Vital Signs for the NHS and National Indicators for Partnerships

The Government published a National Indicator Set for Local Authorities and Partnerships in late 2007, comprising 198 indicators covering many themes. In addition the Department of Health has published a set of indicators for the Health Service called Vital Signs. The Vital Signs are arranged in three groups

Group A - National requirements
Group B - National priorities for local action
Group C - Local action

Some indicators are common to both sets and the implication is that they can and should be delivered in partnership. The guidance also states that PCTs and partners will be able to select indicators according to local priorities. This could include the Local Area Agreement and the Sustainable Community Strategy Action Plan. These local priorities will generally be performance managed locally, unless they are part of the LAA or deemed to be areas of weakness.

The tables below set out the Vital Signs indicators from groups 2 and 3 above as these overlap with the National Indicator (NI) set for local authorities and partnerships. The indicators from Group A have not been included here as these relate to clinical performance and financial balance. The tables also show which indicators are included in the Oxfordshire LAA2. Other indicators may be selected for the Sustainable Community Strategy Action Plan.

Other indicators from Vital Signs designated "National Priorities for Local Action"		
Vital Signs National Priority for Local Action (Vital Signs Group B)	**NI number**	**Local LAA**
Primary dental services, based on assessments of local needs and with the objective of ensuring year-on-year improvements in the number of patients accessing NHS dental services		
All-age all-cause mortality rate per 100,000 population	NI 120	√
<75 CVD mortality rate	NI 121	
<75 cancer mortality rate	NI 122	
Suicide and injury of undetermined intent mortality rate		
Smoking prevalence among people aged 16 or over, and aged 16 or over in routine and manual groups (quit rates locally 2008)	NI 123	
Percentage of women who have seen a midwife or a maternity healthcare professional, for assessment of health and social care needs, risks and choices, by 12 completed weeks of pregnancy	NI 126	
Obesity among primary school-age children	NI 55 & 56	√
Proportion of children who complete immunisation by recommended ages		
Percentage of infants breastfed at 6–8 weeks	NI 53	
Effectiveness of Children and Adult Mental Health Service (CAMHS) (percentage of PCTs and local authorities that are providing a	NI 51	
Under-18 conception rate per 1,000 females aged 15–17	NI 112	√
Prevalence of chlamydia	NI 113	
Number of drug users recorded as being in effective treatment	NI 40	√
Self-reported experience of patients and users	NI 127 (social care)	
Public confidence in local NHS		
NHS staff survey scores-based measures of job satisfaction		

Vital Signs Local Action indictor (Vital Signs Group C)	NI number	Local LAA
Proportion of people with depression and/or anxiety disorders who are offered psychological therapies		
Proportion of adults (18 and over) supported directly through social care to live independently at home	NI 136	
Proportion of adults with learning disabilities in settled accommodation	NI 145	
Proportion of adults in contact with secondary mental health services in settled accommodation	NI 149	
Proportion of adults with learning disabilities in employment	NI 146	
Proportion of adults in contact with secondary mental health services in employment	NI 150	As part of NI 152
Patient-reported unmet care needs	NI 127	
Number of delayed transfers of care per 100,000 population (aged 18 and over)	NI 131	√
Proportion of people with long-term conditions supported to be independent and in control of their condition	NI 124	
Timeliness of social care assessment	NI 132	
Timeliness of social care packages	NI 133	
Ambulance conveyance rate to A&E (to be developed)		
Proportion of all deaths that occur at home	NI 129	
Patient-reported measure of choice of hospital		
Adults and older people receiving direct payments and/or individual budgets per 100,000 population (aged 18 and over)	NI 130	
Proportion of carers receiving a 'carer's break' or a specific service for carers as a percentage of clients receiving community-based services	NI 135	√
Prescribing Indicator (to be developed)		
Number of emergency bed days per head of weighted population	NI 134	
Rates of hospital admissions for ambulatory care sensitive conditions per 100,000 population		
Learning disabilities (indicator to be developed)		
Vascular risk score		
Percentages of patients admitted with a heart attack who, upon discharge, are prescribed an anti-platelet, a statin, a beta-blocker		
Healthy life expectancy at age 65	NI 137	
Rate of hospital admissions per 100,000 population for alcohol-related harm	NI 39	
Patients with diabetes in whom the last HbA1c is 7.5 or less from Quality Outcomes Framework (QOF)		
Proportion of people where health affects the amount/type of work they can do		
Hospital admissions caused by unintended and deliberate injuries	NI 70	√
Mortality rate from causes considered amenable to healthcare		
Self-reported measure of people's overall health	NI 119	
Patient and user reported measure of respect and dignity in their treatment	NI 128	
Parents' experience of services for disabled children	NI 54	
NHS estates energy/carbon efficiency	NI 185	

Jackie Wilderspin, March 2008

Update on Local Area Agreement Indicators

Report to the Health and Well-Being Partnership Board, March 2008

Background

At the meeting in December the Health and Well-Being Partnership Board made recommendations on indicators for inclusion in the new Local Area Agreement (LAA). These proposals have progressed through various stages, with more detail on the action plans, targets, budgets and risks being provided by the target leads. These details have been discussed by the Public Service Board (PSB). A final agreement was made by the PSB on 4th March about which indicators would be included in the LAA. Overall the indicators cover the following areas:

Area	Indicators
Children and Young People	8 + 14 mandatory indicators
Skills and Work	3 indicators
Safer Communities	4 indicators
Tackling exclusion and promoting equality	2 indicators
Housing	3 indicators
Health and Well-Being	4 indicators
Transport	2 indicators
Climate Change	2 indicators
Waste / Clean and Green	4 indicators
Stronger communities	2 indicators
Local economy / value for money	1 indicator
Total	35 indicators + 14 mandatory

Details of the Health and Well-Being indicators are given on the attached spreadsheet (paper circulated separately), along with the health related Children and Young People indicators. This is the material prepared for the Public Service Board to enable them to make decisions.

Next steps

1. Negotiations with GOSE representatives on the targets, trajectories and degree of "stretch" on each of the areas of work. This will take place throughout March
2. GOSE will discuss our LAA with Government and negotiations will take place in April and May.
3. The Partnership's Delivery Plan (LAA and non-LAA / local targets) will be developed in April and May.
4. The LAA will be agreed with Government and signed off by the Public Service Board in June.

Implications for the Health and Well-Being Partnership Board

Governance arrangements and responsibility for delivery of the targets within the LAA will become more clear as the process develops. At this stage it may be assumed that the Health and Well-Being Partnership Board will have a major role to play.

Jackie Wilderspin, March 2008

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Focus & Lead Officer	Indicator	Summary of planned work	Baseline information available:	Recent Trend	Benchmark info eg.top quartile	Suggested Target	Any locality / group focus?	Resource Plans
Adult HWB - Jackie Wilderspin	NI 8 Adult participation in sport DCMS DSO SURVEY BASED	An annual business plan will be created by the Oxfordshire Sports Partnership, which will be collated from the various sub group plans of the Partnership, GO ACTIVE project plans, Community Sport Network plans. With Go Active Funding actions to include: Employing 5 Co-coordinators, one in each District, Informal referrals from GP surgeries to physical activity in the community Employing 8 activators to organise adult based activities in the community; development of Return to Sport Scheme (funded separately), project aimed at young women, family centre based activities, disability multi-sport clubs, Fit at work sessions, young at heart activities for those over 60 years of age. Without Go Active funding there would be the employment of 2 co-coordinators to provide informal referrals from GP surgeries and possibly 3 Activators (as Sport England funding is 50:50 but some can be in kind contribution). Activities would be based o n the Community Sport Network action plans and include continuation of existing programmes such as the Community Coach scheme. Return to Sport, Fit at Work, Disability sports clubs (Funded separately) but utilising partner development budgets and bids for other funding. Activity would therefore still take place irrespective of successful Go Active funding.	2005/6 23.2%	N/A	5 Local Authorities areas 3 in the top quartile, 1 is 2nd quartile, 1 in bottom quartile based on the Active People survey. South Oxfordshire and Oxford are below the expected participation based on the demographicall y adjusted participation rates provided via the Active People survey.	Aiming for a 1% increase but additional resources would enable further stretch.	The annual measure can be broken down to District level and can be used for Middle Super Output Area estimates. It can also be broken down by age, gender, disability etc.	- Partnership has various funders: Sport England, Local Authorities, National Governing Bodies of Sport and the Youth Sport Trust. - Bid in for funding GO Active project with Regional Sports Board (12 Mar 2008). If not successful, the Partnership will seek to build on its present funding base to provide more resources. (Activity budget proposed to be @ £30K per year, which is not significant and would need to be supplemented anyway with partner budgets.) - All Districts have existing sports development revenue funding streams.
Adult HWB - Jackie Wilderspin	NI 120 All-age all cause mortality rate PSA 18	• Target localities in Oxford and Banbury have been identified due to high deprivation levels and communities at risk of premature death. • Clients offered health checks in pharmacies and referred to health trainers for one-to-one support. • Health trainers work with client to agree a personal health plan which may include smoking cessation, increasing physical activity, weight management, alcohol advice. Support is offered for 3 months. • The GP will conduct a cardio-vascular risk assessment and prescribe appropriate medicines. • Clients will be followed up with regular checks.	**03-05** 1st Quintile: 659.40 5th Quintile: 1207.37 Difference: 547.97	Differences have been reducing since 2001-03 and in last measured period (2004-2006) have exceeded the target set.	No national or regional comparator.	Reduce the gap in inequalities by 10% by narrowing the gap in all-age, all-cause mortality. The baseline from 2003-05 is being used, with an end point of 2009-2011 and a reduction of 10%.	District level data is subject to greater variation. Banbury & Oxford should be target for activity.	Target included in PCT 5 year commissioning strategy. First year investment is secured in PCT Operational Plan and agreement with District Councils on Exercise Referral schemes. Funding for future years to be secured through PCT baselines.

Focus & Lead Officer	Indicator	Summary of planned work	Baseline information available:	Recent Trend	Benchmark info eg.top quartile	Suggested Target	Any locality / group focus?	Resource Plans
Adult HWB - Jackie Wilderspin	**NI 131 Delayed transfers of care (DTOC) from hospitals DH DSO** **NEW INDICATOR**	• **Jan – April 08**: DTOC Taskforce implements action plan addressing immediate challenges & create 'quick wins'. • **Spring 08**: anticipated approval for Patient/Client Discharge Pathway Improvement Programme action plan. Sponsors are: Moira Logie, Director of Operations, ORH; Penny Astrop, Director of Community Health Services, Oxfordshire PCT; Paul Purnell, Head of Social Care for Adults, Oxon CC. Programme Board is chaired by John Jackson, Director for S&CS, Oxon CC • Older People's Health and Social Care Service Model with supporting business case to be presented to PCT Board in **Autumn 2008**	Yes since 2004/5	Comparative data only for acute beds. 2006/7 5th worst performance (out of 150). IPF comparison – 2nd from bottom. Shire counties – 2nd from bottom. Geographically – lowest in SE.	Consistently below Healt Care Commission KPI standards.	DTOC rate reduced to within HCC KPI standards. Assume targeted improvement in performance for the acute sector is transferred to all beds covered in the new indicator, would expect an overall decrease in the number of people delayed by 36% over 3 years (18% in 08/09, 27% in 09/10 & 36% in 10/11).	Could be broken down to hospitals and 5 year age bands	**Fully funded.** Project Manager - £30K (PCT & Oxon CC) New Home Support First Response - £630K to increase home support and speed up discharge

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Adult HWB - Jackie Wilderspin	NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information DH NEW INDICATOR	Carers Improvement project covering 2008-11 to be agreed by Oxon CC Change Management board by March 2008 includes the pollowing projects to be set up over the first quarter 08 to deliver increase returns to meet the target over the coming 11 quarters: 1) Carer Awareness Project £50K 2) Expert Carers Programme £50K 3) Carers Employment Project £30K 4) Carers' referral and self-assessment project £50K 5) Direct Payments and extended outcome measures to deliver direct replacement care £220K 6) Increase flexible Respite cares schemes £453 There is also a range of planned and funded supporting work to deliver the improvements.	New indicator replaces existing measure with data provided back to 2004. Indicator is based on new measure including people receiving information & advice only; an additional 577. No comparative data on this for other authorities yet.	Percentage on current measure in provide from 4.9% to 13.1% in period from 2004/5 to 2006/7	With current measures Oxon 13.1% (2018 carers receiving services and 15,425 community based service recipients) = in 24 percentile for local authorities; 12th highest of 35 (34 percentile for shire authorities); 4th highest of the IPF Comparators (25%).	Key issue to be addressed is – number of cares receiving services. We would aim to increase this by 100 per year ie 2006/7 = 2595 2008/9 = 2695 (3.8% increase) 2009/10 = 2795 (3.7% increase) 2010/11 = 2895 (3.6% increase) PENDING final defintion of indicator	Broken down to SOA could cause issues of confidentiality. DC reports may make more sense and information is required to be broken down to age or carer and client group of the person being cared for.	Resources committed to this improvement are detailed in "Summary of Plans column"
CYP Mike Simm	NI 56 Obesity among primary school age children in Year 6 DCSF DSO	• Weight Watchers Family Project starting in Chipping Norton Area – **April 2008** • School height and Weight Programme being delivered between February – **July 2008** • Review of Children Services input into childhood obesity programmes **(Year 1)** • Breast Feeding Strategy Initiatives – new workers to be employed in areas of high need to provide skills based support **(to be recruited during 08/09)**	Awaiting 2007 results (Feb 2008)	N/A	Not available until Mar 2008 but then will be detailed.	Halt the year on year rise by 2010, details of final target due in April. Aiming to reduce the levels of childhood obesity to 2000 levels by the year 2020.	County-wide	Fully funded by PCT.

Focus & Lead Officer	Indicator	Summary of planned work	Baseline information available:	Recent Trend	Benchmark info eg.top quartile	Suggested Target	Any locality / group focus?	Resource Plans
C&YP - Mike Simm	NI 70 Hospital admissions caused by unintentional and deliberate injuries to children and young people DCSF DSO NEW INDICATOR	The PCT strategy supports this indicator with the following work streams **2008-09** * Retrospective analysis of dataset to identify current trends & set baseline * Establish systems and process for performance monitoring. **2008 to 2010** * Increase targeted support & education through children's centres and with high risk groups including teenage parents, children looked after, care leavers, young offenders. * Commission evidence based injury minimisation programmes in schools and children's centres ensuring delivery to schools in areas of deprivation **Over three years (2008 to 2011)** Re-design and re-commission universal services for children & families and target resources in areas of highest need including: * Increased support for families in need and early identification and intervention for children at risk of abuse and neglect * New investment to support joint working across a range of agencies; in particular the lead professional role for Team Around the Child, Common Assessment Form. * Commission services to support integrated multi agency teams working.	Will be established in 2008/9	TBC	Above national average but bottom quartile for similar LAs	An overall decrease in hospital admissions caused by unintentional and deliberate injuries	Data will be linked to postcode and analysed by SOA and IMD on an annual basis	£715K of PCT funding contributing to deliver on this agenda.

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C&YP - Mike Simm	NI 112 Under 18 conception rate PSA 14	The future commissioning of termination services should include provision of contraceptive advice. A more proactive approach to the delivery of SRE/PSHE (including drugs and alcohol) in secondary and primary schools, with clear targets for schools in hotspot areas. Prioritise provision of funding for key roles to support schools Link to the Extended Schools agenda in order to increase outreach & sexual health services. The option to establish Bodyzones as part of extended services to be explored. Ensure workforce has requisite skills and knowledge needs to be embedded in the joint workforce development strategy Sexual health and teenage pregnancy will be substantially represented in Integrated Youth Support Service review and planned developments Improve targeted health promotion and support for young parents by universal services including sexual health advice and support in non health settings such as children centres Develop targeted programmes of work with high risk groups Ensure mainstream funding for successful pilots Investment is needed to provide direct communication to chil	06/07: Not available yet 05/06: 34.1% 04/05: 34.3%	Currently the data for the first half of 2006 is down on the first half of 2005.	Below national average (41.5%) in 2005 at 34.1%.	Aim to reduce teenage conceptions to under eighteens by 45% by 2010 in Oxon. This target is interdependent with the national government target to reduce conceptions nationally by 50% by 2010	Evidence suggests teenage conceptions linked with areas of deprivation. Focus would be 19 hotspot areas across the county that are amongst the highest 20% of high conception wards in England. Data can be down to District level.	TP grant is £160,000 per annum, PCT contribute £30,000 per annum. Money is held within the ABG