

Health & Wellbeing Performance Framework: 2019/20
January 2020 Performance report

	Measure	Target 2019/20	Update	Q1 Report		Q2 Report		Q3 Report		Notes
				No.	RAG	No.	RAG	No.	RAG	
A good start in life	1.1 Reduce the number of looked after children by 50 in 2019/20	750	Jan-20	794	R	780	R	782	A	
	1.2 Maintain the number of children who are the subject of a child protection plan	620	Jan-20	608	G	592	G	528	G	
	1.3 Increase the proportion of children that have their first CAMHS appointment within 12 weeks to 75%	75%	Dec-19	36%	R	26%	R	51%	R	
	1.4 Increase the number of early help assessments to 1,500 during 2019/2020	1,500	Jan-20	923	A	1371	A	1571	G	
	1.5 Reduce the number of hospital admissions as a result of self-harm (15-19 year) to the national average (rate: 617 actual admissions 260 or fewer)	260	Oct-19	87		134		166		
	1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths	73%	18/19 ac yr	nya		nya		65%		Annual figure reported on academic year
	1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths	50%	18/19 ac yr	nya		nya		46%		Annual figure reported on academic year
	1.8 Reduce the persistent absence rate from secondary schools	12.2%	Term 1: 19/20	nya		13.90%		15.70%	R	
	1.9 Reduce the number of permanent exclusions	tbc	Jan-20	nya		55		49	R	Q3 figure is exclusions to the end of December (Term 2)
	1.10 Ensure that the attainment of pupils with SEND but no statement or EHCP is in line with the national average	tbc	18/19 ac yr	KS2 20% 17/18 ac yr KS4 NYA	A	KS2 20% 17/18 ac yr KS4 28.0 17/18 ac yr	R	KS2 22% 18/19 ac yr KS4 29.3 18/19 ac yr	R	KS2 fig (% SEN support pupils reaching at least the expected standard in reading writing and maths 18/19 academic year. Oxon=22% (20% 17/18); KS4 fig: 29.3 (average point score) – below the national average (32.6) but an increase from last year
	1.11 Reduce the persistent absence of children subject to a Child Protection plan	tbc	Q3 2018/19	32.8	R	36.2	R	36.2	R	Annual Figure National figure (17/18) =32.7%.
	1.12 Reduce the level of smoking in pregnancy	8%	Q2 2019/20	6.7%	G	7.7%	A	8.3%	R	Oxfordshire CCG level. Q3 data due 27 Feb 20
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	95%	Q2 2019/20	92.8%	A	94.6%	A	93.4%	A	Variance 66.7% for a practice in North of county, 75% for a practice in Oxford City and 100% in 21 practices across the county (experimental stats).
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	95%	Q2 2019/20	89.4%	R	91.7%	A	91.5%	A	Variance less than 90% in 22 practices (5 under 80%) to 100% in 14 practices (experimental stats).
	1.15 Maintain the levels of children obese in reception class	7%	2018/19	n/a				7.60%	G	Children who are obese and does NOT include those overweight (but not obese)
	1.16 Reduce the levels of children obese in year 6	16%	2018/19	n/a				15.70%	G	Cherwell 7.9%; Oxford 9.0% South Oxfordshire 7.3%; Vale of White Horse 7.0%; West Oxfordshire 6.3%. No significant change for any district.
Surveillance measures										
	Monitor the number of child victims of crime	Monitor only	Q3 2019/20	2238		3021		3236		Last 12 months
	Monitor the number of children missing from home	Monitor only	Q3 2019/20	2131		2173		2179		Last 12 months
	Monitor the number of Domestic incidents involving children reported to the police.	Monitor only	Q3 2019/20	6207		6120		6183		Last 12 months
	Monitor the crime harm index as it relates to children	Monitor only	Q3 2018/19	n/a		n/a		n/a		

2.1 Number of people waiting a total time of less than 4 hours in A&E	tbc	Nov-19	87%	R	86%	R	80.6% (84.3% yr to date)	R	November 2019 saw OUHFT A&E fail to reach the 95% national and 90.5% NHSI agreed performance trajectory targets, achieving 80.6%. This shows a further deterioration from Month 7 and across the last 4 months.
2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average	86%	Feb-20	92%	G	92%	G	92%	G	Jan 2020; 91.6 % of health & social care providers in Oxfordshire are good or outstanding compared with 85.9% nationally
2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	22%	Nov-19	20%		18%	R	23% (20% yr to date)	R	This is a nationally set target. 20% is year to date figure to November. Target last year 19%
2.4 The proportion of people who complete psychological treatment who are moving to recovery.	50%	Nov-19	51%	G	47%	R	49% (50% yr to date)	R	Figure to November 2019
2.5 The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment	95%	Nov-19	100%	G	99%	G	100% (99% yr to date)	G	Figure to November 2019
2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	75%	Nov-19	99%	G	98%	G	99% (98% yr to date)	G	Figure to November 2019
2.7 The proportion of people on General Practice Seriously Mentally Ill registers who have received a full set of comprehensive physical health checks in a primary care setting in the last 12 months.	60%	Sep-19	nya		29%		29%		Figure is YTD (Sept as reported in January 2020) Not rag rated until end of Full Year
2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe: JR (1 hour); HGH (1.5 hours)	95%	Nov-19	87% JR; 72% HGH	R	77%	R	80% JR; 87% HGH	R	EDPS performance continues to be challenged however the position has improved in month 8. We have been successful in getting NHSE winter funding, and transformation funding into 2020/21, to address the issue of reduced overnight cover, which should see an improved performance as soon as staff are in place. Implementation plans are in place, as a result of the transformation investment reported on in m7, to provide the Crisis Resolution & Home Treatment Team (initially in the City), an additional Safe Haven in Banbury, and a High Intensity User Service based in OUH ED which will increase community provision and is expected to divert activity away from ED. (Jan IPR)
2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	95%	Sep-19	96%	G	98%	G	97%	G	Latest figure September 2019
2.10 The proportion of people experiencing first episode psychosis or ARMS (at risk mental state) that wait 2 weeks or less to start a NICE recommended package of care.	56%	Sep-19	89%	G	89%	G	71% Sep (74% Yr to date)	G	Latest figure September 2019
2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020	75%	Sep-19	41% (Dec 18)	R	32% (Mar 19)	R	13%		Figure is YTD (Sept as reported in January 2020) Not rag rated until end of Full Year. By end November practices delivered 860 checks compared to 998 for the same period in 2018. OCCG is contacting underperforming practices to offer information, advice and support and is promoting resources to practices via the GP bulletin to improve performance by year end.
2.12 The number of people with severe mental illness in employment	18%	Nov-19	18%	G	22%	G	22%	G	
2.13 The number of people with severe mental illness in settled accommodation	80%	Nov-19	96%	G	96%	G	97%	G	
2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2020	10	Dec-19	nya		6	G	6	G	

2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	< 175	Jan-20	181	A	179	A	175	A	Small decrease in numbers since last report
2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	18.6%	May-19	n/a		19.1%		20.30%	R	Cherwell 24.1%; Oxford 15.4%; South Oxfordshire 19.4%; Vale of White Horse 17.6%; West Oxfordshire 26.9%
2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	> 2,337 per 100,000*	Q2 2019/20	2,929	G	2,929	G	3,317	A	
2.18 Increase the level of flu immunisation for at risk groups under 65 years	55%	Sept 19 to Dec 19	51.4%	A	51.4%	A	44.8%	A	
2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20)	97%	Q3 2019/20	94.9%	G	84.4%	G	95.7%	G	Localities in Oxfordshire CCG are all meeting targets
2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	49%	Q2 2019/20	47.1%	G	42.0%	G	47.1%	G	Localities in Oxfordshire CCG are all meeting targets
2.21 Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)	80%	Q4 2018/19			67.8%	A	68.3%	R	Variation in districts for 2018/19 data - Cherwell 71.3%; Oxford 53.7%; South Oxfordshire 75.8%, Vale of White Horse 73.9%, West Oxfordshire 77.4% (Source: PHE Public Health Outcomes Framework)
2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 5.5 years	80%	Q4 2018/19			76.3%	A	76.6%	A	Variation in districts for 2018/19 data - Cherwell 75.8%; Oxford 70.4%; South Oxfordshire 78.8%, Vale of White Horse 77.4%, West Oxfordshire 79.5% (Source: PHE Productive Healthy Ageing Profile)

Ageing Well¹

3.1 Increase the number of people supported to leave hospital via reablement in the year	2000	Jan-20	123	A	112	R	113	R	On average this year 98 people started reablement from hospital with HART; 15 from Oxford health. It would equate to 1354 for the year
3.2 Increase the number of hours from the hospital discharge and reablement services per month	8920	Jan-20	8842	A	8313	R	8459	A	Average figures for first 10 months of year.
3.3 Increase the number of hours of reablement provided per month	5750	Jan-20	5944	G	5402	A	5187	A	Average figures for first 10 months of year.
3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	>18.8%	Jun-19	21%	G	21%	G	20%	G	Year to date to Nov; 21% in Nov
3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	> 69.9%	Feb-19	70.9	G	70.9	G	70.9	G	National social care user survey February 2019
3.6 Maintain the number of home care hours purchased per week	21,779	Jan-20	21,327	A	20,876	A	20,631	A	The number of home care hours increased substantially till 2 years ago. It has now stabilised despite increased need, due to workforce capacity
3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population	24,550 or fewer	Nov-19	19,677	G	23,559	G	23,336	G	
3.8 90th percentile of length of stay for emergency admissions (65+)	18 or below	Oct-19	13	G	13	G	14	G	Year to date to Nov
3.9 Reduce the average number of people who are delayed in hospital ²	TBC	Nov-19	95	A	121	R	105	R	Latest national published figure for Dec DTOC Bed days for Oxfordshire (Social Care, NHS and Both) (Total bed days delay for month divided by days in month)
3.10 Reduce the average number of people delayed when discharged from hospital to care homes	average of 6 at yr end	Nov-19	6.1	G	4.4	G	7.5	A	Latest national published figure for Dec DTOC Bed delays for Social Care with Residential Home as reason for delay - divided by days in month.
3.11 Validated local position of CCG on average length of days delay for locally registered people discharged from hospital to care homes	< 2.48	Jun-19	2	G	2.19	G	2.11	G	
3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week remains below the national average	14	Feb	11.5	G	12.5	G	13	G	Year to date figure as at the start of January 2020
3.13 Increase the Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85% or more	Oct - Dec 2018	73.7	R	73.7	R	73.7	R	This measure is a national measure of people leaving hospital with reablement between October and December and whether they are at home 91 days later. A lower figure could imply that cases picked up are more complicated.
3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	3.3% or more	Oct - Dec 2018	1.7	A	1.7	A	1.7	A	This measure is a national measure of the proportion of older people who leave hospital with reablement between October and December. A higher figure suggests greater use of reablement. The latest national figure (2017) is 2.9%. The measure is used to monitor the CQC action plan
3.15 Increase the estimated diagnosis rate for people with dementia	67.8%	Jun-19	68.1%	G	67.8%	G	67.5%	R	Year to date to Nov
3.16 Maintain the level of flu immunisations for the over 65s	75%	Sept 19 to Dec 19	76.3%	G	76.3%	G	74.8%	A	Annual Fig.
3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	60% (Acceptable 52%)	Q4 2018/19	59.5%	A	58.7%	G	63.5%	G	FIT testing replaced FOBt testing in programme in June. The simpler test kit is likely to improve uptake nationally; preliminary local data is reflecting this (PHE)
3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	80% (Acceptable 70%)	Q4 2018/19	73.9%	A	73.5%	G	77.5%	A	Cherwell 78.1%; Oxford 70.3%; South Oxfordshire 77.8%; Vale of White Horse 80.5%; West Oxfordshire 79.8% (Source: PHE Productive Healthy Ageing Profile 2018/19 year data)

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Tackling Wider Issues that determine health ²	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	>208	Q1 2019/20	n/a		141	G	153	G	Officially released by Government 13 December. It is unlikely that the figures will change
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	<75%	Q2 2019/20	n/a		89.1%	G	87.9%	G	4.2 - Data reported as Q2 in Nov 2019 meeting was, in fact, Q1 data (89.6%). 4.3 will be reported following the official count in Q3.4.1, 4.4, 4.5 and 4.6 will be reported in Q3
	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	>90	Q3 2018/19	n/a		119	R			
	4.4 Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	Monitor only	Q1 2019/20	n/a		307		373		Officially released by Government 13 December. It is unlikely that the figures will change
	4.5 Monitor the number where a "relief duty is owed" (already homeless)	Monitor only	Q1 2019/20	n/a		162		149		Officially released by Government 13 December. It is unlikely that the figures will change
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	Monitor only	Q1 2019/20	n/a		15		13		Officially released by Government 13 December. It is unlikely that the figures will change

Health and Wellbeing Process Measures 2019-20

Measure	Responsible Board	Q1			Q2			Q3			Q4		
		Process	Progress	RAG	Process	Progress	RAG	Process	Progress	RAG	Process	Progress	RAG
Whole Systems Approach to Obesity	Health Improvement Board	Review the National guidance appropriate to Oxon and the NHS Long Term Plan	PHE WSA National Guidance published in July and reviewed. NHS LTP reviewed for adult and childhood obesity. Developed a working group and action plan to take forward the recommendations	G	Identify and engage stakeholders	Stakeholders identified and 50% engaged. HIB agreed in September for all board member organisations to nominate a representative(s) that we can work with which is currently being followed up.	A	Establish a working group			Develop a joint action plan		
Making Every Contact Count	Health Improvement Board	Transformation of Oxfordshire MECC Systems Implementation Group;	The group has been changed from a task and finish group to currently meeting every two months until further review. Updated terms of reference for the group have been put in place.	G	Promoting MECC approach and training within stakeholder organisations	Various member organisations have been promoting MECC and encouraging the uptake of training. Detailed updates were reported at the September 2019 meeting. More recent specific examples include the Oxford Health Public Health Promotion Resource Unit (PHPRU) including a link to the Wessex MECC eLearning when they send an email to every new user of their service. There are also now 3 MECC Trainers within Age UK Oxfordshire (AUKO) and Action for Carers Oxfordshire. MECC Training is planned to be rolled out to their 150 staff through 3 levels of training from 2020.	G	Support BOB STP with 1. the development & implementation of the MECC digital App 2. IAPT training model test bed and Train the Trainer model			1. Engagement with local/regional MECC networks to contribute updates and share learning 2. Test/shadow BOB STP MECC Metrics		
Mental Wellbeing	Health Improvement Board	Sign Mental Wellbeing Prevention Concordat	All HWB organisations, OMHP and Active Oxfordshire signed the Concordat.	G	Establish a working group for mental wellbeing	All organisations nominated representatives which public health have engaged with the discuss next steps. Working group established in August and meet twice to develop the framework.	G	1. Identify wider stakeholders 2. Suicide Prevention Multi-Agency Group active in May and Dec			Develop Mental wellbeing framework		

Social Prescribing	Health Improvement Board	<p>1. Oxford City - Develop measurable outcomes. Install 'Elemental' social prescribing platform to track the patient journey</p> <p>2. SE Locality - All 10 Practices know the Community Navigators and their role and proactively refer patients. Proactive referrals made from the hospital discharge team to the Community Navigators</p>	<p>1. OxFed (Oxford City service) is no longer going to install Elemental software.</p> <p>2. SE Locality service developed across all GP Practices.</p>	G	<p>Cherwell and West Oxfordshire - GP Practices identified and targeted for each phase of the scheme roll out; Practices in areas of inequality identified and targeted.</p>	<p>Phased roll out of service across Cherwell and West Oxfordshire on target. 20 Practices signed up out of 26 Practices. Targeting areas of inequality- 5 Banbury town Practices signed up.</p>	G					
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