

Appendix 1. Benchmarking of Health and Wellbeing Board Performance Dashboard Indicators 50-62

How to interpret the indicators:

For each indicator, local data are compared to England data.

- Where Buckinghamshire (Bucks) data are statistically significantly better than the England average, the indicator is highlighted green.
- Where Bucks data are not statistically different to the England average, the indicator is highlighted amber.
- Where Bucks data are statistically significantly worse than the England average, the indicator is highlighted red.
- Where Bucks data are statistically significantly higher than the England 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 England 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 time series in Buckinghamshire is provided for each indicator and compared with time series for England and the South East.

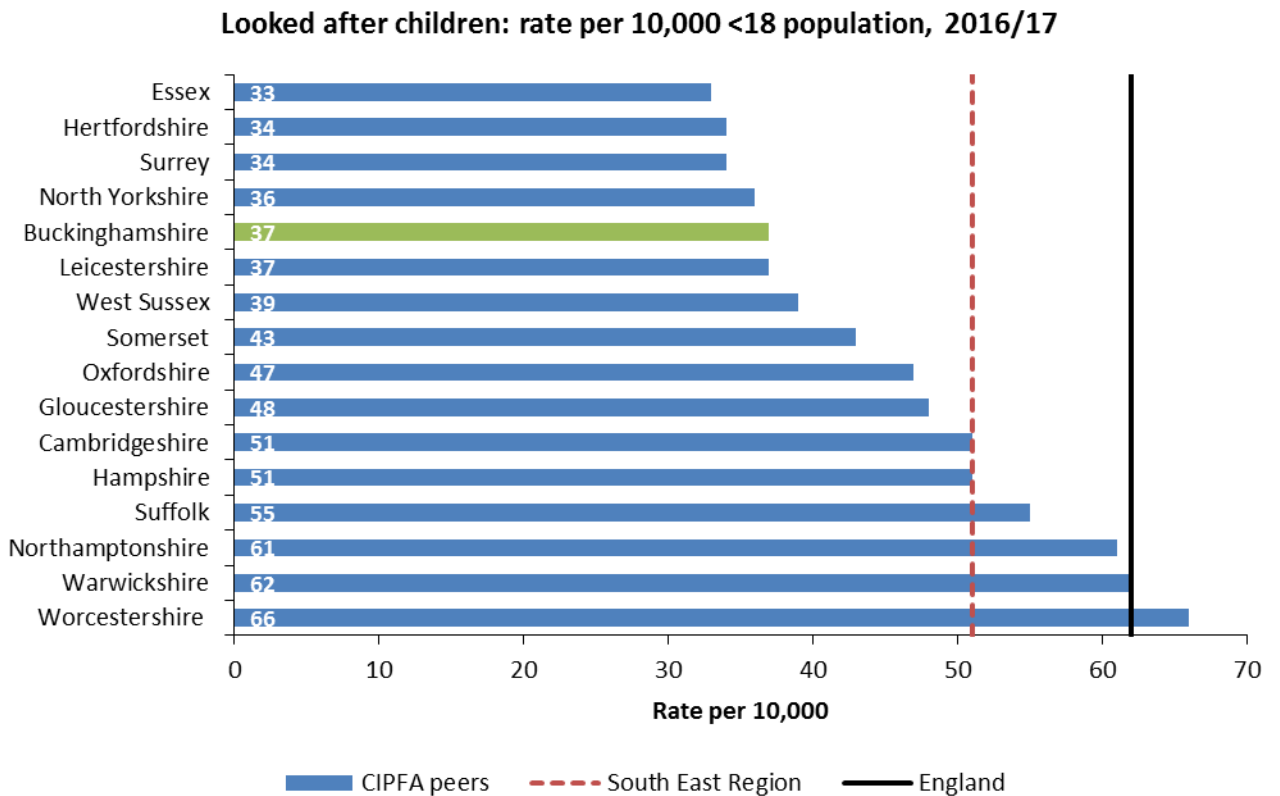
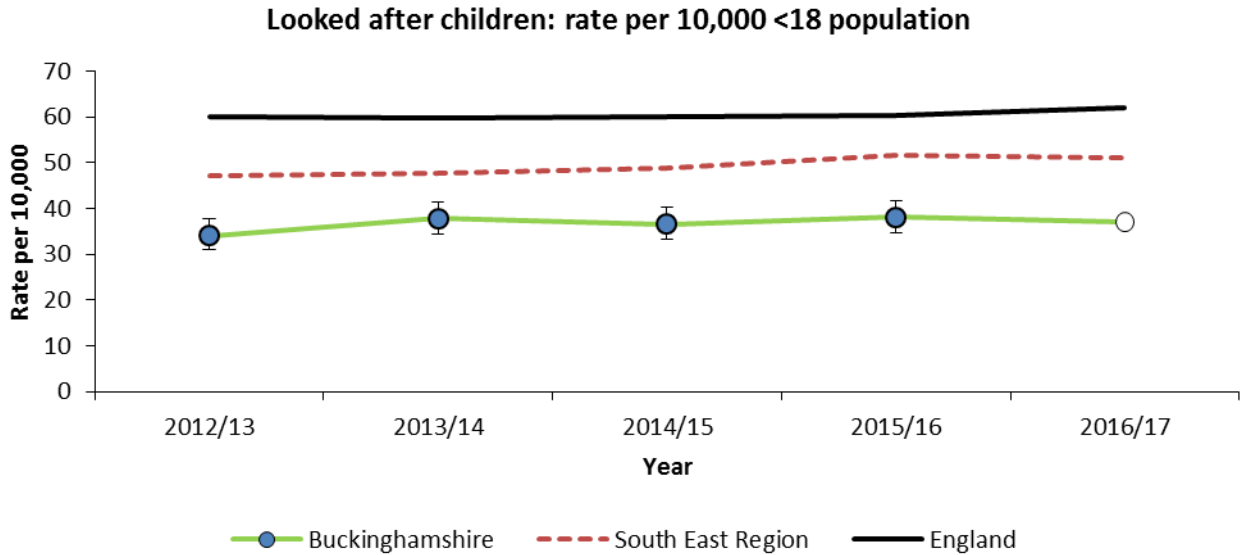
Comparison of the most recent data for Buckinghamshire that can be benchmarked is made with a set of 15 similar local authorities, identified by the Chartered Institute of Public Finance and Accountability (CIPFA). Buckinghamshire's CIPFA peers are:

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

Priority 4. Protect residents from harm

Indicator 50. Looked after children (per 10,000) – NOT RAG RATED
Number of children looked after on 31 st March per 10,000 population aged under 18 years.

In 2016/17, there were 454 children in care in Bucks. This gave a rate per 10,000 children aged under 18 years of 37, which was better than the rate for England (62). The rate in the South East was 51. Bucks had the 5th lowest rate among its CIPFA peers.

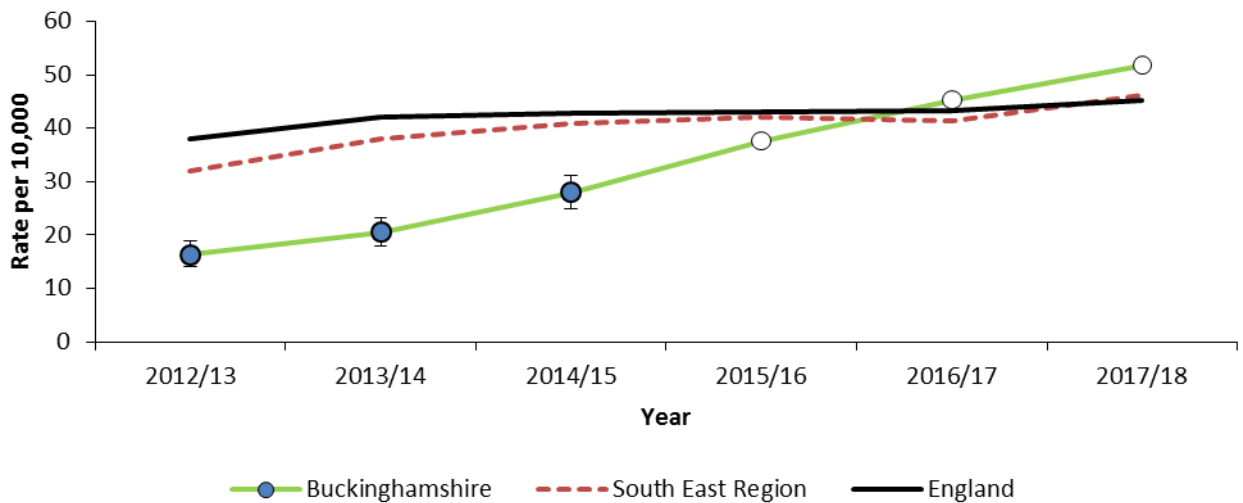


Indicator 51. Children who are the subject of a child protection plan (per 10,000) – NOT RAG RATED

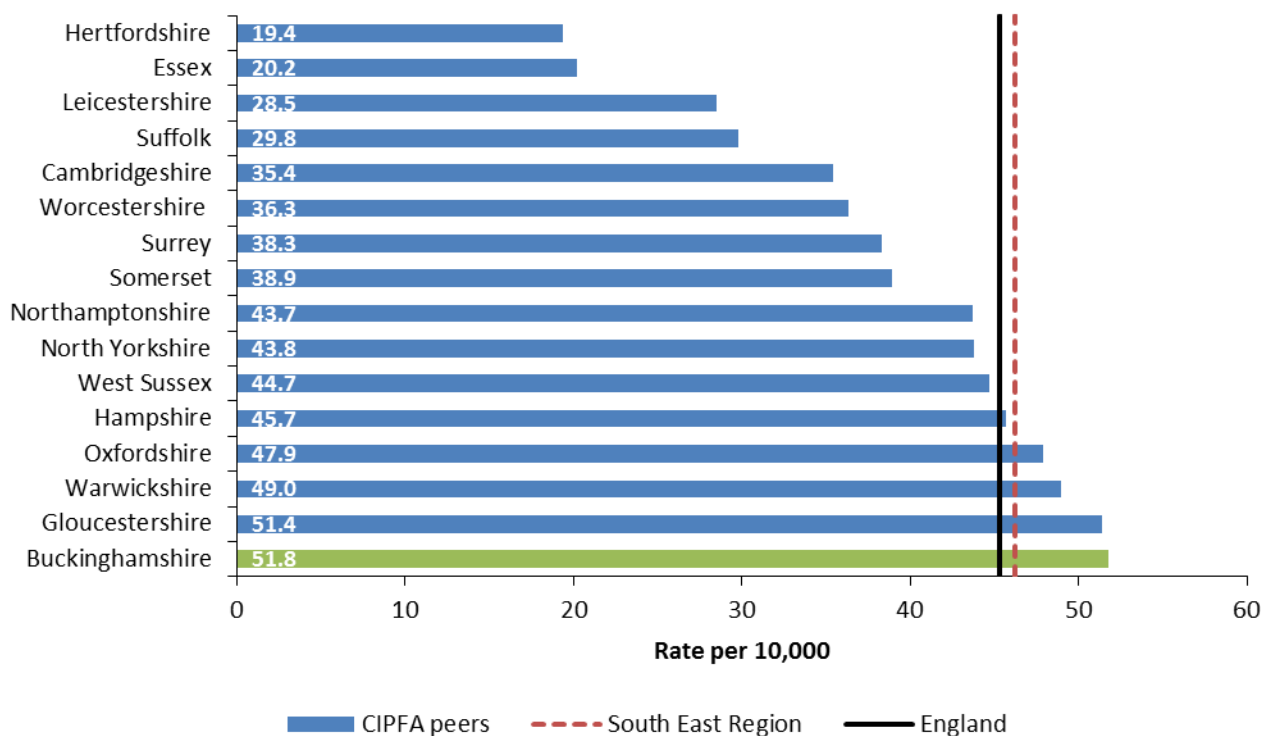
The number of children who are the subject of a child protection plan at the end of the year (31st March), expressed as a rate per 10,000 children aged 0-17 years.

In 2017/18, there were 51.8 children per 10,000 (corresponding to 553 children in Bucks) who were the subject of a child protection plan. The rate in Bucks was higher than England (45.3). The rate in the South East was 46.2. Bucks had the highest rate among its CIPFA peers.

Children on child protection plans: Rate per 10,000 children <18

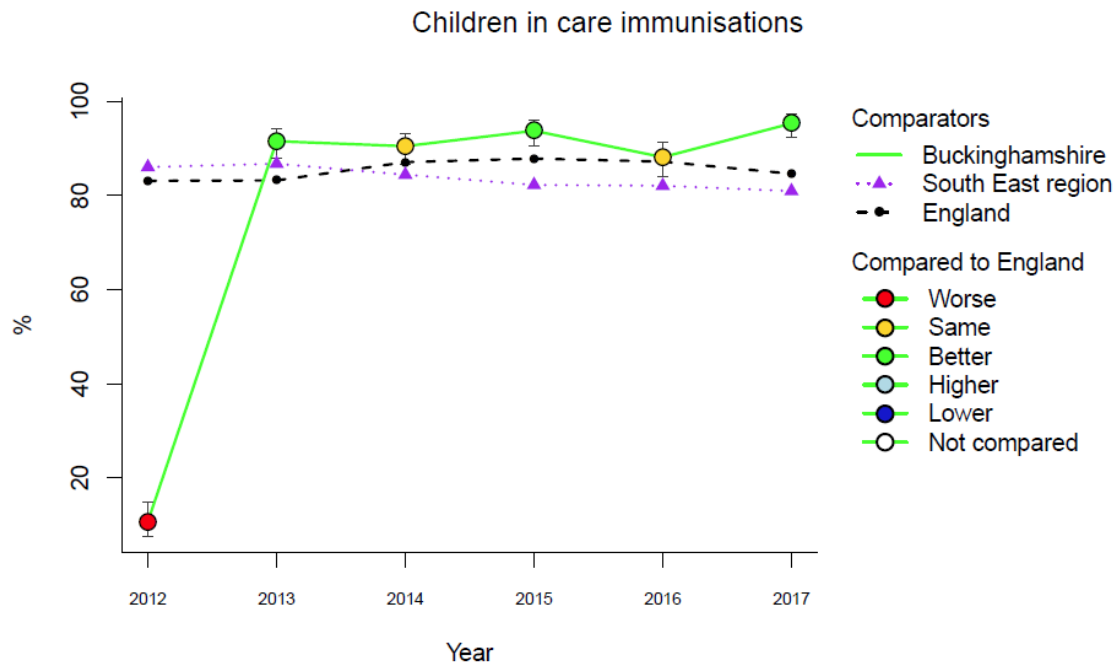


Children on child protection plans: Rate per 10,000 children <18, 2017/18

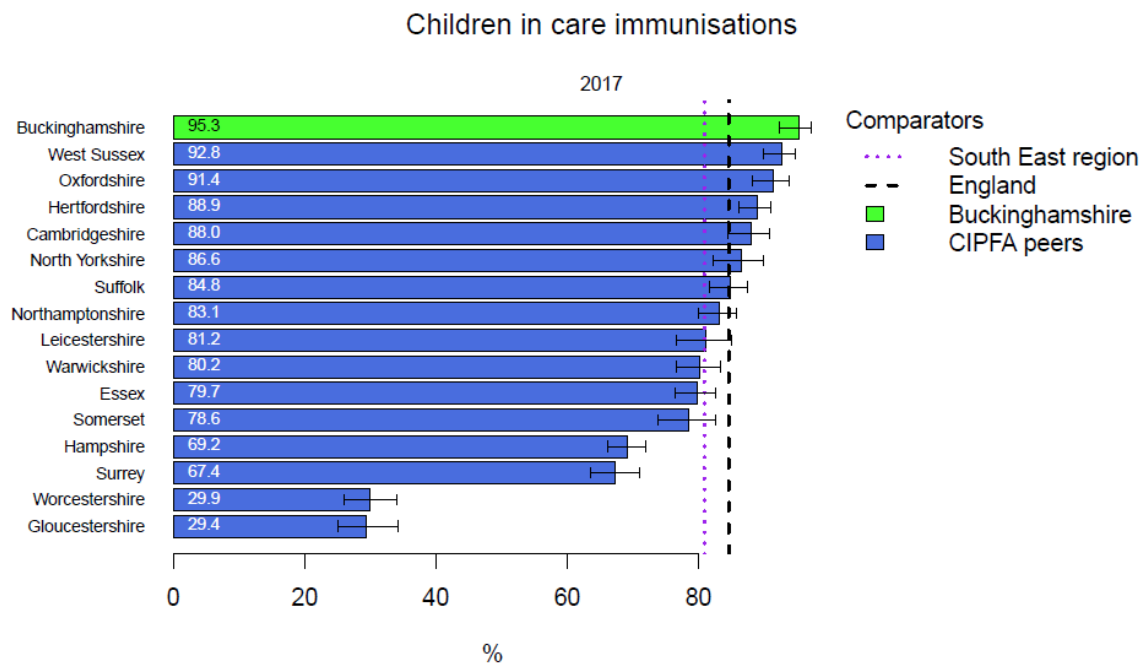


Indicator 52. Children in care immunisations (%) – GREEN (better)
Proportion of children in care for at least 12 months whose immunisations were up to date.

In 2017, 95.3% of children in care for at least 12 months were up to date with immunisations. This corresponds to 285 children. The proportion in Bucks was statistically better than the proportion in England (84.6%). The proportion in the South East was 80.9%. Bucks had the highest proportion of children in care with up to date immunisations among its CIPFA peers.



Indicator number: 811



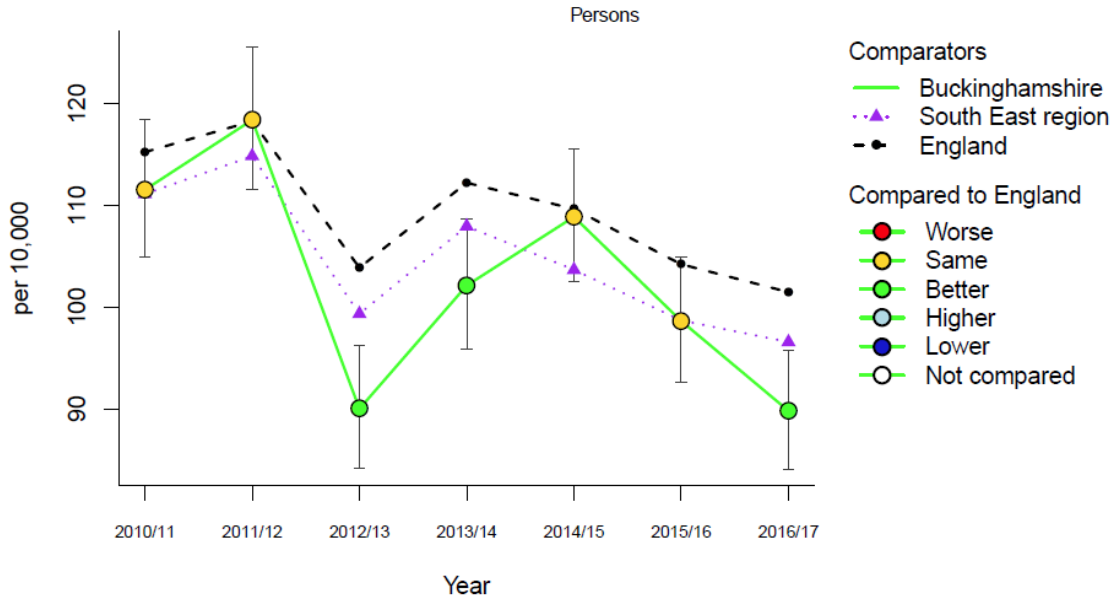
Indicator number: 811

Indicator 53. Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years (per 10,000) – GREEN (better)

Rate of hospital admissions caused by unintentional and deliberate injuries (crude rate) in children aged under 15 years per 10,000 resident population aged under 15 years.

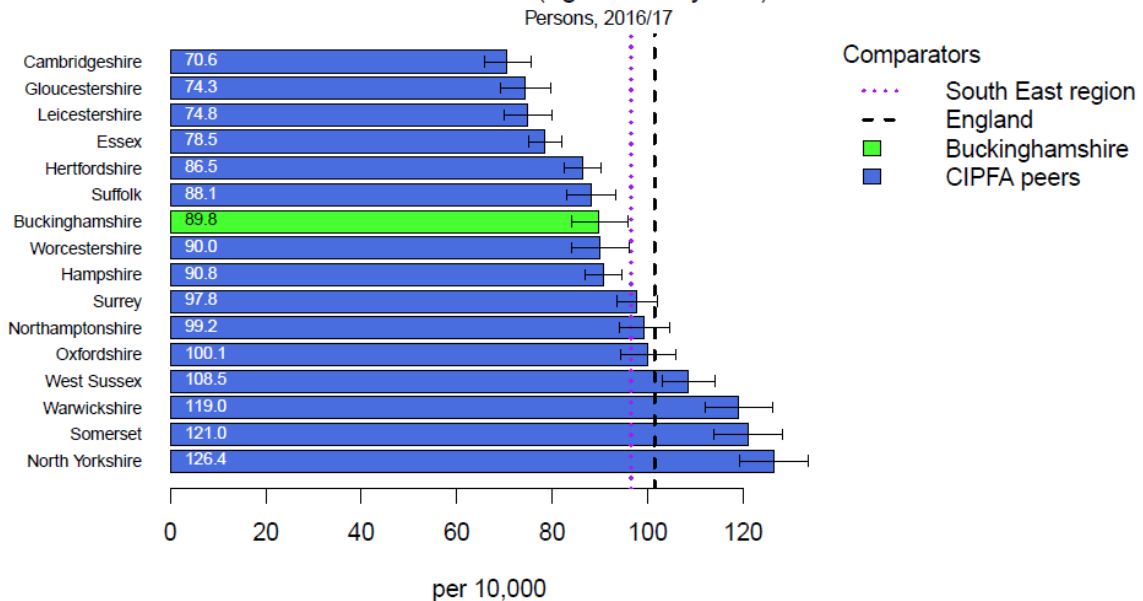
In 2016/17, there were 89.8 hospital admissions caused by unintentional and deliberate injury for every 10,000 children. This is statistically lower than the rate for England (101.5). In the South East the rate was 96.6 per 10,000. Bucks had the 7th lowest rate among its CIPFA peers.

2.07i – Hospital admissions caused by unintentional and deliberate injuries in children (aged 0–14 years)



Indicator number: 90284

2.07i – Hospital admissions caused by unintentional and deliberate injuries in children (aged 0–14 years)



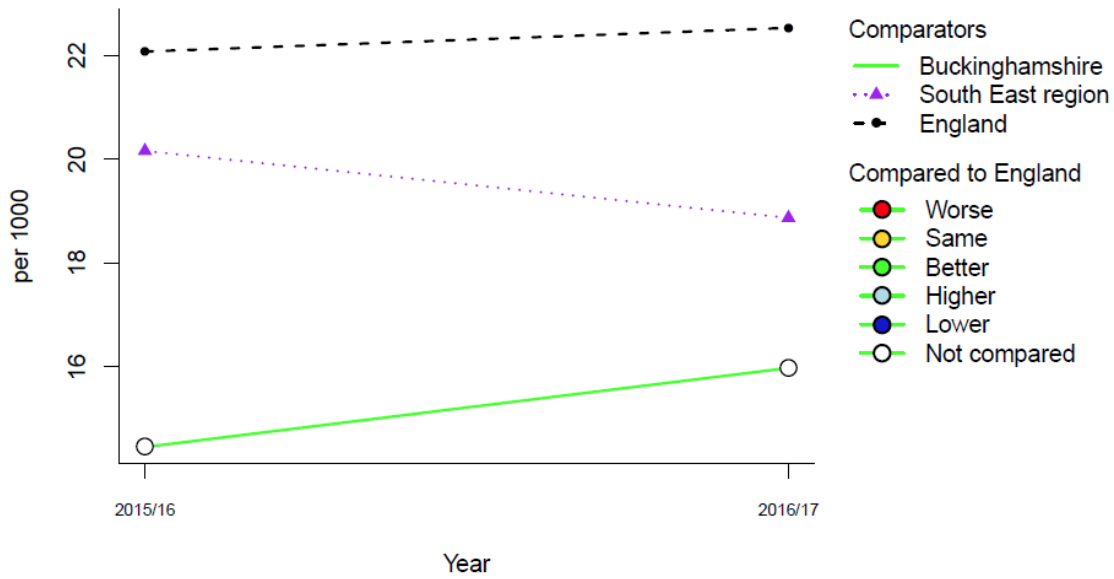
Indicator number: 90284

Indicator 54. Domestic abuse-related incidents and crimes (per 1,000) – NOT RAG RATED

Number of domestic abuse-related incidents and crimes recorded by the police, per 1,000 population (crude rate)

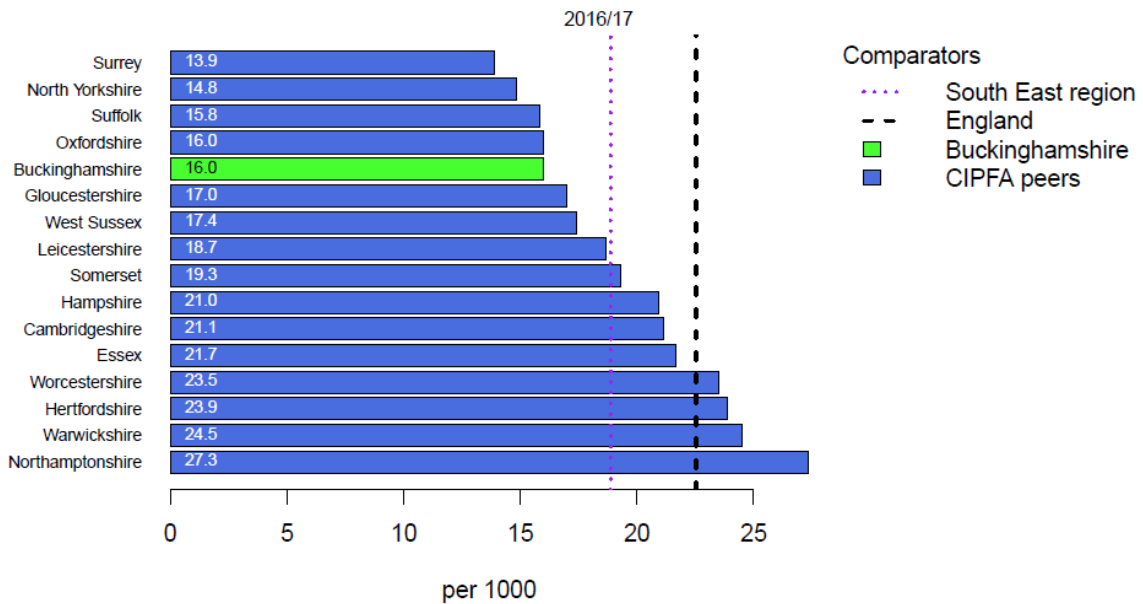
In 2016/17, there were 16.0 domestic abuse related incidents and crimes reported by the police per 1,000 adults in Bucks. This compares to a crude rate of 22.5 for England and 18.9 for the South East. Bucks had the 4th equal lowest rate among is CIPFA peers. This indicator is not RAG rated and there are no confidence intervals.

1.11 – Domestic abuse-related incidents and crimes – current method



Indicator number: 92863

1.11 – Domestic abuse-related incidents and crimes – current method

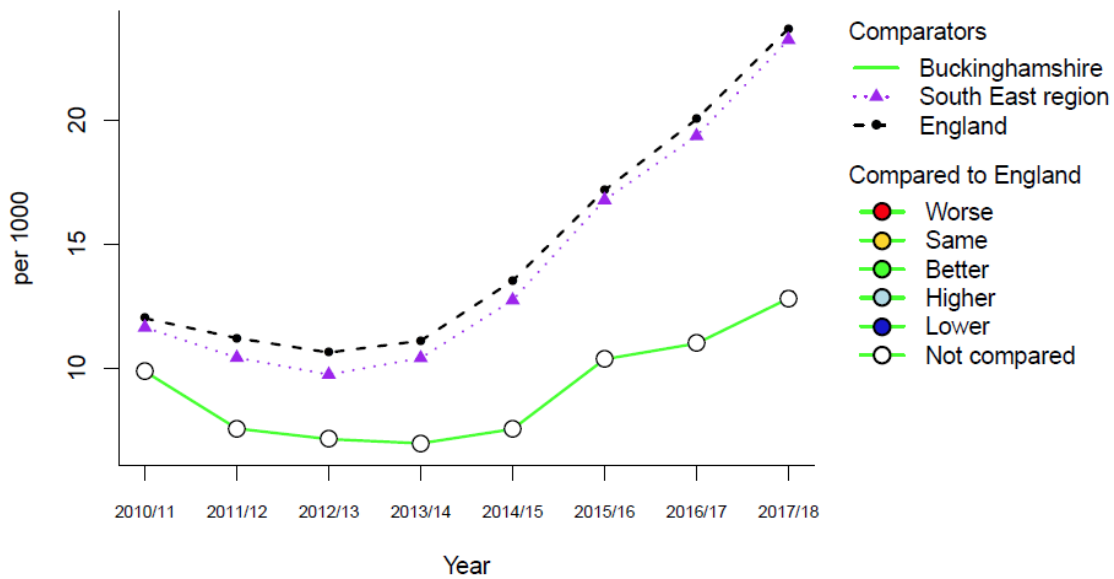


Indicator number: 92863

Indicator 55. Violent crime including sexual violence (per 1,000) – NOT RAG RATED
Number of offences of violence against the person recorded by the police per 1,000 population (crude rate).

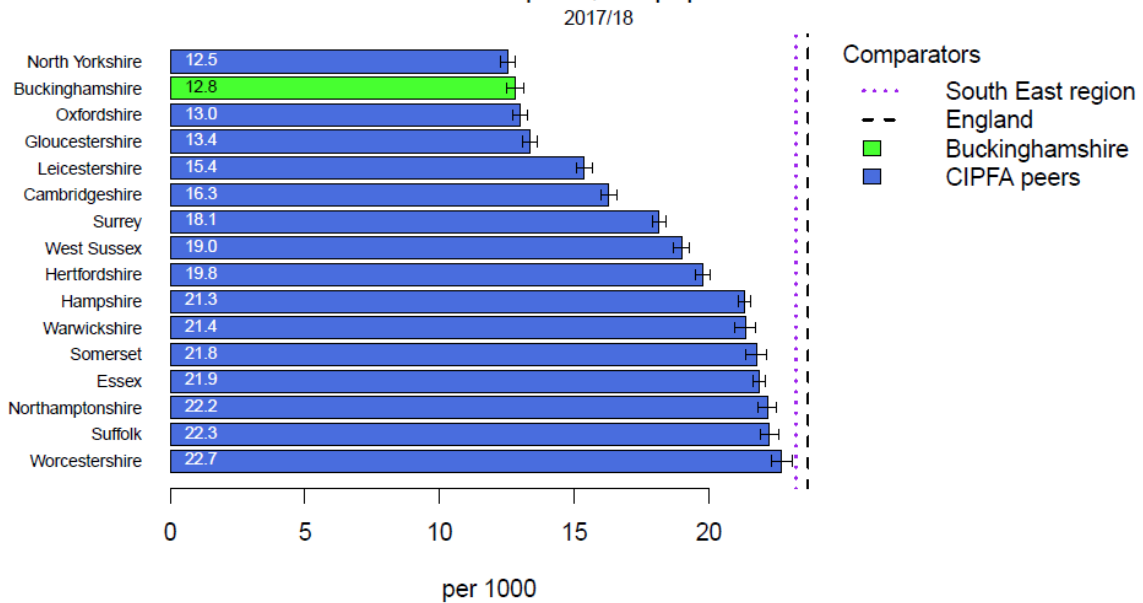
In 2017/18, there were 12.8 violent crimes (including sexual violence) against the person recorded by the police for every 1,000 people (all ages). This compares to a rate of 23.7 for England and 23.2 for the South East. Bucks had the 2nd lowest rate among its CIPFA peers.

1.12ii – Violent crime (including sexual violence) – violence offences per 1,000 population



Indicator number: 11202

1.12ii – Violent crime (including sexual violence) – violence offences per 1,000 population



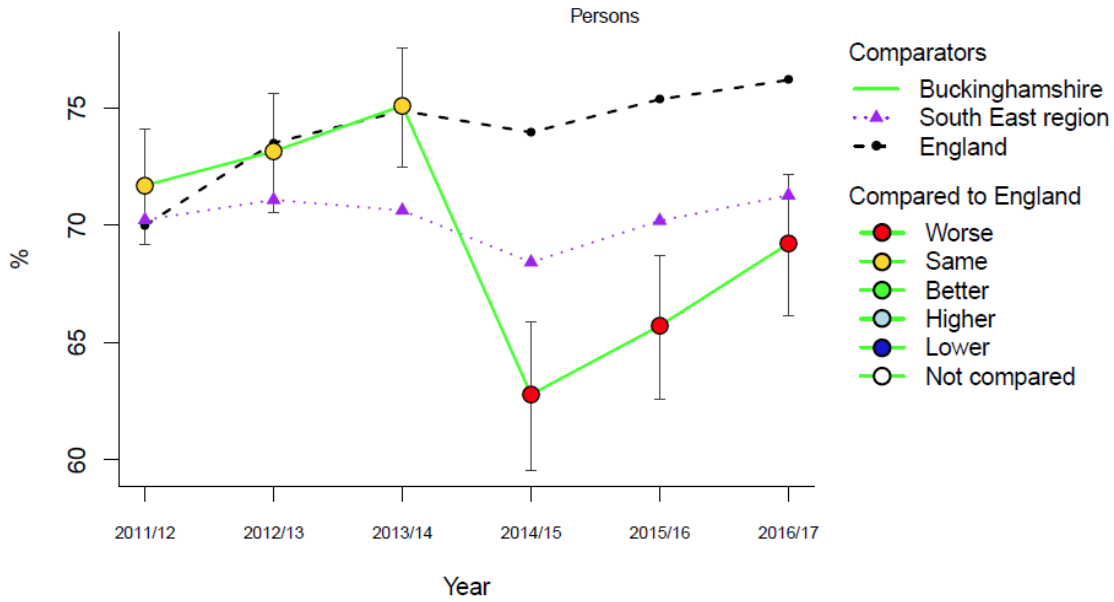
Indicator number: 11202

Indicator 56. Adults with learning disability who live in stable and appropriate accommodation (%) – RED (worse)

Number of working-age learning disability clients who are living in their own home as a percentage of all working-age learning disability clients (aged 18-64 years).

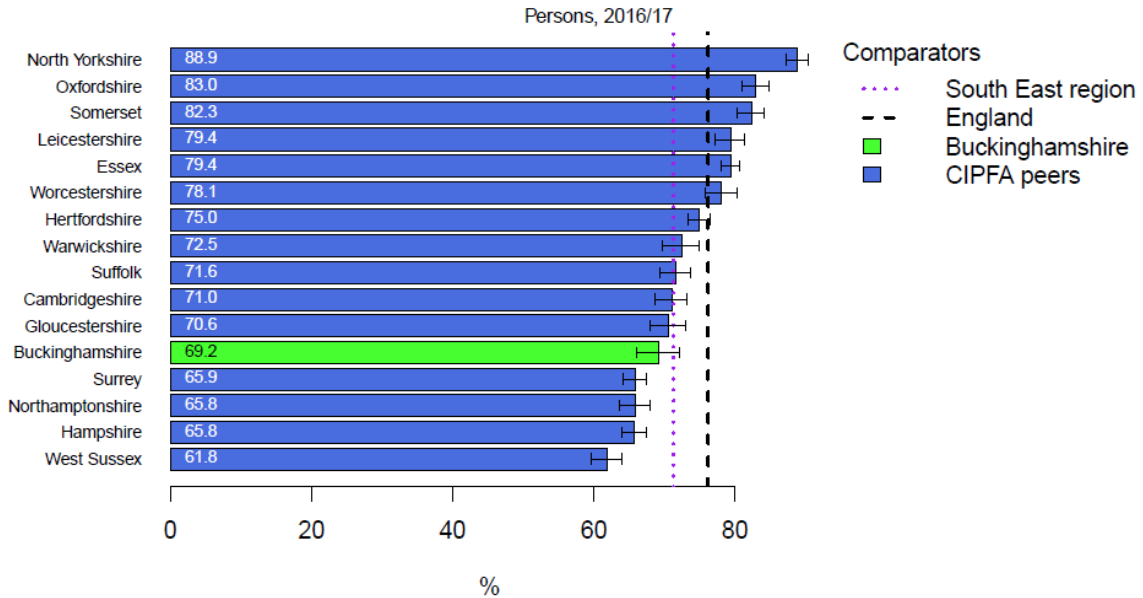
In 2016/17, the proportion of adults in Bucks with learning difficulties who live in stable and appropriate accommodation was 69.2%. This was statistically lower than the proportion in England (76.2%) and corresponds to 623 individuals in Bucks. The proportion in the South East was 71.3%. Bucks had the 5th lowest proportion among its CIPFA peers.

1.06i – Adults with a learning disability who live in stable and appropriate accommodation



Indicator number: 10601

1.06i – Adults with a learning disability who live in stable and appropriate accommodation



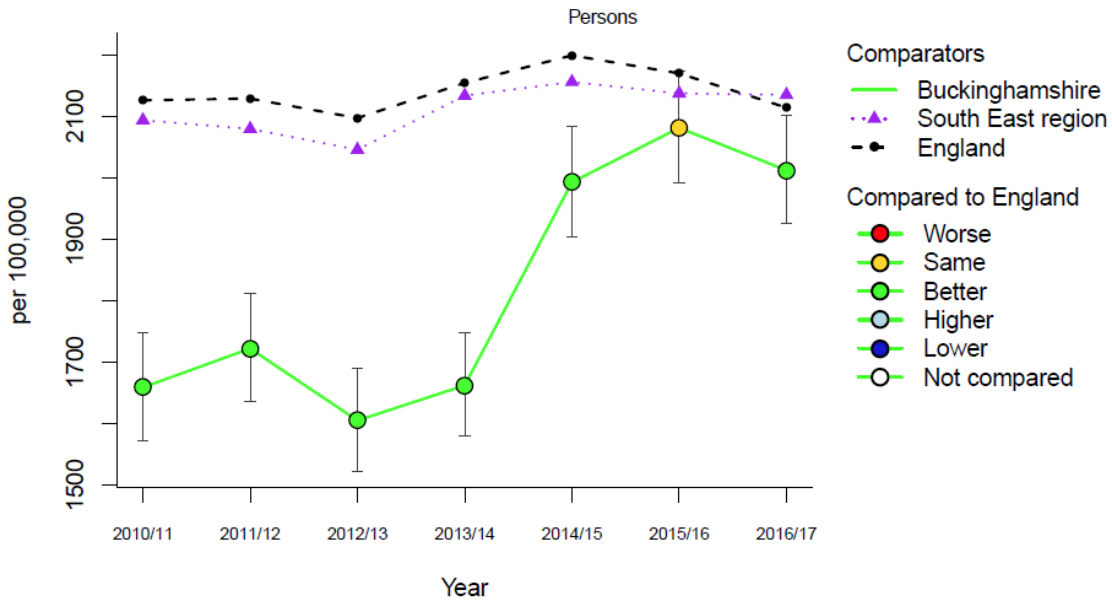
Indicator number: 10601

Indicator 57. Emergency hospital admissions due to falls in people aged 65 years and over (per 100,000) – GREEN (better)

Directly age standardised rate per 100,000 of emergency hospital admissions for falls injuries in persons aged 65 years and over.

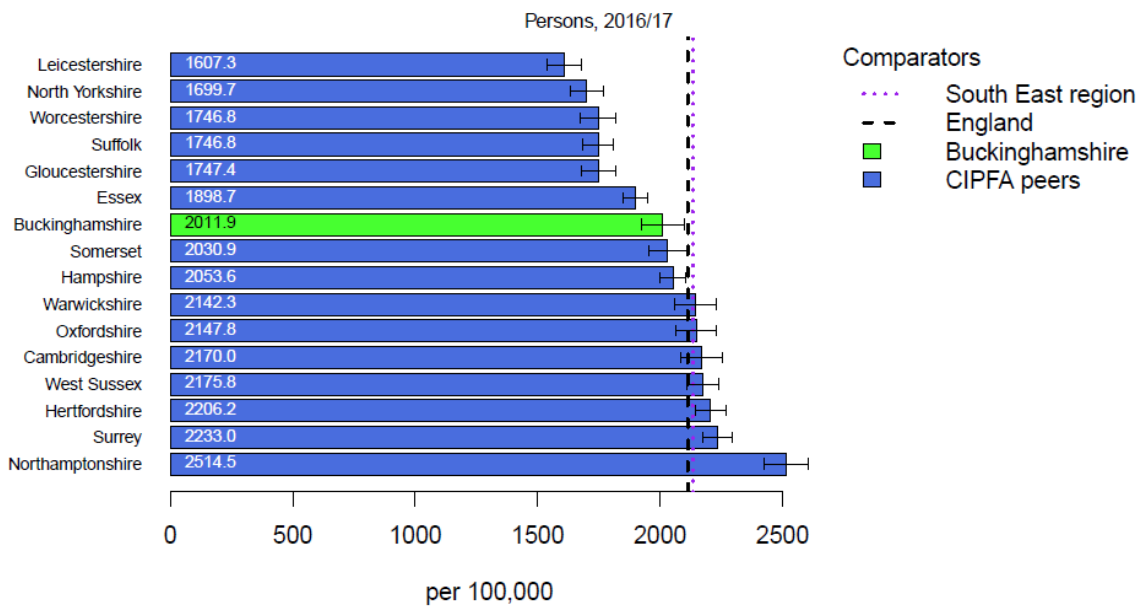
In 2016/17, the rate of emergency hospital admissions in Bucks was 2,011.9 per 100,000 people. This was statistically better than in England (2,113.8). The rate in the South East was 2,134.6 per 100,000. Bucks had the 7th lowest rate among its CIPFA peers.

2.24i – Emergency hospital admissions due to falls in people aged 65 and over



Indicator number: 22401

2.24i – Emergency hospital admissions due to falls in people aged 65 and over

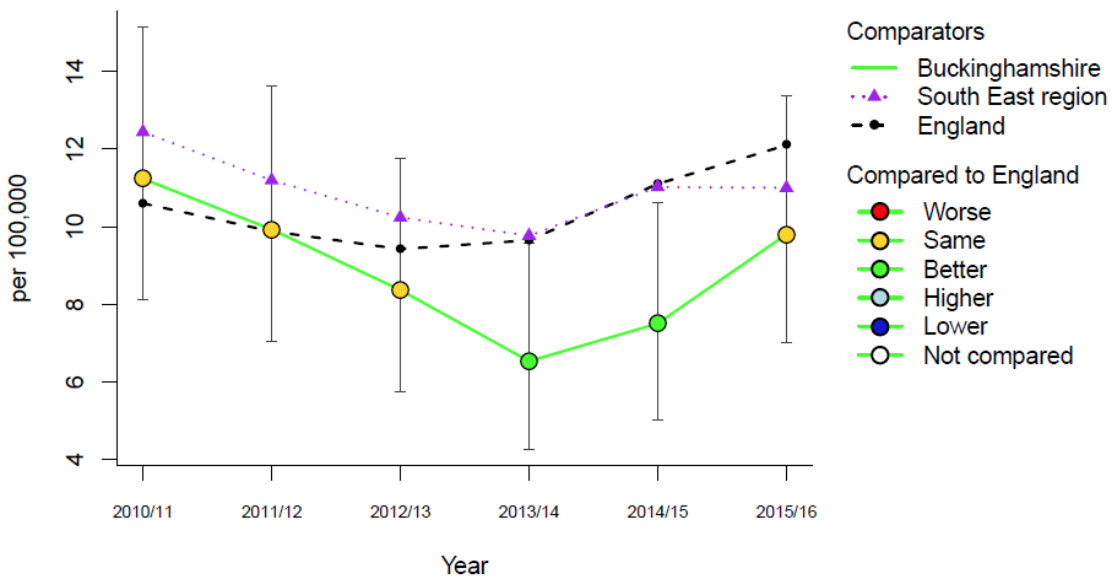


Indicator number: 22401

Indicator 58. Total delayed transfers of care (per 100,000) – AMBER (similar)
The average number of delayed transfers of care. This is the average of the 12 monthly snapshots collected in the monthly Situation Report for acute and non-acute per 100,000 population aged 18+ years.

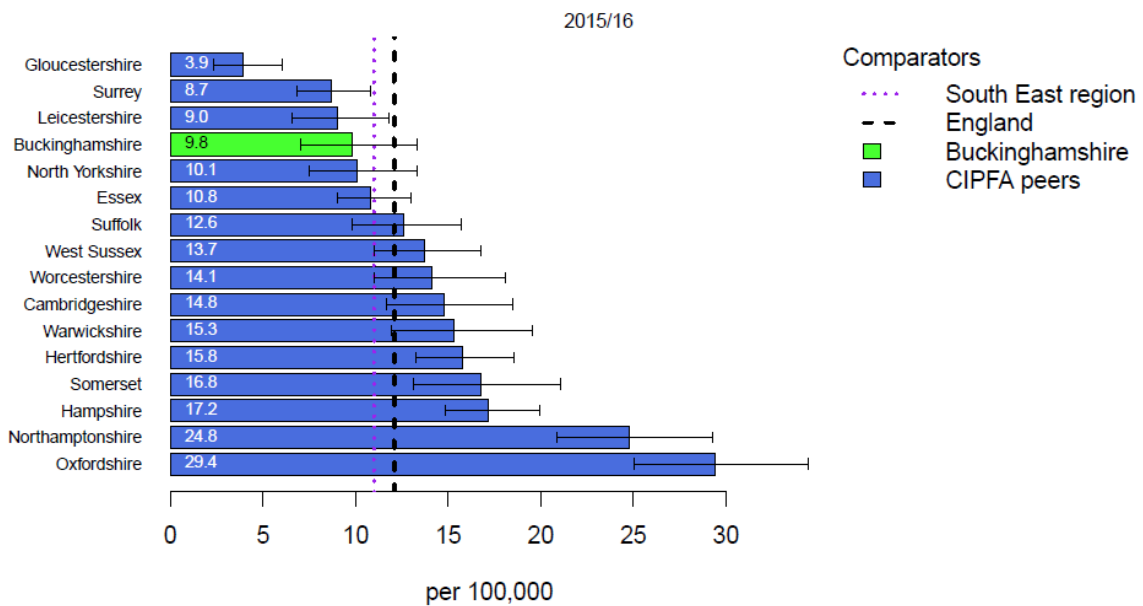
In 2015/16, the average rate for delayed transferred of care in Bucks was 9.8 per 100,000. This was not statistically different to the England rate of 12.1. The rate in the South East was 11.0. Bucks had the 4th lowest rate among its CIPFA peers.

Total delayed transfers of care



Indicator number: 1195

Total delayed transfers of care



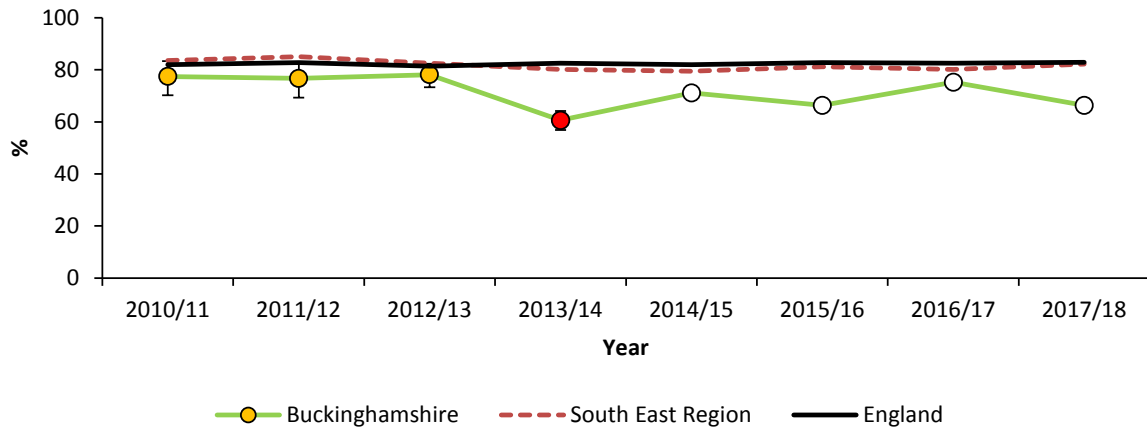
Indicator number: 1195

Indicator 59. Proportion of older people (65+ years) who were still at home 91 days after discharge from hospital (%) – NOT RAG RATED

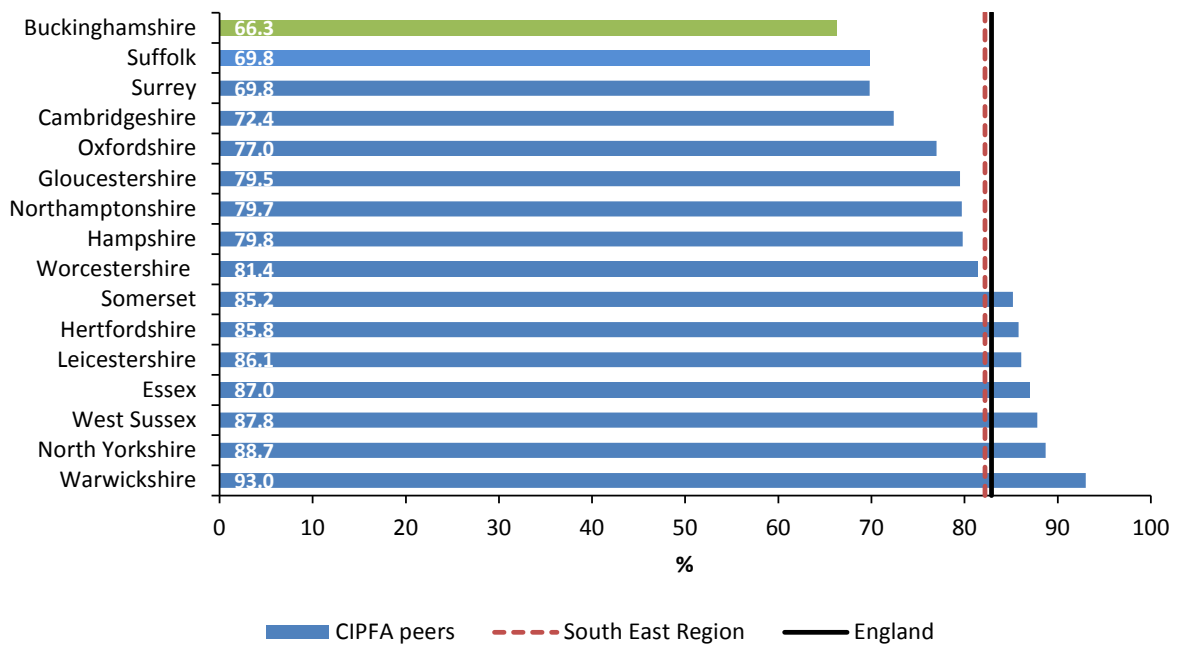
Number of people aged 65 years and over discharged from hospital who are living in their own homes at day 91 post-discharge as a proportion of all discharges from hospital among people aged 65 years and over.

In 2017/18, the proportion (66.3%) of people in Bucks who were still at home 91 days after discharge was lower than in England (82.9%). This corresponds to 266 individuals. Bucks had the lowest proportion among its CIPFA peers.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital



Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital, 2017/18

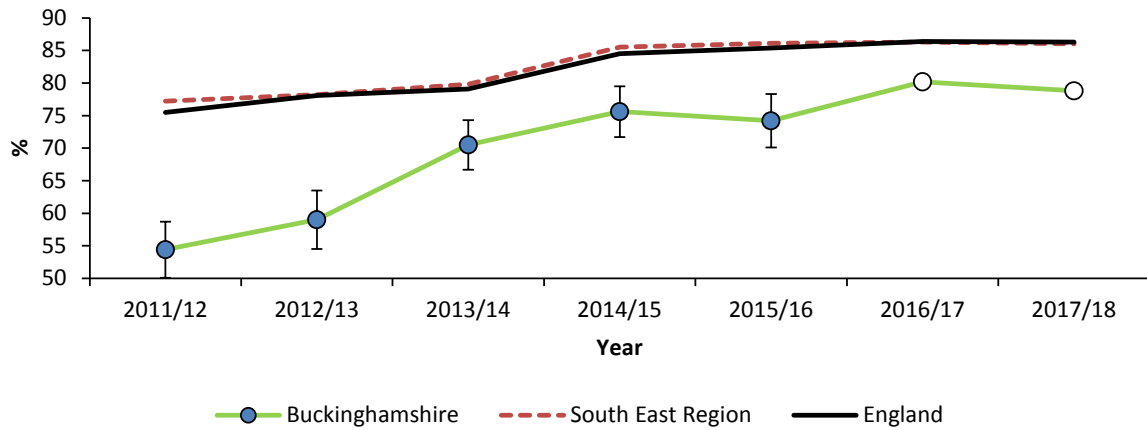


Indicator 60. Proportion of people who use services who say they've made them feel safe and secure (%) – NOT RAG RATED

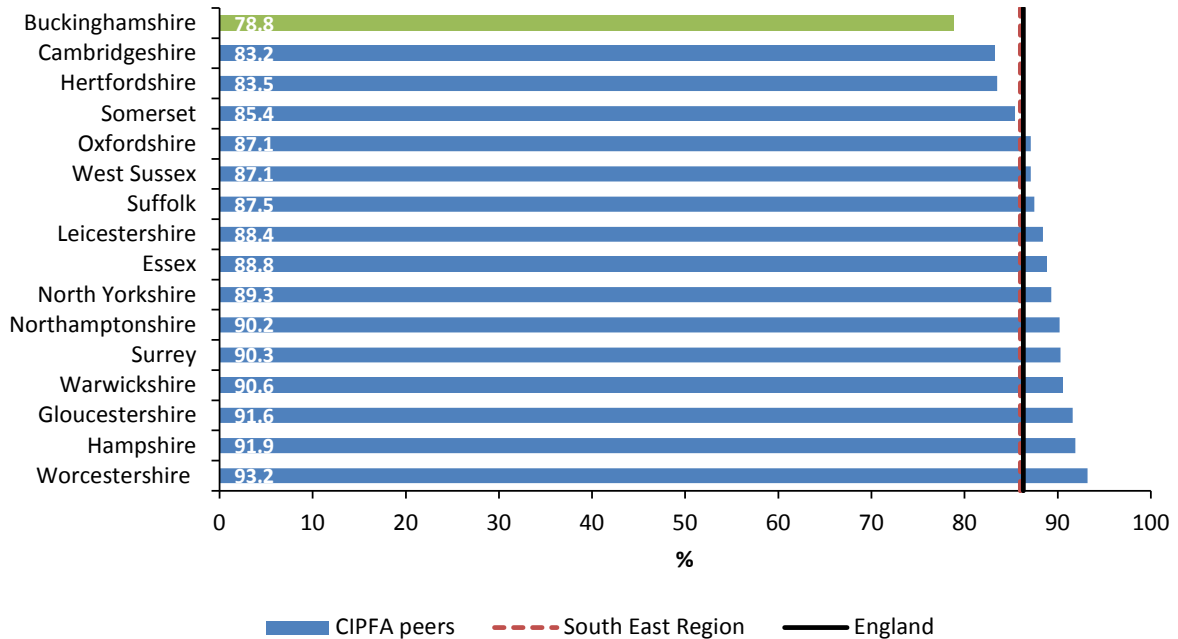
The number of people responding 'Yes' to the question: "Do care and support services help you in feeling safe?" as a proportion of all respondents.

In 2017/18, the proportion (78.8%) of people in Bucks who reported that they felt safe and secure was lower than in England (86.3%). Bucks had the lowest proportion among its CIPFA peers.

Proportion of people who use services who say that those services have made them feel safe and secure



Proportion of people who use services who say that those services have made them feel safe and secure, 2017/18

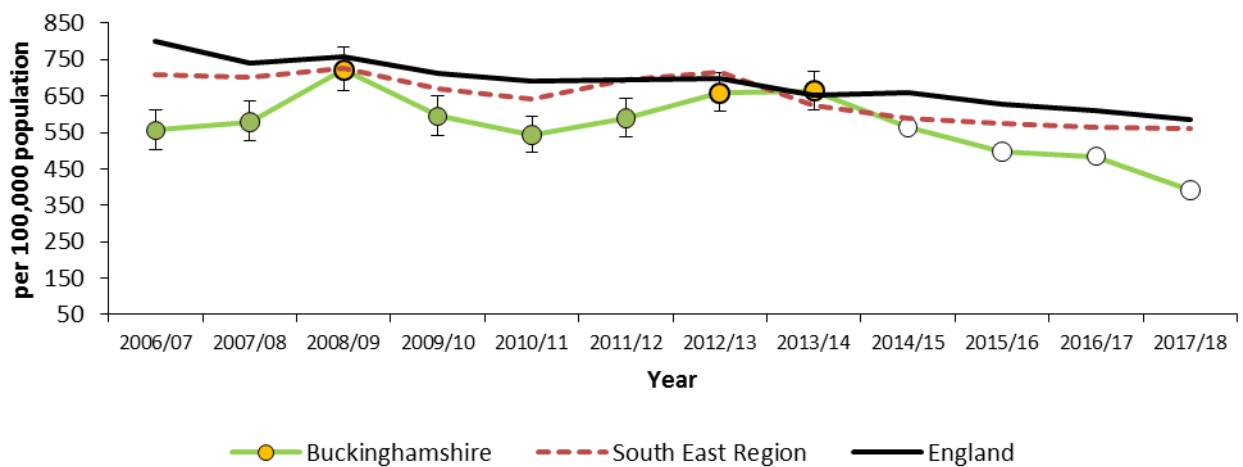


Indicator 61. Permanent admissions to residential and nursing care homes per 100,000 population aged 65 years and over – NOT RAG RATED

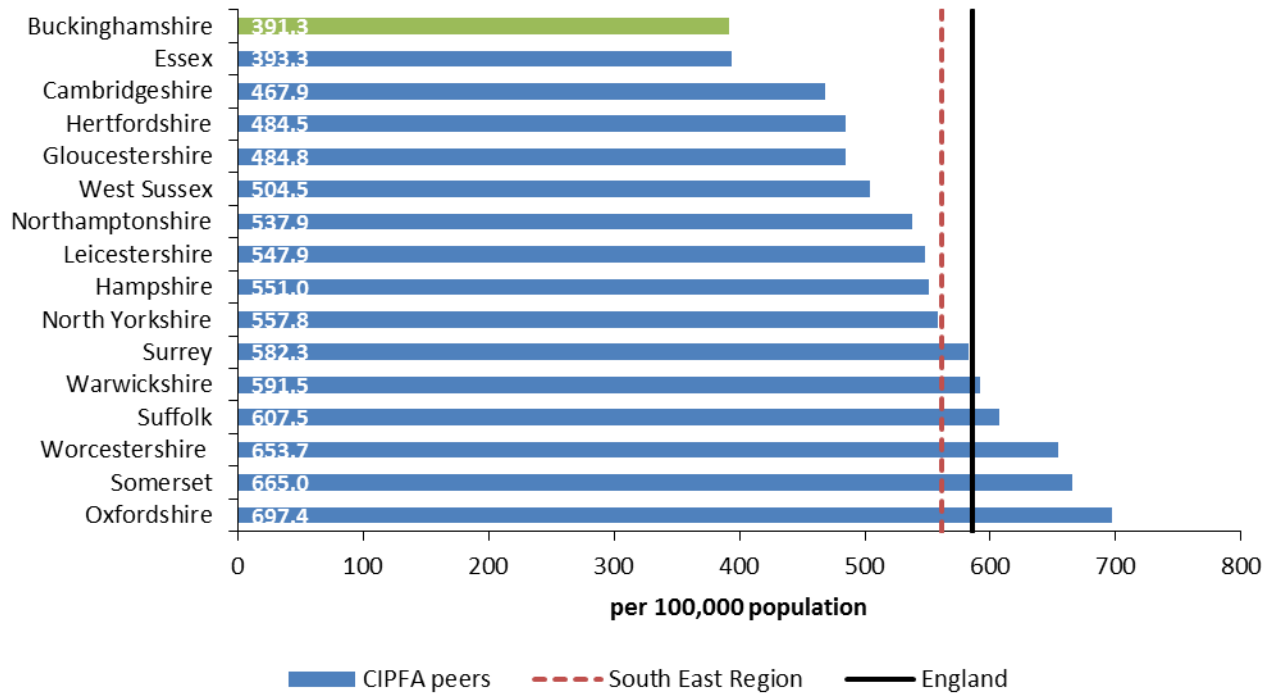
Number of council supported admissions of adults aged 65 years and over to residential and nursing care homes relative to the total population aged 65 years and over, expressed as a rate per 100,000.

In 2017/18, the rate (391.3 per 100,000) in Bucks of permanent admissions to residential and nursing care was lower than England (585.6 per 100,000). This corresponds to 389 individuals. Bucks had the lowest proportion among its CIPFA peers.

Permanent admissions to residential and nursing care homes per 100,000 aged 65+



Permanent admissions to residential and nursing care homes per 100,000 aged 65+, 2017/18

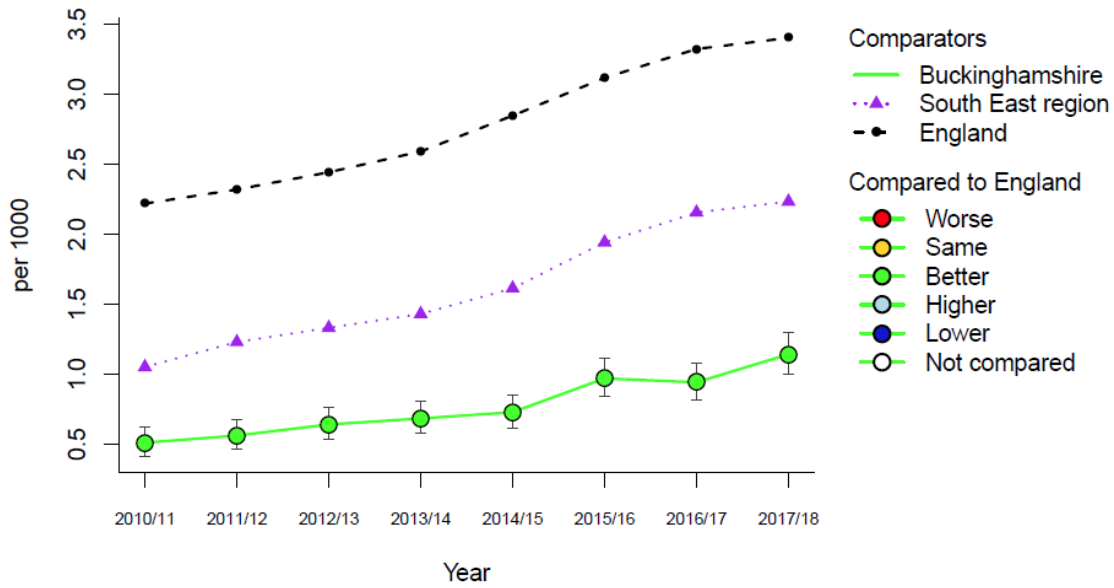


Indicator 62. Statutory homelessness – households in temporary accommodation (per 1,000) – GREEN (better)

Number of households in temporary accommodation as a crude rate per 1,000 estimated total households. This is for all ages and is a snapshot as of 31st March each year.

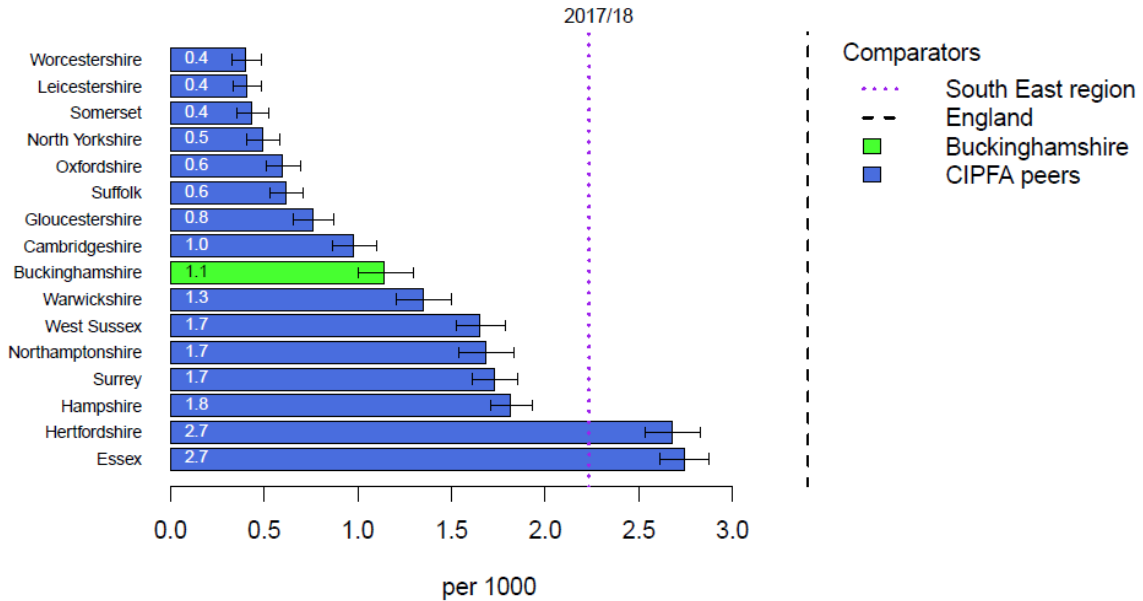
In 2017/18, the rate (1.1 per 1,000) in Bucks of statutory homelessness was statistically lower than England (3.4 per 1,000). This corresponds to 245 individuals. Bucks had the 9th lowest rate among its CIPFA peers.

1.15ii – Statutory homelessness – households in temporary accommodation



Indicator number: 11502

1.15ii – Statutory homelessness – households in temporary accommodation



Indicator number: 11502

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

Indicator 51. Children who are the subject of a child protection plan (per 10,000)
Explanation
<p>The latest benchmarked data by PHE are from 2014/15. It is unclear why later data for this indicator have not been benchmarked by PHE.</p> <p>The number of children on Child Protection Plans (CPP) has been high for quite some time and therefore the rate per 10,000 remains too high. Based on case file audits, case sampling and Beyond Auditing activities, the service believes that the number on CPP is inflated due to the following factors:</p> <ul style="list-style-type: none"> • Poor quality assessments and subsequent plans that are unclear about what needs to change. • Inconsistent management oversight that does not drive forward plans and actions. • Variable performance of CP chairs in ensuring plans are SMART and child focused. • Need to improve the understanding and management of risk for children subject to CPP who may require a far more robust intervention to keep them safe.
Are more recent data available? (Please provide)
<p>The data for years after 2014/15 are available nationally from the Department for Education, but these are not benchmarked. This means the data are not able to be RAG rated.</p> <p>At the end of September 2018, BCC's rate per 10,000 is 49.7 which is a slight reduction on the 51.9 reported at the end of Quarter 2. This rate is above the England, South East and statistical neighbour averages.</p>
What work has been done?
<p>Significant work has already started to address poor performance across the service and where new managers have been appointed there are indications of improvement. This is reflected in a slight fall in numbers of CPP, August (645) and September (607).</p>
What work is planned?
<p>The priority for the service is to continue to focus on the performance of first and second line managers and use the quality assurance framework (Beyond Auditing) to determine the quality of the work and the impact it has on outcomes. The main improvement action is to target the auditing of cases on CP Plans for more than 6 months to address risk and delay, and embed learning of good practice.</p>
Can the Health and Wellbeing Board support work targeting this indicator?
<p> </p>

Indicator 56. Adults with a learning disability who live in stable and appropriate accommodation (%)

Explanation

The latest benchmarked data from 2016/17 are an improvement from 2015/16. Since 2014/15 this indicator has seen year on year improvements.

There were some data quality issues for 2016/17 that impacted on performance.

Are more recent data available? (Please provide)

Data for 2017/18 will be published soon.

What work has been done?

The data quality issues that impacted on performance in 2016/17 have been addressed. There is ongoing monitoring and exception reporting in place to ensure that any future issues are addressed in a timely manner.

Work has been done with housing providers to make available suitable tenancies for people with need. 30 units have been released and appropriate referrals are being identified.

What work is planned?

Current actions planned as follows:

- Continue to scrutinise placement requests in forum to ensure that the placement is the last resort with consideration of shared lives options and supported living first.
- LD Head of Service has worked with commissioning and contracts to develop a specific joint Market Position Statement (MPS) on housing and accommodation to plan and access to housing options for people with needs. It is anticipated this will be signed off soon.

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

Indicator 58. Total delayed transfers of care (per 100,000)

Explanation

The latest benchmarked data by PHE are from 2015/16. This definition for this indicator has now changed, so data after that time point are not included in the figures provided.

Are more recent data available? (Please provide)

Data for the new indicator definition are published monthly by NHS England. The latest available data is for April and May 2018 (year to date) which shows the Buckinghamshire rate is 14 days delayed per 100,000 population. This is slightly above the rate for our comparator group (12.8). The rate for ASC-attributable delays is 2.6.

What work has been done?

There has been considerable work completed through the Better Care Fund and High Impact Change model programmes to improve performance on delayed discharges – this work has been routinely reported to the Health and Wellbeing Board

What work is planned?

Current actions planned as follows:

- The establishment of a discharge to assess (D2A) programme of support including beds, domiciliary care and 24/7 care at home.
- BHT re-launch and roll out of 'get up, get dressed, get moving' at the Trust
- 'Fabulous fortnight' due to commence at Stoke Mandeville hospital on 19th November for two weeks – providing the opportunity to embed good practice with system wide support and input.
- The system multi-disciplinary team (MDT) action squad is being further developed to help support a reduction in long stay patients and DToCs.
- Red Cross team onsite to help support the process of patient re-settlement and repatriation to home.
- Daily 09:00 medically fit call with partners to discuss all patients on the medically fit list. Plans to incorporate other providers – particularly out of area.
- Local DToC (and stranded and long stay patient) escalation process being rolled out. This will be based on the Oxfordshire model.
- NHS Improvement (NHSI) report and recommendations to be shared. This is expected to be geared towards improving processes and improving pathways internally to maximise discharge options.
- BHT is also continuing the work to ensure the choice policy is robustly implemented.
- Weekly Escalation Call with senior system leaders – a review of the Top 20 longest stay patients across the Trust.
- A system deep dive to better understand the delays for September, what the key issues are and actions to support an improved position.
- Update the process of how medically fit for discharge (MFFD) and DToC patients are reported through the system to better understand current information and action to support and escalate where appropriate.

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

Indicator 59. Proportion of older people (65 and over) still living at home 91 days after discharge from hospital (%)

Explanation

The latest benchmarked data by PHE are from 2013/14. This is due to PHE reviewing which items from the Adult Social Care Outcomes Framework will continue to be analysed and benchmarked by PHE.

Are more recent data available? (Please provide)

The data for years after 2013/14 are available nationally from the Adult Social Care Outcomes Framework, but these are not benchmarked. This means the data are not able to be RAG rated.

What work has been done?

Following confirmation of the 2016/17 outturn, reablement has now revised the admission criteria through a better screening and assessment process ensuring the council targets people with reablement potential. Previously people were supported in reablement who were very ill and/or end of life; this did not achieve the positive benefits reablement is able to offer. By providing the service to the wrong cohort, there was an adverse impact on the performance indicator.

A new system has been put in place to report specifically on outcomes from people who received support from the council's reablement service. This will be reported monthly from the internal data system and direct contact with former service users. This process will help to identify any issues affecting the service's performance. The service will be working with BHT colleagues to form a plan for improvement based on these data.

What work is planned?

The current actions planned are as follows:

- Strengths Based Approach training has been rolled out across the service area. BCC is now working to embed and monitor learning from good practice as part of a change management process to improve practice.
- BCC has a Social Worker and Reablement Assessor partnership working pilot project to further support improvement.
- There are several training programmes being rolled out to further support our teams to deliver a high quality service.
- A Stakeholder communication action plan is being developed.
- Alignment development of the council's and the Trusts's reablement services is also happening.

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

Indicator 60. Proportion of people who use services who say they've made them feel safe and secure (%)

Explanation

The latest benchmarked data by PHE are from 2013/14. This is due to PHE reviewing which items from the Adult Social Care Outcomes Framework will continue to be analysed and benchmarked by PHE.

Are more recent data available? (Please provide)

The data for years after 2013/14 are available nationally from the Adult Social Care Outcomes Framework, but these are not benchmarked. This means the data are not able to be RAG rated.

What work has been done?

In 2017/18, the proportion (78.8%) of Buckinghamshire people in receipt of long-term Adult Social Care services reported that the services they receive make them feel safe and secure. The proportion reported for Buckinghamshire is lower than the England outturn (86.3%) and is the lowest outturn reported for our CIPFA comparators.

This performance is derived from the statutory annual Adult Social Care Service User Survey. Previous local analysis has indicated that responses to this question may reflect general perceptions of safety rather than those specific to Adult Social Care services.

What work is planned?

Following completion of the 2017/18 service user survey, further analysis is underway to inform BCC on areas and actions for improvement.

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