

Oxfordshire Health and Wellbeing Board 17 July 2014

Performance Reporting

Current Performance

1. A table showing the agreed measures under each priority in the Joint Health and Wellbeing Strategy, expected performance and current performance is attached as appendix A.
2. End of year performance can be summarised as follows:

39 indicators are Green
15 indicators are Amber (defined as within 5% of target)
12 indicators are Red
4 indicators are not possible to RAG rate
6 indicators expected to report in Q4 do not have information available – explanation is included in the notes column in the appendix.
3. Current performance is generally good, with just over half (51%) of targets being met and exceeded for the year. Appropriate action is being taken where performance did not meet expected levels to improve this. This has been summarised in the notes column of the appendix.
4. It is worth noting that performance on the indicators for the proportion of children who go missing from home 3 or more times in a 12 month period (indicator 3.4) has dropped from Green to Red during the year, with the numbers of children going missing remaining similar but an increasing number have gone missing more than once.
5. It is also worth noting that the proportion of young people not in education, employment or training (indicator 4.9) has improved from Red to Green throughout the year, and is the lowest for a number of years. In addition the number of autism awareness training events (indicator 5.8) has also increased from Red to Green.
6. End of year performance information has not yet been received for six indicators
 - physical health assessments for patients with schizophrenia (5.3)
 - annual physical health checks of people with learning difficulties (5.4)
 - number of people with a learning disability having seen their GP (5.5)
 - employment of people with mental health needs (5.9)
 - adults who do at least 150 minutes of physical activity a week (9.2)
 - proportion of girls receiving all 3 doses of human papilloma virus vaccination (11.4).

If the data becomes available by the time of the meeting this will be updated verbally.

In addition it wasn't possible to RAG rate a further four indicators

- proportion of women who have seen a midwife by 13 weeks of pregnancy (1.1)
- emergency admissions to hospital for older people (6.3)
- bereaved carers' views on quality of care (6.17)
- fuel poverty (10.4).

Ben Threadgold

Policy and Performance Service Manager, Joint Commissioning, Tel: (01865) 328219

July 2014

**Oxfordshire Health and Wellbeing Board
Performance Report**

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
Priority 1: All children have a healthy start in life and stay healthy into adulthood										
1.1	Increase percentage of women who have seen a midwife or maternity health care professional by 13 weeks of pregnancy from 90% to 92% by end March 2014.	Expected 90.5%	G	Expected 91%		Expected 91.5%		Expected 92%		Nationally validated data is published quarterly on the NHS England website on a quarterly basis. The number of women who have seen a midwife or maternity health care professional by 13 weeks of pregnancy has been published for Q1-3 but due to low coverage the numbers of maternities have not been published meaning that it is not possible to calculate a percentage. Figures are for Oxfordshire CCG area.
	Actual 91.9% (1727 out of 1873 maternities)	Actual 1798		Actual 1765		Actual nya				
1.2	Ensure that at least 90% of children aged 2-2.5 years old receive a Health Visitor review (currently 90%)	Expected 90%	G	Expected 90%	G	Expected 90%	G	Expected 90%	G	During the Q4 period, 2050 children were eligible for review and 1942 children received the review.
	Actual 94.7%	Actual 94.8%		Actual 95.8%		Actual 94.7%		Data is now available at individual team level so that problems can be identified and good practice shared.		
1.3	Reduce the rate of emergency admissions to hospital with infections, for under 18's from 177.5 per 10,000 to 159.8 per 10,000	Expected 173.1	G	Expected 168.7	G	Expected 164.3	G	Expected 159.8	G	This is good progress although we know that there are always significant seasonal fluctuations in admissions for infection.
	Actual 130.1	Actual 122.3		Actual 148.4		Actual 152.2		It is also noted that the reduction in rate of admissions for infection in under 18s		

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
										is mirrored in a similar reduction in the overall rate of emergency admissions for under 18s.
1.4	By March 2014 we will have developed a joint measure(s) that will demonstrate the impact of services on the mental health and wellbeing of school age children.							Expected New joint measure will be in place Actual Options considered and report produced	G	Separate report was provided for the June CYP partnership board relating to this measure
Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups										
2.1	Increase the take up of free early education for eligible 2 year olds in 2013/14 to 1080 (from 1050 in 12/13)	Expected 360	R	Expected 595	A	Expected 720	G	Expected 1080	A	This represents a significant increase from 2012/13 when take up would have been 777 children.
	Actual 195	Actual 525		Actual 715		Actual 1036				
2.2	Increase the take up of free early education for 2 year-old Looked After children to 80% (currently at 8% - 2/24)	Expected 20%		Expected 40%		Expected 60%	G	Expected 80%		
	Actual nya	Actual nya		Actual 84%		Actual 83%	G			

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
2.3	Maintain the improved rate of teenage conceptions (currently at 23.3 women aged 15-17 per 1000 - in quarter 1 of 2012 this was 65 conceptions)	Expected	G	Expected	G	Expected	G	Expected	G	The annual rate for the calendar year 2012 was 20.7%
		65		130		195		260		
		Actual		Actual		Actual		Actual		
		65		67 (132 cumulative)		52 (184 cumulative)		50 (234 cumulative)		
2.4	Maintain the current low level of persistent absence from school for looked after children (2012 persistent absence figures were suppressed by the Department for Education, however they indicated that the number of children was small, i.e. less than 4%).			Expected	G					Data relates to academic year 12/13. Reported cohort refers to children who have been continuously looked after for at least 12 months as of 31 March 2013. The whole cohort refers to any looked after child for the period of time that the child was in care only.
				< 5%						
				Actual						
				4.7% (7 pupils) Reported cohort						
				9.8% (31 pupils) Whole cohort						
2.5	Maintain the number of looked after children permanently excluded from school at zero (12/13)			Expected	G					
				Zero						
				Actual						
				Zero						
2.6	Establish a baseline of all children in need who are persistently absent from school			Expected	G					19.8% of children in need were persistently absent from school during the 2013/14 academic year. The figure for Oxfordshire as a whole was 4.7%. Target to reduce this figure.
				Baseline and targets established						
				Actual completed						

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
2.7	Establish a baseline of children and young people on the autistic spectrum who have had an exclusion from school (over a school year) and work to reduce this number in future years			Expected Baseline and targets established	R					It has not yet been possible to establish a full baseline of young people on the autistic spectrum. A baseline will be set for the 2013/14 academic year once a full set of data is available.
			Actual Not yet established							
2.8	Identify, track and measure the outcomes of all 810 families in Oxfordshire meeting the national Troubled Families criteria (improve attendance and behaviour in school; reduce anti-social behaviour and youth offending; increase adults entering work)	Expected 202		Expected 405	G	Expected 607		Expected 810	G	
		Actual na		Actual 500		Actual na		Actual 830		
2.9	Improve the free school meals attainment gap at all key stages and aim to be in line with the national average by 2014 KS2: 23% points; KS4 26% points (currently the free school meal attainment gap in Oxfordshire is in line or above the gap nationally in all key stages)					Expected KS2: 23% points; KS4 26% points	R			
					Actual KS2: 22% points; KS4 33% points					

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
Priority 3: Keeping all children and young people safe										
3.1	Maintain the reduction in risk for victims of domestic abuse considered to be high risk to medium or low through Multi-Agency Risk Assessment Conferences (currently 85% for 2012/13 based on a single-agency)							Expected 85%	A	This is currently a single agency measure. A multi-agency measure indicator has been developed for 14/15 that can be reported on a monthly basis, if required.
							Actual 83%			
3.2	Every child considered likely to be at risk of Child Sexual Exploitation (identified using the CSE screening tool) will have a multi-agency plan in place	Expected 100%	G	Expected 100%	G	Expected 100%	G	Expected 100%	G	Every child that is open to the Kingfisher team is subject to a multi-agency assessment and a plan which involves all the agencies as appropriate to their needs.
		Actual 100%		Actual 100%		Actual 100%		Actual 100%		
3.3	Reduce prevalence of Child Sexual Exploitation in Oxfordshire through quarterly reporting on victims and perpetrators to the Child Sexual Exploitation sub group of the Oxfordshire Safeguarding Children's Board	Expected Prevalence reported and action taken as appropriate	G	Expected Prevalence reported and action taken as appropriate	G	Expected Prevalence reported and action taken as appropriate	G	Expected Prevalence reported and action taken as appropriate	G	Prevalence report has been submitted and discussed by the CSE sub-group for the last 4 quarters. All reported incidents of CSE have received an appropriate police and social care response.
		Actual Prevalence reported and action taken as appropriate		Actual Prevalence reported and action taken as appropriate		Actual Prevalence reported and action taken as appropriate		Actual Prevalence reported and action taken as appropriate		Actual Prevalence reported and action taken as appropriate

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
3.4	Reduce the proportion of children who go missing from home 3 or more times in a 12 month period	Expected	G	Expected	G	Expected	A	Expected	R	The numbers of children going missing remains similar to last year (636 in 2013/14, compared to 630 in 2012/13) but an increasing number have gone missing more than once - 97 compared with 77 this time last year. The mitigating actions include: <ul style="list-style-type: none"> Staff notified immediately a child goes missing rather than when they return Implementation of return interviews within 72 hours Introducing monitoring the reasons why people go missing Ensuring that multi agency risk assessments are completed on the most vulnerable children Improved reporting on those most at risk
		Actual		Actual		Actual		Actual		
		8.0% or less		10.0% or less		11.0% or less		12.0% or less		
		7.9%		10.5%		12.6%		15.3%		
3.5	A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire's Safeguarding Children Board covering the following agencies: children's social care; youth offending service; education services; children and adult health services; early intervention services; services provided by the police. Over 50% of these audits will show a positive overall impact.							Expected	G	Performance exceeded the target of 50% in all agencies which submitted quantitative evidence of the overall impact of safeguarding activity in children's cases.
								Actual		
								50%		
								Over 76%		

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
Priority 4: Raising achievement for all children and young people										
4.1	Increase the number of funded 2-4 year olds attending good and outstanding early years settings to 83% or 8870 children (currently 80.5% or 8600 children)	Expected 81.1% or 8600 children		Expected 81.7% or 8725 children	G	Expected 82.3% or 8790 children		Expected 83% or 8870 children	G	
		Actual n/a		Actual 82.3% or 8800 children		Actual 81.5% or 8720 children	A	Actual 83% or 9376 children	G	
4.2	80% (5700) of children will achieve Level 2b or above in reading at the end of Key Stage 1 of the academic year 2012/13 (currently 78% or 5,382 children for the academic year 2011/12)			Expected 80% or 5700 children	G					
				Actual 81% or 5791 children						
4.3	80% (4800) of children at the end of Key Stage 2 will achieve Level 4 or above in reading, writing and maths (currently 78% or 4800 children)			Expected 80% or 4800 children						This was a redefined performance measure this year and although this has not met the aspirational target set, performance remains above national (78% compared to 76%)
				Actual 78% or 4666 children	A					
4.4	61% (3840 children) of young people achieve 5 GCSEs at A*-C including English and Maths at the end of the academic year			Expected 61% or 3840 children	G					Although performance remains slightly below target, the proportion of children meeting this key measure in Oxfordshire increased from 57.9% in 2012 and is

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
	2012/13 (currently 57.9% or 3474 children)			Actual 60.6% or 3776 children						now in line with the national average (60.8%)
4.5	At least 70% (4400 children)) of young people will make the expected 3 levels of progress between key stages 2-4 in English and 72%(4525 children) in Maths (currently 65% or 3800 young people for English and 71% or 4170 young people for Maths)			Expected 70% - Eng 72% - Maths Actual 71% - Eng 72% - Maths	G					
4.6	Increase the proportion of pupils attending good or outstanding primary schools from 59% (29,160) to 70% (34,590) and the proportion attending good or outstanding secondary schools from 74% (26,920) to 76% (27,640) (currently 67% primary and 74% secondary)	Expected Primary: 65% (32,795 pupils) Secondary: 74.5% (26,980 pupils) Actual na		Expected Primary: 70% (35,320 pupils) Secondary: 76% (27,525 pupils) Actual Primary: 72% (36,320 pupils) Secondary: 84% (30,420 pupils)	G	Expected Primary: 72% (36,325 pupils) Secondary: 80% (28,975 pupils) Actual Primary: 74% (37,335 pupils) Secondary: 80% (28,790 pupils)	G	Expected Primary: 74% (37,335 pupils) Secondary: 83% (30,060 pupils) Actual Primary: 77% (38,696 pupils) Secondary: 80% (28,790 pupils)	A	

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
4.7	Of those pupils at School Action Plus, increase the proportion achieving 5 GCSEs at A* - C including English and Maths to 17% (70 children) (currently 7% or 30 children)					Expected 17% or 70 children	R			Nationally the proportion has increased to 23%.
						Actual 10% or 40 children				
4.8	To reduce the persistent absence rates in primary schools to 2.6% (1070 children) and secondary schools to 7.2% (2250 children) by the end of 2012/13 academic year. (The current rates are 3.0% or 1233 children for primary schools and 8.0% or 2500 children for secondary schools)			Expected Primary: 2.6% (1070 pupils) Secondary: 7.2% (2250 pupils)	A					
				Actual Primary: 2.9% Secondary: 6.9%						
4.9	Reduce the number of young people not in education, employment or training to 5% (870 children) (currently 5.4% or 937 young people)	Expected 4.8%	R	Expected 8.0% (NB figures always peak in September)	A	Expected 5.7%	G	Expected 5% or 870 children	G	NEET performance is below target and is the lowest rate it is been for a number of years. The numbers of young people whose status is unknown also continues to decrease due to a range of measures introduced.
		Actual 5.8% (1027) June		Actual 7.4% (919) Sept		Actual 4.8% (838) Dec		Actual 4.7% (813) March		

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
Priority 5: Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential										
5.1	75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 69%, 129 of 186 responses)							Expected 75%	R	Although the number of people saying they find information very or fairly easy to find, has overall remained constant, there has been a drop in the figure for working age adults to 66% (128/193). Work to improve information in 2013/14 included <ul style="list-style-type: none"> Setting up the Oxfordshire Community Network to provide face to face advice Improving the council's online information Providing printed copies of Support Finder for people who cannot access it online Contracted an Independent Care and Financial Service to offer people advice about their care and support options
								Actual 66%		
5.2	Maintain the proportion of people with a long-term condition who feel supported to manage their condition at 85%.							Expected 85%	G	
								Actual 90%		
5.3	100% patients with schizophrenia are supported to undertake a physical health assessment							Expected 100%		

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
	during 2013/14 (this is a new indicator and the baseline will be established this year)							Actual nya		
5.4	At least 60% of people with learning disabilities will have an annual physical health check by their GP (currently 45.7%)							Expected 60% Actual nya		CSCSU is unable to obtain the end of year figures from the Learning Disability Directed Enhanced Service (DES) returns. Request has been made to Area Teams have to provide the data but this has yet to be received.
5.5	Maintain the high number of people with a learning disability who say they have seen their GP in the last 12 months at over 90% (currently 93%, 223 of 241 respondents for 2012/13)							Expected 90% Actual nya		CSCSU is unable to obtain the end of year figures from the Learning Disability Directed Enhanced Service (DES) returns. Request has been made to Area Teams have to provide the data but this has yet to be received.
5.6	Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages (2012/13 baseline: 956.2 DSR for all ages per 100,000 population)	Expected Less than 956 per 100,000 Actual 948.8	G	Expected Less than 956 per 100,000 Actual 958.4	A	Expected Less than 956 per 100,000 Actual 964.2	A	Expected Less than 956 per 100,000 Actual 951.4	G	
5.7	Reduce unplanned hospitalisation for chronic conditions that can be actively managed (such as congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension) for people of all ages. 2012/13 baseline 603.0 DSR for all ages per 100,000 population	Expected 603 per 100,000 Actual 588.7	G	Expected 603 per 100,000 Actual 568.4	G	Expected 603 per 100,000 Actual 577.5	G	Expected 603 per 100,000 Actual 565.4	G	

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
5.8	Provide autism awareness training for an additional 500 front line health and social care workers in Oxfordshire (1000 have been trained since 2011/12)	Expected	R	Expected	R	Expected	A	Expected	G	
		125		250		375		500		
		Actual		Actual		Actual		Actual		
		86		194		364		524		
5.9	Develop a measure of how effectively people with mental health needs are supported to find and stay in employment by March 2014, based on the relative severity of people's illness							Expected		Measure being developed by Oxfordshire Clinical Commissioning Group.
								Measure developed and baseline established		
								Actual		
								nya		
Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support										
6.1	Reduce the number of patients delayed for transfer or discharge from hospital so that Oxfordshire's performance is out of the bottom quartile (current ranking is 151/151)	Expected	R	Expected	R	Expected	R	Expected	R	At the end of March there were 144 delays. Only one authority had more per capita, however across the year Oxfordshire had the highest rate of delays. The average number of people delayed rose by 1% in the year, but the number of days people were delayed dropped by 6%. Although delays across the year rose, they are now 20% lower than this time last year reflecting the work to improve patient flow. This work is being maintained and is overseen by weekly
		72 delays		72 delays		72 delays		72 delays		
		Actual		Actual		Actual		Actual		
		128		166		133		144		

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
										urgent care summit meetings.
6.2	Reduce the average number of days that a patient is delayed for discharge from hospital (baseline 14.8 days in acute hospitals)			Expected	R	Expected	R	Expected	R	Systems are being set up to report on the length of delay in community hospitals.
				Less than 14.8		Less than 14.8		Less than 14.8		
				Actual		Actual		Actual		
				16.8		16.5		17.1		
6.3	Reduce the number of emergency admissions to hospital for older people aged 60+ (from 25,538 in 2012/13)	Expected	G	Expected		Expected		Expected		Data has not been received from all hospitals and so it is not possible to rate against the target. For the Oxford University Hospital Trust the numbers have increased by less than 1%, which is below the demographic growth rate.
		7272 (Apr-Jul 2012)		Actual		Actual		Actual		
		Actual		11,770		17,577		23,389		
		5,899								
6.4	Develop a model for matching capacity to demand for health and social care, to support smooth discharge from hospital, by September 2013			Expected	G					
				Model developed						
				Model developed						
6.5	No more than 400 older people per year to be permanently admitted to a care home (currently 582)	Expected	R	Expected	R	Expected	R	Expected	R	626 people were permanently placed in a care home last year compared to 582 in the previous year where the aim was to reduce admissions by developing community services, such as extra care
		100		200		300		400		

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 156		Actual 311		Actual 479		Actual 626		housing. Within the year the number of admissions dropped when we stopped using assessment beds (care home placements for people from hospital where they could be assessed). New placements in assessment beds stopped in August and all people in assessment beds were transferred to permanent placements by November. During this period there were 13 permanent admissions per week, but since then this has dropped to 10 admissions per week. Despite this drop in admissions, waiting lists and specifically delayed transfers of care have not risen.
6.6	By September 2013, review and redesign the range of community services that support people to live independently at home, receive good quality local support of their choice when needed and to help avoid getting into a crisis situation, and implement a way of monitoring waiting times for health and social care services at home that provide support in an emergency.			Expected Review completed						The community services review has now developed into 2 strands of work. One of these has become part of the outcome based contract work - bringing together Supported Hospital Discharge Service and reablement and how this aligns with other community services such as hospital at home, community therapy, district nursing. The other strand is the re-commissioning of home support and the discharge to assess at home service. This is being taken forward by the County Council as part of the work to improve the availability and responsiveness of home support and to commission a model which is incentivised for outcomes, has an enabling focus, and includes individual
				Actual Review completed	A	Actual Service options being developed	A	Actual Service options being developed	A	

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
										service funds.
6.7	Increase the proportion of older people with an ongoing care package supported to live at home from 60% to 63% (currently 2122 of 3537 clients)	Expected 60.75%	A	Expected 61.5%	A	Expected 62.25%	A	Expected 63%	A	There has been a 9.2% increase in the number of people supported at home this year, but a small increase in people supported in care homes, means that a lower proportion of people are supported in their own homes than was planned.
		Actual 60.4%		Actual 60.9%		Actual 61.0%		Actual 61.9%		
6.8	60% of the expected population (4251 of 7086 people) with dementia will have a recorded diagnosis (currently 49.6% or 3516 people)	Expected 52.4%	N CI	Expected 54.9%	R	Expected 57.4%	R	Expected 60%	R	A national tool has been issued for estimating the number of people with dementia and this has increased the numbers in the expected population. The baseline re-worked on the new methodology would be 41%. A number of initiatives have been put in place to reach what is now a very challenging target set for this year.
		Actual 40% (3555 people)		Actual 42.9% (3815 people)		Actual 43.2% (3843 people)		Actual 44.2%		
6.9	Set up a network of dignity and dementia champions in care homes so that by March 2014 90% of care homes (95 of 105) in the county have a champion (baseline zero as this is a new initiative)	Expected 22.5% (24 homes)	N CI	Expected 45% (48 homes)	N CI	Expected 67.5% (71 homes)	A	Expected 90% (95 homes)	A	The target is part of wider campaign to start a network of 300 champions by June 2014. The Oxfordshire Dignity & Dementia Champions Network was set up in October and we have 204 registered champions including 74 from 25 care homes. All care homes have been contacted about the network. There may be cultural barriers to reaching the target as some homes believe that all their staff will champion dignity and do not
		Actual		Actual		Actual 20% (21 homes)		Actual 24% (25 homes)		

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
										need to join the network. Further work on sharing good practice in the use of champions with homes is on-going.
6.10	3500 people will receive a reablement service (currently 2197)	Expected	R	Expected	R	Expected	R	Expected	R	The number of people starting reablement increased by 26% in the year, but remains 20% below the target. A communications plan to target potential referrers to the service (e.g. GPs, housing providers, Age UK workers) is being drawn up. We are reviewing the exclusion criteria for the service to ensure that people who could benefit aren't being excluded. 13 people are still receiving a service from reablement whilst they await long-term care. This figure needs to be kept to a minimum. To incentivise timely pick up of care revised payments have been agreed whereby the service can bill the council for each day that someone is delayed more than two weeks.
		819		1728		2652		3500		
		Actual		Actual		Actual		Actual		
		681		1353		2037		2759		
6.11	Increase proportion of people who complete reablement who need no on-going care from 50% to 55% (was 426 of 858 Oct to March, would be 1484 of 2698 based on current numbers)	Expected	R	Expected	R	Expected	A	Expected	A	
		55%		55%		55%		55%		
		Actual		Actual		Actual		Actual		
		50%		52%		54%		54%		

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
6.12	Maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 89.9%, 246 of 274 respondents).							Expected 90%	G	215 out of 230 people reported that they were treated with dignity in the way they received their care.
								Actual 93.5%		
6.13	Increase the proportion of older people who use social care who reported that they have adequate social contact or as much social contact as they would like to 81.2% (currently 80.4%, 229 of 285 respondents)							Expected 81.2%	G	205 out of 243 respondents reported that they have adequate social contact or as much social contact as they would like
								Actual 84.4%		
6.14	Ensure an additional 523 Extra Care Housing places by the end of March 2015, bringing the total number of places to 930	Expected 55	G			Expected 50	A			Indicator is rated as amber for the whole programme although it is on track for this quarter. Minor slippage from March 2015 to December 2015, which schemes at Chipping Norton (80) and Carterton (92) completing after March due to delays in planning permission and site assembly. 45 extra flats at the proposed Kingston Bagpuize scheme also now expected by the end of 2015. The programme is still likely to deliver 893 places by the end of 2015
		Actual 55				Actual 50				
6.15	Produce an analysis of demand for alternative housing options for older people within Oxfordshire to inform future targets and planning			Expected Analysis completed	A					A draft analysis of demand for alternative housing options for older people within Oxfordshire to inform future targets was presented in

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
	by September 2013			Actual Draft analysis completed						September 2013. Completion and agreement of the above was delayed until the Strategic Housing Market Assessment (SHMA) was completed, which it was in April 2014 Discussion on the implementation and adoption of the Strategic Housing Market Assessment is still on-going but a workshop is being planned for September to consider a revised strategy for older persons housing given the implications of the Strategic Housing Market Assessment. A report on the outcome of the workshop and plans to take forward a strategy on older persons housing will now be deferred until the November full Health & Wellbeing Board.
6.16	Maintain the high number of older people who use adult social care and say that they find information very or fairly easy to find (currently 77.7%, 146 of 188 respondents for adult social care)							Expected 77.7%	G	Improvement in the year. 134/167 older people said they found information fairly or very easy to find
								Actual 80.2%		
6.17	Bereaved carers' views on the quality of care the person they cared for received in the last 3 months of life (baseline and target to be confirmed as awaiting national figures – these are due in September 2013)							Expected Baseline and target to be confirmed		
								Actual 47.1		

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
6.18	Increase the proportion of adults who use social care that say they receive their care and support in a timely way to 85% (currently 214 of 259 – 83%)							Expected	G	198 out of 225 people said they receive their care and support in a timely way
								85%		
								Actual		
								88%		
Priority 7: Working together to improve quality and value for money in the Health and Social Care System										
7.1	Implement a joint plan for fully integrated health (community and older adult's mental health) and social care services in GP locality areas by March 2014, leading to improved outcomes for individuals							Expected	A	An initial cross partner workshop has been held to agree a joint timetable for integration. This work will draw together the various partner projects in to a composite plan although there are differing timetables for delivery. This transparent and single plan will enable a greater degree of and understanding of the dependencies and issue across primary, community and social care services. To this effect provider and commissioner development meetings have been scheduled
								Joint plan developed and implemented		
								Actual		
								Timetable currently being developed		
7.2	Agree an expanded and genuinely pooled budget for older people by July 2013			Expected	G					Completed.
				Pooled budget agreed						
				Actual						
				Pooled budget agreed						

No.	Indicator	Q1 report Apr-Jun	R A G	Q2 report Jul-Sept	R A G	Q3 report Oct-Dec	R A G	Q4 report Jan-Mar	R A G	Notes
7.3	Achieve above the national average of people very satisfied with the care and support they receive from adult social care (currently 62.4% against a national figure of 63.7% for 2012/13)							Expected Above the national average Actual 64.5%	G	
7.4	Achieve above the national average of people satisfied with their experience of hospital care (currently 78.7% against national figure of 75.6% for 2012/13)							Expected Above the national average (75.6%) Actual 77.2%	G	
7.5	Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (currently 91% against national figure of 87% for 2012/13)							Expected Above the national average (86%) Actual 90%	G	
7.6	Increase the number of carers known and supported by adult social care by 10% to 15,265 (currently 13,877 are known so this would represent an additional	Expected 14,224 carers known	G	Expected 14,571 carers known	G	Expected 14,918 carers known	G	Expected 15,265 carers known	G	

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
	1,388)	Actual 14,255		Actual 14,656		Actual 15,100		Actual 15,474		
7.7	880 carers breaks jointly funded and accessed via GPs (currently 881)	Expected 220		Expected 440		Expected 660		Expected 880		
		Actual 409	G	Actual 633	G	Actual 737	G	Actual 880	G	

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
Priority 8: Preventing early death and improving quality of life in later years										
8.1	At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years)	Expected	A	Expected	A	Expected	R	Expected	R	Updated with Q3 data – Q4 due end July.
		60%		60%		60%		60%		
		Actual		Actual		Actual		Actual		
		56.6%		58.1%		54.9%		nya		
8.2	Number of invitations sent out for NHS Health Checks to reach the target of 39,114 people aged 40-74 in 2013-14 (Invitations sent in 2012-13 = 40914 as more people were eligible in 2012-13)	Expected	G	Expected	G	Expected	G	Expected	G	
		9,778		19,557		29,335		39,114		
		Actual		Actual		Actual		Actual		
		9,938		20,329		30,206		41,368		
8.3	At least 65% of those invited for NHS Health Checks will attend (ages 40-74)	Expected	R	Expected	R	Expected	R	Expected	R	
		65%		65%		65%		65%		
		Actual		Actual		Actual		Actual		
		41.9% (4165 of 9938)		46.0% (9351 of 20,329)		46.5% (14148 of 30206)		45.9% (19006 of 41,368)		
8.4	At least 3800 people will quit smoking for at least 4 weeks (last year target 3676, actual 3703)	Expected	G	Expected	G	Expected	G	Expected	A	Smoking quitters data is at least 2-3 months in arrears because people need to quit for 4 weeks to be considered as having quit smoking.
		851		1639		2523		3800		
		Actual		Actual		Actual		Actual		
		909		1735		2672		3622		

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
Priority 9: Preventing chronic disease through tackling obesity										
9.1	Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2012 this was 15.6%)			Expected	A					
				14.9% or less						
				Actual						
				15.2%						
9.2	Increase to 62.2% the percentage of adults who do at least 150 minutes of physical activity a week . (Baseline for Oxfordshire 61.2% 2011-12)							Expected		
								62.2%		
								Actual		
								Nya		
9.3	62% of babies are breastfed at 6-8 weeks of age (currently 59.1%)	Expected	A	Expected	A	Expected	A	Expected	A	
		62%		62%		62%		62%		
		Actual		Actual		Actual		Actual		
		58.7%		59.5%		60.4%		60.3%		

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
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 2014 should be no greater than the level reported in March 2013 (baseline 216 households in Oxfordshire)							Expected 216 or less	G	The majority (57%) are in Oxford City.
								Actual 197		
10.2	At least 75% of people receiving housing related support will depart services to take up independent living	Expected 75%	G	Expected 75%	G	Expected 75%	G	Expected 75%	G	This figure does not include information from mental health services.
		Actual 85.7%		Actual 87.2%		Actual 83.9%		Actual 93.1%		
10.3	At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless (baseline 2012- 2013 when there were 2468 households known to services, of which 1992 households were prevented from becoming homeless. $1992/2468 = 80.7\%$)	Expected 80%	G	Expected 80%	G	Expected 80%		Expected 80%	G	
		Actual 82.3%		Actual 82%		Actual nya		Actual 81%		

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
10.4	Fuel poverty outcome to be determined							<p>Expected</p> <hr/> <p>Actual</p> <p>Oxfordshire 8.7% are fuel poor according to the Low Income, High Cost definition</p>		<p>A new national indicator has been introduced and this reports levels of fuel poverty in Oxfordshire of 8.7%. In England the rate is 11%. Under this new Low Income High Cost definition a household is considered to be fuel poor when:</p> <ul style="list-style-type: none"> • they have required fuel costs that are above average (the national median level) • were they to spend that amount, they would be left with a residual income below the official poverty line. <p>Plans are being drawn up by the Affordable Warmth Network for 2014-15 to target action to reduce fuel poverty. It is suggested that this indicator is not RAG rated as more information is still needed.</p>

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
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%)	Expected	G	Expected	G	Expected	G	Expected	G	
		95%		95%		95%		95%		
		Actual		Actual		Actual		Actual		
		96.2%		95.0%		95.8%		95.1%		
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.7%)	Expected	A	Expected	0	Expected	A	Expected	A	
		95%		95%		95%		95%		
		Actual		Actual		Actual		Actual		
		92.4%		92.4%		93.7%		92.7%		
11.3	At least 55% of people aged under 65 in "risk groups" receive flu vaccination (currently 51.6%)							Expected	G	
								55%		
								Actual		
								55%		
11.4	At least 90% 12-13 year old girls receive all 3 doses of human papilloma virus vaccination (currently 88.1%).							Expected		Annual data available June
								90%		
								Actual		
								nya		