Health & Wellbeing Performance Framework: 2019/20
June 2019 Performance report

	Measure	Responsible Board	Baseline	Target 2019/20	Update	Q1 Report No.	Q1 Report RAG	Notes
	1.1 Reduce the number of looked after children by 50 in 2019/20	Children's Trust	789 (Jan 19)	750	Q3 2018/19	794	R	
	1.2 Maintain the number of children who are the subject of a child protection plan	Children's Trust	602 (Jan 19)	620	Q3 2018/19	608	G	
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%	Nov 2018	26%	R	
	1.4 Increase the number of early help assessments to 1,500 during 2019/2020	Children's Trust	1083 (Apr-Jan 2019)	1,500	Q3 2018/19	923	A	
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	Q3 2018/19	nya		To be routinely reported from April 2019
At the mee	1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths	Children's Trust	65% (17/18)	73%	Q3 2018/19	nya		Annual figure reported on academic year
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%	Q3 2018/19	nya		Annual figure reported on academic year
	1.8 Reduce the persistent absence rate from secondary schools	Children's Trust	13.7% (T2 18/19)	12.2%	Q3 2018/19	nya		To be routinely reported via the Children's Trust from April 2019. Measured on academic year
	1.9 Reduce the number of permanent exclusions	Children's Trust	26 (T2 18/19)	tbc	Q3 2018/19	nya		To be routinely reported via the Children's Trust from April 2019. Measured on 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	Q3 2018/19	KS2 20% 17/18 ac yr KS4 NYA	A	KS2 fig (% SEN support pupils reaching at least the expected standard in reading writing and maths 17/18 academic year • Oxon =20% (17% 16/17), • National - 24% (21% 16/17). Joint 6th of our 12 statistical neighbours
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	Q3 2018/19	32.8	R	Annual Figure National figure (17/18) =31.1%.
	1.12 Reduce the level of smoking in pregnancy	Health Improvement Board	8% (Q1 18/19)	8%	Q3 2018/19	6.7%	G	Data incomplete for OCCG - no return from Great Western Hospital this quarter. RAG based on 18/19 targets
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	Health Improvement Board	94.3% (Q2 18/19)	95%	Q3 2018/19	92.8%	A	RAG based on 18/19 targets
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	Health Improvement Board	92.7% (Q2 18/19)	95%	Q3 2018/19	89.4%	R	RAG based on 18/19 targets
	1.15 Maintain the levels of children obese in reception class	Health Improvement Board	7.8% (17/18)	7%		n/a		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%		n/a		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	Q3 2018/19	2238		
	Monitor the number of children missing from home	Children's Trust	1494 (Apr-Dec 2018)	Monitor only	Q3 2018/19	1494		
	Monitor the number of Domestic incidents involving children reported to the police.	Children's Trust	4807 (Apr-Dec 2018)	Monitor only	Q3 2018/19	4807		
	Monitor the crime harm index as it relates to children	Children's Trust	Set in Q1	Monitor only	Q3 2018/19	n/a		

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	Indicator	Owner	Baseline	Target	Period	Actual	RAG	Comment
Living Well	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	Feb-19	87%	R	Feb 2019 saw Oxford University Hospital Foundation Trust A&E fail to reach the 95% national and 90.2% NHS Improvement trajectory targets, achieving 81.4% overall. It is
	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%	May-19	92%	G	May 2019; 92% of health & social care providers in Oxfordshire are good or outstanding compared with 86% nationally
	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%	Feb-19	20%		This is a nationally set target. 18% is year to date figure to February. Actual Feb figure is 20%. Target last year 19%).
	2.4 The proportion of people who complete psychological treatment who are moving to recovery.	Joint Management Groups	51% (Apr - Nov)	50%	Jan-19	51%	G	Figure to January
	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%	Jan-19	100%	G	Figure to January
	2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	Joint Management Groups	99% (Apr - Nov)	75%	Jan-19	99%	G	Figure to January
	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%		nya		To be reported from April
	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%	Feb-19	87% JR; 72% HGH	R	
	2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	Joint Management Groups	96% (Apr - Dec)	95%	Dec-18	96%	G	Latest figure Dec 2018
	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%	Feb-19	89%	G	February 2019 figures
	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%	Dec-18	41%	R	Figure to December
	2.12 The number of people with severe mental illness in employment	Joint Management Groups	18% Dec 2018	18%	Feb-19	18%	G	February 2019 figures
	2.13 The number of people with severe mental illness in settled accommodation	Joint Management Groups	96% Dec 2018	80%	Feb-19	96%	G	February 2019 figures
	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		nya		To be reproted from April
	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	Mar-19	181	A	Figure has increased, but small numbers
	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	Health Improvement Board	19.1%	18.6%		n/a		
	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*	Q4 2018/19	2,929	G	Target and RAG relate 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%	Sept 18 to Feb 19	51.40%	A	

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%	Q3 2018/19	94.90%	G	Target and RAG relate 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%	Q3 2018/19	47.10%	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
2.21 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%	Q1 2018/19	71.20%	A	

Ageing Well [1]	3.1 Increase the number of people supported to leave hospital via reablement in the year	Joint Management Groups	1036 (Apr-Dec 18)	2000	Mar-19	123 (A)	102 people started reablement from hospital with HART; 21 from Oxford health. It would equate to 1476 for the year
	3.2 Increase the number of hours from the hospital discharge and reablement services per month	Joint Management Groups	8596 (Dec 2018)	8920	Mar-19	8842 (A)	Within 1 % of target for the month
	3.3 Increase the number of hours of reablement provided per month	Joint Management Groups	4350 (Dec 2018)	5750	Mar-19	5944 (G)	The level of hours is not delivering the level of cases as the amount of care provided per person is higher than predicted.
	3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	Joint Management Groups	20.8% (2016/17)	>18.8%	Feb-19	21% (G)	Year to date to February
	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%	Feb-19	70.1 (G)	National social care user survey February 2019
	3.6 Maintain the number of home care hours purchased per week	Joint Management Groups	21,353 Dec 2018	21,779	Mar-19	21,327 (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	Joint Management Groups	22,822 (2017/18)	24,550 or fewer	Feb-19	19,677 (G)	Year to date to February
	3.8 90th percentile of length of stay for emergency admissions (65+)	Joint Management Groups	16 (2017-18)	18 or below	Dec-18	13 (G)	Figure to December
	3.9 Reduce the average number of people who are delayed in hospital [2]	Joint Management Groups	85 (Dec 2018)	TBC	Mar-19	95 (A)	Latest national published figure for March DTOC Bed days for Oxfordshire. Target and trajectory is not yet available
	3.10 Reduce the average length of "days delay" for people discharged from hospital to care homes	Joint Management Groups	248 (Dec 2018)	TBC	Mar-19	188 (G)	Latest national published figure for March
	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	Dec-18	2 (G)	Latest figure December 2018
	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	Mar-19	11.5 (G)	
	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	Mar-19	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	Joint Management Groups	1.4% (Oct-Dec 2017)	3.3% or more	Mar-19	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	Joint Management Groups	67.8% (Apr-Dec)	67.8%	Feb-19	68.1% (G)	Figure to February
	3.16 Maintain the level of flu immunisations for the over 65s	Health Improvement Board	75.9% (2017/18)	75%	Sept 18 to Feb 19	76.3% (G)	
	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%	Q1 2018/19	59.5% (A)	
	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%	Q1 2018/19	73.9% (A)	

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