Appendix 1. Benchmarking of Health and Wellbeing Board Performance Dashboard Indicators 39-49

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. These indicators require interpretation and local context.
- 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. These indicators require interpretation and local context.

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

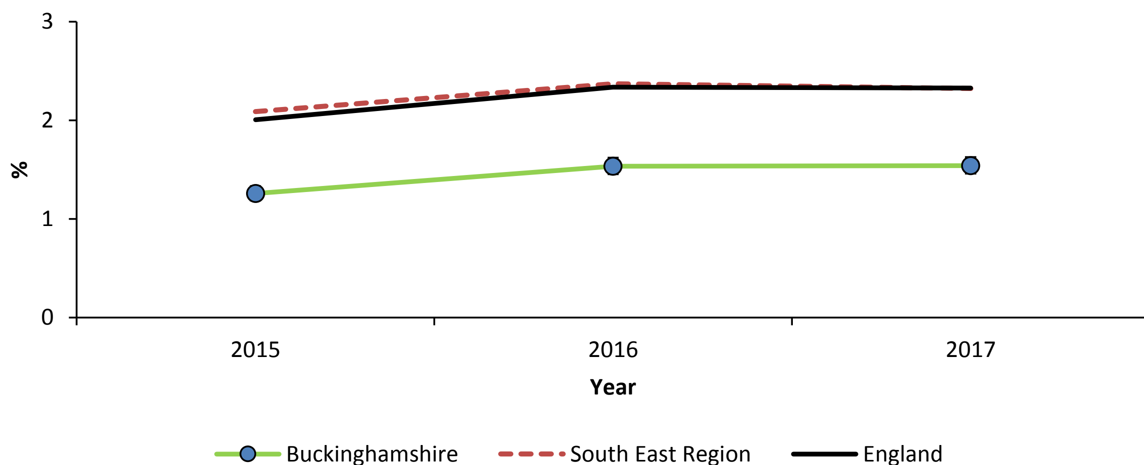
Priority 3. Promote good mental health and wellbeing for everyone

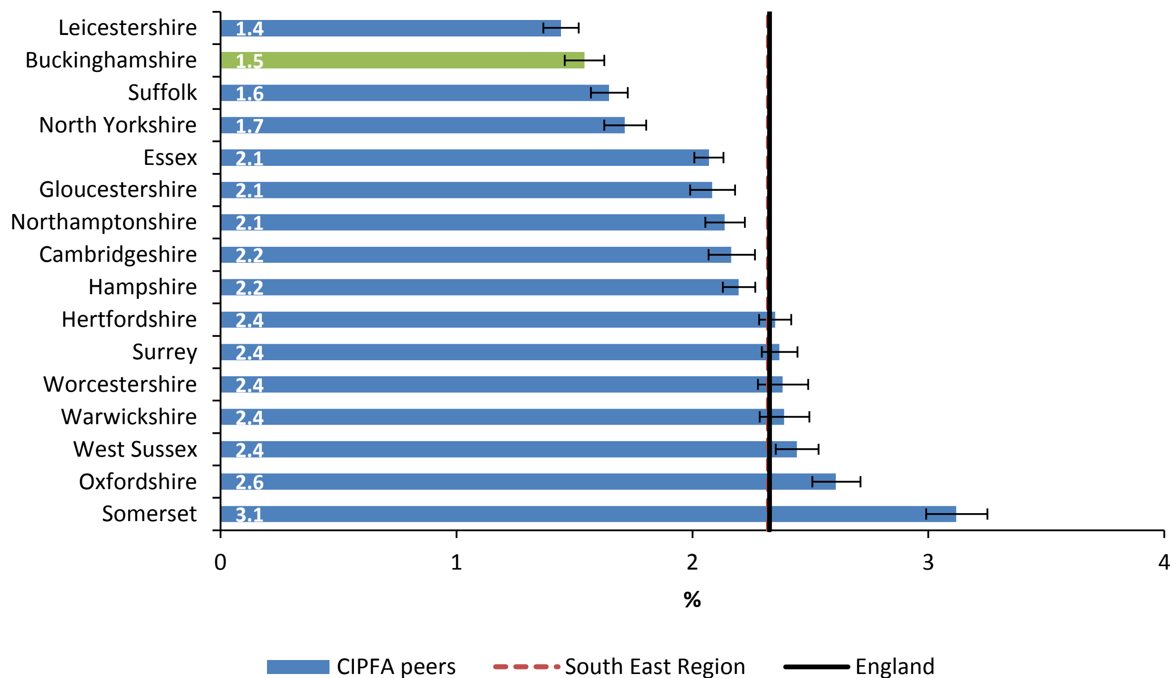
Indicator 39. Maternal mood prevalence at 6-8 weeks (%) – NOT RAG RATED
% of all mothers with an infant who turned 8 weeks in the quarter receiving a maternal mood review who had an Edinburgh Post Natal Depression Scale (EDPS) score of 13 and above.

The proportion in Bucks was 7.3% (444/6,066) in 2016/17. There is no national data collection. This is the first year of data collection. This is a locally developed indicator and therefore comparison to statistical neighbours and to the national average is not possible.

Indicator 40. School pupils with social, emotional and mental health needs (%) – DARK BLUE (lower)
The number of pupils with statements of SEN where primary need is social, emotional and mental health expressed as a percentage of all school pupils

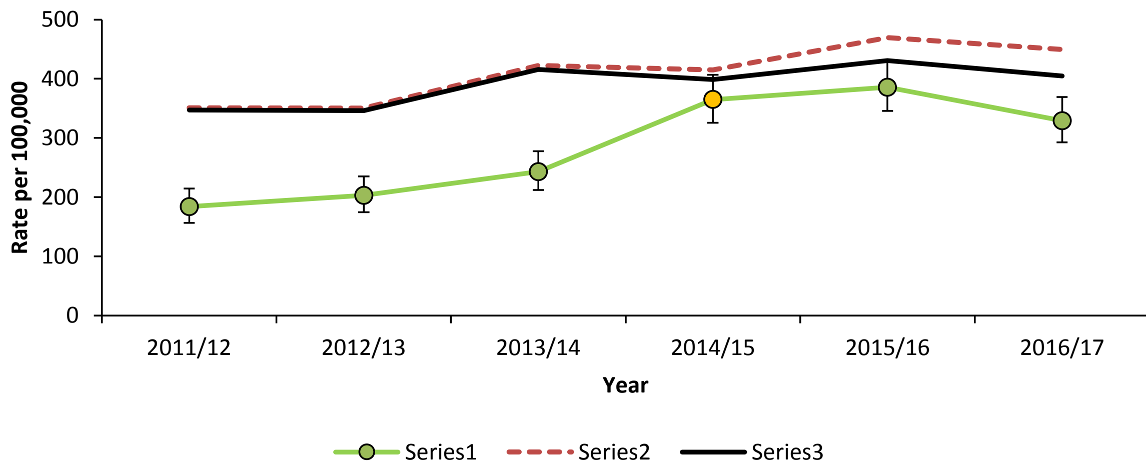
The proportion of school pupils with social, emotional and mental health needs in Bucks in 2017 was 1.5%, which corresponds to 1,286 pupils. This is statistically lower (by 33.8%) than the England value of 2.3%. In 2017, Bucks had the second lowest proportion among its CIPFA peers.

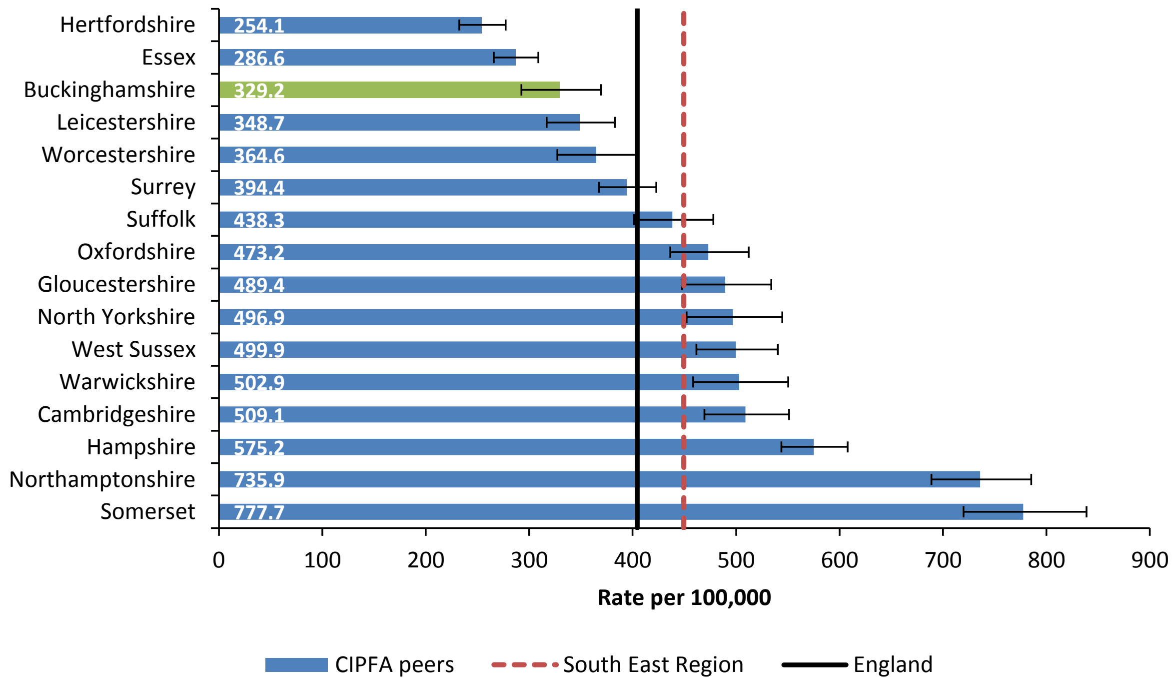




Indicator 41. Hospital admissions as a result of self-harm (10-24 years) (per 100,000) – GREEN (better)
Directly standardised rate of finished admission episodes for self-harm per 100,000 population aged 10-24 years.

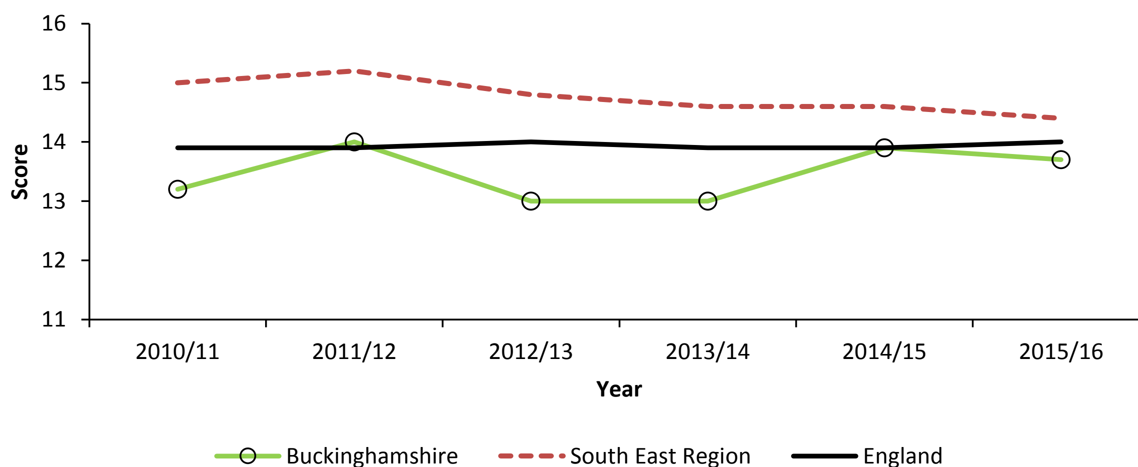
In 2016/17 there were 294 hospital admissions as a result of self-harm among those aged 10-24 years in Bucks. This gives an age-standardised rate of 329.2 per 100,000 people aged 10-24 years. This rate is statistically lower (by 18.6%) than the rate in England which was 404.6 per 100,000. In 2016/17, Bucks had the 3rd lowest rate among its CIPFA peers.

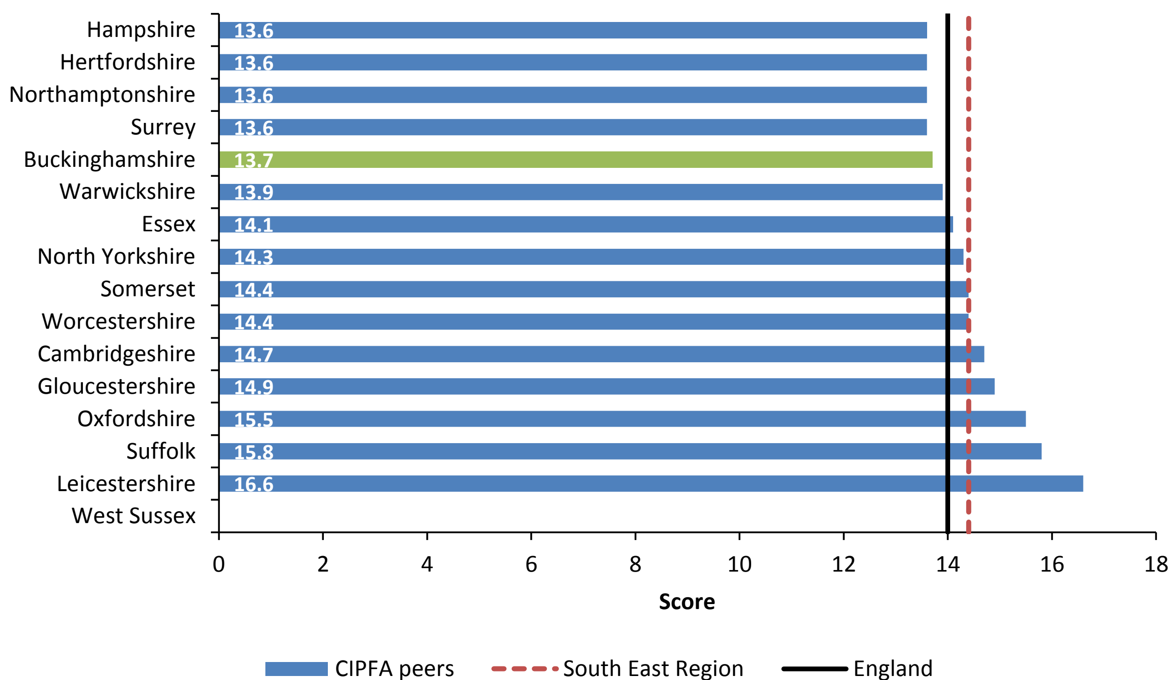




Indicator 42. Average difficulties score[1] for all looked after children aged 5-16 who have been in care for at least 12 months (average score) – NOT RAG RATED
Total difficulties score for all looked after children aged between 5 and 16 years (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31 March.

The average score in Bucks for 2015/16 was 13.7. The average score in England was 14.0. In 2015/16, Bucks had the 5th lowest value among the 15 CIPFA peers who returned data for that year.

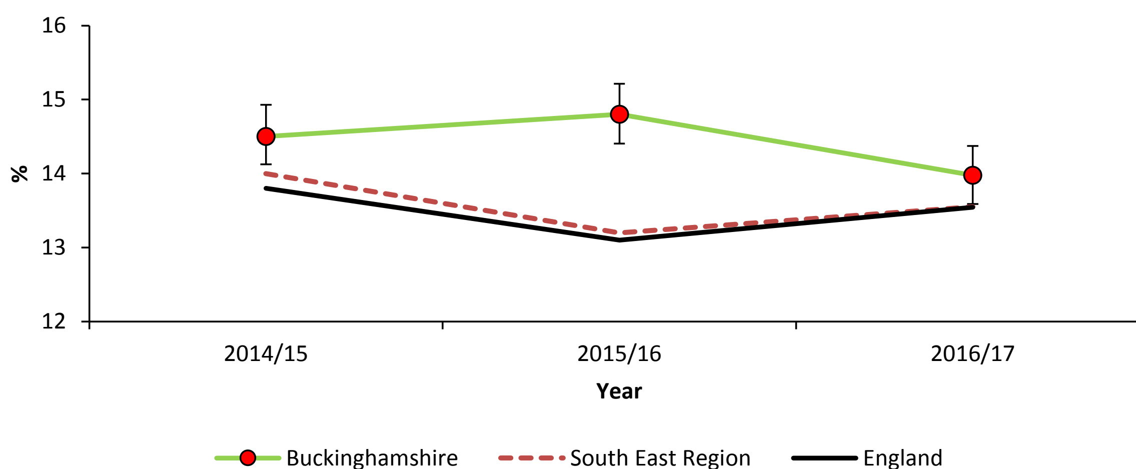




[1] A score under 14 is considered normal; 14-16 is borderline cause for concern; and 17 or over is a cause for concern.

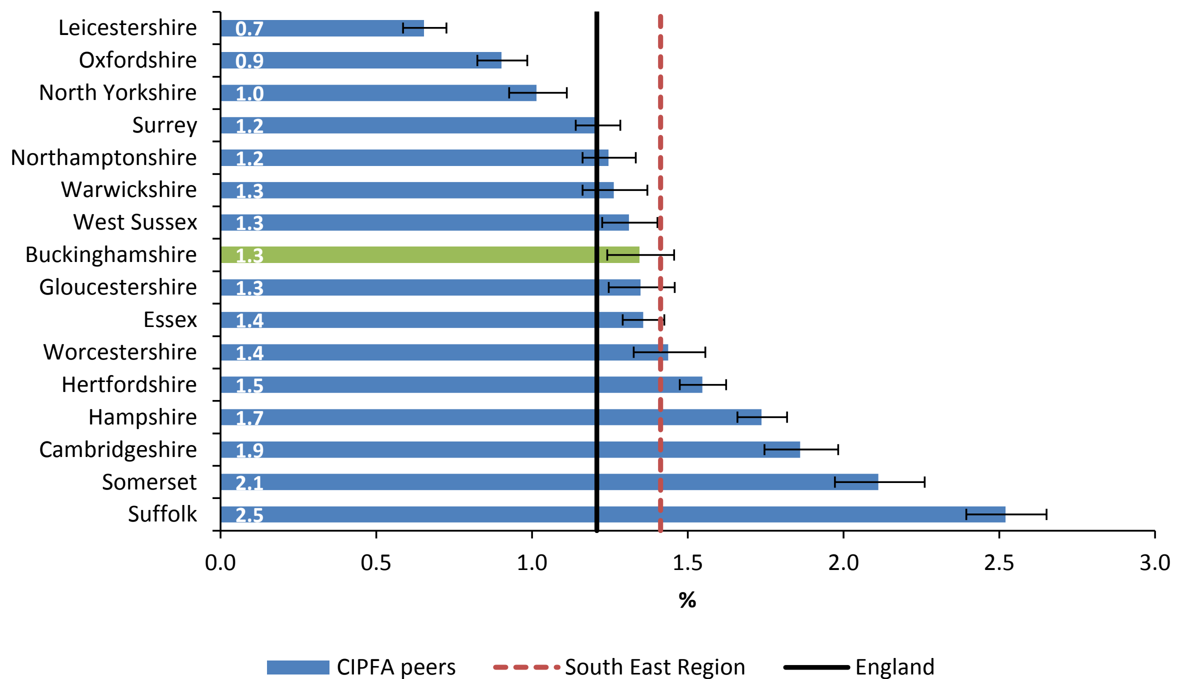
Indicator 43. Persistent absentees - Secondary school (%) – RED (worse)
Percentage of secondary school enrolments classed as persistent absentees (defined as missing 10% or more of possible sessions).

In 2016/17, the proportion of secondary school pupils classed as persistent absentees in Bucks was 14.8%. This was statistically significantly higher than the proportion across England (13.1%). This corresponds to 4,406 pupils in Bucks. The latest nationally-available benchmarking data is for 2015/16 in which Bucks had the highest proportion of absentees among its CIPFA peers.



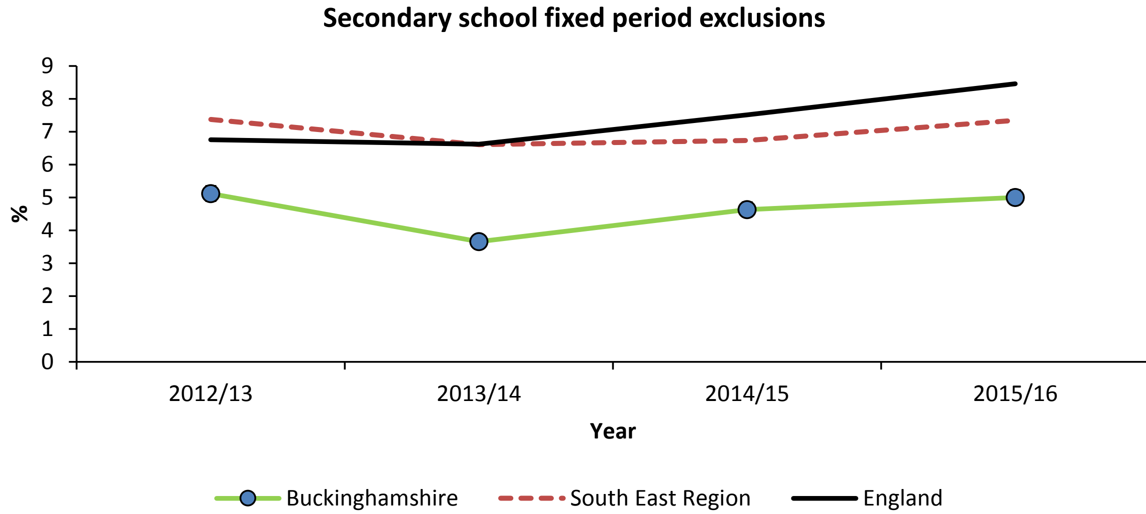
Indicator 44. Primary school fixed period exclusions (%) – RED (worse)
The percentage of primary school pupils who have received a fixed-period exclusion.

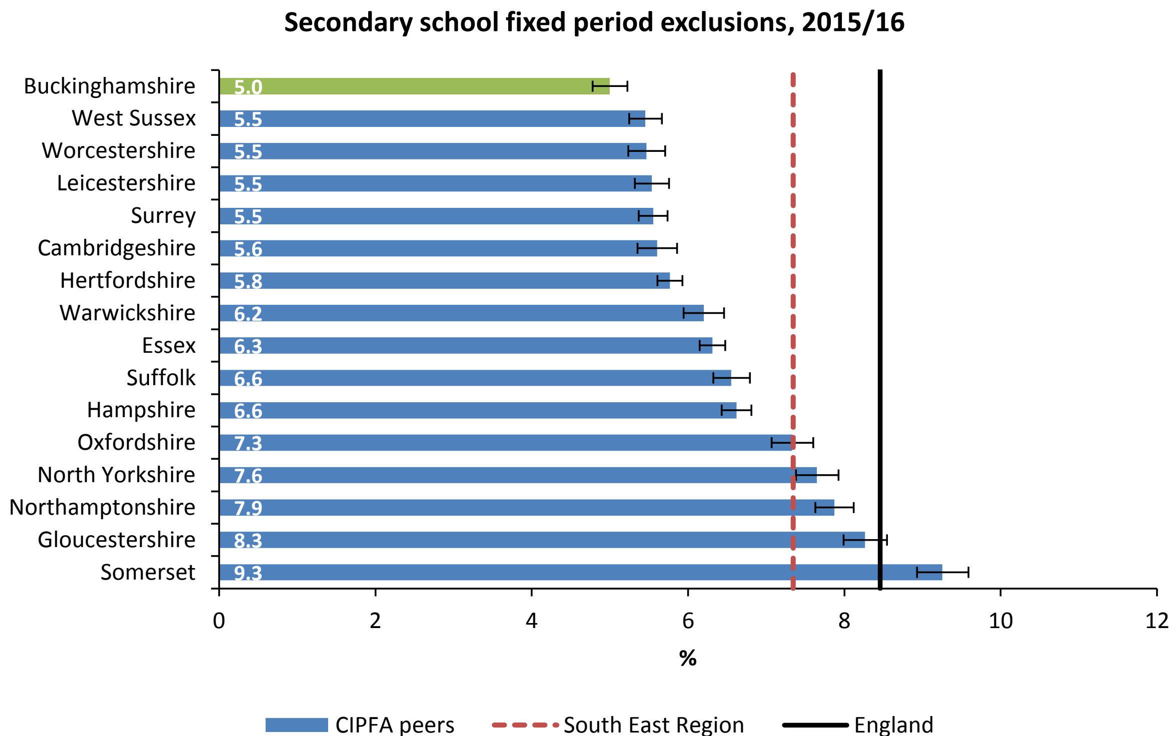
The proportion of primary school pupils with fixed period exclusions in 2015/16 was 1.3%, equivalent to 595 pupils. This is 11.4% higher than the England value of 1.2% and the difference is statistically significant. In 2015/16, Bucks had the 8th lowest proportion of fixed-period exclusions among its CIPFA peers.



Indicator 45. Secondary school fixed period exclusions (%) – DARK BLUE (lower)
The percentage of secondary school pupils who have received a fixed-period exclusion.

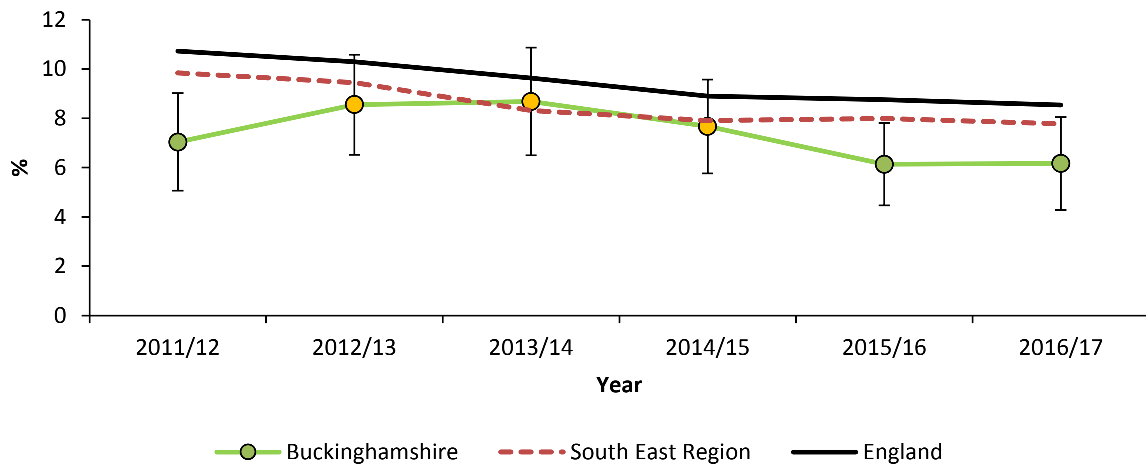
The proportion of secondary school pupils with fixed period exclusions in 2015/16 was 5.0%, or 1,847 pupils. This is statistically lower (by 40.9%) than the England value of 8.5%. In 2015/16, Bucks had the lowest proportion of fixed-period exclusions among its CIPFA peers.

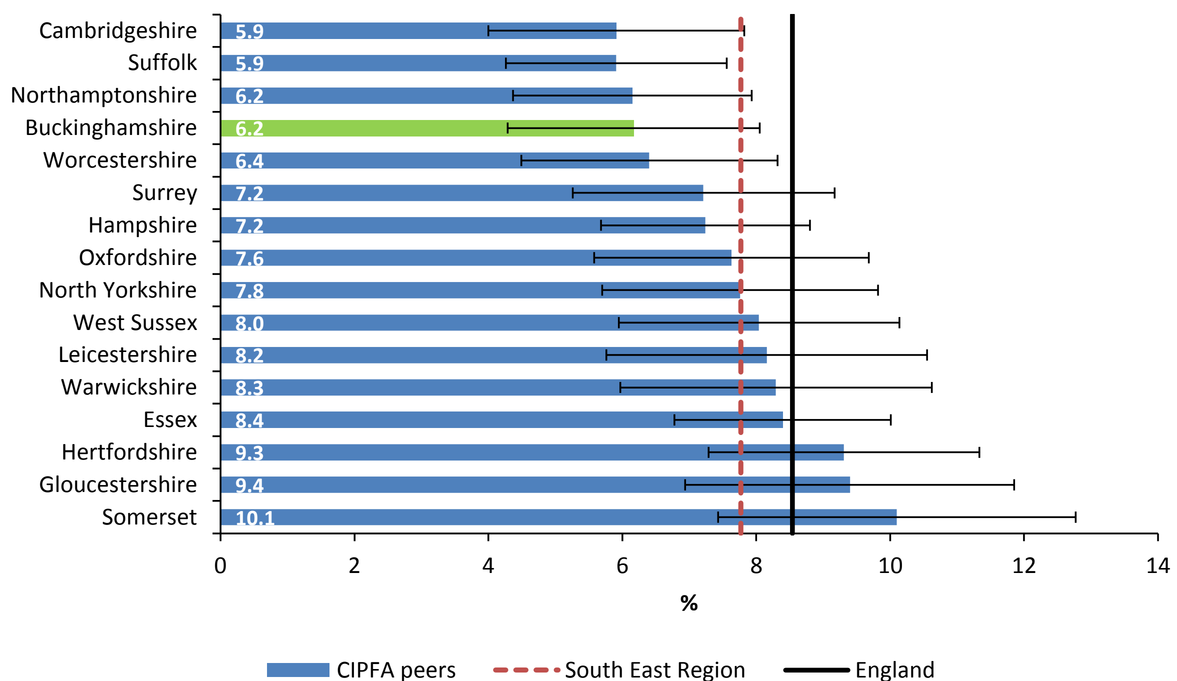




Indicator 46. Self-reported wellbeing - people with a low happiness score (%) – GREEN (better)
The percentage of respondents (aged 16 years and over) who answered 0-4 (out of 10) to the question "Overall, how happy did you feel yesterday?"

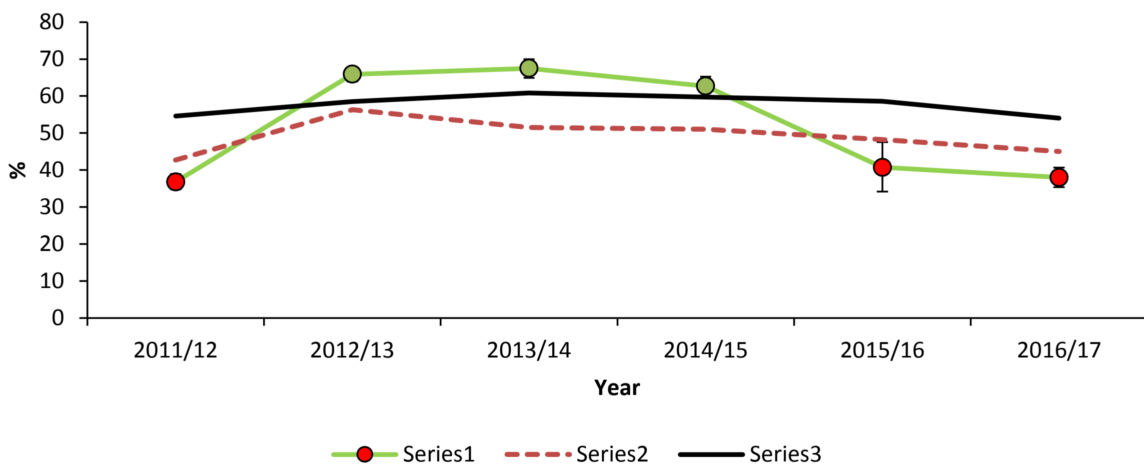
The proportion of people with a low happiness score in Bucks in 2016/17 was 6.2%, which was significantly better than the value in England (8.5%). This is lower by 27.8%. Bucks had the 4th lowest proportion among its CIPFA peers in 2016/17.

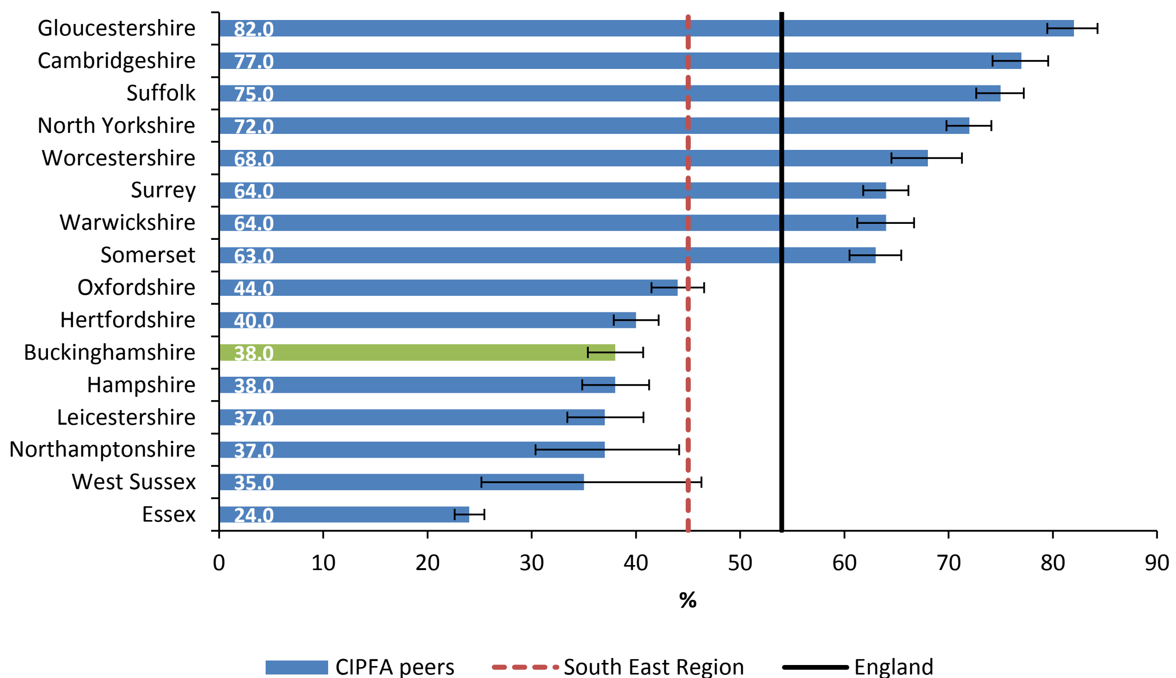




Indicator 47. Adults (aged 18-69) in contact with secondary mental health services who live in stable and appropriate accommodation (%) – RED (worse)
Adults who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support, as a percentage of adults who are receiving secondary mental health services and who are on the Care Programme Approach (aged 18-69 years).

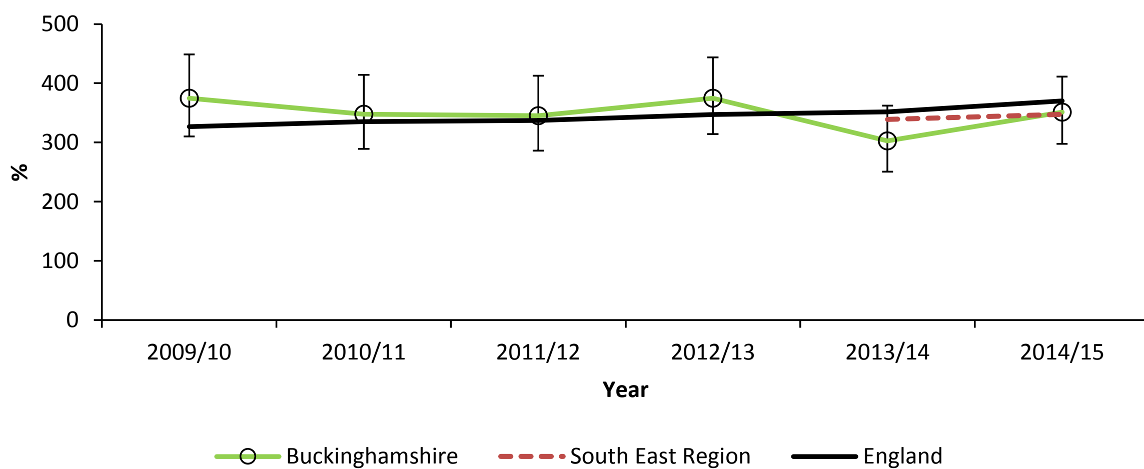
In Bucks, the proportion of adults in contact with secondary mental health services who live in stable and appropriate accommodation was 38.0% in 2016/17. This is statistically worse than in England (54.0%) by 29.6%. Among its CIPFA peers, Bucks had the 6th lowest proportion in 2016/17.

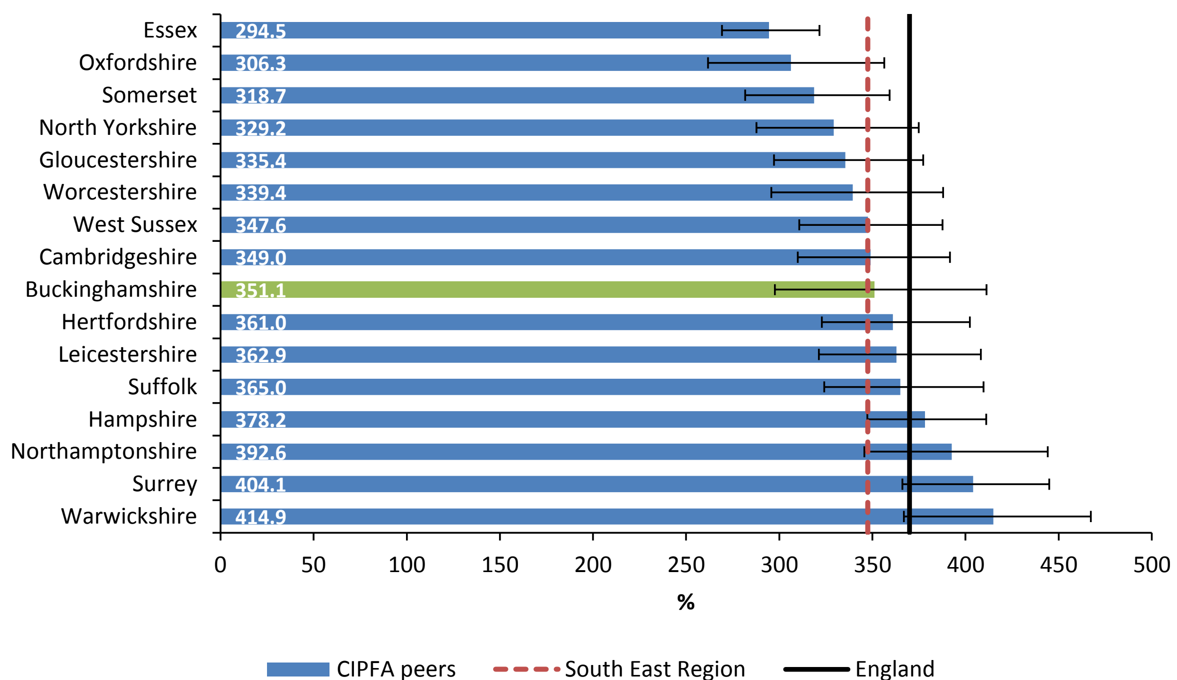




Indicator 48. Excess under 75 mortality rate in adults with serious mental illness (indirectly standardised ratio) – NOT RAG RATED
The ratio (expressed as a percentage) of the observed number of deaths in adults in contact with secondary mental health services to the expected number of deaths in that population based on age-specific mortality rates in the general population of England.

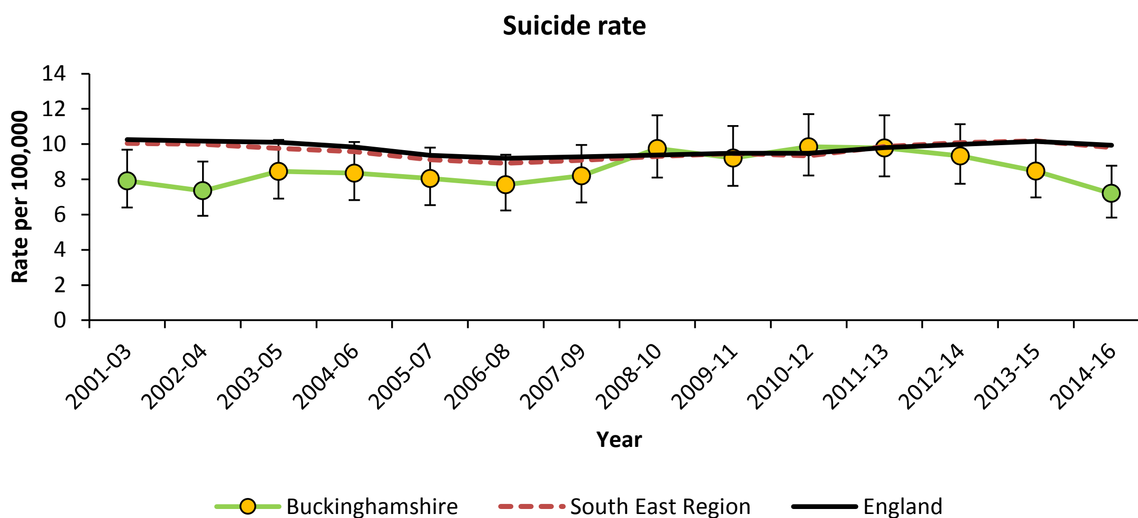
In 2014/15, mortality in those aged under 75 years in Bucks with serious mental illness was approximately 3.5 times (351.1%) the expected number of deaths. Nationally, the observed number of deaths is 3.7 times (370.0%) the expected number of deaths. In 2014/15, Bucks had the 9th lowest rate among its CIPFA peers. Note that it is not possible to compare indirectly age-standardised rates.

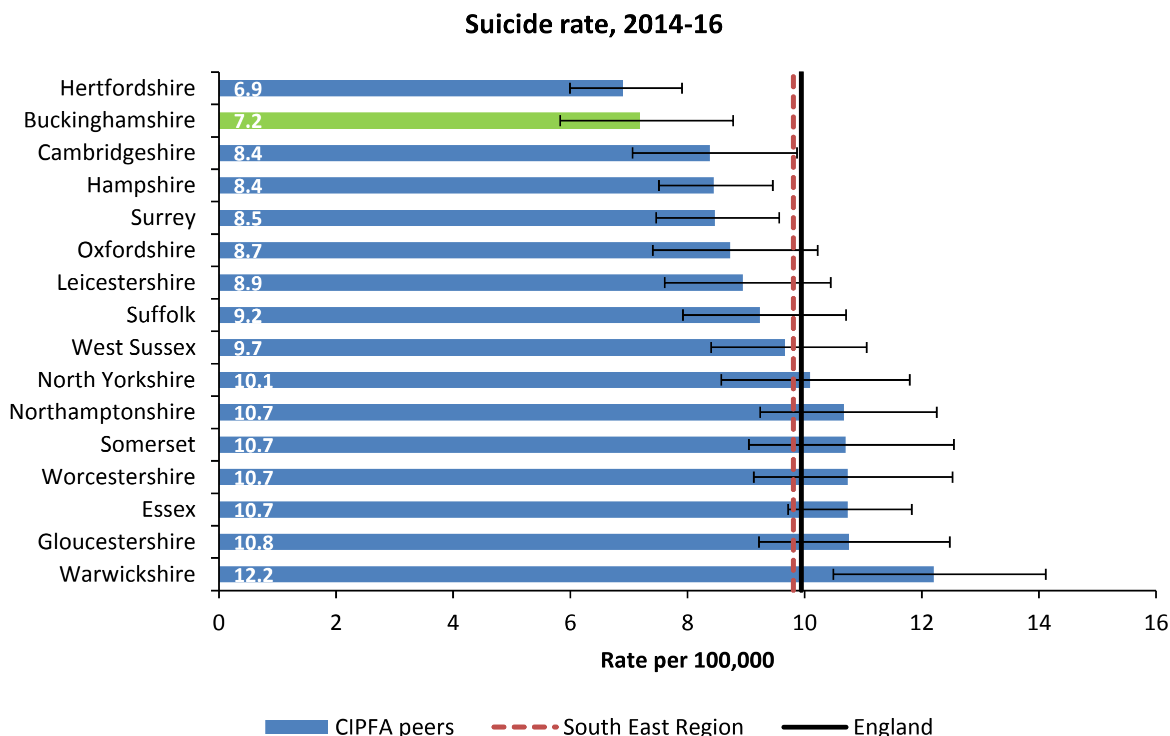




Indicator 49. Suicide rate (per 100,000) – GREEN (better)
Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population.

The suicide rate in Bucks in 2014-16 (three-year pooled data) was 7.2 per 100,000. This is statistically better than the England rate (9.9 per 100,000), and is 27.6% lower than the England rate. In 2014-16, Bucks had the second lowest suicide rate among its CIPFA peers.





Health & Wellbeing Board
Buckinghamshire

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

Indicator – 40 - School pupils with social, emotional and mental health needs (%)

The number of pupils with statements of SEN where primary need is social, emotional and mental health expressed as a percentage of all school pupils

Explanation

1286 pupils in Buckinghamshire schools were identified as having social, emotional and mental health (SEMH) needs in January 2017. This equates to 1.5% of all Buckinghamshire pupils, and is significantly lower than the England average of 2.3%.

Social, emotional and mental health needs was a new need category introduced with Education, Health and Care Plans (EHCPs). Previously children would have had statements linked to behaviour, emotional or social difficulties. When the above data was collected Buckinghamshire still had a lot of pupils due to move to the new EHCPs from their old SEN statements, which may help to explain the low percentage with the new need category.

Many children who have social, emotional and mental health needs also have an ASD (Autistic spectrum disorder) diagnosis. It is difficult sometimes to be able to work out which is the primary need for a child but often the ASD diagnosis might take priority. Children with social, emotional and mental health needs may also have other needs, such as learning difficulties or communication issues, which are listed as their primary need.

In Buckinghamshire children with a social, emotional and emotional needs as their primary SEN need make up 13% of the SEN cohort, compared to 16% nationally. Other primary needs make up a bigger proportion of the Buckinghamshire cohort than seen nationally, for example speech, language and communication needs and specific learning difficulties.

% of SEN Cohort by primary need, Jan17

	Specific Learning Difficulty	Moderate Learning Difficulty	Severe Learning Difficulty	Profound & Multiple Learning Difficulty	Social, Emotional and Mental Health	Speech, Language and Communications Needs	Hearing Impairment	Visual Impairment	Multi-Sensory Impairment	Physical Disability	Autistic Spectrum Disorder	Other Difficulty/ Disability	SEN support but no specialist assessment of type of need
Bucks	19%	17%	1%	1%	13%	25%	2%	1%	0%	3%	9%	4%	3%
England	13%	23%	3%	1%	16%	20%	2%	1%	0%	3%	9%	5%	4%

Are more recent data available? (Please provide)

Provisional data for 2018 suggests that more Buckinghamshire children have been identified as having social, emotional and mental health needs this year, with the percentage increasing to 1.8%. National and regional data is not available at present.

This could be linked to the move to EHCPs and greater use of the new need category.

What work has been done?
Buckinghamshire is currently reviewing the specialist provision across the County to ensure that SEN needs of children can be met in County both now and in the future. This work is being coordinated by the Inclusion Hub and each strand of work is looking at a different area, i.e. Special school & Additionally Resourced Provision (ARP) placements, Alternative Education Provision, Inclusion Charter and the Funding Formula across our special schools. This work also includes school place planning to ensure that future development on school places will address the needs of the children across the County. Buckinghamshire data is showing that the number of children with ASD/SEMH is likely to increase over the next 5-10 years, therefore it is important that when re-configuring the special school offer for the children in our Local Authority that we make sure that we have enough places to meet the demand. The quality of health assessments as part of the EHC needs assessment process is being reviewed by the Designated Clinical Officer and a new process is being implemented to ensure the appropriate medical input is obtained. It is anticipated this will lead to health needs being more accurately and efficiently identified, leading to improved planning. A new SENDIAN pilot (Special Education Needs and Disabilities, Inclusion and Additional Needs) is currently being undertaken in the Aylesbury Vale area. This pilot is in place to provide Early Intervention for young people and where appropriate put in additional resources. It should also support more accurate and timely identification of young people's needs. We are currently surveying participants in the pilot to gather feedback, with a view to rolling out to the rest of the county once complete.
What work is planned?
All the above is ongoing work
Can the Health and Wellbeing Board support work targeting this indicator?

Indicator – 43 - Persistent absentees - Secondary school (%)
Percentage of secondary school enrolments classed as persistent absentees (defined as missing 10% or more of possible sessions).
Explanation
In 2015/16, 14.8% of secondary school enrolments were classed as persistent absentees, which was significantly worse than the national average (13.1%). Once we were aware of this dip in performance we offered targeted support to individual schools. It is unclear why there was such a dip at this point and we are now on a more positive trajectory.
Are more recent data available? (Please provide)
2016/17 data was published by DfE on 22nd March. Buckinghamshire results improved, with 14.0% of secondary school enrolments classed as persistent absentees. Nationally the percentage of persistent absentees increased to 13.5%, although this is still better than Buckinghamshire results.
What work has been done?
BCC officers have instigated closer monitoring of irregular attendance from September 2018. It is clear that Schools are vigilant and scrutinise their data regularly. We have offered support to individual schools with lower than average attendance, offering advice and guidance on policy and procedures.

Schools are able to refer into the Local Authority for support with individual cases via our traded service. The Local Authority have responsibility to prosecute parents and will do this in appropriate cases but recognise that supportive work with the family usually elicits a better response. Families and schools are signposted to early help/universal services when appropriate.

What work is planned?

We are seeing a number of young people with poor attendance due to anxiety related difficulties. BCC officers are working closely with CAHMS to produce a toolkit for schools on improving mental health amongst the school community.

The 'side by side' project, which supports school improvement with a number of upper schools not yet good, is planning work on improving attendance. One of the measures of success will be to improve attendance in line with national average.

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

Indicator – 44 - Primary school fixed period exclusions: % of pupils

The number of fixed period exclusions in primary schools as a percentage of the number (headcount) of pupils

Explanation

In Buckinghamshire in 2015/16 there were 595 primary school exclusions, which equates to 1.3%. This is worse than the England average of 1.2%.

Fixed term exclusions can be issued for a variety of reasons and vary over years depending on the cohort.

Are more recent data available? (Please provide)

Provisional 2016/17 figures for Buckinghamshire show there were 617 exclusions in primary schools.

What work has been done?

We monitor fixed term exclusions and will contact schools to offer advice, scrutiny and support to ensure due process is followed and children are supported adequately.

What work is planned?

We are undertaking a range of work to support schools with inclusion. This work comes under the umbrella of the Inclusion Hub. Headteacher and LA colleagues are working together to support an inclusive culture with Buckinghamshire. An Inclusion Charter Mark is being developed. Schools with are inclusive are being identified to support schools who need development in this area. One of the measures of success is to reduce permanent and fixed exclusions to bring us in line with national averages.

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

Schools report difficulties in accessing paediatricians and CAHMS. Without this professional advice schools do not feel they can provide the correct strategies to support children.

Indicator – 45 - Secondary school fixed period exclusions: % of pupils

The number of fixed period exclusions in secondary schools as a percentage of the number (headcount) of pupils

Explanation

In Buckinghamshire in 2015/16 there were 1847 secondary school fixed period exclusions, which equates to 5.0%. This is significantly lower than the England average of 8.5%.

Historically Buckinghamshire secondary school fixed period exclusions has always been lower than the proportion nationally. We haven't undertaken detailed research into this, but we know our schools are aware that continued periods of exclusion are not conducive to a good education.

Are more recent data available? (Please provide)
Provisional 2016/17 figures for Buckinghamshire show there were 2288 exclusions in secondary schools. In 2015/16 there were increased levels of permanent exclusions – the increase in fixed term exclusions being seen in the following year (16/17) could potentially be a result of the preventative work around permanent exclusions, with schools being more likely to use fixed term exclusions in the first instance.
What work has been done?
We have commissioned our secondary PRU to facilitate behaviour network meetings to share good practice. We have strengthened our Fair Access Protocols and develop more time to supporting preventative work and encourage managed moves where appropriate.
What work is planned?
We are undertaking a range of work to support schools with inclusion. This work comes under the umbrella of the Inclusion Hub. Headteacher and LA colleagues are working together to support an inclusive culture with Buckinghamshire. An Inclusion Charter Mark is being developed. Schools with are inclusive are being identified to support schools who need development in this area. One of the measures of success is to reduce permanent and fixed exclusions to bring us in line with national averages
Can the Health and Wellbeing Board support work targeting this indicator?
Schools report difficulties in accessing paediatricians and CAHMS. Without this professional advice schools do not feel they can provide the correct strategies to support children.

Indicator – 47 Adults (aged 18-69) in contact with secondary mental health services who live in stable and appropriate accommodation (%)
Adults who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support, as a percentage of adults who are receiving secondary mental health services and who are on the Care Programme Approach (aged 18-69 years).
Explanation
We are exploring concerns with the validity of the data reported nationally and reviewing our reporting rules. When we run the accommodation reports for Buckinghamshire patients from our own system the number of patients in settled accommodation is much higher. Oxford Health's CareNotes system allows staff to indicate both 'accommodation type' and 'settled status'. To date we have been reporting to Buckinghamshire County Council against the 'settled status' box having been selected, as opposed to 'accommodation type'.
Are more recent data available? (Please provide)
Using our own reports, when we look at 'accommodation type' (as indicated in the ASCOF handbook), as opposed to 'settled status', the percentage of patients living in an accommodation type classed as 'settled' is 87.4% for Q4, which is above target.
What work has been done?
There has been a recent reorganisation of the performance and information team within Oxford Health and the new team has a remit of focussing on improving data quality and performance which will include the accurate recording of accommodation status in our CareNotes system.
What work is planned?
Going forward we will amend our reporting method for this measure to look at 'accommodation type' to Bucks County Council. The Performance and Information Team is working with the BI Team to establish reporting rules applied to this measure within other Trusts, with a view to looking to

adapt our national submission in line with local reporting arrangements from June 2018 and anticipate that this will demonstrate an improved position.
Can the Health and Wellbeing Board support work targeting this indicator?