Health & Wellbeing Performance Framework: 2019/20

	Measure	Responsible Board	Baseline	Target 2019/20	Notes
	1.1 Reduce the number of looked after children by 50 in 2019/20	Children's Trust	789 (Jan 19)	tbc based on year end	
	1.2 Maintain the number of children who are the subject of a child protection plan	Children's Trust	602 (Jan 19)	tbc based on year end	
e-mail	1.3 Increase the proportion of children that have their first CAMHS appointment within 12 weeks to 75%	Children's Trust	26% (Apr-Nov 2018)	75%	
	1.4 Increase the number of early help assessments to 1,500 during 2019/2020	Children's Trust	1083 (Apr-Jan 2019)	1,500	
e-mail	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)	Children's Trust	312 (2016/17)	260	
At the mee	1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths [1]	Children's Trust	65% (17/18)	73%	
At the mee	1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths	Children's Trust	52% (17/18)	50%	Targets are for the 18/19 academic year
	1.8 Reduce the persistent absence rate from secondary schools	Children's Trust	13.7% (T2 18/19)	12.2%	Targets are for the 18/19 academic year
	1.9 Reduce the number of permanent exclusions	Children's Trust	26 (T2 18/19)	44	Targets are for the 18/19 academic year
At the mee	1.10 Ensure that the attainment of pupils with SEND but no statement or EHCP is in line with the national average	Children's Trust	**KS2** 20% cf 24%: (17/18) **KS4** 28.5 c.f 31.9 (16/17)	tbc	Targets are for the 18/19 academic year
At the mee	1.11 Reduce the persistent absence of children subject to a Child Protection plan	Children's Trust	32.8% (16/17)	tbc	Targets are for the 18/19 academic year
	1.12 Reduce the level of smoking in pregnancy	Health Improvement Board	8% (Q1 18/19)	8%	
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	Health Improvement Board	94.3% (Q2 18/19)	95%	
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	Health Improvement Board	92.7% (Q2 18/19)	95%	
	1.15 Maintain the levels of children obese in reception class	Health Improvement Board	7.8% (17/18)	7%	The baseline for children who are obese and does NOT include those overweight (but not obese)
	1.16 Reduce the levels of children obese in year 6	Health Improvement Board	16.2% (17/18)	16%	The baseline for children who are obese and does NOT include those overweight (but not obese)
Surveillance measures					
	Monitor the number of child victims of crime	Children's Trust	2238 (Apr-Dec 2018)	Monitor only	
	Monitor the number of children missing from home	Children's Trust	1494 (Apr-Dec 2018)	Monitor only	
	Monitor the number of Domestic incidents involving children reported to the police.	Children's Trust	4807 (Apr-Dec 2018)	Monitor only	
	Monitor the crime harm index as it relates to children	Children's Trust	Set in Q1	Monitor only	

A good start in life

2.1 Number of people waiting a total time of less than 4 hours in A&E	Joint Management Groups	88% (Apr-Nov 18)	tbc	This is a nationally set target. The measure is used to monitor the CQC action plan
2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average	Joint Management Groups	91% Oxon; 86% national. (Jan 2019)	86%	The measure is used to monitor the CQC action plan
2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	Joint Management Groups	18% (Apr - Nov)	22%	This is a nationally set target.
2.4 The proportion of people who complete psychological treatment who are moving to recovery.	Joint Management Groups	51% (Apr - Nov)	50%	This is a nationally set target.
2.5 The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment	Joint Management Groups	100% (Apr - Nov)	95%	This is a nationally set target.
2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	Joint Management Groups	99% (Apr - Nov)	75%	This is a nationally set target.
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.	Joint Management Groups	23.6%	60%	
2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe: JR (1 hour); HGH (1.5 hours)	Joint Management Groups	98% JR; 96% HGH (2017/18)	95%	
2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	Joint Management Groups	96% (Apr - Dec)	95%	
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.	Joint Management Groups	75%	56%	This is a nationally set target.
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	Joint Management Groups	57% (Sep 2018)	75%	
2.12 The number of people with severe mental illness in employment	Joint Management Groups	18% Dec 2018	18%	The target is as set in existing contracts
2.13 The number of people with severe mental illness in settled accommodation	Joint Management Groups	96% Dec 2018	80%	The target is as set in existing contracts
2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2020	Joint Management Groups	9	10	
2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	Joint Management Groups	177 (Dec 2018)	< 175	
2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) [6]	Health Improvement Board	19.1%	18.6%	The national PH Outcome framework figure reports on the age group 19+. The latest figure is Nov 2017: 18.6%, but the local agreed measure is for 16+
2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	Health Improvement Board	>2,337 per 100,000 (2017/18)	> 2,337 per 100,000*	Target relates to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
2.18 Increase the level of flu immunisation for at risk groups under 65 years	Health Improvement Board	52.4 (2017/18)	55%	

2.19 Maintain the % of people invited for a NHS Health Check (Q1 2014/15 to Q4 2019/20)	Health Improvement Board	97% (2018/19)	97%	Target relates to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
2.20 Maintain the % of people receiving an NHS Health Checks (Q1 2014/15 to Q4 2019/20)	Health Improvement Board	49% (2018/19)	49%	Target relates to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
2.19 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 3.5/5.5 years	Health Improvement Board	68.2% (Q4 2017/18)	80%	
3.1 Increase the number of people supported to leave hospital via reablement in the year	Joint Management Groups	1036 (Apr-Dec 18)	2000	The measure is used to monitor the CQC action plan
3.2 Increase the number of hours from the hospital discharge and reablement services per month	Joint Management Groups	8596 (Dec 2018)	8920	The measure is used to monitor the CQC action plan
3.3 Increase the number of hours of reablement provided per month	Joint Management Groups	4350 (Dec 2018)	5750	The measure is used to monitor the CQC action plan
3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	Joint Management Groups	20.8% (2016/17)	>18.8%	The measure is used to monitor the CQC action plan. The measure is reported in the NHS interface dashboard. The target is for 18/19 and will be revised once the NHS comparator data is released
3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	Joint Management Groups	74% Feb 2018	> 69.9%	
3.6 Maintain the number of home care hours purchased per week	Joint Management Groups	21,353 Dec 2018	21,779	
3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population	Joint Management Groups	22,822 (2017/18)	24,550 or fewer	The measure is used to monitor the CQC action plan. The measure is reported in the NHS interface dashboard. The target is for 18/19 and will be revised once the NHS comparator data is released
3.8 90th percentile of length of stay for emergency admissions (65+)	Joint Management Groups	16 (2017-18)	18 or below	The measure is used to monitor the CQC action plan. The measure is reported in the NHS interface dashboard. The target is for 18/19 and will be revised once the NHS comparator data is released
3.9 Reduce the average number of people who are delayed in hospital [2]	Joint Management Groups	85 (Dec 2018)	TBC	The measure is used to monitor the CQC action plan
3.10 Reduce the average length of "days delay" for people discharged from hospital to care homes	Joint Management Groups	248 (Dec 2018)	TBC	The measure is used to monitor the CQC action plan
3.11 Validated local position of CCG on average length of days delay for locally registered people discharged from hospital to care homes	Joint Management Groups	2.48 (17/18)	< 2.48	
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	Joint Management Groups	13.0 (Apr-Dec 2018)	14	The measure is used to monitor the CQC action plan
3.13 Increase the Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Joint Management Groups	77% (Oct-Dec 2017)	85% or more	The measure is used to monitor the CQC action plan
3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	Joint Management Groups	1.4% (Oct-Dec 2017)	3.3% or more	The measure is used to monitor the CQC action plan
3.15 Increase the estimated diagnosis rate for people with dementia	Joint Management Groups	67.8% (Apr-Dec)	67.8%	
3.16 Maintain the level of flu immunisations for the over 65s	Health Improvement Board	75.9% (2017/18)	75%	
3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	Health Improvement Board	58.1% (Q4 2017/18)	60%	
3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	Health Improvement Board	74.1% (Q4 2017/18)	80%	

Ageing Well [1]

	Measure	Lead	Baseline	Target	
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)	Health Improvement Board	208 (Q1 2018-29)	>208	
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	Health Improvement Board	tbc	<75%	
	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	Health Improvement Board	90 (2018-19)	>90	
	4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	Health Improvement Board	no baseline	Monitor only	
	4.5 Monitor the number where a "relief duty is owed" (already homeless)	Health Improvement Board	no baseline	Monitor only	
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	Health Improvement Board	no baseline	Monitor only	

1. These measures will be revised in the year, once the older People's Strategy is finalised
2. These are placeholders - actual measures and targets to be confirmed later in the quarter

4.1

Health and Wellbeing Process Measures 2019-20

Measure	Responsible Board	Q1		Q2		Q3		Q4		Notes
		No	RAG	No	RAG	No	RAG	No	RAG	
Whole Systems Approach to Obesity	Health Improvement Board	Review the National guidance appropriate to Oxon and the NHS Long Term Plan		Identify and engage stakeholders		Establish a working group		Develop a joint action plan		
Making Every Contact Count	Health Improvement Board	Transformation of Oxfordshire MECC Systems Implementation Group;		Promoting MECC approach and training within stakeholder organisations		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		Establish a working group for mental wellbeing		1. Identify wider stakeholders 2. Suicide Prevention Multi-Agency Group active in May and Dec		Develop Mental wellbeing framework		
Diabetes Transformation	Health Improvement Board							1.National Diabetes prevention programme - increase uptake from baseline; 2.Increase percentage of patients achieving all three NICE treatment targets; 3.Attendance at diabetes structured education - increase numbers from baseline; 4.Increase percentage of patients with 8 care processes completed from baseline		
Domestic Abuse	Health Improvement Board	tbc		tbc		tbc		tbc		
Healthy Place Shaping	Health Improvement Board			• Co-design and delivery of place based activities with local stakeholders • Healthy place shaping activities are delivering collectively agreed objectives and outcomes • Healthy place shaping is encouraging resident engagement in activities that promote health, wellbeing and social cohesion				• Co-design and delivery of place based activities with local stakeholders • Healthy place shaping activities are delivering collectively agreed objectives and outcomes • Healthy place shaping is acting as a system connector • Learning is used as a mechanism to continuously improve • Activities increase the connectivity between local stakeholders • Investment seeks to increase the capacity of the system • Healthy place shaping is encouraging resident engagement in activities that promote health, wellbeing and social cohesion • The built environment is enabling healthy living		
Social Prescribing	Health Improvement Board	1. Oxford City - Develop measurable outcomes. Install 'Elemental' social prescribing platform to track the patient journey 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		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.						