

## Responses to Health and Wellbeing Board questions on the HWB Performance Dashboard from December 2018

- 1. Indicator 60 - Proportion of people who used services who said they made them feel safe and secure (%). A member of the Board queried the figure of 78.8%, as it implied a 100% return, and asked how the people who did not, or could not, respond to the survey were assessed. Dr Burch agreed to request clarification from the CHASC Business Intelligence team.**

The 78.8% is of those who responded to the survey. The CHASC BI team have not assessed those who did not respond to the survey. They have followed all national guidance in the survey conduct and data collection and analysis.

- 2. The Quality and Outcomes Framework (QOF) was no longer used by the Clinical Commissioning Groups (CCGs) in Buckinghamshire. Dr Burch agreed this made benchmarking difficult and that discussion was needed with the CCGs.**

Due to the new NHS Long Term Plan, there will be a reduction in QOF indicators. It is currently unclear how the CCG will proceed with its Primary Care Development Scheme in light of this change. So this action will need to be carried forward.

For the Dementia indicator, this has been changed from the proposed indicator to the Dementia Diagnosis Rate as agreed with Dr Sian Roberts from Buckinghamshire CCG. The Dementia Diagnosis Rate indicator only has two years of data, so the trend for our diagnosis rate is not currently clear.

**Ms T Jervis, Healthwatch Bucks, requested an indicator to show the promotion of good mental health and wellbeing. Dr Burch agreed to research the most appropriate indicator.**

The self-reported wellbeing survey done nationally is not able to be broken down by County. Therefore, there isn't a currently valid indicator for self-reported mental health and wellbeing.

**A Board member expressed concern about how indicators which had previously caused concern would be monitored.**

**A system was required to flag indicators, not on the proposed list, which changed from being consistently green to red.**

Where indicators were previously an issue, the Public Health team will monitor these. Should any of the previous indicators change or require system support or advice, we will provide an update paper to the Health and Wellbeing Board.

*If any system indicators change from consistently green to red, an update will be added to the dashboard for discussion by the Board.*

An indicator for smoking prevalence was included in the proposed dashboard. To get a more accurate local estimate, GP practices should look to prioritise updating smoking status for each patient who attends their practices.

Other possible indicators are those around overweight, obesity and physical activity. The most frequently updated indicator regarding prevention is physical activity in adults. This indicator is based on the Active Lives Survey from Sport England. If the Board agrees, we can include this indicator.

**It was agreed that Dr O'Grady would add two more indicators, provided they could be benchmarked on:**

- **Serious mental health illness**
- **Self-reporting on health and wellbeing**

An indicator for serious mental illness has been examined. The currently available indicator that is benchmarked is for Hospital Admissions for Mental Health Conditions. This has been included in the dashboard (attached) for consideration as a final indicator.

Currently the indicators that Public Health England have for Serious Mental Illness are out of date (e.g. are for 2014/15). Public health will continue to monitor the progress of Public Health England's Serious Mental Illness benchmarking and identify a suitable indicator as soon as one is available.

The self-report health and wellbeing indicator was addressed in the response to Ms Jervis. The self-reported wellbeing survey done nationally is not able to be broken down by County. Therefore, there isn't a currently valid indicator for self-reported health and wellbeing.

## Appendix 1: Buckinghamshire Health and Wellbeing Board Performance Dashboard

### Proposed indicators for 2019

	Significantly worse than the England average		Significantly lower than the England average		Lowest Quintile		2 <sup>nd</sup> Highest Quintile
	Not significantly different to England average		Significantly higher than the England average		2 <sup>nd</sup> Lowest Quintile		Highest Quintile
	Significantly better than the England average		Unable to compare to England		Middle Quintile		

Overarching indicators		Latest		Previous	
New	Male life expectancy at birth (years)	81.8	2015-17	81.9	2014-16
New	Female life expectancy at birth (years)	84.8	2015-17	84.9	2014-16
1	Male healthy life expectancy at birth (years)	68.8	2015-17	69.4	2014-16
2	Female healthy life expectancy at birth (years)	70.3	2015-17	70.2	2014-16
New	Male inequality in life expectancy at birth (Slope Index of Inequality)	7.1	2015-17	6.6	2014-16
New	Female inequality in life expectancy at birth (Slope Index of Inequality)	6.5	2015-17	5.7	2014-16
<b>Priority 1. Give every child the best start in life</b>					
7	Low birth weight of term babies (%)	2.56	2017	2.82	2016
9	School readiness: children achieving good level of development at the end of reception (%)	73.9	2017/18	73.5	2016/17
10	School readiness: children with free school meal status achieving good level of development at the end of reception (%)	53.0	2017/18	56.9	2016/17
New	Year 6: Prevalence of overweight (including obese)	28.5 %	2017/18	27.2	2016/17
21	Emergency admissions (0-19 years) (per 1,000)	76.8	2016/17	77.6	2015/16
New	Hospital admissions as a result of self-harm (10 -24 years) (per 100,000)	375.9	2017/18	330.7	2016/17
<b>Priority 2. Keep people healthier for longer and reduce the impact of long term conditions</b>					
27	Quality and Outcomes Framework - Recorded diabetes aged 17+ (%)	5.9	2016/17	5.9	2015/16
New	Smoking prevalence in adults – current smokers (Annual Population Survey) (%)	9.6	2017	11.2	2016
35	Proportion of people who feel supported to manage own condition (%)	61.3	2017/18	64.0	2016/17
New	Estimated Dementia Diagnosis Rate (age 65+)	65%	2018	67.4 %	2017
<b>Priority 3. Promote good mental health and wellbeing for everyone</b>					
40	School pupils with social, emotional and mental health needs (%)	1.70	2018	1.54	2017
44	Primary school fixed period exclusions (per 100 pupils)	1.37	2016/17	1.34	2015/16
45	Secondary school fixed period exclusions (per 100 pupils)	6.2	2016/17	5.0	2015/16
47	Adults (aged 18-69) in contact with secondary mental health services who live in stable and appropriate accommodation	40.0 %	2017/18	38.0	2016/17

	(%)				
New	Hospital admissions for mental health conditions (per 100,000)	85.3	2017/18	68.6	2016/17
49	Suicide rate (per 100,000)	7.3	2015-17	7.2	2014-16
<b>Priority 4. Protect residents from harm</b>					
55	Violent crime including sexual violence (violent offences per 1,000)	12.8	2017/18	11.0	2016/17
60	Proportion of people who use services who say they've made them feel safe and secure (%)	74.2	2015/16	75.6	2014/15
<b>Priority 5. Support communities to enable people to achieve their potential and ensure Buckinghamshire is a great place to live</b>					
69	Social Isolation - adult social care users who have as much social contact as they would like (%)	45.5	2017/18	45.1	2016/17
New	Social isolation – adult carers who have as much social contact as they would like – 18+ (%)	30.8	2016/17	38.9	2014/15
73	Excess winter deaths Index (all ages) (%)	22.6	2014-17	18.0	2013-16