	36	34%	29%	15	25%	21%	0	0%	23%	1	20%	49%	4	12%	10%
Inadequate	0	0%	3%	0	0%	2%	0	0%	3%	0	0%	7%	0	0%	3%

There were no inadequate care providers, as rated by CQC, in Oxfordshire at the end of June. There are 542 inadequate providers nationally, including health services, covering 137 of the 152 adult social care authority areas. There are 391 inadequate social care providers nationally covering 117 local authority areas. Providers rated as 'good' or 'outstanding' are now in line with national figures.

Four of the eight new 'Help to Live at home' providers have been rated by CQC. 3 are good and 1 requires improvement. These providers deliver care to 450 service users, of whom 392 - or 87% are with providers rated as good

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

Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
		Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
8.1 At least 60% of those sent bowel screening packs will complete and return them (aged 60-74 years) - and adequately screened	60%	0%								Data received for Q4 2015/16 indicates this is now at 59.9%. Data received 6 months in arrears.
8.2 Of people aged 40-74 who are eligible for health checks once every 5 years, at least 15% are invited to attend during the year. No CCG locality should record less than 15% and all should aspire to 20%.	15%	5.0%	G							Q1 - all localities (except West Oxfordshire (2.6%) have similar proportions to Oxfordshire overall.
8.3 Take-up of invitation for NHS Health Checks should exceed national average (2015-16 = 51.7% nationally) and aspire to 55% in year ahead. No CCG locality should record less than 50%.	>51.7% (Aspire 55%)	35.1%	R							Q1 - some variance between localities. West Oxfordshire 76%, North Oxfordshire 48%, All others lower than Oxfordshire figure.
8.4 Number of people quitting smoking for at least 4 weeks should exceed 2015-16 baseline by at least 10% (15-16 baseline = 1923)	> 2115 by end year	551	G							Currently on-target to meet 2115 by end year.
8.5 Mother smoking at time of delivery should decrease to below 8% - Oxfordshire CCG	<8%	7.8%	G							
8.6 Number of users of OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.	> 4.5% 5% end year (Aspire 6.8% long term)	4.6%	G							This has improved and achieves the new target. It is not as high as the aspiration for the end of the year.

<p>8.7 Number of users on NON-OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.</p>	<p>> 26.2% 30% end year (Aspire 37.3% long term)</p>	<p>20.8%</p>	<p>R</p>							
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Priority 9: Preventing chronic disease through tackling obesity

Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
		Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
9.1 National Childhood Measurement Programme (NCMP) - obesity prevalence in Year 6. No district population should record more than 19%	<=16%									
9.2 Reduce by 0.5% the proportion of people who are NOT physically active for at least 30 minutes a week (baseline for Oxfordshire 21.9% Jan14-15)	Reduce by 0.5% from baseline (21.9%)	23.4%	A							Updated PHOF Aug 2016. This has been classed as "amber" rather than "red" as it remains significantly better than England (28.7%)
9.3 Babies breastfed at 6-8 weeks of age (County) (No individual CCG locality should have a rate of less than 55%)	63%	62.2%	A							Seeking to obtain these data at locality level (SL)

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

Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
		Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
10.1 The number of households in temporary accommodation on 31 March 2017 should be no greater than level reported in March 2016 (baseline 190 households)	≥190									
10.2 At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.2% 2015-16)	75%	84.9%	G							
10.3 At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless.	80%									
10.4 Increase the number of households in Oxfordshire who have received significant increases in energy efficiency of their homes or their ability to afford adequate heating, as a result of the activity of the Affordable Warmth Network and their partners	Needs a new target									
10.5 Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 90 (2015)	≥90									
10.6 At least 70% of young people leaving supported housing services will have positive outcomes in 2016-17, aspiring to 95%	≤70% Aspire 95%									

Priority 11: Preventing infectious disease through immunisation

Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
		Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
11.1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 years and no CCG locality should perform below 94%	95%	95.0%	G							Seeking data at locality level
11.2 At least 95% children receive dose 2 of MMR vaccination by age 5 years and no CCG locality should perform below 94%	95%	93.4%	A							Seeking data at locality level
11.3 Seasonal Flu <65 at risk (Oxfordshire CCG)	≥ 55%									
11.4 HPV 12-13 years (Human papillomavirus) 2 doses	≥ 90%									