Measure	Responsible Board	Baseline	Target 2019/20	Update	Q1 Report No.	Q1 Report RAG	Q2 Report No.	Q2 Report RAG	Q3 Report No.	Q3 Report RAG	Notes
1.1 Reduce the number of looked after children by 50 in 2019/20	Children's Trust	789 (Jan 19)	750	Jan-20	794	R	780	A	786	A	Fig is for Dec 31, 2019. We remain above the target. Numbers are remaining stable against the backdrop of a 4% rise nationally last year. Rated Amber because of the volatility in the small number of high cost placements and its impact on budget and workload.
1.2 Maintain the number of children who are the subject of a child protection plan	Children's Trust	602 (Jan 19)	620	Jan-20	608	G	592	G	593	G	Fig is for Dec 31, 2019. The number remains in line with expected demand and is slightly lower than the target.
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%	Oct-19	36%	R	26%	R	30%	R	The figure is for the year to date as at the end of October 2019. Clearing a backlog has a detrimental effect on this measure. A revised supporting measure is to be developed
1.4 Increase the number of early help assessments to 1,500 during 2019/2020	Children's Trust	1083 (Apr-Jan 2019)	1,500	Jan-20	923	A	1371	A	1490	G	The figure is assessments in the year to date. The growth of early help assessments has helped provide more timely support and reduce demand on social care
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	Oct-19	87		134		166		Admissions from April 2019 to October 2019
1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths	Children's Trust	65% (17/18)	73%	18/19 ac yr	nya		nya		64% provisional		Annual figure reported on academic year 18/19
1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths	Children's Trust	52% (17/18)	50%	18/19 ac yr	nya		nya		46% provisional		Annual figure reported on academic year 18/19
1.8 Reduce the persistent absence rate from secondary schools	Children's Trust	13.7% (T2 18/19)	12.2%	18/19 ac yr	nya		13.90%		14.60%	R	The Engagement Board has focused on persistent absence through the introduction of a behaviour and attendance helpline for schools and are working in partnership with CAMHS on their Oxford City pilot.
1.9 Reduce the number of permanent exclusions	Children's Trust	26 (T2 18/19)	tbc	18/19 ac yr	nya		55		72	R	Exclusions last year were higher than the target, but relative performance is good. Issues at individual schools may significantly increase the number of exclusions
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	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 - NYA	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);
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	36.2	R	36.2	R	Annual Figure for 17/18: National figure (17/18) =32.7%. 18/19 figure expected in March 2020
1.12 Reduce the level of smoking in pregnancy	Health Improvement Board	8% (Q1 18/19)	8%	Q1 2019/20	6.7%	G			6.8%	G	
1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	Health Improvement Board	94.3% (Q2 18/19)	95%	Q2 18/19	92.8%	A	94.6%	A	94.6%	A	RAG based on 18/19 targets; reported annually
1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	Health Improvement Board	92.7% (Q2 18/19)	95%	Q2 18/19	89.4%	R	91.7%	A	91.7%	A	RAG based on 18/19 targets; reported annually
1.15 Maintain the levels of children obese in reception class	Health Improvement Board	7.8% (17/18)	7%	2018/19	n/a				7.60%	G	The baseline for children who are obese and does NOT include those overweight (but not obese); annual fig
1.16 Reduce the levels of children obese in year 6	Health Improvement Board	16.2% (17/18)	16%	2018/19	n/a				15.70%	G	
Surveillance measures											
Monitor the number of child victims of crime	Children's Trust	2238 (Apr-Dec 2018)	Monitor only	Jan-20	763		1558		2466		Figures are year to date (April to December)
Monitor the number of children missing from home	Children's Trust	1494 (Apr-Dec 2018)	Monitor only	Jan-20	635		1153		1624		Figures are year to date (April to December)
Monitor the number of Domestic incidents involving children reported to the police.	Children's Trust	4807 (Apr-Dec 2018)	Monitor only	Jan-20	1452		3076		4676		Figures are year to date (April to December)
Monitor the crime harm index as it relates to children	Children's Trust	Set in Q1	Monitor only	Q3 2018/19	n/a		n/a		n/a		

A good start in life

Living Well

Indicator	Board	Baseline	Target	Date	Value	RAG	Value	RAG	Value	RAG	Commentary
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	Oct-19	87%	R	86%	R	82% (85% yr to date)	R	September 2019 saw OUHFT Accident and Emergency (A&E) fail to reach the 95% national and 90% NHSI agreed performance trajectory targets, achieving 84.24%. This showed a slight improvement from August's performance of 84.09%. (IPR Nov 19) In October the figure was 82%.
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%	Jan-20	92%	G	92%	G	92%	G	Jan 2020; 91.7 % 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	Joint Management Groups	18% (Apr - Nov)	22%	Sep-19	20%		18%	R	17% (19% yr to date)	R	This is a nationally set target. 19% is year to date figure to September. 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%	Aug-19	51%	G	47%	R	49% (49% yr to date)	R	Figure to August 2019
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%	Aug-19	100%	G	99%	G	99% (99% yr to date)	G	Figure to August 2019
2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	Joint Management Groups	99% (Apr - Nov)	75%	Aug-19	99%	G	98%	G	98% (98% yr to date)	G	Figure to August 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.	Joint Management Groups	23.6%	60%	Jun-19	nya		29%		29%		Figure is YTD (June as reported in November 2019) 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)	Joint Management Groups	98% JR; 96% HGH (2017/18)	95%	Nov-19	87% JR; 72% HGH	R	77%	R	80% JR; 82% HGH	R	EDPS performance continues to be challenged. It is recognised by commissioner and provider that resource is needed to address the issue of reduced overnight cover in order to achieve the current KPI. A plan is in place to prioritise activities when the current system focus around Adult Mental Health Team pressure is more stable. Investment has been secured for setting up a 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. (IPR Nov 19)
2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	Joint Management Groups	96% (Apr - Dec)	95%	Jun-19	96%	G	98%	G	98%	G	Latest figure June 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.	Joint Management Groups	75%	56%	Sep-19	89%	G	89%	G	71% Sep (74% Yr to date)	G	
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%	Jun-19	41% (Dec 18)	R	32% (Mar 19)	R	10% (Jun 19)	R	By end September practices delivered 561 checks compared to 601 for the same period in 2018. OCCG is analysing performance at practice level and will be contacting underperforming practices to offer information, advice and support during quarter 3
2.12 The number of people with severe mental illness in employment	Joint Management Groups	18% Dec 2018	18%	Nov-19	18%	G	22%	G	23%	G	
2.13 The number of people with severe mental illness in settled accommodation	Joint Management Groups	96% Dec 2018	80%	Nov-19	96%	G	96%	G	96%	G	
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	Jun-19	nya		6	G			
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	Jan-20	181	A	179	A	176 in Oct, Nov and Dec	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)	Health Improvement Board	19.1%	18.6%	May-19	n/a		19.1%		20.30%	R	Annual Figure; 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	Health Improvement Board	>2,337 per 100,000 (2017/18)	> 2,337 per 100,000*	Q1 2019/20	2,929	G	2,929	G	3,460	A	Estimated rate per 100,000 based on number of actual quitters for the quarter (475). Data always a quarter in arrears

Measure	Lead	Baseline	Target	Period							Notes
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	51.4%	A	51.4%	A	51.4%	A	Annual Fig
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%	Q2 2019/20	94.9%	G	84.4%	G	90.5%	G	CCG Localities: North East 85.8; North 88.9; Oxford 93.4; South East 98.6; South West 88.3; West 85.2. 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%	Q2 2019/20	47.1%	G	42.0%	G	44.6%	G	CCG Localities: North East 40.5; North 49.7; Oxford 40.4; South East 48.0; South West 46.3; West 41.8 . 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 years	Health Improvement Board	68.2% (Q4 2017/18)	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 Oxfordshire77.4% (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	Health Improvement Board	68.2% (Q4 2017/18)	80%	Q3 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 Oxfordshire79.5% (Source|: PHE Productive Healthy Ageing Profile)

Ageing Well [1]

Measure	Owner	Baseline	Target	Date							Commentary
3.1 Increase the number of people supported to leave hospital via reablement in the year	Joint Management Groups	1036 (Apr-Dec 18)	2000	Jan-20	123	A	112	R	110	R	On average this year 95 people started reablement from hospital with HART; 15 from Oxford health. It would equate to 1315 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	Aug-19	8842	A	6726	R	8406	A	Average figures for first 9 months of year. Average Fig for first 9 months of year is 8406 and is 6% below contract levels
3.3 Increase the number of hours of reablement provided per month	Joint Management Groups	4350 (Dec 2018)	5750	Aug-19	5944	G	5402	A	5225	A	After 9 months of the year reablement levels are 9% below contract levels. In December itself levels fell to 27% below. This reflects both staff leave and families spending more time with people who use reablement services over Christmas. The average amount of care provided per person is higher than we expected when the contract was specified, meaning fewer people are supported which is having an adverse effect on delayed transfers of care
3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	Joint Management Groups	20.8% (2016/17)	>18.8%	Jun-19	21%	G	21%	G	18% Oct 20% Yr to date)	G	Year to date to Oct; 18% in Oct
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	70.9	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	Joint Management Groups	21,353 Dec 2018	21,779	Jan-20	21,327	A	20,876	A	20,744	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	Oct-19	19,677	G	23,559	G	22,630	G	
3.8 90th percentile of length of stay for emergency admissions (65+)	Joint Management Groups	16 (2017-18)	18 or below	Oct-19	13	G	13	G	14	G	Year to date to Oct
3.9 Reduce the average number of people who are delayed in hospital	Joint Management Groups	85 (Dec 2018)	TBC	Nov-19	95	A	121	R	106 (Nov 19)	R	Latest national published figure for Nov 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	Joint Management Groups	8 people (Dec 2018)	average of 6 at yr end	Nov-19	6.1	G	4.4	G	4.9 (Nov)	G	Latest national published figure for Nov 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	Joint Management Groups	2.48 (17/18)	< 2.48	Jun-19	2	G	2.19	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	Joint Management Groups	13.0 (Apr-Dec 2018)	14	Jan-20	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	Joint Management Groups	77% (Oct-Dec 2017)	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	Joint Management Groups	1.4% (Oct-Dec 2017)	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	Joint Management Groups	67.8% (Apr-Dec)	67.8%	Sep-19	68.1%	G	67.8%	G	67.8%	G	Figure to September
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	76.3%	G	76.3%	G	Annual Fig.
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% (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)	Health Improvement Board	74.1% (Q4 2017/18)	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)

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	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	Health Improvement Board	tbc	<75%	Q4 2018/19	n/a		89.1%	G			
	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	Health Improvement Board	90 (2018-19)	>90	Q3 2018/19	n/a		119	R			
	4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	Health Improvement Board	no baseline	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)	Health Improvement Board	no baseline	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	Health Improvement Board	no baseline	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 Process	Q1 Progress	Q1 RAG	Q2 Process	Q2 Progress	Q2 RAG	Q3 Process	Q3 Progress	Q3 RAG	Q4 Process	Q4 Progress	Q4 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 currenlty 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.	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	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	1. Identify wider stakeholders 2. Suicide Prevention Multi-Agency Group active in May and Dec			Develop Mental wellbeing framework		

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	1. OxFed (Oxford City service) is no longer going to install Elemental software. 2. SE Locality service developed across all GP Practices.	G	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.	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.	G						