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

Measure	Target 2019/20	Update	Q1 Report No.	Q1 Report RAG	Q2 Report No.	Q2 Report RAG	Q3 Report No.	Q3 Report RAG	Q4 Report No.	Q4 Report RAG	Notes
A good start in life											
1.1 Reduce the number of looked after children by 50 in 2019/20	750	Apr-20	794	R	780	R	782	A	786	A	
1.2 Maintain the number of children who are the subject of a child protection plan	620	Apr-20	608	G	592	G	528	G	541	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	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	1862	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		263	A	
1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths	73%	18/19 ac yr	nya		nya		65%	A			65% at KS2 in line with national average
1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths	43%	18/19 ac yr	nya		nya		46%	G			
1.8 Reduce the persistent absence rate from secondary schools	12.2%	Term 1: 19/20	nya		13.90%		15.7%	R	15.9%	R	The education service is actively providing support and challenge to schools. 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. We are re-commissioning alternative provision to reflect the needs of children/young people, parents and
1.9 Reduce the number of permanent exclusions	tbc	Jan-20	nya		55		49	R	70	R	
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 22% 18/19 ac yr KS4 -0.56	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), • National (24% 17/18). Oxon is below national average Key stage 4: Progress 8 gap is -0.56 compared to -0.43 nationally
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	35.9	R	Fallen form 36.2% but still higher than the national average 33.4%
1.12 Reduce the level of smoking in pregnancy	7%	Q3 2019/20	6.7%	G	7.7%	A	8.3%	R	7.7%	A	
1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	95%	Q3 2019/20	92.8%	A	94.6%	A	93.4%	A	94.7%	A	
1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	95%	Q3 2019/20	89.4%	R	91.7%	A	91.5%	A	92.4%	A	
1.15 Maintain the levels of children obese in reception class	7%	2018/19	n/a				7.60%	G	7.60%	A	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.
1.16 Reduce the levels of children obese in year 6	16%	2018/19	n/a				15.70%	G	15.70%	G	Cherwell 17.8%; Oxford 16.4% South Oxfordshire 13.0%; Vale of White Horse 15.7%; West Oxfordshire 15.2%. No significant change for any district.
Surveillance measures											
Monitor the number of child victims of crime	Monitor only	Q4 2019/20	2238		3021		3236		3356		11.4% increase in the last 12 months
Monitor the number of children missing from home	Monitor only	Q4 2019/20	2131		2173		2179		2036		Within 0.5% of last year
Monitor the number of Domestic incidents involving children reported to the police.	Monitor only	Q4 2019/20	6207		6120		6183		6332		Within 0.5% of last year

	Indicator	Target	Period									Commentary
Living Well	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	80%	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%	Apr-20	92%	G	92%	G	92%	G	92%	G	Apr 2020; 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	22%	Jan-20	20%		18%	R	23% (20% yr to date)	R	19% (Jan) 19% (ytd)	R	This is a nationally set target.
	2.4 The proportion of people who complete psychological treatment who are moving to recovery.	50%	Jan-20	51%	G	47%	R	49% (50% yr to date)	R	52% (Jan) 51% (ytd)	G	
	2.5 The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment	95%	Jan-20	100%	G	99%	G	100% (99% yr to date)	G	99% (Jan) 99% (ytd)	G	
	2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	75%	Jan-20	99%	G	98%	G	99% (98% yr to date)	G	98% (Jan) 98% (ytd)	G	
	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%	Dec-19	nya		29%		29%		29%		Figure is YTD (Dec as reported in April 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%	Dec-19	87% JR; 72% HGH	R	77%	R	80% JR; 87% HGH	R	93% JR; 97% HGH	A	EDPS performance has significantly improved in December. We have been successful in getting NHSE winter funding, and transformation funding into 2020/21, to address the issue of reduced overnight cover, and recruitment has taken place which has seen an improved performance. Implementation plans are in place, as a result of the transformation investment reported on in Oct, to provide the Crisis Resolution & Home Treatment Team (initially in the City), an additional Safe Haven in Banbury has now opened , and a High Intensity User Service based in OUH ED has been recruited to and will become live by the end of March.
	2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	95%	Dec-19	96%	G	98%	G	97%	G	94.5%	R	
	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%	Dec-19	89%	G	89%	G	71% Sep (74% Yr to date)	G	83%	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	75%	Dec-19	41% (Dec 18)	R	32% (Mar 19)	R	13%		17%		Figure is YTD (Dec as reported in April 2020) Not rag rated until end of Full Year.
	2.12 The number of people with severe mental illness in employment	18%	Dec-19	18%	G	22%	G	22%	G	22%	G	
	2.13 The number of people with severe mental illness in settled accommodation	80%	Dec-19	96%	G	96%	G	97%	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	Mar-20	nya		6	G	6	G	6	G	
	2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	< 175	Mar-20	181	A	179	A	175	A	175	A	
	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	18.6%	Nov-19	n/a		19.1%		20.30%	R	17.8%	A	Cherwell 19.6%; Oxford 14.1%; South Oxfordshire 18.9%; Vale of White Horse 14.8%; West Oxfordshire 23.1%
	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	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	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	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%	Q3 2019/20	47.1%	G	42.0%	G	47.1%	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%	Q2 2019/20			67.8%	A	68.3%	R	68.3%	R	
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%	Q2 2019/20			76.3%	A	76.6%	A	77.7%	A	

	Measure	Target	Date									Notes
Ageing Well [1]	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	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. (Data for OH not reported in March)
	3.2 Increase the number of hours from the hospital discharge and reablement services per month	8920	Mar-20	8842	A	8313	R	8459	A	8411	A	6% below contract levels. (Data for OH not reported in March)
	3.3 Increase the number of hours of reablement provided per month	5750	Mar-20	5944	G	5402	A	5187	A	5048	R	12% below contract levels. (Data for OH not reported in March)
	3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	>18.8%	Mar-20	21%	G	21%	G	20%	G	23%	G	
	3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	> 69.9%	Feb-20	70.9	G	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	Feb-19	21,327	A	20,876	A	20,631	A	21,433	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	Mar-20	19,677	G	23,559	G	23,336	G	22,642	G	
	3.8 90th percentile of length of stay for emergency admissions (65+)	18 or below	Feb-20	13	G	13	G	14	G	14	G	Year to date to Nov
	3.9 Reduce the average number of people who are delayed in hospital [2]	TBC	Feb-20	95	A	121	R	105	R	94	R	National publications suspended in March. Latest national figure (end of Feb) 94. Local figures for March 40
	3.10 Reduce the average number of people delayed when discharged from hospital to care homes	average of 6 at yr end	Feb-20	6.1	G	4.4	G	7.5	A	4.4	G	National publications suspended in March. Latest national figure (end of Feb) 4.4. Target 54 at the end of March. Local figures for March 40 = 6 #REF!
	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	Feb-20	2	G	2.19	G	2.11	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	Nov-19	11.5	G	12.5	G	13	G	31.1	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	85% or more	Mar-20	73.7	R	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	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%	Oct - Dec 2018	68.1%	G	67.8%	G	67.5%	R	66.1%	R	
	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	75.7%	G	
	3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	60% (Acceptable 52%)	Q2 2019/20	59.5%	A	58.7%	G	63.5%	G	70.1%	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%)	Q2 2019/20	73.9%	A	73.5%	G	77.5%	A	69.6%	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)	>208	Q1 2019/20	n/a		141	G	153	G	153	G	
	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	87.9%	G	
	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	>90		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		373		
	4.5 Monitor the number where a "relief duty is owed" (already homeless)	Monitor only	Q1 2019/20	n/a		162		149		149		
	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		13		

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 currenlty being followed up.	A	Establish a working group	Working group developed and active. Includes OCC, CCG, Active Oxfordshire with GP representative. Met monthly from Sep 19 – Mar 20 to embed the approach and plan stakeholder engagement events.	G	Develop a joint action plan	Working group action plan developed. Development of a wider WSA following the stakeholder engagement events on hold due to Covid-19.	A
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	The development and implementation of the digital app has been supported through the SIG and its use has been encouraged where feasible and appropriate. SIG members helped to promote the STP IAPT open access training courses during the IAPT project (now finished). Courses were promoted and administered by the Oxfordshire Training Hub. The train the trainer model has been supported and is being continued to be encouraged as a sustainable way to deliver MECC training.	G	1. Engagement with local/regional MECC networks to contribute updates and share learning 2. Test/shadow BOB STP MECC Metrics	The SIG continues to be represented on the PHE SE Regional MECC Network and the BOB MECC Oversight Group. Representatives of the SIG participated in the early stages of the development of the STP MECC Metrics (prior to this quarter). The development of metrics was not continued and so the SIG were unable to shadow any STP metrics	G
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	MAG met in May and October 2019 Strategy development focused (public engagement, focus groups), new members (Rethink, SOBS). Real time suicide surveillance continues and informs work of the MAG and strategy	G	Develop Mental wellbeing framework	Working Group developed a Prevention Framework for Mental Health with a year 1 action plan. Published on 31st March 2020.	G

| Place shaping | Health Improvement Board | | | | | | | Cherwell, Q3 and Q4:
1. Co-design and delivery of place-based activities with local stakeholders
2. Healthy place shaping activities are working to deliver collectively agreed objectives and outcomes
3. Healthy place shaping is acting as a system connector.
4. Learning is used as a mechanism to continuously improve
5. Activities increase the connectivity between local stakeholders
6. Investment seeks to increase the capacity of the system
7. Healthy place shaping is encouraging resident engagement in | G | 1. Stakeholder activities initiated include: development of wayfinding proposal for Kidlington; support and co-delivery of Voluntary Forum with Bicester Town Council; work with community groups and schools to run a volunteer's fayre for Bicester sixth formers.
2. 85 stakeholders from Kidlington area took part in a workshop to co-design aims and objectives and delivery plan of their healthy place shaping programme. 55 stakeholders from the Healthy Bicester partnership took part in a workshop to review and update the healthy place shaping delivery plan for Bicester. Both programmes now have a housing element.
3. Diabetes education events have brought together GP practices, leisure providers, CDC leisure team, and social prescribing services to promote better diabetes self-management.
4. Survey undertaken to understand young people's health and wellbeing needs in Bicester. Resulted in securing funding for outreach worker for community organisation in Bicester.

5. Feedback from stakeholder events indicates that partners appreciate opportunities to connect with each other. Relationships have supported cross-sectoral working in response to COVID-19.

6. Invested funding to: train primary school teachers in outdoor learning; HENRY parenting confidence programme in Bicester; enable Age UK to provide activities for older people in Bicester library.
7. Attendance data show good resident engagement at community events, specific activities, and use of community assets. | G |

| 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. | Advice Community Connect service across Cherwell and West Oxfordshire district GP Practices.

2. Review Age UK service in the south east locality.

3. Continue CCG support for Social Prescribing leads and CCG commissioned services | 1. Remaining GP Practices in Cherwell and West Oxfordshire districts engaged with the service. Data Sharing Protocols produced between Citizen's Advice and GP Practices.
2. One year contract for Age UK service ended on 30th November 2019.
3. Monthly meetings scheduled with Social Prescribing leads from all CCG commissioned Social Prescribing services. | G | development of the NHS England Long Term Plan commitment for Primary Care Network (PCN) funding for Link Workers.
2. Ensure that issues arising from PCN commissioned services are fed into NHS England for trouble shooting.
3. Working with the Social Prescribing Leads and CSU, develop a county wide social prescribing referral form, available on EMIS.
4. Ensure that BOB and regional Social Prescribing events and networks are shared with Link Workers. Provide information on local voluntary sector organisations that can take patient | 1. In year 1, from 19 PCNs in Oxfordshire, eight PCNs have commissioned a voluntary sector provider to employ a Link Worker post per PCN and five PCNs have employed a Link Worker post in house. Other PCNs have not yet taken up funding.
2. NHS England Personalised Care representatives attend as members of the Social Prescribing Leads group
3. Final referral pro forma approved by the CCG Clinical Ratification Group and uploaded onto EMIS.

4. Social Prescribing information shared with the Social Prescribing leads for cascade to Link Workers. Relevant guest speakers invited to present at the Social Prescribing Leads meetings. | A/G |