

## Appendix 1. Benchmarking of Health and Wellbeing Board Performance Dashboard Indicators 24-38

### How to interpret the indicators:

For each indicator local data are compared to national figures.

- Where Buckinghamshire data are statistically significantly better than the national average, the indicator is highlighted green
- Where Bucks data are statistically the same as the national average, the indicator is highlighted amber
- Where Bucks data are statistically significantly worse than the national average, the indicator is highlighted red
- Where Bucks data are statistically significantly higher than the national average but there is no judgement as to whether this constitutes being better or worse, the indicator is highlighted light blue
- Where Bucks data are statistically significantly lower than the national average but there is no judgement as to whether this constitutes being better or worse, the indicator is highlighted dark blue.

The trend in Buckinghamshire is provided for each indicator and compared with trends for England and the South East. Trends vary in how many time points they include based on the number of data points available for benchmarking.

Comparison of the most recent data for Buckinghamshire that can be benchmarked is made with a set of 15 similar local authorities, identified by the Chartered Institute of Public Finance and Accountability (CIPFA). Buckinghamshire's CIPFA peers are:

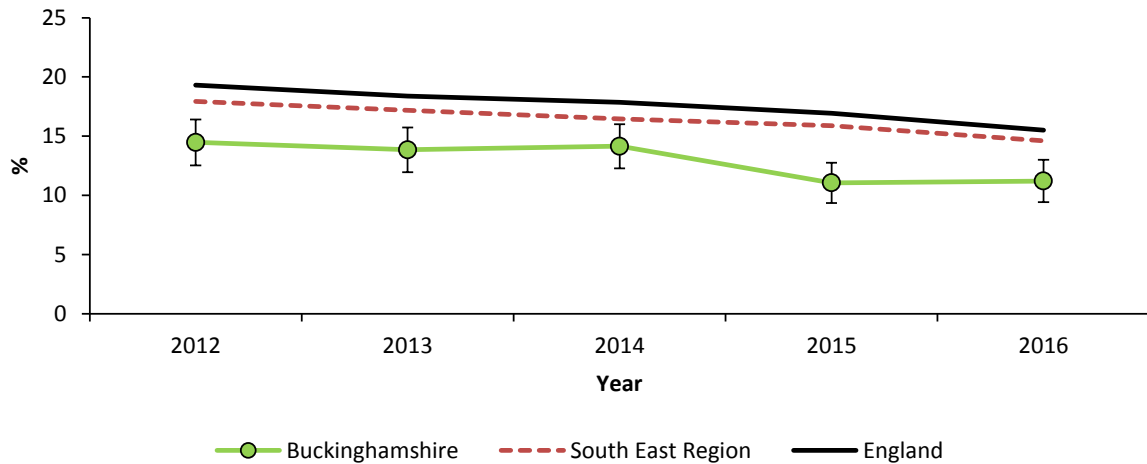
- Cambridgeshire
- Essex
- Gloucestershire
- Hampshire
- Hertfordshire
- Northamptonshire
- North Yorkshire
- Leicestershire
- Oxfordshire
- Somerset
- Suffolk
- Surrey
- Warwickshire
- West Sussex
- Worcestershire

**Priority 2. Keep people healthier for longer and reduce the impact of long term conditions**

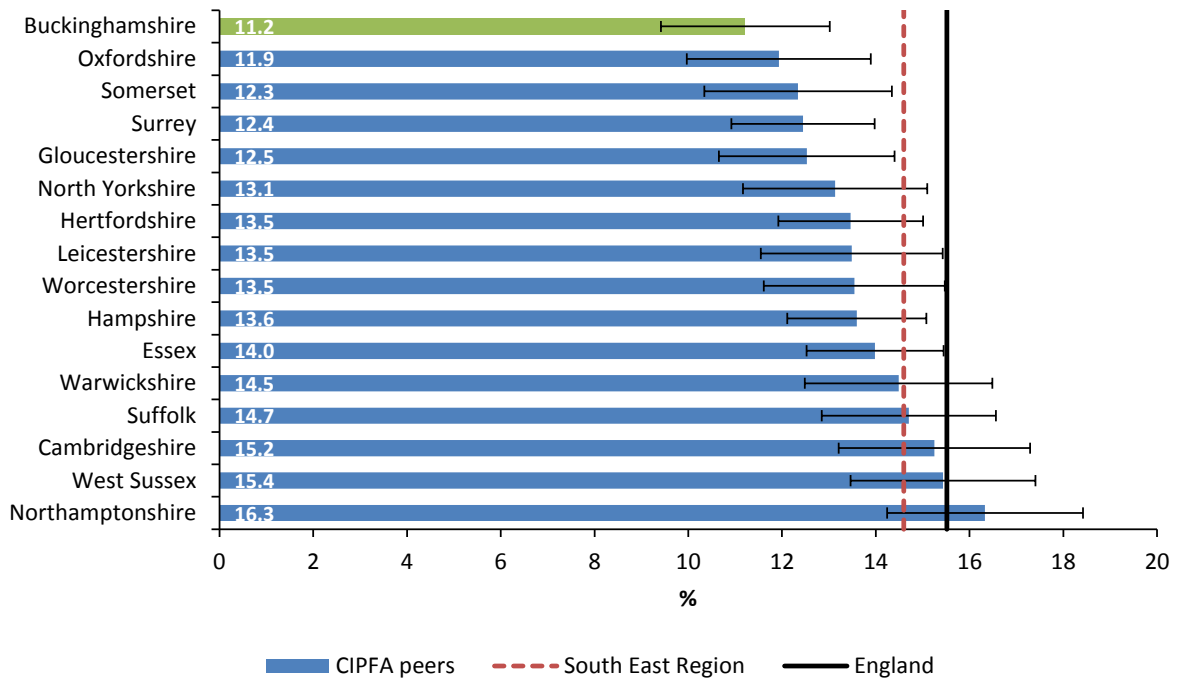
**Indicator 24. Smoking prevalence in adults - current smokers (%) – GREEN (better)**  
Proportion of all adults (aged 18 years and over) who are classified as currently smoking.

Smoking prevalence in Bucks was 11.2% in 2016, equating to approximately 47,000 smokers. This is statistically significantly lower (by 27.2%) than the England value of 15.5%. Since 2012, the smoking prevalence in Bucks has decreased by 22.5%. In 2016, Bucks had the lowest prevalence among its CIPFA peers.

**Smoking prevalence in adults**



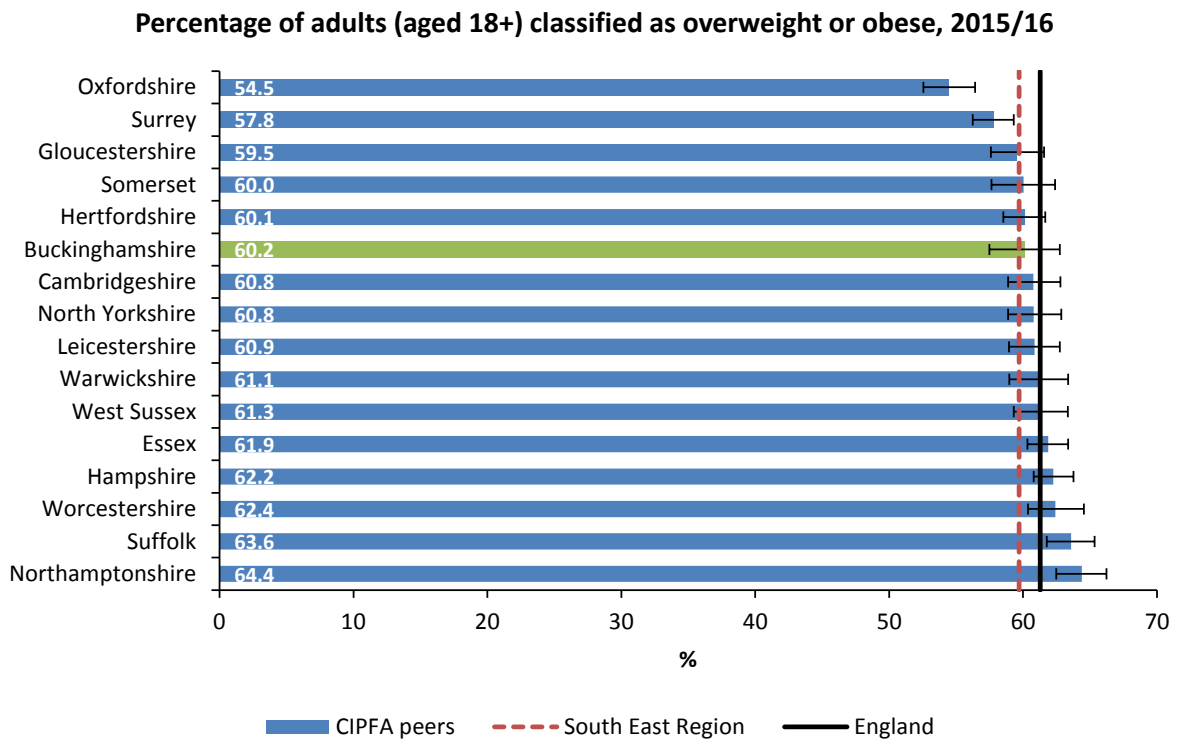
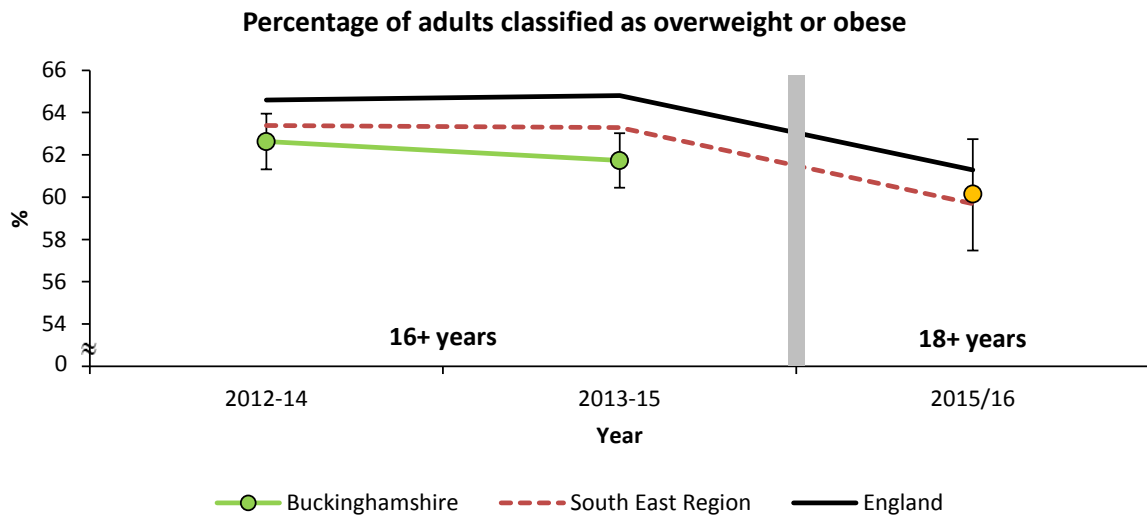
**Smoking prevalence in adults, 2016**



**Indicator 25. Percentage of adults (aged 18+) classified as overweight or obese (%)<sup>1</sup> – AMBER (similar)**

Percentage of adults aged 18 years and older classified as overweight or obese (body mass index  $\geq 25 \text{ kg/m}^2$ ).

The proportion of overweight or obese adults in Bucks (60.2%) was statistically similar to the England value (61.3%) in 2015/16. The definition of this indicator has changed<sup>1</sup>, so comparison to previous values should not be made. In 2015/16, Bucks had the 6<sup>th</sup> lowest proportion among its CIPFA peers.

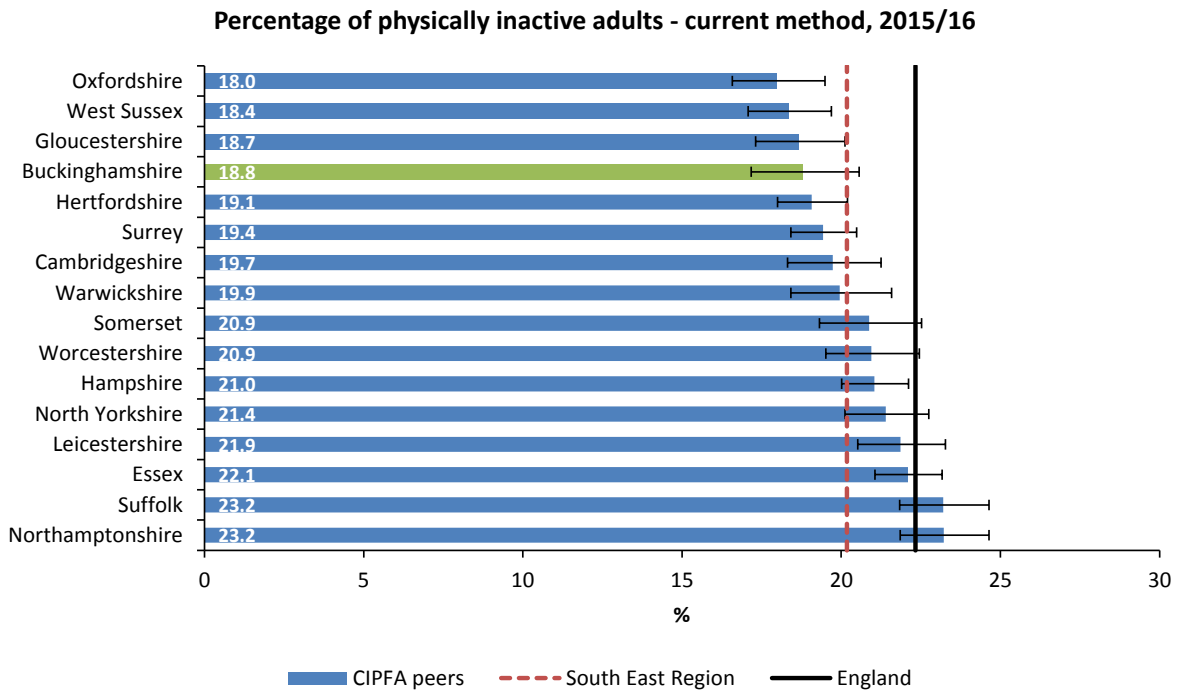
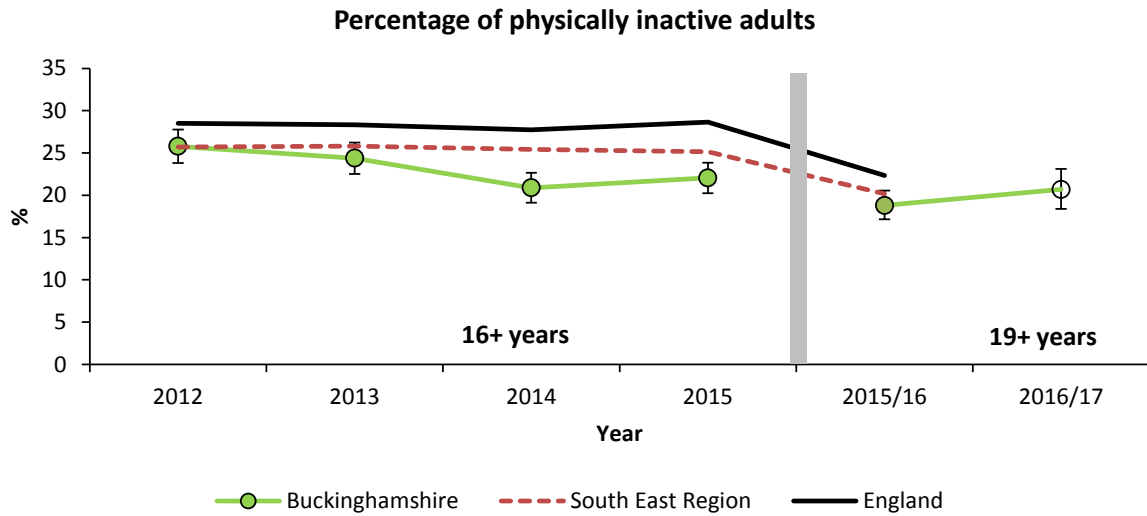


<sup>1</sup> The indicator now uses data for: (i) single years instead of a 3-year moving average; and (ii) adults aged 18 years and older, rather than those aged 16 years and older.

**Indicator 26. Percentage of physically inactive adults - current method (%)<sup>2</sup> – GREEN (better)**

The number of respondents aged 19 years and older doing less than 30 minutes of moderate intensity physical activity (or equivalent) per week in bouts of 10 minutes or more as a percentage of the total number of respondents aged 19 and older.

The proportion of Buckinghamshire adults considered physically inactive in 2016/17 was 20.7%, equivalent to approximately 88,000 adults doing less than 30 minutes of physical activity per week. Benchmarked data, from 2015/16, show that the proportion of physically inactive adults in Bucks (18.8%) was statistically lower than the England value (22.3%). In 2015/16, Bucks had the 4<sup>th</sup> lowest proportion among its CIPFA peers. The definition of this indicator has changed, so comparison to previous values should not be made.

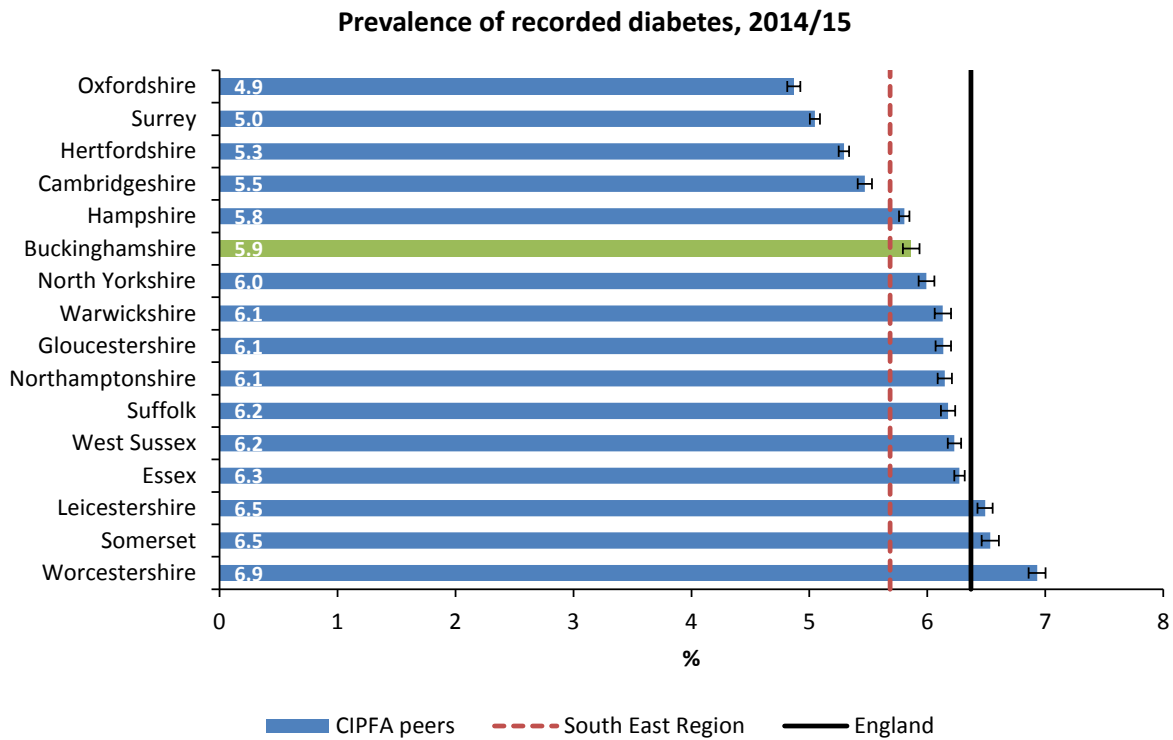
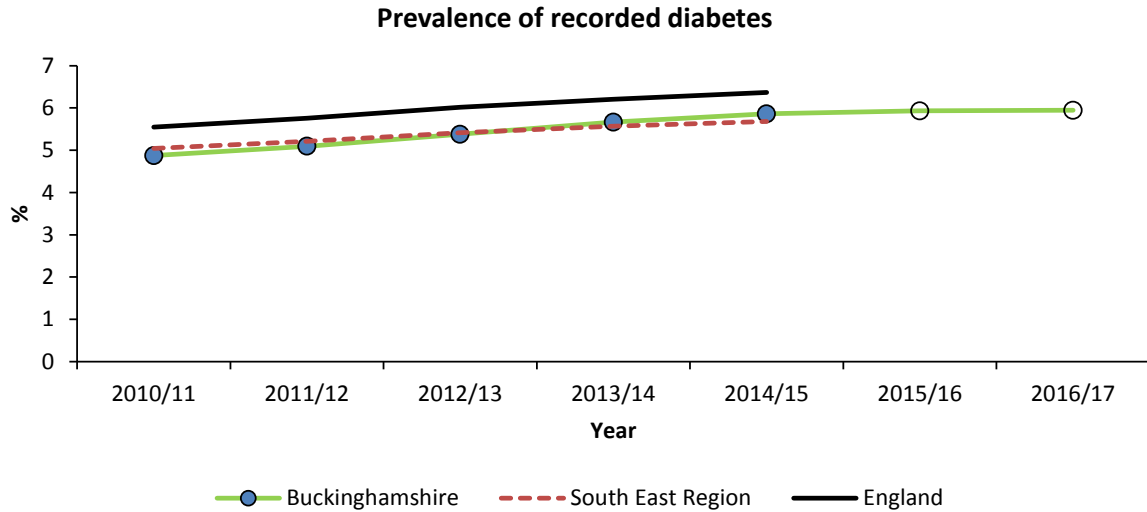


<sup>2</sup> This now uses data for adults aged 19 years and older, rather than those aged 16 years and older.

**Indicator 27. Prevalence of recorded diabetes – DARK BLUE (lower)**

The prevalence of Quality and Outcomes Framework (QOF) recorded diabetes in the population registered with GP practices aged 17 years and older.

In 2016/17, the prevalence of recorded diabetes in Bucks was 5.9%, with over 25,000 people diagnosed with diabetes in Bucks. Benchmarked data from 2014/15 show that prevalence in Bucks was 8.0% lower than England (6.4%), which is statistically significant. Between 2010/11 and 2014/15, recorded prevalence in Bucks has increased by 20.3% compared to an increase of 14.9% in England. In 2014/15, Bucks had the 6<sup>th</sup> lowest prevalence among its CIPFA peers.

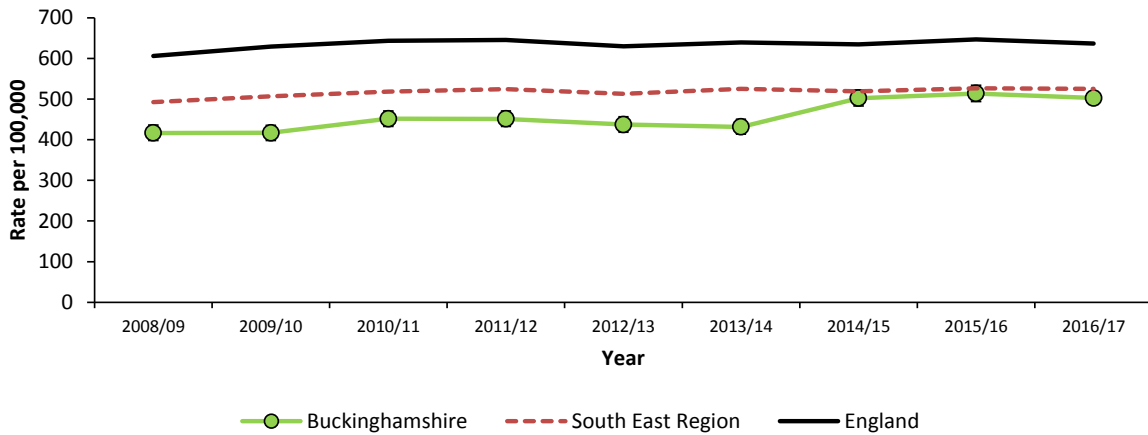


**Indicator 28. Admission episodes for alcohol-related conditions (per 100,000) – GREEN (better)**

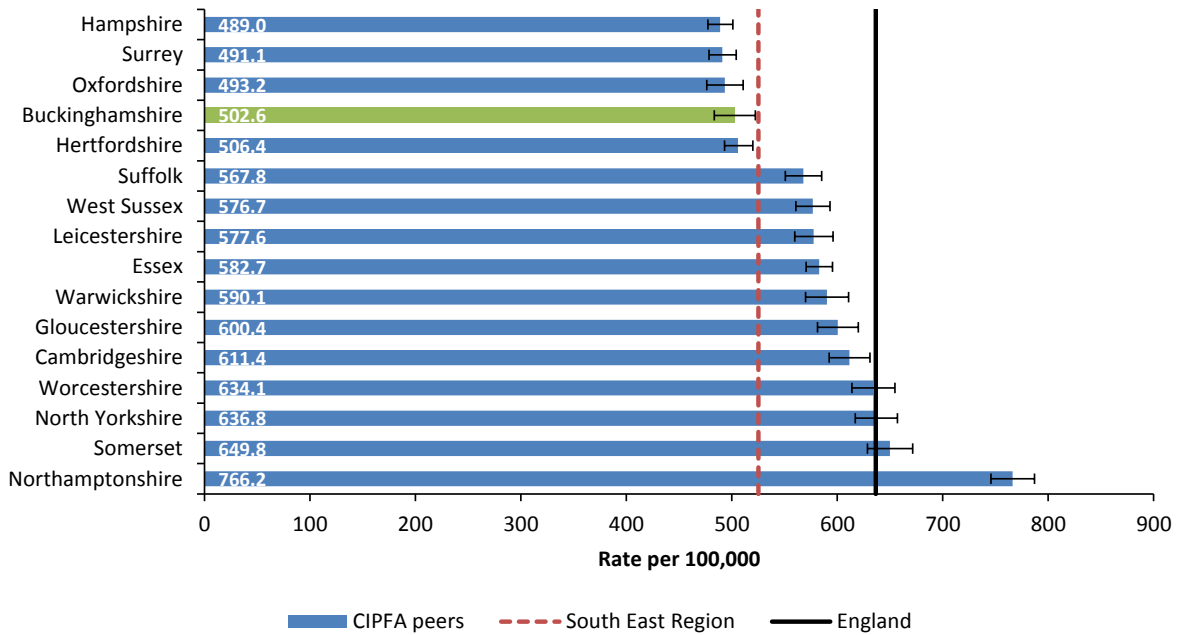
Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. Directly age standardised rate per 100,000.

The rate of admissions for alcohol-related conditions in Bucks (502.6 per 100,000) was statistically lower than the England rate (636.4 per 100,000) in 2016/17. This equates to 2,594 admissions per year which are attributed to alcohol. In 2016/17, the admissions rate in Bucks was 21.0% lower than that in England. Since 2008/09, admissions have increased by 20.6% in Bucks, and 5.1% in England. In 2016/17, Bucks had the 4<sup>th</sup> lowest rate among its CIPFA peers.

**Admission episodes for alcohol-related conditions**

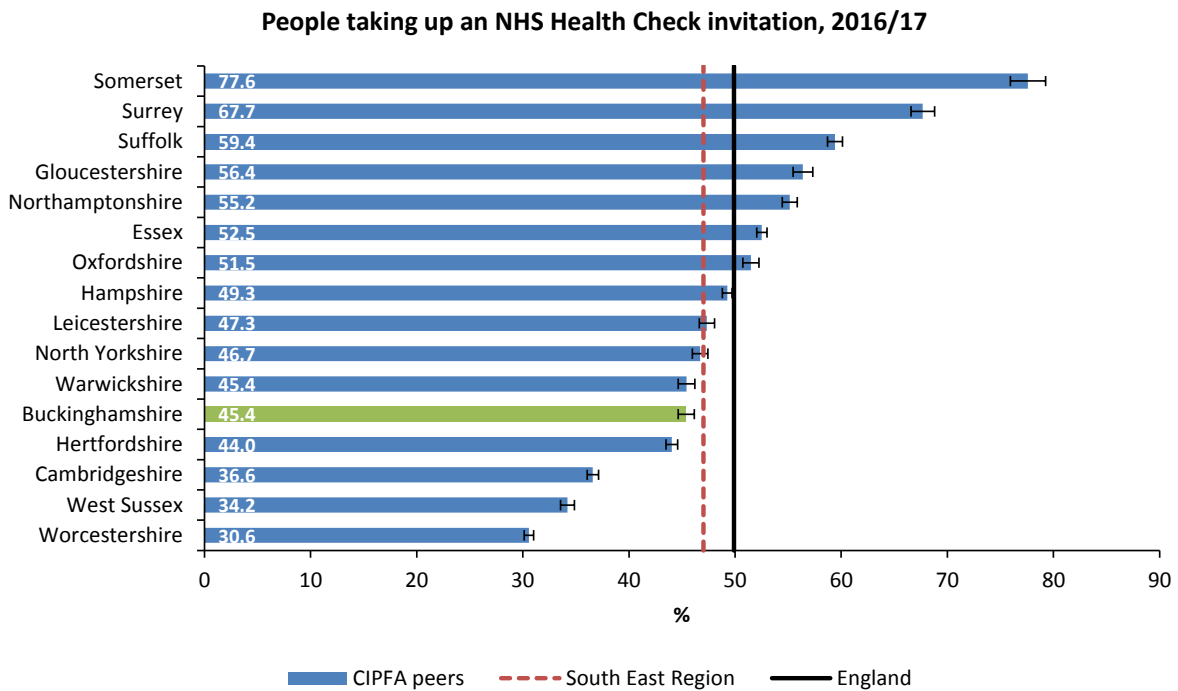
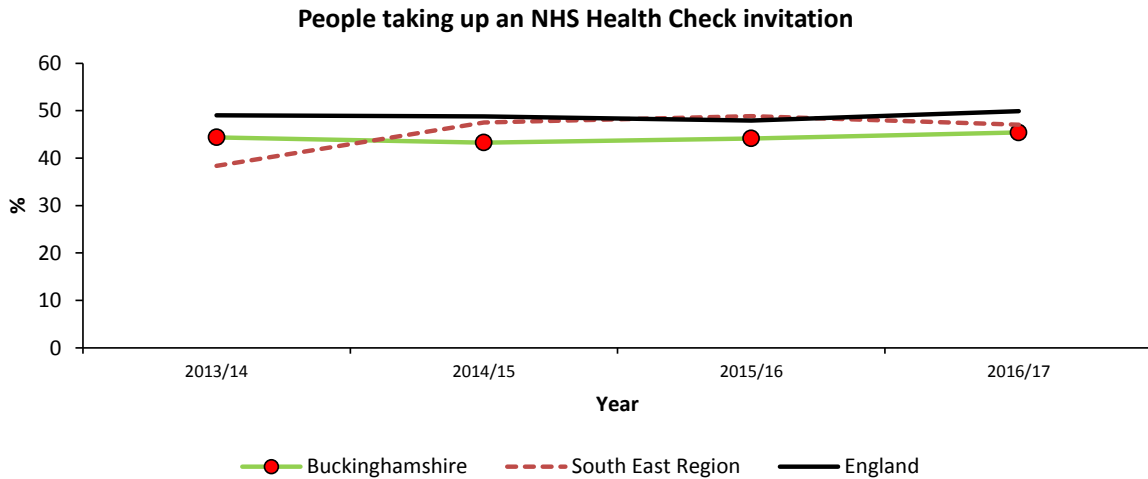


**Admission episodes for alcohol-related conditions, 2016/17**



**Indicator 29. People taking up an NHS Health Check invite per year (%) – RED (worse)**  
Percentage of people invited for an NHS Health Check taking one up in the financial year.

In 2016/17, the proportion of invited people who received an NHS Health Check in Bucks was 45.4%. This is statistically significantly lower than the uptake across England (49.9%). In 2016/17, Bucks had the 12<sup>th</sup> highest proportion among its CIPFA peers.

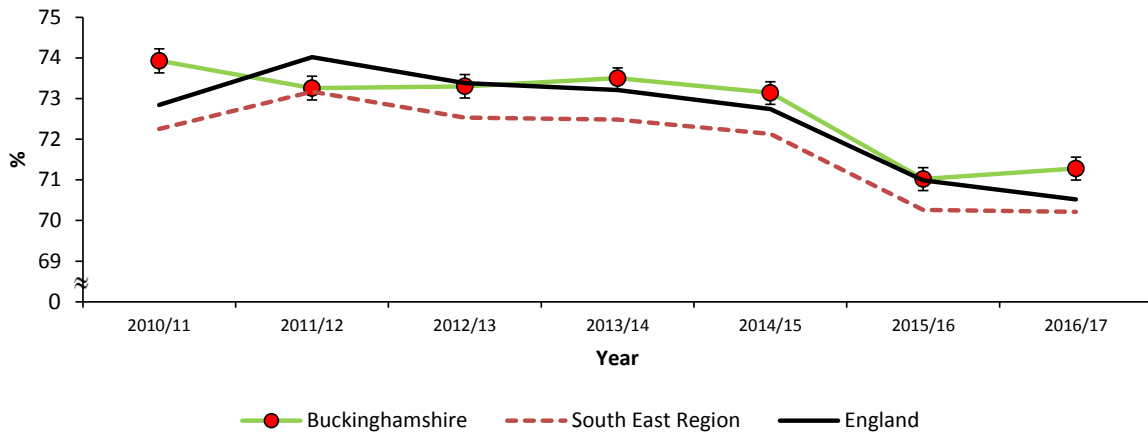


**Indicator 30. Population vaccination coverage - Flu (aged 65+) (%) – Red (not met national target)**

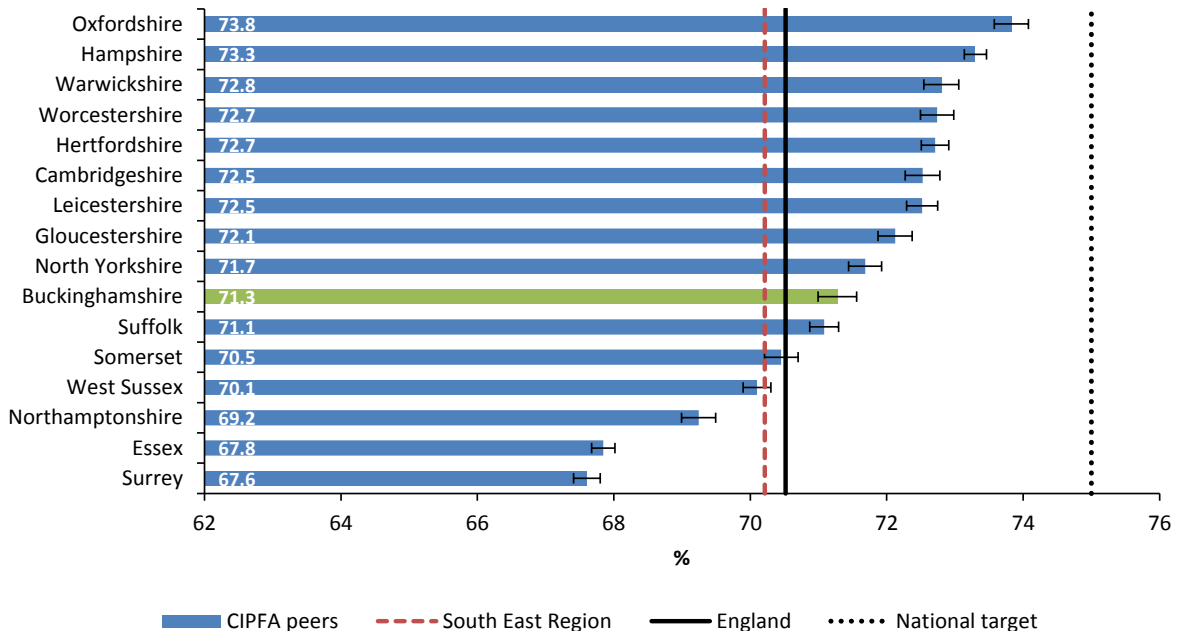
Flu vaccine uptake (%) in adults aged 65 years and older, who received the flu vaccination between 1 September to 31 January in a primary care setting (GPs).

The proportion of people aged 65+ years having an influenza vaccination in Bucks (71.3%) was statistically significantly higher than the England proportion (70.5%) in 2016/17. Nationally, the target is to vaccinate 75% of people over 65 years, making this indicator red. Since 2010/11, vaccination coverage has decreased by 3.6% in Bucks and 3.2% in England. In 2016/17, Bucks had the 10<sup>th</sup> highest proportion among its CIPFA peers.

Population vaccination coverage - Flu (aged 65+)



Population vaccination coverage - Flu (aged 65+), 2016/17



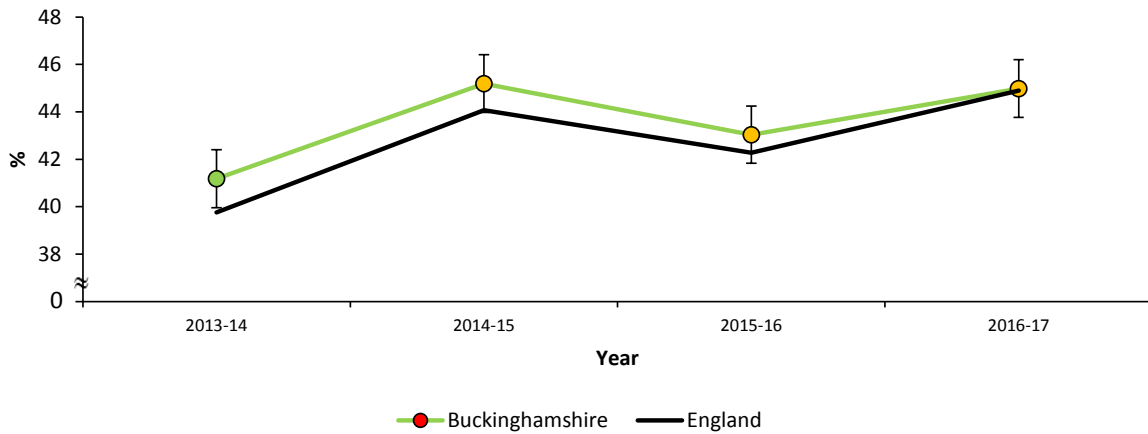


**Indicator 31. Population vaccination coverage - Flu (pregnant women) (%) – AMBER (similar)**

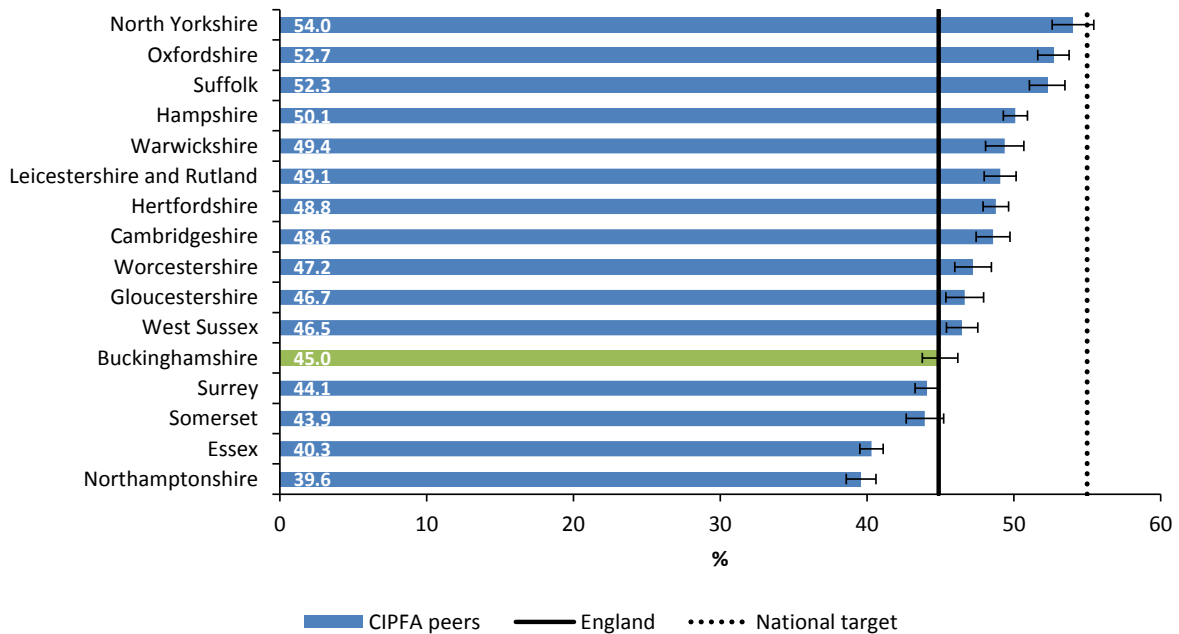
Final end of January 2017 cumulative uptake data for England on influenza vaccinations given from 1 September 2016 to 31 January 2017.

The proportion of pregnant women having an influenza vaccination in Bucks (45.0%) was not statistically different to the England proportion (44.9%) in 2016/17. The locally set target for the South East is 55% and comparison is made to uptake nationally, making this indicator amber. In 2016/17, Bucks had the 12<sup>th</sup> highest proportion among its CIPFA peers (note one comparator is Leicestershire and Rutland rather than Leicestershire). Values for the South East Region are not available.

Population vaccination coverage - Flu (pregnant women)



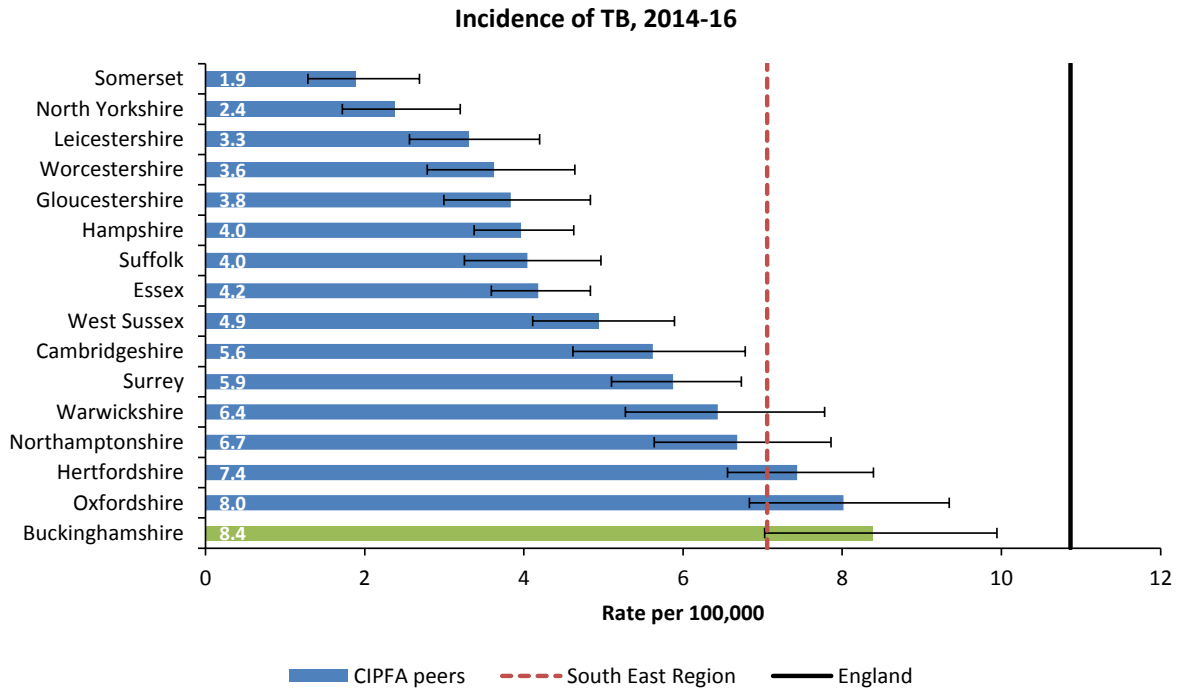
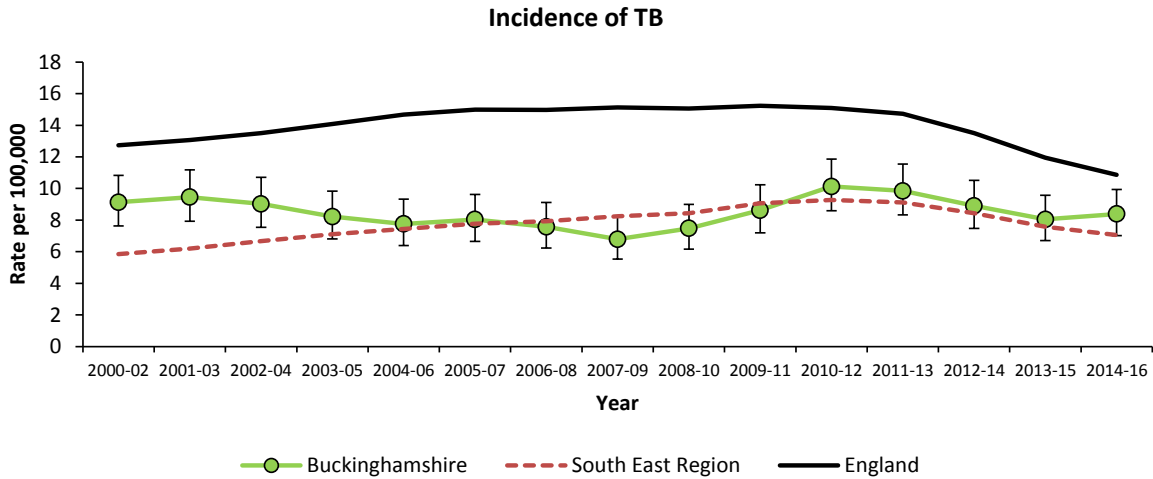
Population vaccination coverage - Flu (pregnant women), 2016-17



**Indicator 32. Incidence of TB (per 100,000) – GREEN (better)**

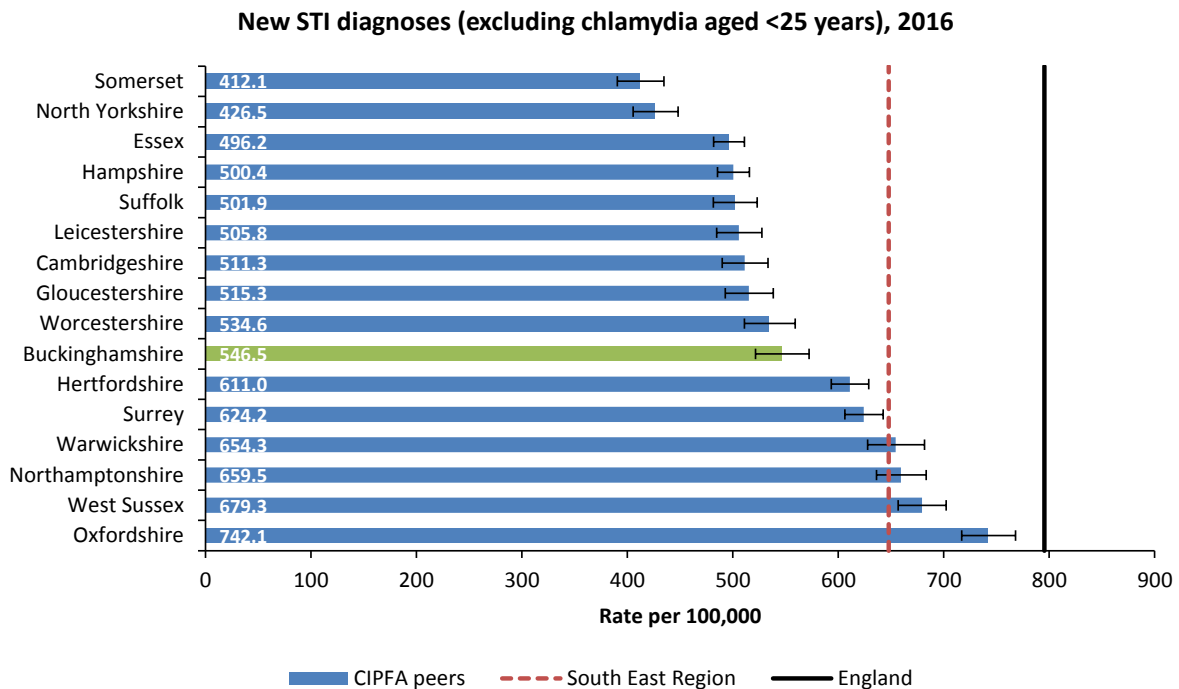
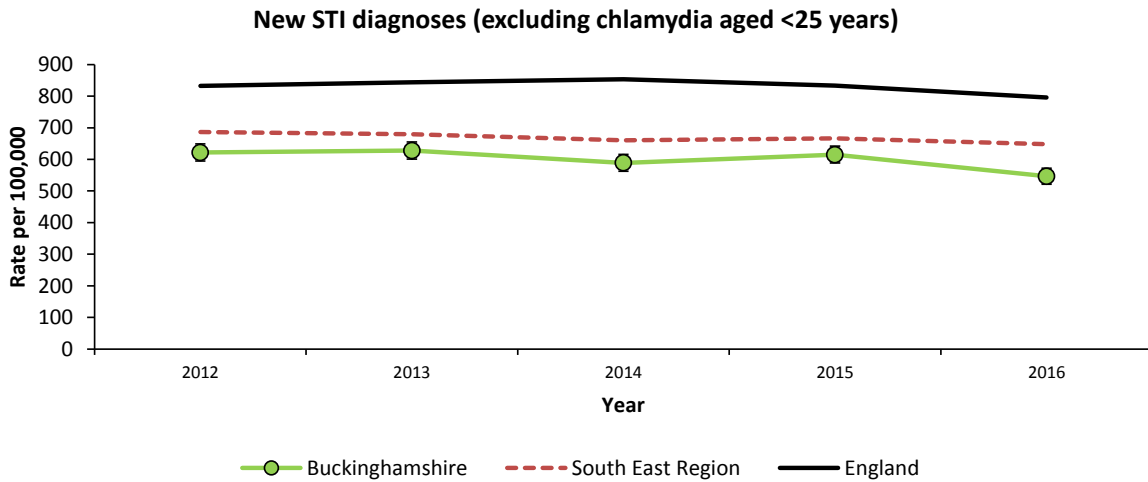
Three-year average incidence of tuberculosis per 100,000 population.

The incidence of tuberculosis in Bucks (8.4 per 100,000) was statistically lower than the England value (10.9 per 100,000) in 2014-16. This equates to approximately 45 new cases each year. This is a decrease of 22.8%. In 2014-16, Bucks had the highest incidence among its CIPFA peers.



**Indicator 33. New sexually transmitted infections diagnoses (excluding chlamydia in <25 year olds) in people aged 15-64 years (per 100,000) – GREEN (better)**  
Number of new STI diagnoses (excluding chlamydia in under 25 year olds) per 100,000 people aged 15-64 years.

The rate of new diagnoses in Bucks is 546.5 per 100,000 in 2016. This is 31.3% lower than the rate in England (795.4 per 100,000) and the difference is statistically significant. Since 2012, the rate has decreased by 12.1% in Bucks and 4.4% in England. In 2016, Bucks had the 10<sup>th</sup> lowest rate among its CIPFA peers.

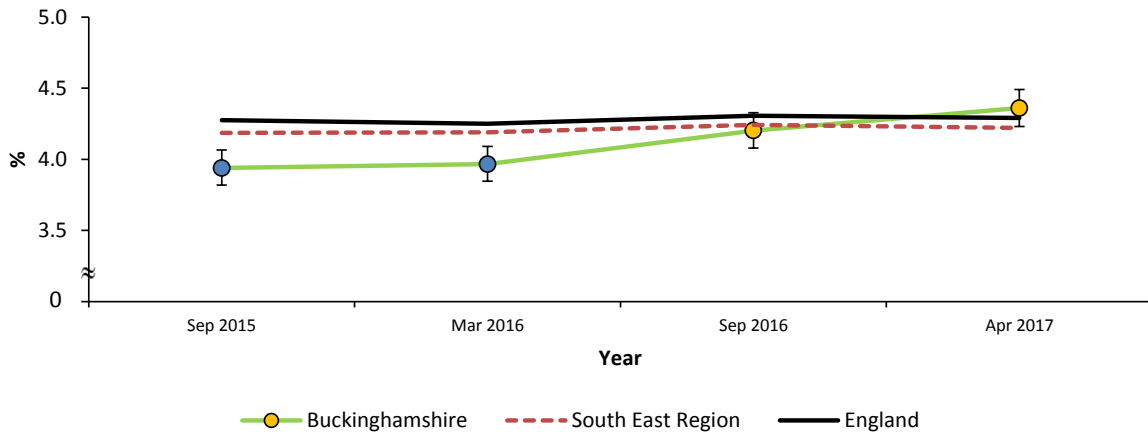


**Indicator 34. Dementia recorded prevalence for adults aged 65+ (%) – AMBER (similar)**

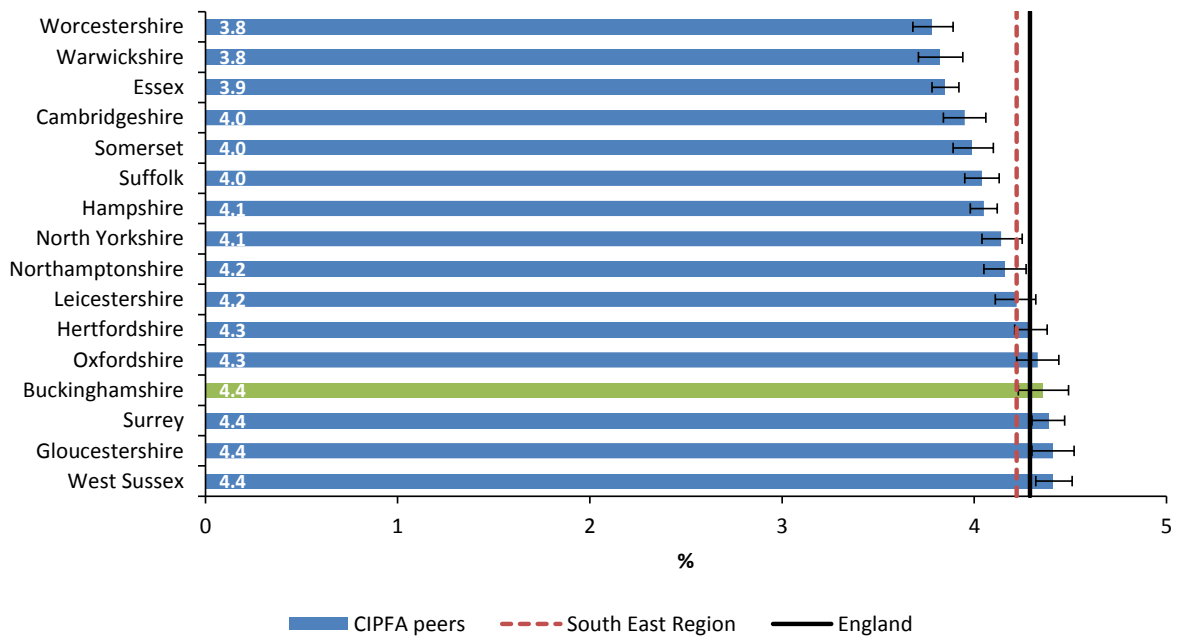
The percentage of patients (aged 65 years and over) with dementia as recorded on all open and active GP practice disease registers.

The prevalence of recorded dementia in Bucks (4.4%) was statistically similar to the England value (4.3%) in April 2017. Prevalence in Bucks has increased by 10.7% since September 2015. In April 2017, Bucks had the 4<sup>th</sup> highest proportion among its CIPFA peers.

**Recorded dementia prevalence (aged 65+ years)**

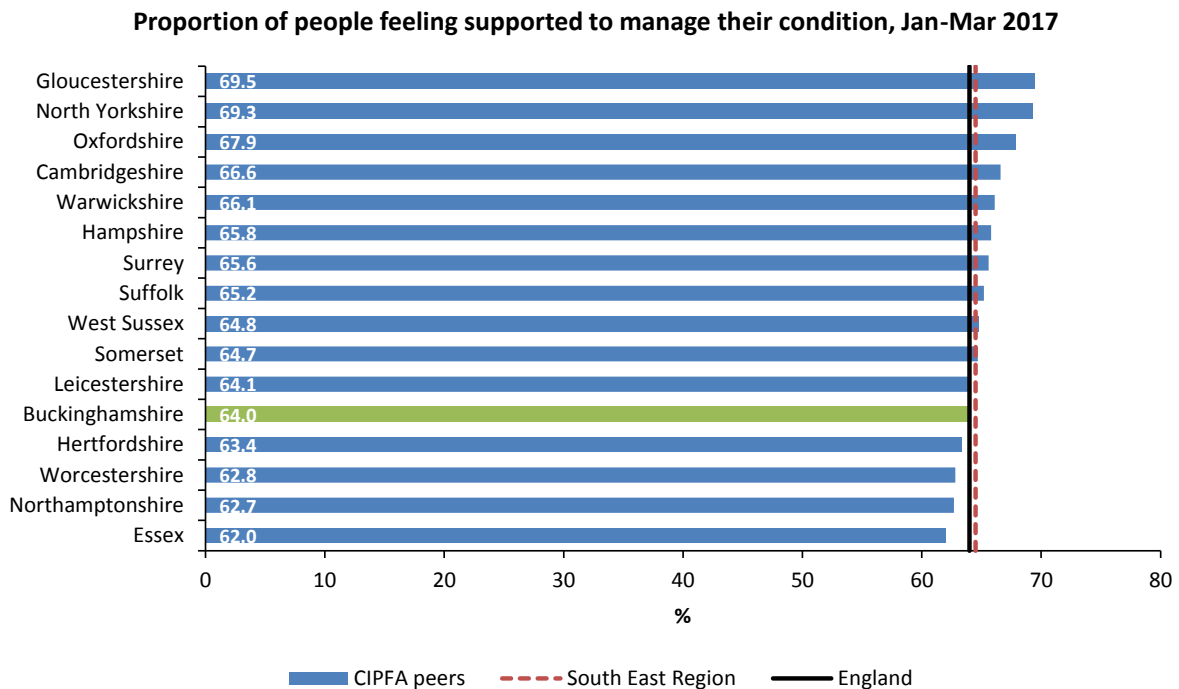
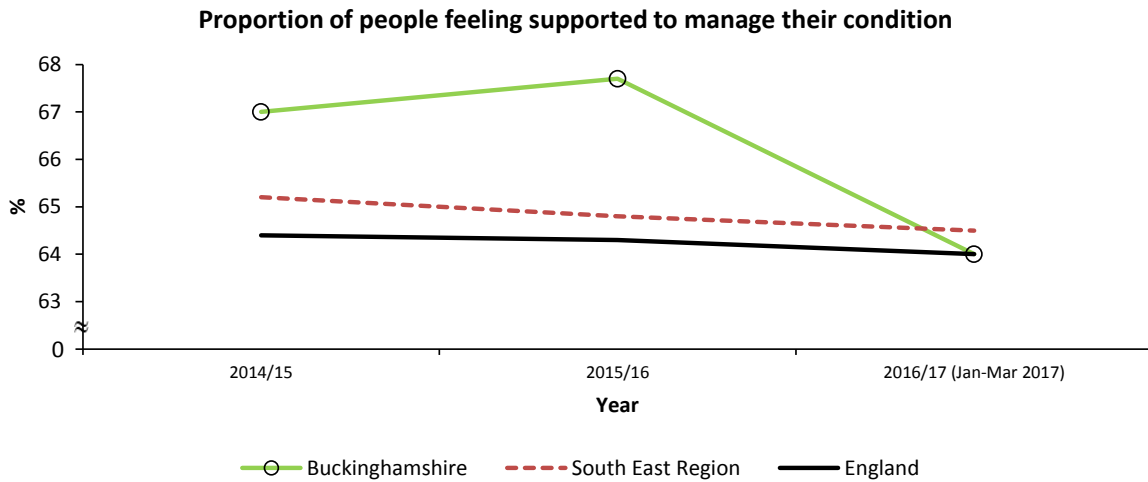


**Recorded dementia prevalence (aged 65+ years), Apr 2017**



**Indicator 35. Proportion of people who feel supported to manage own condition (%) – NOT RAG RATED**  
Directly standardised percentage of people who feel supported to manage their long-term condition, weighted for design and non-response.

In 2016/17, the proportion of people who feel supported to manage their own condition is 64% in both Bucks and England. This estimate is only for January to March of 2017. This indicator cannot be RAG rated. In Jan-Mar 2017, Bucks had the 12<sup>th</sup> highest proportion among its CIPFA peers.

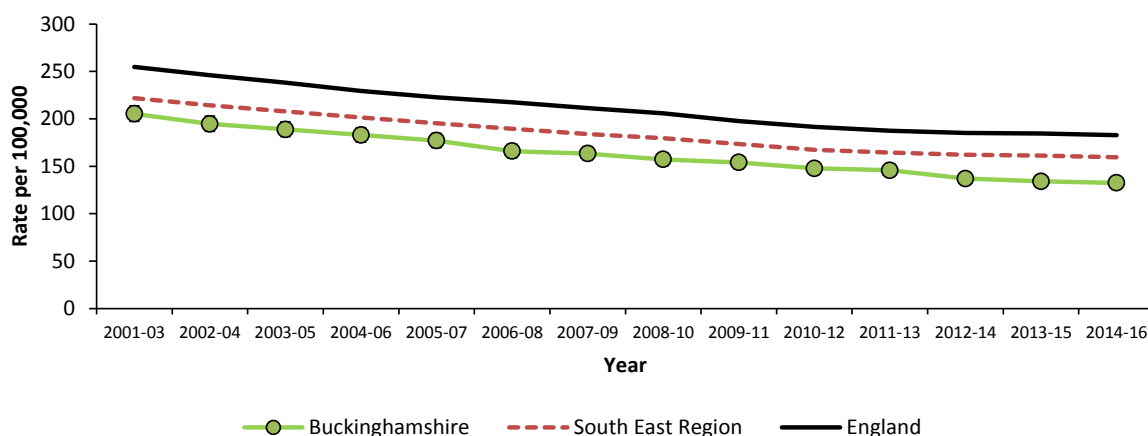


**Indicator 38. Mortality rate from causes considered preventable<sup>3</sup> (per 100,000) – GREEN (better)**

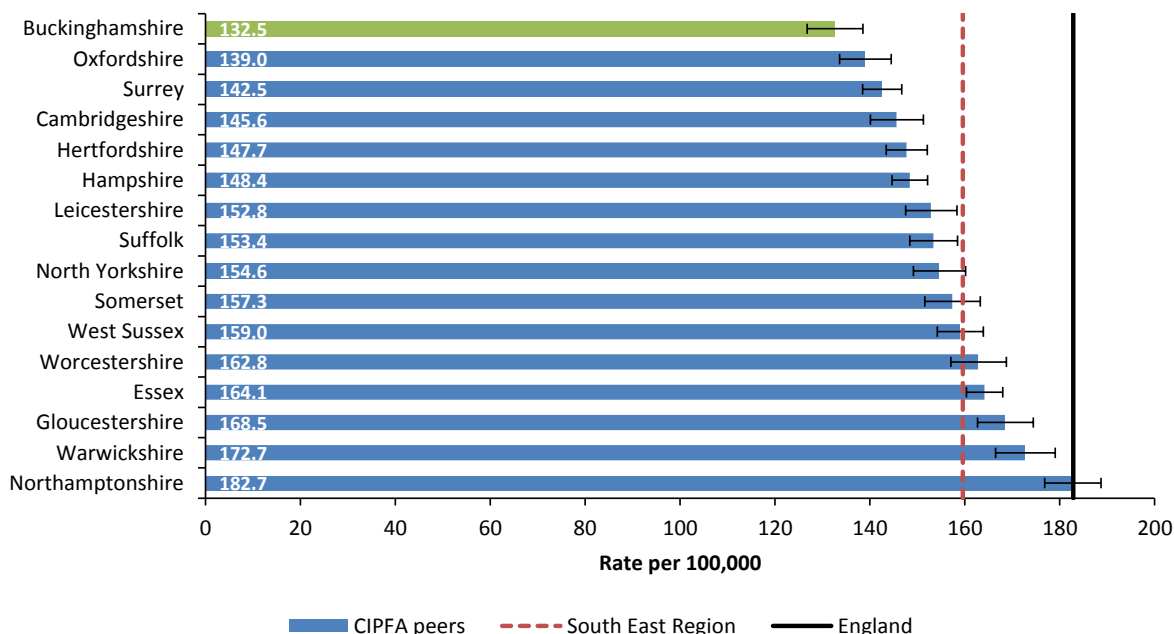
Number of deaths from causes considered preventable per 100,000 population, adjusted for age.

Between 2014 and 2016, the mortality rate in Bucks from causes considered preventable was 132.5 per 100,000 people. This was 27.5% lower than the England rate (182.8 per 100,000) and the difference is statistically significant. Since 2001-03, the rate has decreased by 35.5% in Bucks and 28.2% in England. In 2014-16, Bucks had the lowest rate among its CIPFA peers.

**Mortality rate from causes considered preventable**



**Mortality rate from causes considered preventable, 2014-16**



<sup>3</sup> These include but are not limited to infectious diseases (such as tuberculosis, measles, whooping cough, viral hepatitis and HIV), many cancers, type II diabetes mellitus, heart disease, stroke and diseases related to alcohol and substance misuse.

Health and Wellbeing Board Dashboard Indicator Commentary – Review of Red and Amber Indicators

**Indicator 25 – Percentage of adults (aged 18+) classified as overweight or obese (%)**

Percentage of adults aged 18 and over classified as overweight or obese (body mass index  $\geq 25\text{kg/m}^2$ ).

**Explanation**

- This indicator supersedes the previous indicator and there is only a single time point using the current method. As a result, it is difficult to fully understand performance against the indicator at this early stage due to the change in methodology.
- The new methodology results in wider degree of uncertainty, meaning that the difference between values for Bucks and England needs to be larger for this indicator to be green.

**Are more recent data available?**

The most recent data comes from the Active Lives survey 2015/16. The 2016/17 results will be published in March 2018.

**What work has been done?**

- A four tier weight management service is provided within Bucks offering a comprehensive range of services with specific eligibility criteria.
- This current provision of all 4 tiers of weight management support fully complies with NICE recommendations and is seen as an example of good practice which the STP hope to learn from and expand into the other STP areas.

**What work is planned?**

- In April 2018, the new Integrated Lifestyle Service (ILS) will be introduced. This aims to improve access, assessment, referral and signposting and management of a range of lifestyle factors including weight management.
- The ILS service will provide a broader range of tools and services to support people to make lifestyle changes. This includes digital self-help, a structured 12 week remote (digital/phone) programme and a 12 week face to face programme.
- Bucks is a 'Prevention at Scale' LGA pilot site. This initiative focuses on the prevention challenge of engaging and motivating residents to make a lifestyle behaviour change. Actions include developing a whole systems approach, ensuring the digital element of the new Integrated Lifestyle Service is accessible and engaging and to develop insight into engaging and motivating at risk groups

**Can the Health and Wellbeing Board support work targeting this indicator?**

- Obesity is a very complex multifactorial issue, and more work is required in all areas to address it. Members of the Health and wellbeing board and their partner organisations can look to address the wide range of factors that impact on healthy weight, including:
  - Identifying residents who would benefit from losing weight and offer brief intervention/advice to signpost/refer to support services
  - Commissioning, promoting and referring to treatment services to support those who are overweight and obese at the scale required
  - Contribute to the multiagency communications plan for the new integrated lifestyle service, to increase resident awareness
  - Supporting staff to adopt healthy lifestyles
  - Influence the planning and design of the built environment to support people to be more active and eat more healthily.
- Ongoing support from the HWB for the Prevention at Scale pilot will be a valuable asset to addressing our prevention challenge.

**Indicator 29 – People taking up an NHS Health Check invite per year (%)**

Proportion of people invited for an NHS Health Check who attend

Explanation

- Buckinghamshire aims to invite all eligible people over the course of a five year cycle of the NHS Health Check programme, as required by the Public Health Functions Regulations 2013. Comparing Buckinghamshire with other sites and to England is difficult due to different approaches that are adopted to the invitation process.

Are more recent data available?

Data for the current financial year 2017/18 (Q1-Q3) show that uptake is 49.7%. This is an improvement on the previous year.

What work has been done?

- Through the quality assurance process, the QA officer works closely with practices to improve the content of invitations sent out along best practice guidelines and using guidance from the national behaviour insights team to increase uptake.
- Bucks commissions both GP practices and an outreach service to deliver Health Checks, allowing people not registered with a GP to access this service.
- Last year a campaign targeting men, South Asian communities and those in more deprived areas was used to increase uptake in these groups with a higher risk of cardio-vascular disease. This has been nominated for a national award with the result awaited.

What work is planned?

- A campaign for 2018/19 is planned to focus specifically on eligible South Asian people and those in more deprived communities, where risk of heart disease, diabetes and stroke are highest, building on the work carried out in 2017/18.
- A new performance dashboard for each practice has been developed so that practices can see their performance in a more timely way (quarterly rather than annual) and be able to act on changes to their uptake level.

Can the Health and Wellbeing Board support work targeting this indicator?

- Publicise NHS Health Check in their organisation where applicable (workforce or clients includes those 40-74 years and Bucks residents) by linking into our next campaign to promote awareness.
- Ability to have outreach health checks delivered in organisations that are in our priority areas or work with our priority groups.

**Indicator 30: Population Vaccination coverage – Flu in adults aged 65+ years (%)**

Proportion of all adults aged 65 years and over who receive the seasonal flu vaccine

Explanation

- The most recent benchmarked data are available for the 2016/17 season, when 71.3% of adults aged 65 and over received the seasonal flu vaccine. The target uptake is 75%, meaning that this indicator is RAG rated as red. Buckinghamshire performs better than England, the South East and many of its CIPFA peers.

Are more recent data available?

Provisional data up to week 3, 2018 show that uptake in over 65 year old is 72.6% for Chiltern CCG and 73.0% for Aylesbury Vale CCG. This shows an improvement of approximately 1.5% compared to last year, with similar improvements nationally.

What work has been done?

- A multiagency flu oversight group looks at uptake and gaps in uptake of the flu vaccine, identifying evidence based targeted interventions. For example, during the 2017/18 seasonal flu vaccination programme, targeted work was undertaken, using pharmacists to deliver vaccines in care homes, where historically uptake has been low.

What work is planned?



- The population aged over 65 years has been increasing by approximately 1,000 every year. There are currently around 100,000 people in Buckinghamshire aged 65 years and over who are eligible for the seasonal flu vaccine.
- The flu oversight group will continue its work, assessing the data and evidence of what works to increase uptake.

Can the Health and Wellbeing Board support work targeting this indicator?

Organisations can promote the flu jab to staff and members of the public.

### Indicator 31: Population Vaccination coverage – Flu (pregnant women) (%)

Proportion of all pregnant women who receive the seasonal flu vaccine

Explanation

The most recent benchmarked data are available for the 2016/17 season, when 45.0% of pregnant women received the vaccine. Buckinghamshire has a similar uptake to England but a lower uptake compared to 11 of 15 CIPFA peers.

Are more recent data available?

Provisional data up to week 3, 2018 show that uptake in pregnant women is 44.1% for Chiltern CCG (from 42.5%) and 48.3% for Aylesbury Vale CCG (from 47.6%). Compared to the 2016/17 season, there has been an increase in uptake among pregnant women in Chiltern and a decrease in uptake in Aylesbury Vale.

What work has been done?

- A multiagency flu oversight group looks at uptake and gaps in uptake of the flu vaccine, identifying evidence based targeted interventions.
- Community Pharmacy NHS Flu service has been extended to offer flu jabs for pregnant women
- More targeted flu jab promotion during season through all health care contact with pregnant women e.g. antenatal classes, Scanning appointment etc.

What work is planned?

- The flu oversight group will continue its work, assessing the data and evidence of what works to increase uptake.
- Explore opportunities to expand and improve uptake with BHT maternity services
- Community Pharmacy to proactively identify pregnant women who walking through their doors and promote flu jabs

Can the Health and Wellbeing Board support work targeting this indicator?

Organisations can promote the flu jab to staff and members of the public.

- Indicator 27. Prevalence of recorded diabetes: Un-benchmarked data are available for 2014/15 and 2016/17. These show that recorded prevalence in Buckinghamshire has remained constant at 5.9%. The 'expected' prevalence of diabetes in Buckinghamshire (7.7% in Aylesbury Vale CCG and 8.3% in Chiltern CCG) is lower than for England (8.5%). Therefore, it would be expected that recorded diabetes prevalence in Bucks would be lower than England. The difference between expected and recorded prevalence equates to approximately 9,000 people in Bucks with diabetes who are currently undiagnosed.
- Indicator 34. Dementia recorded prevalence for adults aged 65+ (%): Recorded prevalence for dementia among Buckinghamshire residents aged 65 and over is 4.4%. This is statistically similar to England and is rated as amber. The estimated dementia diagnosis rate in Buckinghamshire is 67.4% which is statistically similar to England. This suggests that over two thirds of people suffering with dementia have received a diagnosis.

Health and Wellbeing Board Performance Dashboard Indicator Commentary – Further Information  
for Priority Area 1.

**Indicator 12: Proportion of 5-year-old children free from dental decay (%)**

Percentage of 5 year olds who are assessed as being free from dental decay (evidence of decay, missing due to decay or filled teeth, DMFT)

**Explanation**

- The 2014/15 survey shows that 76.5% of 5 year olds were free from obvious signs of dental decay. This result is slightly less than the previous survey in 2012.
- Whilst the percentage of children free from dental decay has reduced, the average number of decayed, missing (due to decay) or filled teeth per child is 3 (reduced from 3.31 in 2012). A higher proportion of children have dental decay, but there are fewer decayed teeth per child. The average number of decayed teeth per child in Bucks is lower than the South East (3.2) and England (3.4).
- What is clear from the data is the levels of decay have changed at the lower tier level, with Wycombe having the highest percentage of children with decay in 2015 (28.9% compared to 24% in 2012). The reason for the change in prevalence in Wycombe is unclear and could be as a result of the particular schools sampled in that year, it may be changes to the local demographics across the 2 survey years or an outcome of the opt in nature of the survey - parents who know their child has decay may have opted out in previous year.

**Are more recent data available?**

This data comes from the Public Health England (PHE), Dental Public Health Intelligence Programme. The next data set will be the 2016/17 survey. These results are expected to be published by Public Health England in May 2018. We will have a better understanding of trends in childhood dental health with the additional results from the survey due in May.

**What work has been done?**

There has been a large effort to address to the indicator, including:

- **Staff training:** training of health visitors, school nurses, Family Nurse Partnership and Early Years workforce to support families from the very beginning to develop a positive approach to good oral health.
- **Fluoride:** there has been targeted distribution of appropriate fluoride toothpaste via the family nurse partnership, and a number of children centres and the Healthy Living Centre have engaged in programmes to provide toothpaste.
- **Early years setting:** a large cohort of early years settings (over 150 settings) currently demonstrate they have a whole setting approach to good oral health, by providing healthy foods and drinks, education (to children and parents), food policies and appropriate dummy and bottle use. This is supported by the revised early years menus published by PHE / Action for Children.

**What work is planned?**

It is clear that the work undertaken in previous years does not go far enough to address the issue. There are some national changes coming in which should have a greater impact to reducing tooth decay these include:

- **Healthy eating:** Frequent exposure of teeth to free sugars, most commonly through eating and drinking sugary snacks and drinks, is the cause of decay. Free sugars are also contributory factors to other issues of public health concern in children, for example, childhood obesity and development of Type II diabetes later in life. The national reformulation work to reduce sugar in foods will make it easier for parents to select lower sugar foods and drinks.
- **Dentists:** play an important role, however there has been a discrepancy in the advice of taking children to the dentist by the time the first tooth comes through (which is a universal message that has been spread out in Bucks via Health Visitors), and dentists being reluctant to see children if they do not have all 20 baby teeth (2 - 2.5 years of age). However there has been a recent addition to the dental contract encouraging dentist to see children from the age of 1. This

should therefore assist in children getting access to treatment before decay is widespread.

Can the Health and Wellbeing Board support work targeting this indicator?

The health and wellbeing board can support this indicator by cascading out to families the key message of *'taking children to the dentist by the time the first tooth appears'*.