

**Oxfordshire Shadow Health and Wellbeing Board
22 November 2012**

Performance Reporting and Action Planning

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. It is worth noting that although the most up to date figures possible have been included, in many cases this relates to quarter 1 (April – June) as quarter 2 (July – September) is still being verified. Where possible, interim performance has been indicated in the notes column.
3. There are also a number of targets that will not be reported on a quarterly basis. This may be where data is collected or released less frequently (as the result of an annual survey for example), or because work this year is focused on establishing baselines for new measures.
4. Current performance can be summarised as follows:
 - 11** indicators are Green
 - 3** indicators are Amber (defined as within 5% of target)
 - 5** indicators are Red
 - 5** indicators expected to report in Q2 do not have information available yet
 - 27** indicators were not expected to report this quarter.
5. Current performance is varied, and appropriate action is being taken where it does not meet expected levels to improve this. This has been summarised in the notes column of the appendix. More detailed explanation of some areas of under-performance, including what is being done to improve, will be reported at each meeting to allow the Board to focus attention where performance does not meet expected levels.
6. For this meeting, the Board are invited to consider an in-depth report card that has been produced for the bowel screening target (indicator 8.2). There is also a themed discussion on the response to the continuing increase in demand affecting adult social care, reablement services and delayed transfers of care. This relates closely to indicators 6.1, 6.2 and 6.4 in particular.

Action Planning

7. Each of the priorities and measures in the Joint Health and Wellbeing Strategy has a clear owner, an organisation or partnership that is responsible for reporting progress.
8. However, it is important to capture the wide range of activity happening across the county that contributes to each of them. The workshops are

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proving to be important in understanding the work of partner organisations, how this contributes to meeting the priorities and measures in the strategy, and the opportunities they present for further joint working.

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November 2012

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		Q2 report Jul-Sept		Q3 report Oct-Dec		Q4 report Jan-Mar		Notes
Priority 1: All children have a healthy start in life and stay healthy into adulthood										
1.1	Reduce emergency admissions to hospital for episodes of self-harm by 5% year on year. This means reducing admissions by 8 young people in 2012/13 (currently 155)	Expected 37 admissions Actual 36 admissions	G	Expected 74 admissions Actual 66 admissions	G	Expected 111 admissions Actual		Expected 148 admissions Actual		
1.2	Reduce emergency admissions to hospital with infections by 10% year on year. This means reducing emergency admissions by 145 in 2012/13	Expected 327 admissions Actual 413 admissions	R	Expected 653 admissions Actual 805 admissions	R	Expected 979 admissions Actual		Expected 1306 admissions Actual		This is a challenging target set against a national trend of increased admissions, but is part of the NHS outcomes framework. A project board with primary and secondary clinical buy-in has been established, and a clinical decision unit will be introduced in Q3 which should have a positive impact. Q3 may also see an increase in admissions as a result of seasonal pressures.
1.3	Review and redesign transition services for young people with mental health problems. This would mean there would be a new service in place from 1 st April 2013							Expected New service to be in place		A project group led by the Director of Children Education and Families has been established to take this forward, following a successful workshop held by the Children and Young People's Board
Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups										

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
2.1	Maintain the recently improved rate of teenage conceptions (currently at 22 women aged 15-17 per 1000 - in 2010 this was 251 conceptions)	Expected 62	G	Expected 125	G	Expected 187		Expected 251		Latest data Apr-June 2011. Published Sept 2012
		Actual 62		Actual 123		Actual		Actual		
2.2	The 'Thriving Families' project will have begun work with the first 100 families by April 2013							Expected 100 families Actual		250 families have been identified so far, and a number of workers have been appointed. A triage process is underway to allocate families to workers
2.3	Reduce persistent absence (15% lost school days or more) from school for children looked after to 4.9% for 2011/12 academic year (currently 11.7%)			Expected 4.9%	R					This figure is for those children continually looked after for at least 12 months as of 31 March. The figure for the whole cohort rises to 12%
			Actual 7.7%							
Priority 3: Keeping all children and young people safer										
3.1	Collect information to establish a baseline of prevalence and trends of child sexual exploitation in Oxfordshire by March 2013							Expected Baseline established and targets set		This work is being undertaken by the Child Sexual Exploitation sub group of the Safeguarding Children's Board

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
3.2	Reduce the number of children who need a subsequent Child Protection Plan (following a previous completed plan) to no more than 15%, which will require full multi-agency commitment (in 2011/12 15.3%)	Expected 15% rolling year 15% year to date	G	Expected 15% rolling year 15% year to date	G	Expected 15% rolling year 15% year to date		Expected 15% rolling year 15% year to date		The measure is the proportion of children who became subject to a child protection plan who had previously been subject to a plan (the national definition is within 2 years, this report is all children) Figure reported monthly October figure: 10.4% rolling year (46/441) 11.4% year to date (29/254)
	Actual 11.5% rolling year 2.6% year to date	Actual 10.3% rolling year (44/429) 10.2% year to date (22/216)		Actual		Actual				
3.3	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 (baseline to be confirmed in 2012/13)							Expected Programme of audits in place and baseline established		The Quality Assurance and Audit sub-group of OSCB have set up a working group to develop this measure fully, to report by March 2013.
							Actual			
Priority 4: Raising achievement for all children and young people										
4.1	76% (5,000) children achieve Level 2b or above in reading at the end of Key Stage 1 of the			Expected 76%	G					Performance is now above national average (76%). Oxfordshire still ranks below its statistical neighbour average

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	academic year 2011/12 (currently 74.3% for the academic year 2010/11)			Actual 78%						
4.2	80% (4,880) of children achieve Level 4 or above in English and Maths at the end of Key Stage 2 of the academic year 2011/12 (currently 75% for the academic year 2010/11)			Expected 80% Actual 82%	G					Oxfordshire now performs above national average (79%) and in line with the statistical neighbour average
4.3	59% (3,500 out of 6,000) of young people achieve 5 GCSEs at A*-C including English and Maths at the end of the academic year 2011/12 (currently 57.4% for the academic year 2010/11)			Expected 59% Actual 57.2%	R					This is a slight decrease on 2011, national and statistical neighbour figures remained constant. Validated figures will be published in January, including any English re-sit figures.
4.4	66% (153) primary schools and 70% (24) secondary schools will be judged by Ofsted to be good or outstanding in 2012/13 (currently 61% (142) of primary schools and 65% (21) of secondary schools)	Expected 62% (Primary) 66% (Secondary)	A	Expected 63% (Primary) 67% (Secondary)	A	Expected 64% (Primary) 68% (Secondary)		Expected 66% (Primary) 70% (Secondary)		Figure reported monthly (but not during school holidays).
	Actual 60% primary 65% secondary	Actual 62% primary 65% secondary		Actual		Actual				
4.5	Reduce the number of young people not in education, employment or training to 5% or 864 young people (currently 5.7% in the financial year 2012/13)	Expected 5.6%	G	Expected 8.3% (NB figures always peak in September)	A	Expected 6.6%		Expected 5.0%		Figure reported monthly. The 2012/13 targets (including interim measures) are lower than the same period in the previous year. Similar peaks in September occurred in previous years and also in national data

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
		Actual 5.2%		Actual 8.4%		Actual		Actual		– the NEET figure is at highest in Sept each year because the destination of young people in education has lapsed. This figure will settle down in the next few months and will continue to be addressed by hub workers. The figures for July and August were reducing and were just over the annual target.
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 72.4%)							Expected 75%		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking information in August.
								Actual		
5.2	15% of adults on the care programme approach receiving secondary mental health services will be in paid employment at the time of their most recent assessment / review (currently 10.7%)	Expected 11.8%		Expected 12.9%		Expected 13.9%		Expected 15%		The wording of this indicator has been changed slightly to more accurately reflect the targeted individuals, although the baseline and targets remain the same
		Actual 11%	A	Actual 13.4%	G	Actual		Actual		
5.3	86% of people with a long-term condition feel supported to manage their condition (currently 84%)							Expected 86%		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking information in August.
								Actual		

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5.4	95% of people living with severe mental illness will have an annual physical health check by their GP (currently 93.7%)							Expected		This indicator is no longer part of the national outcomes framework, however it remains a priority locally and will be reported on an annual basis
								95% Actual		
5.5	50% of people with learning disabilities will have an annual physical health check by their GP (currently 45%)							Expected		The data for this indicator is only collected at the end of the financial year and so will be available in Q4.
								50% Actual		
Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support										
6.1	A reduction in delayed transfers of care so that Oxfordshire's performance is out of the bottom quarter (current ranking is 151/151)	Expected	R	Expected	R	Expected		Expected		Figure published monthly by Department of Health.
		146		103		72		72		
		Actual		Actual		Actual		Actual		
		151		144						
6.2	No more than 400 older people per year to be permanently admitted to a care home from October 2012 (currently 546)					Expected		Expected		Figure reported monthly. Year to date from April-Sept is 323.
						100		200		
						Actual		Actual		
6.3	50% of the expected population with dementia will have a recorded diagnosis (currently 37.8%)			Expected	G	Expected		Expected		Data being collected from Q2 due to changes in collection methods
				43.9%		46.95%		50%		
				Actual		Actual		Actual		
				46.6%						
6.4	3,140 people will receive a reablement service (currently 1,812)	Expected	R	Expected	R	Expected		Expected		Figure reported monthly. July figure is 672 actual against a trajectory of 933.
		654		1526		2420		3140		

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		Actual 492		Actual 1020		Actual		Actual		August figure is 873 against a trajectory of 1235.
6.5	Maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 91.6%).							Expected 91.6%		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking information in August.
								Actual		
6.6	By the end of March 2013, commission an additional 130 Extra Care Housing places, bringing the total to 407 and by the end of March 2015 an additional 523 places, bringing the total number of places to 930			Expected 130	G					Target for this year has been achieved – 40 new ECH places have opened at Thame, 70 at Banbury (Stanbridge) and 20 at Bicester.
				Actual 130						
6.7	75% of older people who use adult social care say that they find information very or fairly easy to find (currently 73.8%)							Expected 75%		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking information in August.
								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
6.8	Review transport in the community to understand the best way of meeting community needs by June 2013							Expected Review complete and action plan in place Actual		A programme has been established and is on track to complete this review by June 2013.
Priority 7: Working together to improve quality and value for money in the Health and Social Care System										
7.1	Deliver a joint single point of access to health and social care community services, provided by Oxford Health and Oxfordshire County Council by the 1 st December 2012					Expected Single point of access in place Actual				A single point of access for health and social care services already exists provided through Oxford Health Foundation Trust. This is open on a daily basis, further refinement is needed and will be in place by 1 st December 2012
7.2	Deliver fully functioning, locality based and integrated health and social care services by March 2013							Expected Integrated health and social care services operational in localities Actual		A detailed plan to achieve this will be complete by the end of November
7.3	A single Section 75 agreement to cover all the pooled budget arrangements by April 2013							Expected Single section 75 agreement in		A joint County Council and Clinical Commissioning Group working group has been set up to oversee this work, and is on track to deliver by end March 2013

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								place		
								Actual		
7.4	A joint older people's commissioning strategy covering both health and social care by April 2013							Expected		The draft strategy has been developed by a multi-agency working group, and discussed at a stakeholder workshop with over 90 attendees. Consultation is planned for Dec – Feb (subject to agreement of AH&SC Board), and strategy to be signed off by end-March.
								Joint strategy agreed and delivery plans in place Actual		
7.5	Oxfordshire's Clinical Commissioning Group will be authorised by April 2013							Expected		Authorisation submitted in wave 1. 110/119 criteria met following desktop review and site visit. Conditions Panel sits on 2 Nov, expected to be authorised with minimal conditions that can be discharged before taking responsibility on 1 April 2013. Action plan is in place to deliver this.
								CCG to be authorised Actual		
7.6	More than 60% of people who use social care services in Oxfordshire will say they are very satisfied with their care and support (currently 59.4%)							Expected		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking information in August.
								60% Actual		
7.7	Achieve above the national average of people satisfied with their experience of hospital care					Expected				Published as NHS National Outcomes Framework 4b. Since it is for experience of hospital care the data is given for
						Above national				

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
	(when the nationally sourced information for Oxfordshire is available)					average England 2011/12 = 75.6%	G			individual hospitals, performance is then averaged to give an overall figure. NOC and OUHT were separate in 2011/12 and so they are reported individually. The values are reported as values out of 100. OUHT 75.1/100 NOC 82.3 / 100 Oxford Mental Health Trust is not included.
						Actual 78.7%				
7.8	Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (when the nationally sourced information for Oxfordshire is available).							Expected Above national average Actual		Data for this indicator comes from the GP Patient Survey. 2011/12 data for the survey was collected in two waves. (NHS National Outcomes indicator 4a) 1 st wave published (July-Sept) – 88.28% 2 nd wave to be published March 2013
7.9	Establish a baseline for measuring carer satisfaction of services by May 2013							Expected Baseline established and targets set Actual		A survey is taking place in November to establish current performance, the outcomes of which will be used to identify priorities and targets. Comparative data with other areas expected to be available in early 2013/14
7.10	800 carers' breaks jointly funded and accessed via GPs	Expected 200 Actual 213	G	Expected 400 Actual 427	G	Expected 600 Actual		Expected 800 Actual		Achieved Q1 and Q2 targets
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	100 smoking quitters above the national target (the nationally set target for Oxfordshire is 3,576)	Expected 840	G	Expected 1617		Expected 2490		Expected 3676		Target has been amended slightly to reflect higher national target for Oxfordshire. Performance is monitored weekly with an 8 week lag in reporting. Q2 data therefore expected early Dec. Actual as at 04/11/12 is 1255 against a trajectory of 1235.
		Actual 852		Actual		Actual		Actual		
8.2	2,000 adults receiving bowel screening for the first time (meeting the challenging national target of 60% of 60-69 year olds every 2 years)	Expected 500	R	Expected 1000		Expected 1500		Expected 2000		
		Actual 406		Actual		Actual		Actual		
8.3	30,000 people invited for Health Checks for the first time (currently 25,000)	Expected 7500	G	Expected 15000	G	Expected 22500		Expected 30000		
		Actual 8848		Actual 20707		Actual		Actual		
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 2011 this was 14.9%)					Expected 14.9% or less				Provisional data expected end of Q3 and final in Q4
						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
9.2	60% of babies are breastfed at 6-8 weeks of age (currently 58.4%)	Expected 60%	A	Expected 60%	A	Expected 60%		Expected 60%		
		Actual 59.8%		Actual 59.3%		Actual		Actual		
9.3	5,000 additional physically active adults (Data available twice per year) Baseline: 125,500 Adults Annual target:130,500 Adults			Expected 128,000 Adults	G			Expected 130,500 Adults		Numbers fluctuate as Active People Survey is based on a sample of approximately 2,500 people
			Actual 136,000 Adults	Actual						
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness										
10.1	A reduction in the number of households at risk of fuel poverty through use of improvement grants and enforcement activity							Expected Basket of relevant indicators to be agreed to enable monitoring and setting of outcomes		The HIB is establishing a working group is being established to report back to meeting in January
							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
10.2	Action to prevent homelessness and ensure a joint approach in times of change.							Expected		Report on proactive work in all districts and pilot work on direct payments in the City will be brought to January meeting
								Review in the light of information on best practice		
10.3	New arrangements for partnership work to ensure vulnerable people are supported to remain in appropriate accommodation e.g. young people, victims of domestic violence, offenders and other adults with complex needs.							Actual		New Terms of Reference for the Supporting People Core Strategy Group are being agreed
								Expected		
Priority 11: Preventing infectious disease through immunisation										
11.1	8,000 children immunised at 12 months, maintaining the high coverage (this means we will meet the challenging national target of 96.5%)	Expected	G	Expected		Expected		Expected		
		2000		4000		6000		8000		
		Actual		Actual		Actual		Actual		
		2038								
11.2	7,700 children vaccinated against Measles Mumps and Rubella (MMR) by age 2	Expected	A	Expected		Expected		Expected		
		1925		3850		5775		7700		

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
		Actual 1883		Actual		Actual		Actual		
11.3	7,300 children receiving MMR booster by age 5 (meeting the ambitious national target of 95%)	Expected 1825	G	Expected 3650		Expected 5475		Expected 7300		
		Actual 1958		Actual		Actual		Actual		
11.4	3,000 girls receiving Human Papilloma Virus vaccination to protect them from cervical cancer (meeting the national target of 90% of 12-13 year old girls)					Expected 3000	G	Expected 3000		3 doses required to achieve target - final data as at 08/10/2012 Dose 1 = 3259 Dose 2 = 3238 Dose 3 = 3189
						Actual 3189		Actual		
11.5	80,000 flu vaccinations for people aged 65 or more (meeting the national target of 75% of people aged 65+)							Expected 80,000		Data expected in Q4
								Actual		