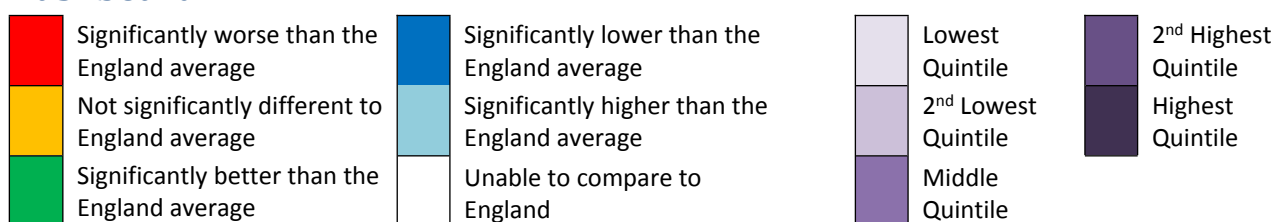


Appendix 1: Buckinghamshire Health and Wellbeing Board Performance

Dashboard



Overarching indicators		Latest		Previous	
1	Male life expectancy at birth (years)	81.7	2016-18	81.8	2015-17
2	Female life expectancy at birth (years)	85.1	2016-18	84.8	2015-17
3	Male healthy life expectancy at birth (years)	68.0	2016-18	68.8	2015-17
4	Female healthy life expectancy at birth (years)	69.1	2016-18	70.3	2015-17
5	Male inequality in life expectancy at birth (Slope Index of Inequality)	6.8	2016-18	7.1	2015-17
6	Female inequality in life expectancy at birth (Slope Index of Inequality)	6.3	2016-18	6.5	2015-17
Priority 1. Give every child the best start in life					
7	Low birth weight of term babies (%)	2.56	2017	2.82	2016
8	School readiness: children achieving good level of development at the end of reception (%)	74.3	2018/19	73.9	2017/18
9	School readiness: children with free school meal status achieving good level of development at the end of reception (%)	53%	2018/19	53%	2017/18
10	Year 6: Prevalence of overweight (including obese)	29.3%	2018/19	28.5%	2017/18
11	Emergency admissions (0-19 years) (per 1,000)	102.0	2018/19	76.8	2016/17
12	Hospital admissions as a result of self-harm (10 -24 years) (per 100,000)	375.9	2017/18	330.7	2016/17
Priority 2. Keep people healthier for longer and reduce the impact of long term conditions					
13	Quality and Outcomes Framework - Recorded diabetes aged 17+ (%)	6.1%	2018/19	5.9%	2016/17
14	Smoking prevalence in adults – current smokers (Annual Population Survey) (%)	10.3%	2018	9.6%	2017
15	Estimated Dementia Diagnosis Rate (age 65+)	64.6%	2019	65.0%	2018
Priority 3. Promote good mental health and wellbeing for everyone					
16	School pupils with social, emotional and mental health needs (%)	1.70%	2018	1.50%	2017
17	Primary school fixed period exclusions (per 100 pupils)	1.44	2017/18	1.37	2016/17
18	Secondary school fixed period exclusions (per 100 pupils)	5.4%	2017/18	6.2%	2016/17
19	Adults (aged 18-69) in contact with secondary mental health services who live in stable and appropriate accommodation (%)	43.0%	2018/19	40.0%	2017/18
20	Hospital admissions for mental health conditions (per 100,000)	85.3	2017/18	68.6	2016/17
21	Suicide rate (per 100,000)	8.0	2016-18	7.3	2015-17
Priority 4. Protect residents from harm					
22	Violent crime including sexual violence (violent offences per 1,000)	17.2	2018/19	12.8	2017/18
23	Satisfaction with social care protection: % of service users	84.3%	2018/19	78.8%	2017/18
Priority 5. Support communities to enable people to achieve their potential and ensure Buckinghamshire is a great place to live					
24	Social Isolation - adult social care users who have as much social contact as they would like (%)	45.9	2018/19	45.5	2017/18
25	Social isolation – adult carers who have as much social contact as they would like – 18+ (%)	23.1	2018/19	30.8	2016/17
26	Excess winter deaths Index (all ages) (%)	22.6%	2014-17	18.0%	2013-16

Appendix 2. Benchmarking of Health and Wellbeing Board Performance Dashboard

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:

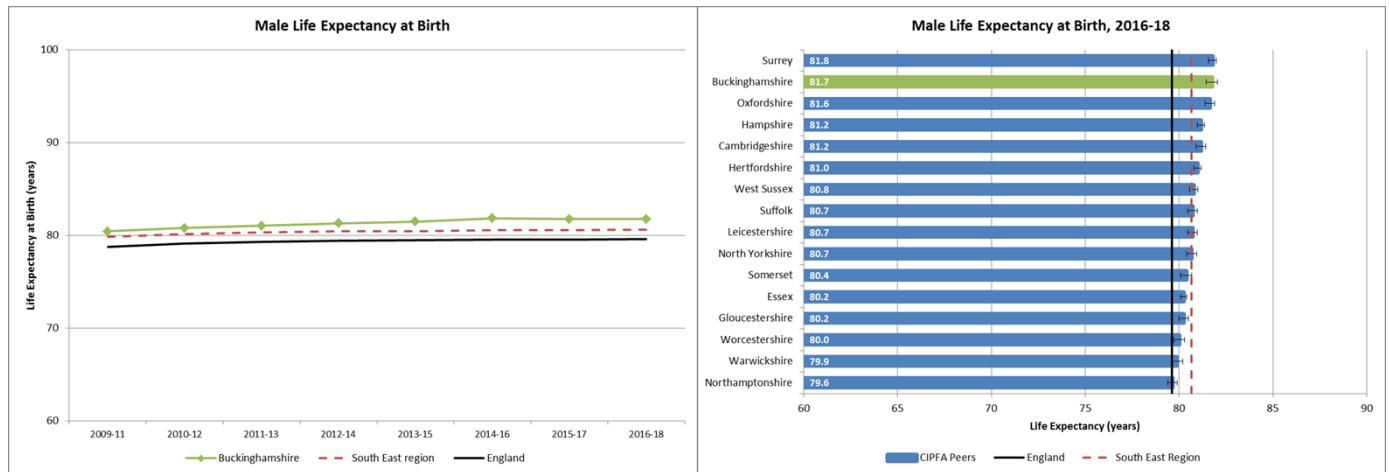
- Cambridgeshire
- Essex
- Gloucestershire
- Hampshire
- Hertfordshire
- Northamptonshire
- North Yorkshire
- Leicestershire
- Oxfordshire
- Somerset
- Suffolk
- Surrey
- Warwickshire
- West Sussex
- Worcestershire

Overarching Indicators

Indicator 1. Male life expectancy at birth (years) – GREEN (better)

The average number of years a male would expect to live based on current death rates. Three-year rolling average.

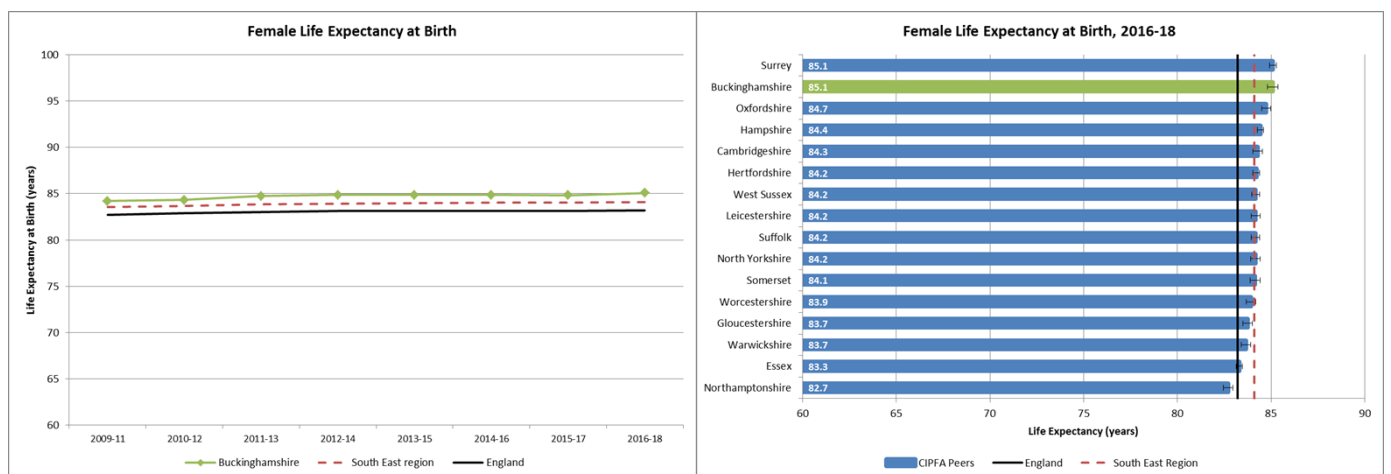
Average male life expectancy at birth in Buckinghamshire is 81.7 years for the three years 2016 to 18. This is statistically significantly higher than the England average. Buckinghamshire is ranked 2nd among CIPFA peers. Average male life expectancy in Buckinghamshire has increased by 1.3 years (1.6%) since 2009-11 compared to an increase of 0.8 years (1.1%) for England.



Indicator 2. Female life expectancy at birth (years) – GREEN (better)

The average number of years a female would expect to live based on current death rates. Three-year rolling average.

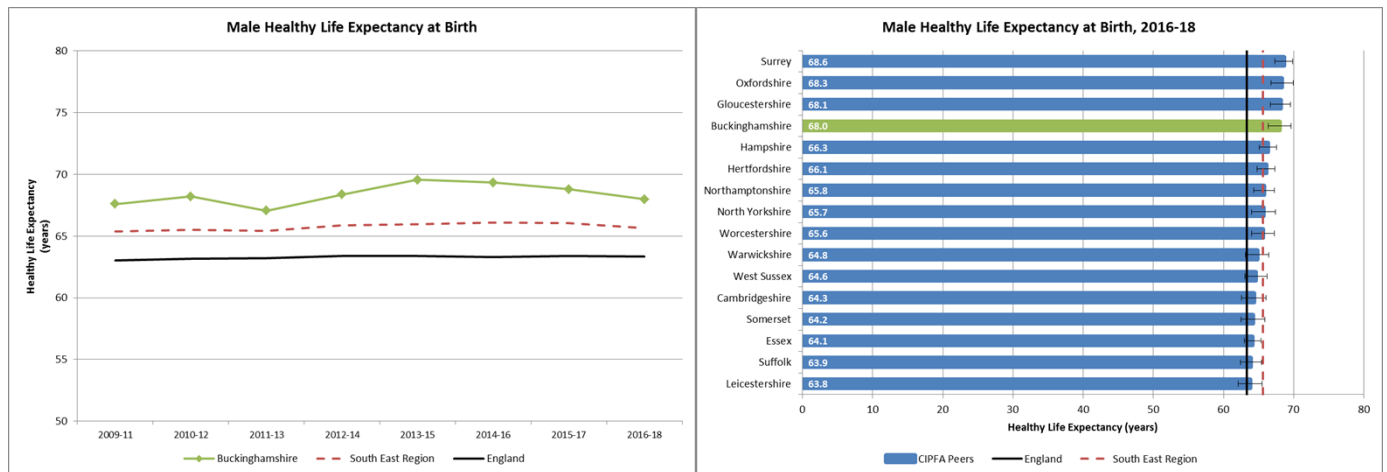
Average female life expectancy at birth in Buckinghamshire is 85.1 years for the three years 2016 to 18. This is statistically significantly higher than the average for England (2.2% higher) and Buckinghamshire ranks 2nd among CIPFA peers. Average female life expectancy in Buckinghamshire has increased by 0.9 years (1.0%) between 2009-11 and 2013-15 compared to an increase of 0.5 years (0.6%) for England.



Indicator 3. Male healthy life expectancy at birth (years) – GREEN (better)

The average number of years a male would expect to live in good health. Three-year rolling average.

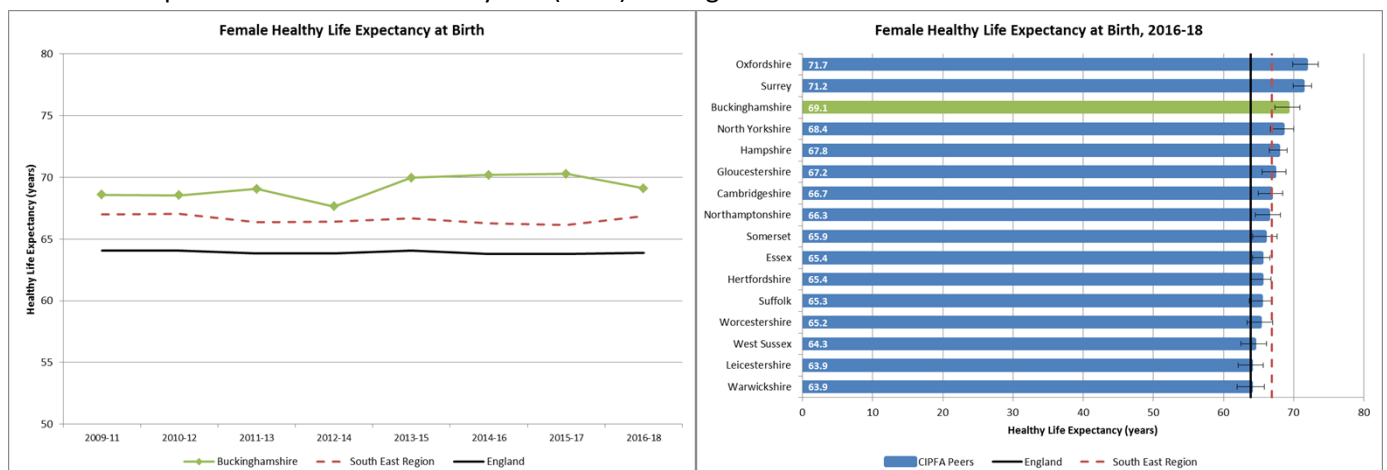
Average male healthy life expectancy at birth in Buckinghamshire is 68.0 years for the three years 2016 to 18. This is statistically significantly higher than the England average (7.3% higher) and Buckinghamshire is ranked 4th among CIPFA peers. Average male healthy life expectancy in Buckinghamshire has increased by 0.4 years (0.6%) since 2009-11 compared to an increase of 0.3 years (0.3%) for England.



Indicator 4. Female healthy life expectancy at birth (years) – GREEN (better)

The average number of years a female would expect to live in good health. Three-year rolling average.

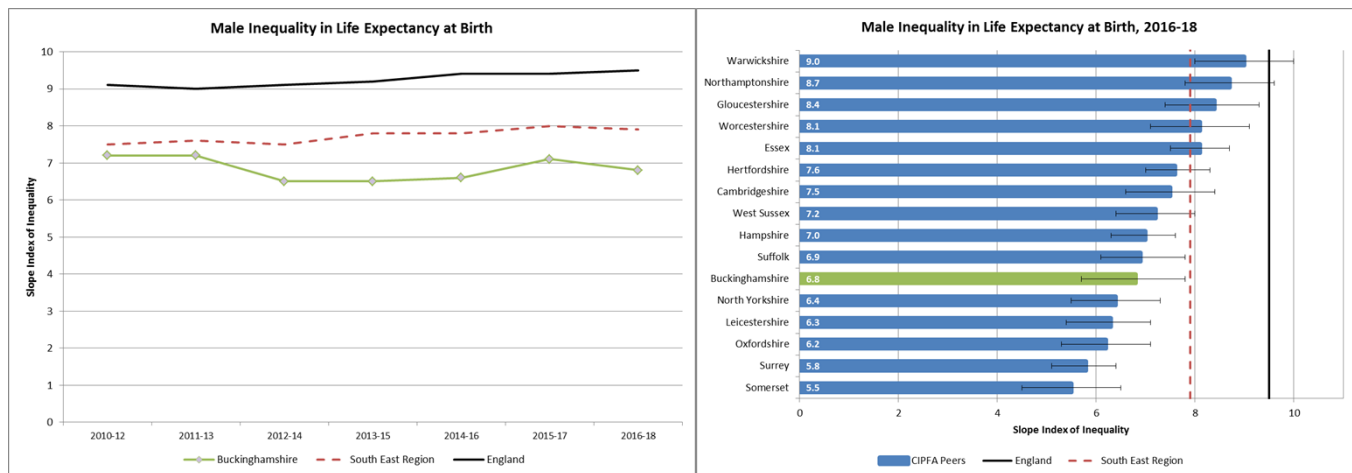
Average female healthy life expectancy at birth in Buckinghamshire is 69.1 years for the three years 2016 to 18. This is statistically significantly higher than the England average (8.2% higher) and Buckinghamshire is ranked 3rd among CIPFA peers. Average female healthy life expectancy in Buckinghamshire has increased by 0.5 years (0.8%) since 2009-11 compared to a decrease of 0.2 years (0.2%) for England.



Indicator 5. Male inequality in life expectancy at birth (Slope Index of Inequality) – SECOND QUINTILE

The measure of inequality in life expectancy at birth that a male would expect based on current death rates by deprivation decile. Three-year rolling average.

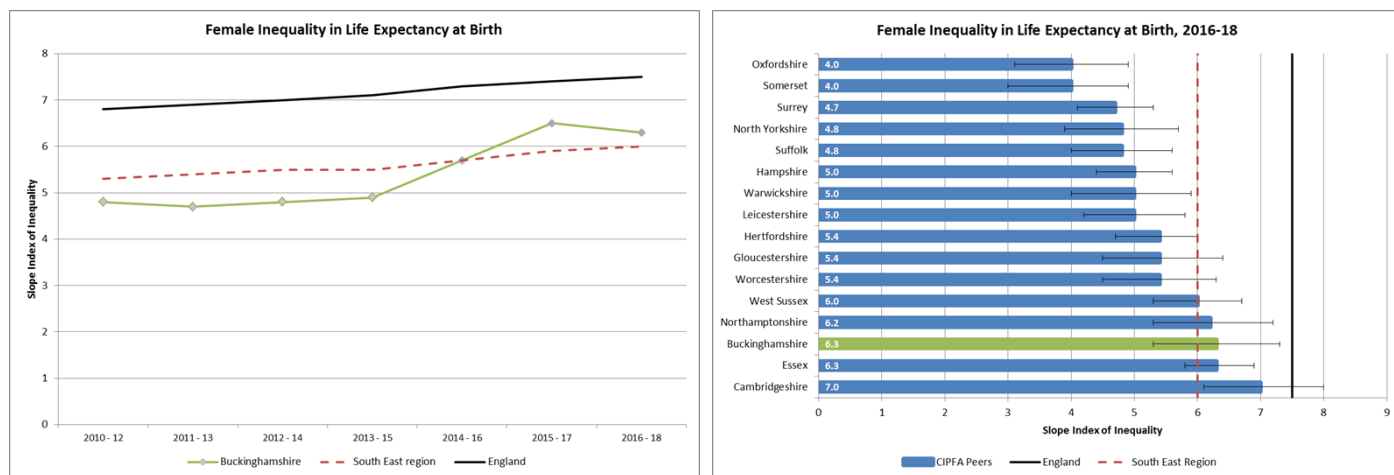
Male inequality in life expectancy at birth in Buckinghamshire is a Slope Index of Inequality of 6.8 for the three years 2016 to 18. This is lower than for England and Buckinghamshire ranks 6th among CIPFA peers. Male inequality in life expectancy at birth in Buckinghamshire has decreased by 0.4 between 2010-12 and 2016-18 compared to an increase of 0.5 for England.



Indicator 6. Female inequality in life expectancy at birth (Slope Index of Inequality) – THIRD QUINTILE

The measure of inequality in life expectancy at birth that a female would expect based on current death rates by deprivation decile. Three-year rolling average.

Female inequality in life expectancy at birth in Buckinghamshire is a Slope Index of Inequality of 6.3 for the three years 2016 to 18. This is lower than for England, and Buckinghamshire ranks 14th among CIPFA peers (1 is best). Female inequality in life expectancy at birth in Buckinghamshire has increased by 1.5 between 2010-12 and 2016-18 compared to an increase of 0.7 for England.

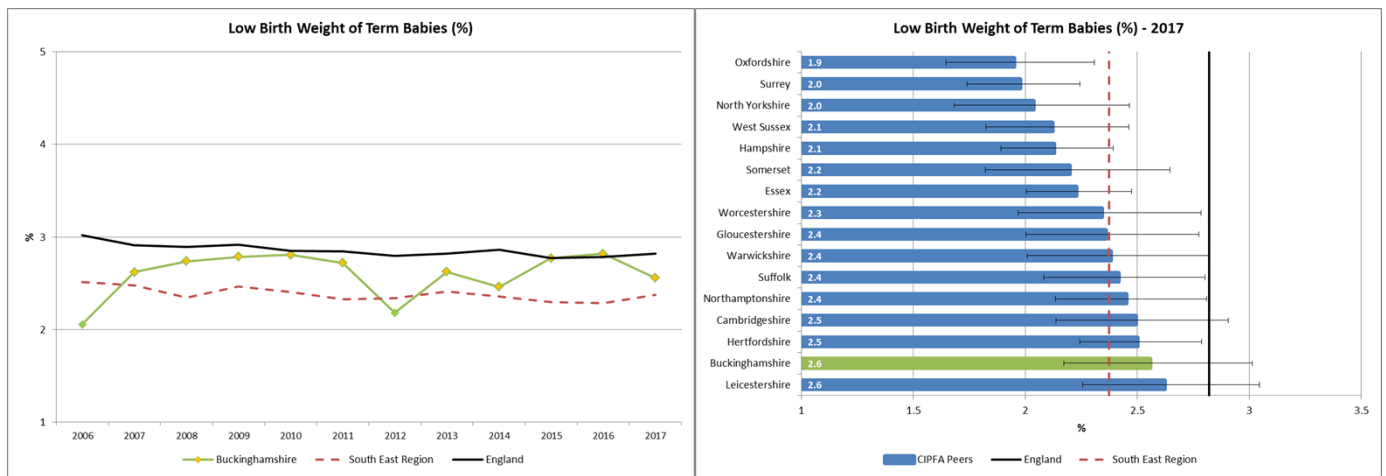


Priority 1. Give every child the best start in life

Indicator 7. Low birth weight of term babies (%) – AMBER (similar)

Number of live births born at term (at least 37 weeks gestation) with a recorded birth weight under 2,500g as a percentage of all live births born at term.

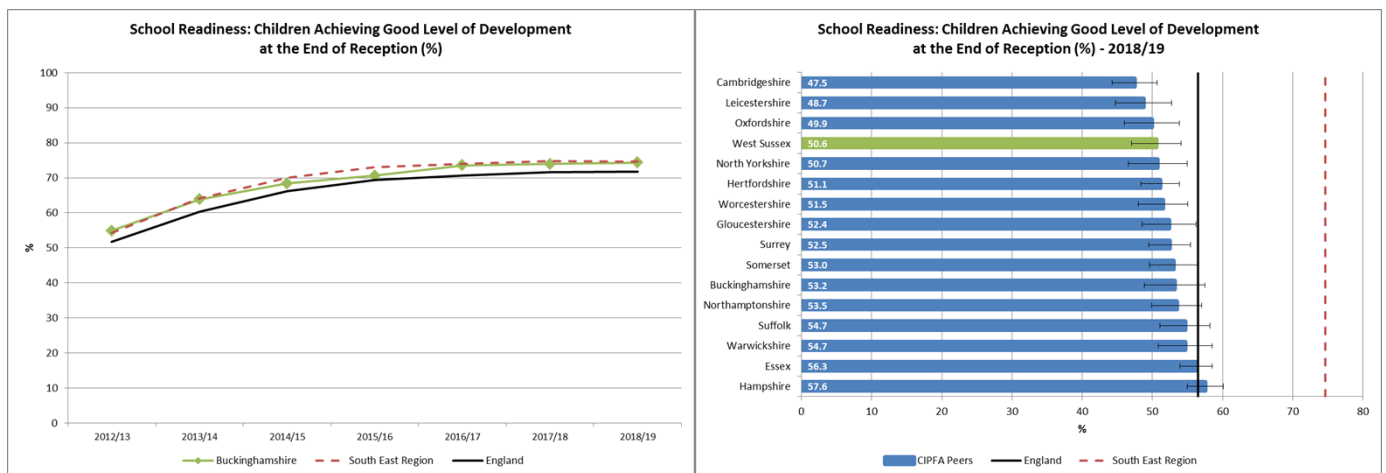
In 2017, 2.56% of babies born at term had a low birth weight which is similar to the England average. This equates to 139 babies born at term that had a birth weight of less than 2,500g. Buckinghamshire has the second highest rate of low birth weight in terms babies among its CIPFA peers. The proportion of term babies born in Buckinghamshire with low birth weight has remained stable, at 2-2.9% between 2005 and 2015. During the same period, the proportion of term babies that are born with a low birth weight in England ranges between 2.8-3.1%.



Indicator 8. School readiness: children achieving good level of development at the end of reception (%) – GREEN (better)

Number of children who are defined as having achieved a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children at the end of EYFS.

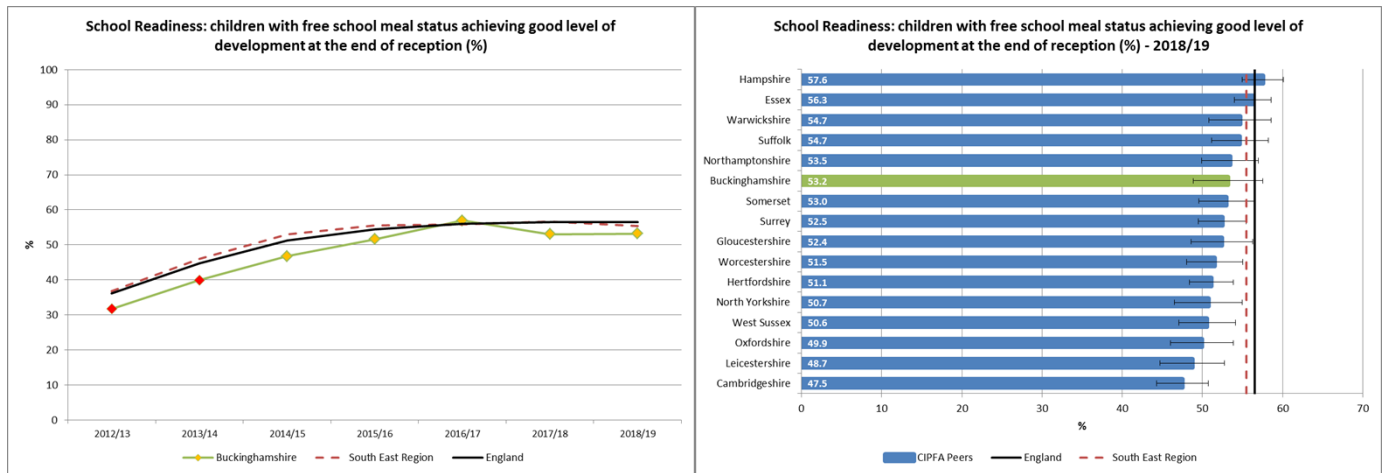
In 2018/19, 74.3% of Buckinghamshire children were considered to be achieving a good level of development at the end of reception. This is statistically significantly higher than the England average (3.5% higher) and Buckinghamshire had the 4th highest proportion among its CIPFA peers.



Indicator 9. School readiness: children with free school meal status achieving good level of development at the end of reception (%) – AMBER (similar)

Number of children with free school meal status who have reached a good level of development at the end of the EYFS as a percentage of all eligible children at the end of EYFS.

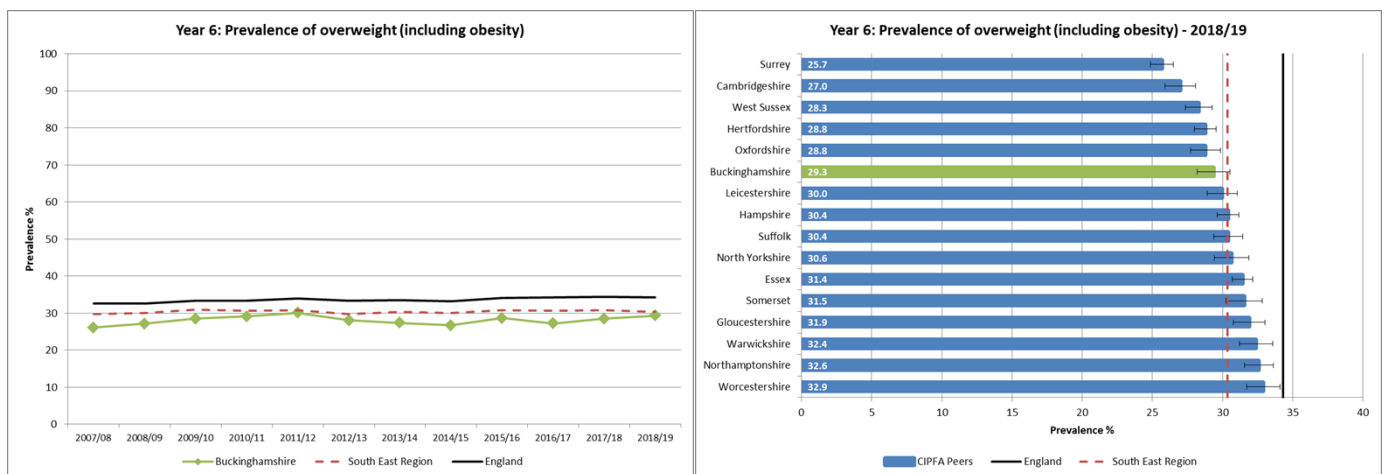
In 2018/19, 53.2% of children with free school meal status achieved a good level of development at the end of reception. This is statistically similar to England (56.5%) and Buckinghamshire had the 5th highest proportion among its CIPFA peers. Between 2012/13 and 2016/17 the proportion of children with free school meal status achieving a good level of development at the end of reception in Buckinghamshire increased. However, the trend is now plateauing.



Indicator 10. Year 6: Prevalence of overweight (including obesity) – GREEN (better)

Proportion of children classified as overweight or obese as a percentage of all measured children aged 10-11 years. Children are classified as overweight or obese if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

In 2018/19, 29.3% of 10-11 year old children were classified as overweight or obese in Buckinghamshire, equivalent to 1,703 children. This is statistically significantly lower than the proportion for England (34.3% lower) and Buckinghamshire has the 6th lowest proportion among its CIPFA peers.

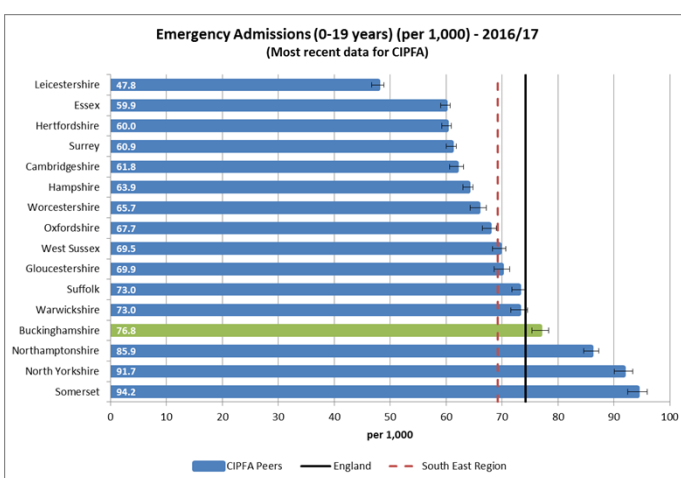
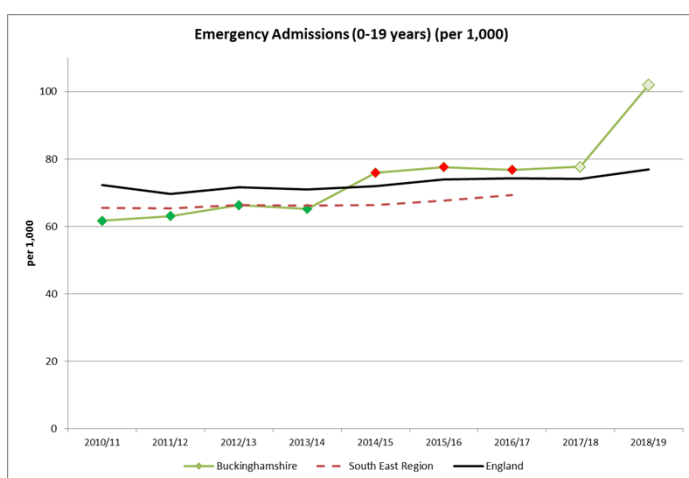


Indicator 11. Emergency admissions (0-19 years) (per 1,000) – NOT RAG RATED

Number of emergency hospital admissions per 1,000 for 0-19 year olds.

In 2018/19, the emergency admission rate for children aged 0-19 was 102.0 per 1,000. There were 13,790 emergency admissions during the year. This is 33% higher than the England rate (76.8 per 1,000) for the same time period. **It was not possible to RAG rate or compare to CIPFA peers for 2018/19 as these data have not been benchmarked by Public Health England.**

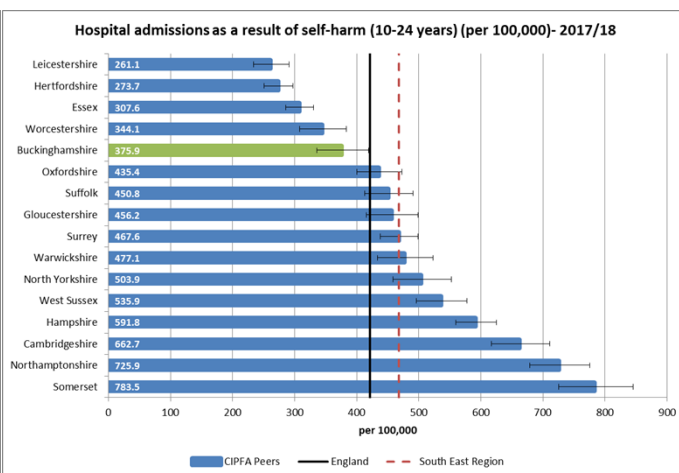
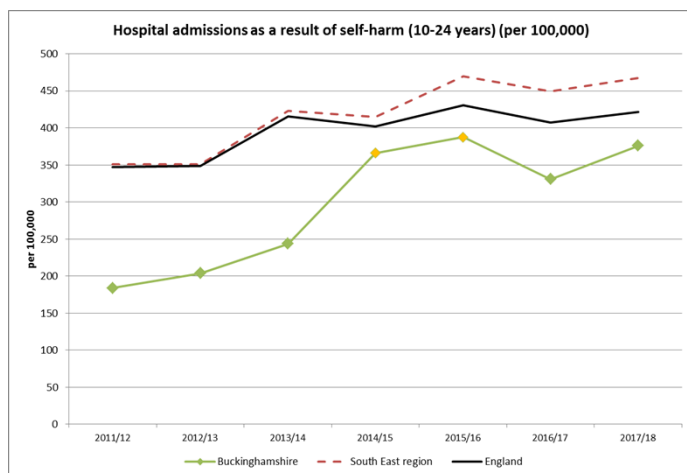
The last benchmarked time period was 2016/17 for which the emergency admission rate for children aged 0-19 in Buckinghamshire was 76.8 per 1,000, equating to 10,256 admissions during the year. This was statistically significantly higher than the England rate (3.5% higher), and Buckinghamshire was RAG rated red. Buckinghamshire had the 4th highest (worst) rate for emergency admissions in children aged 0-19 years among CIPFA peers.



Indicator 12. 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 2017/18 there were 294 hospital admissions as a result of self-harm among those aged 10-24 years old in Buckinghamshire. This gives an age-standardised rate of 375.9 per 100,000 people aged 10-24 years. This rate is statistically lower (by 10.7%) than the rate in England which was 421.2 per 100,000. In 2017/18, Bucks had the 5th lowest rate among its CIPFA peers.

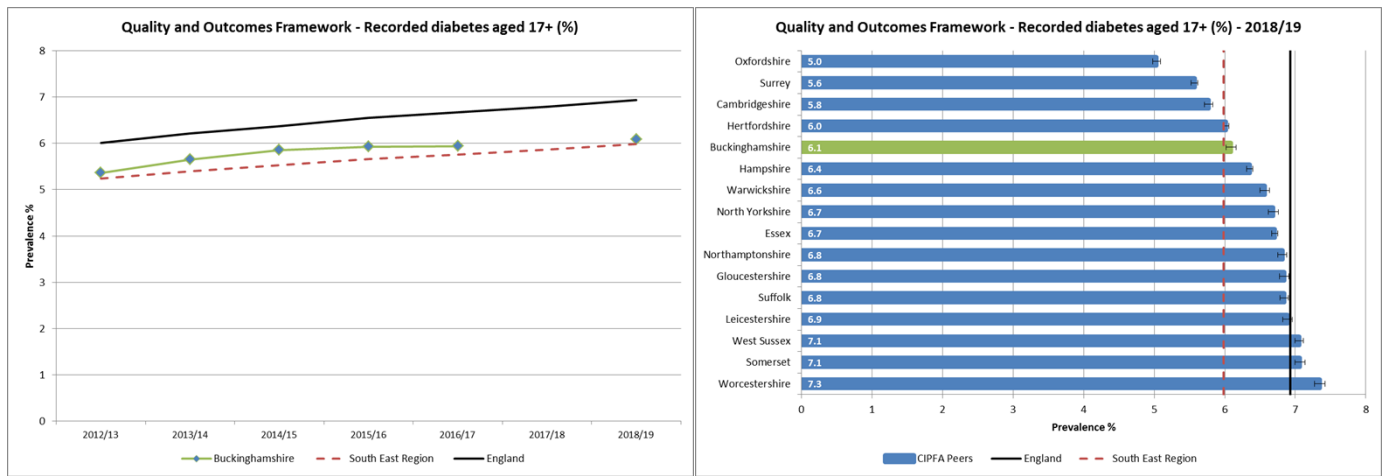


Priority 2. Keep people healthier for longer and reduce the impact of long term conditions

Indicator 13. Quality and Outcomes Framework - Recorded diabetes aged 17+ (%) – 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.

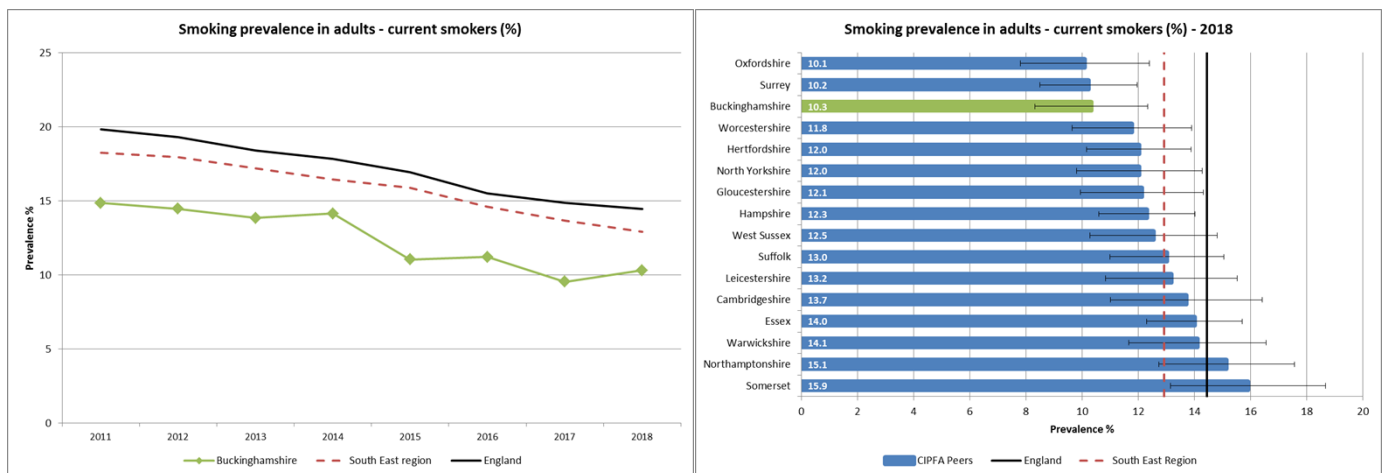
In 2018/19, the prevalence of recorded diabetes for Buckinghamshire was 6.1%, with over 27,000 people diagnosed with diabetes. Benchmarked data from 2018/19 show that prevalence for Buckinghamshire was 12.2% lower than England (6.9%), which is statistically significant. Between 2012/13 and 2018/19, recorded prevalence in Bucks has increased by 13.5% compared to an increase of 15.3% in England. In 2018/19, Bucks had the 5th lowest prevalence among its CIPFA peers.



Indicator 14. Smoking prevalence in adults - current smokers (%) – GREEN (better)

Proportion of all adults (aged 18 years and over) who are classified as currently smoking.

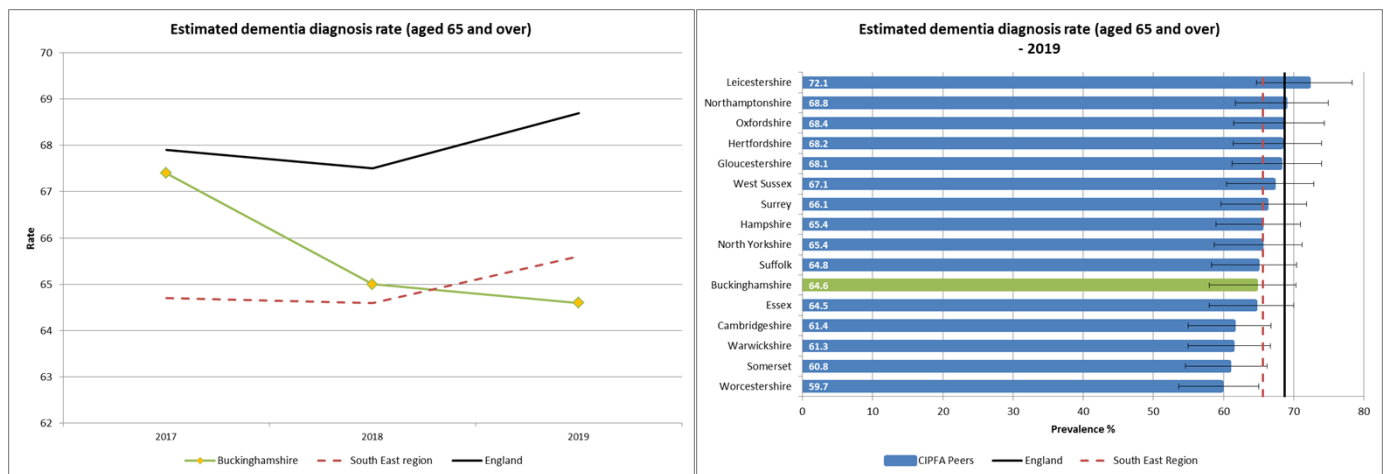
Smoking prevalence in Bucks was 10.3% in 2018, equating to over 42,000 smokers. This is statistically significantly lower (by 26.6%) than the England value of 14.4%. Since 2011, the smoking prevalence in Buckinghamshire has decreased by 30.5%. In 2018, Buckinghamshire had the 3rd lowest prevalence among its CIPFA peers.



Indicator 15. Estimated dementia diagnosis rate (aged 65 and over)– AMBER (similar)

The rate of patients (aged 65 years and over) with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II, expressed as a percentage.

The estimated dementia diagnosis rate in Buckinghamshire (64.6%) was statistically similar to the England value (68.7%) in 2019. Between 2017 and 2019, the estimated rate in Buckinghamshire has decreased (gotten worse) by 4.2% compared to an increase for England of 1.2%. In 2019, Buckinghamshire had the 6th lowest (worse) proportion among its CIPFA peers.

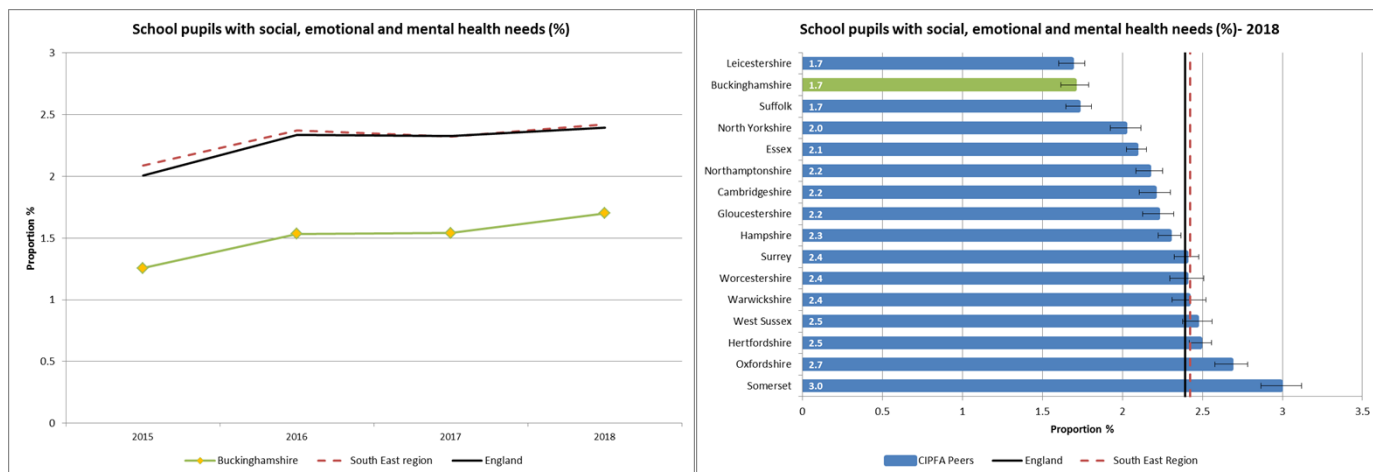


Priority 3. Promote good mental health and wellbeing for everyone

Indicator 16. School pupils with social, emotional and mental health needs (%) – GREEN (better)

The number of school children who are identified as having social, emotional and mental health needs expressed as a percentage of all school pupils.

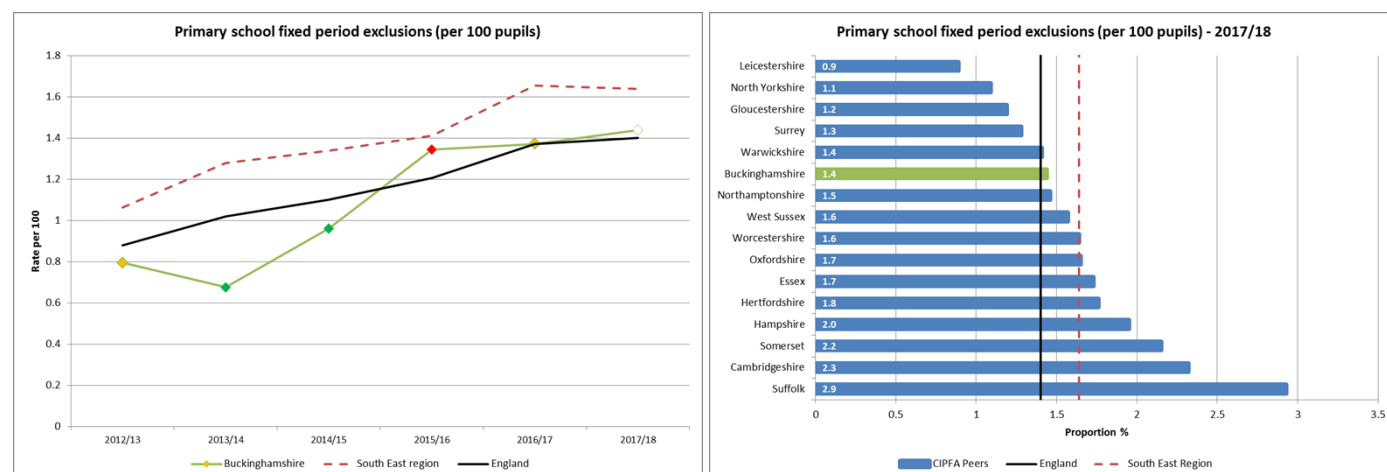
The proportion of school pupils with social, emotional and mental health needs in Buckinghamshire in 2018 was 1.70%, which corresponds to 1,434 pupils. This is statistically lower (by 29.0%) than the England value of 2.42%. In 2018, Buckinghamshire had the 2nd lowest proportion among its CIPFA peers.



Indicator 17. Primary school fixed period exclusions (per 100 pupils) – NOT RAG RATED

The percentage of primary school pupils who have received a fixed-period exclusion.

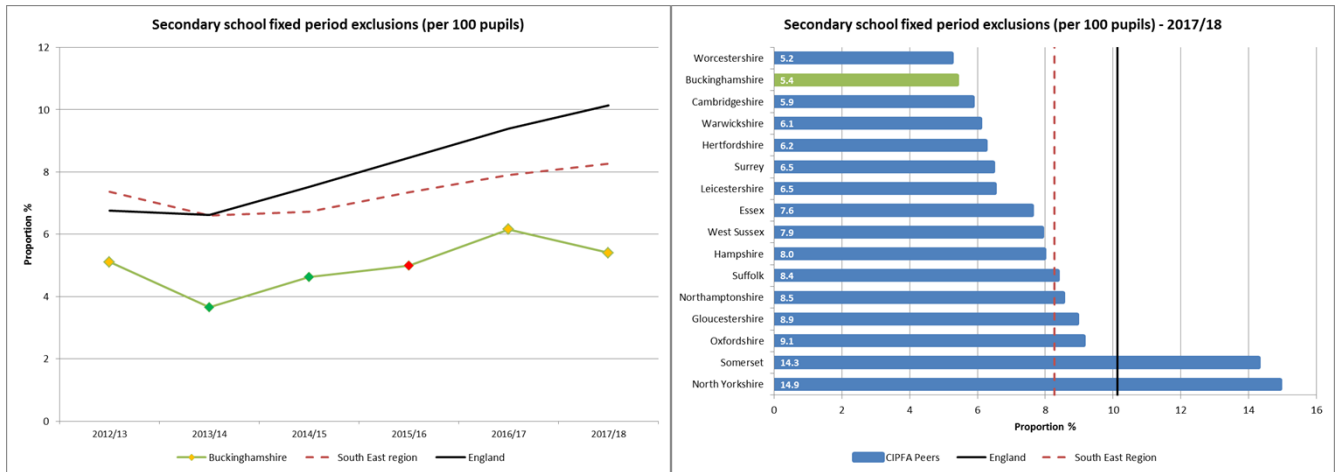
The proportion of primary school pupils with fixed period exclusions in 2017/18 was 1.44%, equivalent to 595 pupils. This is 3.3% higher than the England value of 1.40%. It was not possible to benchmark the 2017/18 data to England. In 2017/18, Bucks had the 6th lowest proportion of fixed-period exclusions among its CIPFA peers.



Indicator 18. Secondary school fixed period exclusions (per 100 pupils) – NOT RAG RATED

The percentage of secondary school pupils who have received a fixed-period exclusion.

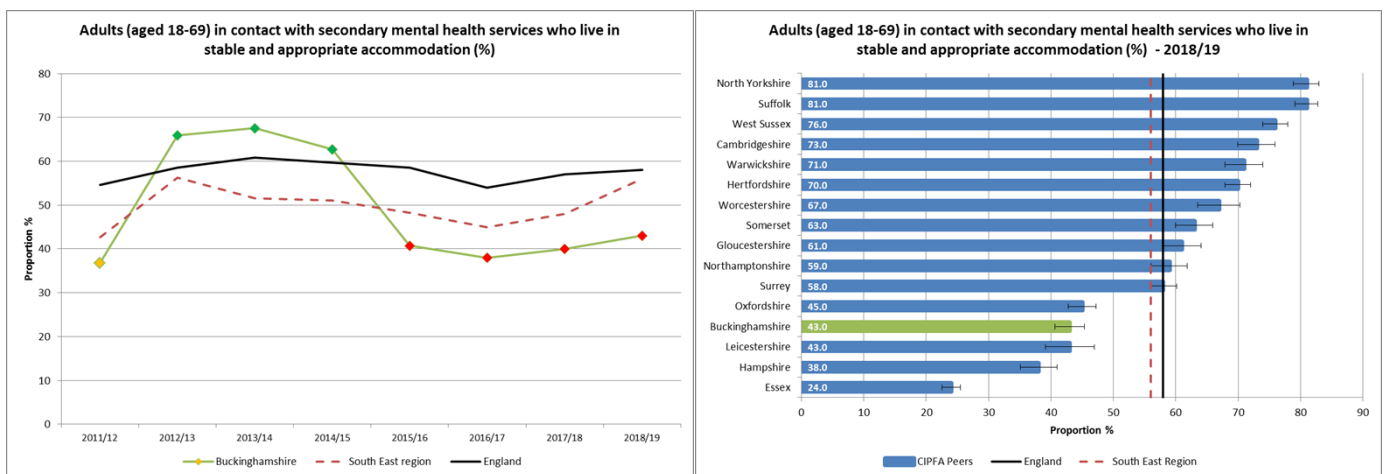
The proportion of secondary school pupils with fixed period exclusions in 2017/18 was 5.4%, equivalent to 2,016 fixed period exclusions. This is 46.7% lower than the England value of 10.13%. It was not possible to benchmark the 2017/18 data to England. In 2017/18, Buckinghamshire had the 2nd lowest proportion of fixed-period exclusions among its CIPFA peers.



Indicator 19. 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).

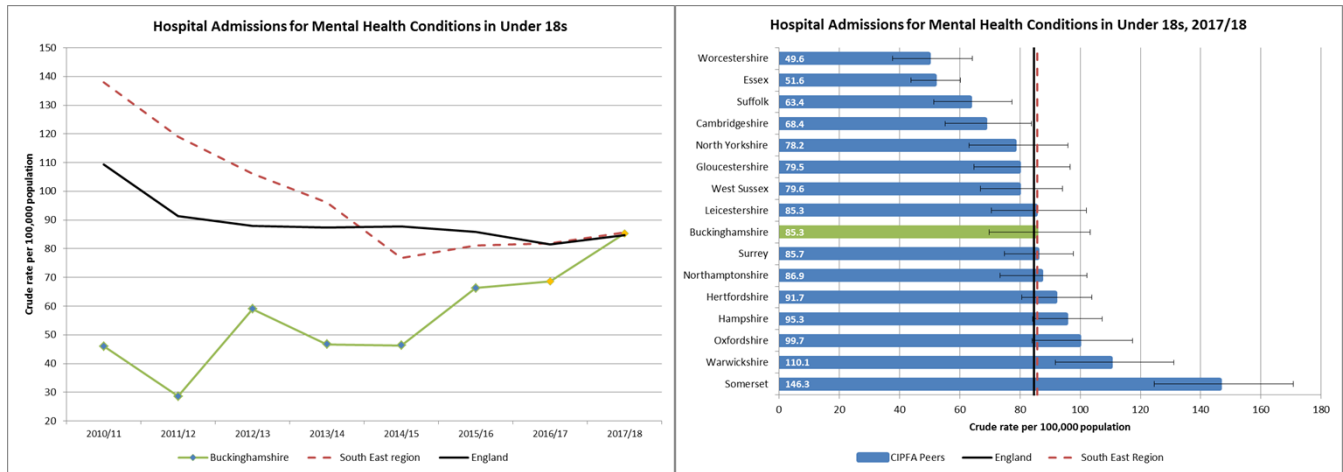
In Buckinghamshire, the proportion of adults in contact with secondary mental health services who live in stable and appropriate accommodation was 43% in 2018-19. This is statistically worse than in England (58%) by 25.9%. Among its CIPFA peers, Buckinghamshire had the 4th lowest proportion in 2018/19.



Indicator 20. Hospital admissions for mental health conditions in under 18s (per 100,000) – AMBER (similar)

Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 years.

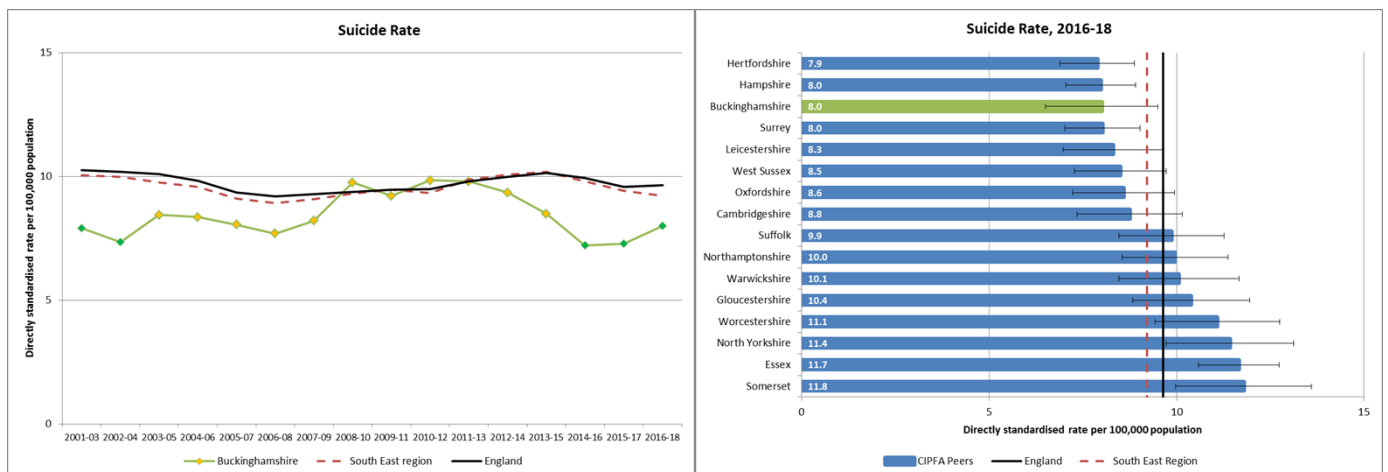
In 2017/18 there were 105 hospital admissions for mental health conditions in Buckinghamshire for aged 0 to 17 years. This gives a rate of 85.3 per 100,000 people aged 0-17 years. This rate is statistically similar to the rate in England which was 84.7 per 100,000. In 2017/18, Bucks had the ranked number 9 (1 is best) among its CIPFA peers.



Indicator 21. 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 2016-18 (three-year pooled data) was 8.0 per 100,000. This is statistically better than the England rate (9.6 per 100,000), and is 17.0% lower than the England rate. In 2016-18, Bucks had the 3rd lowest suicide rate among its CIPFA peers.

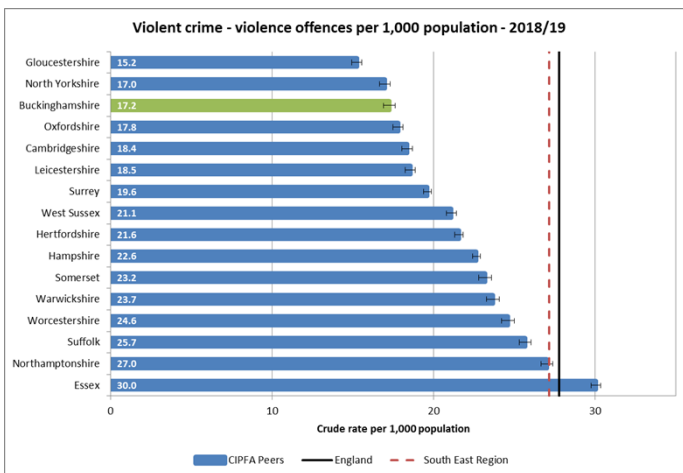
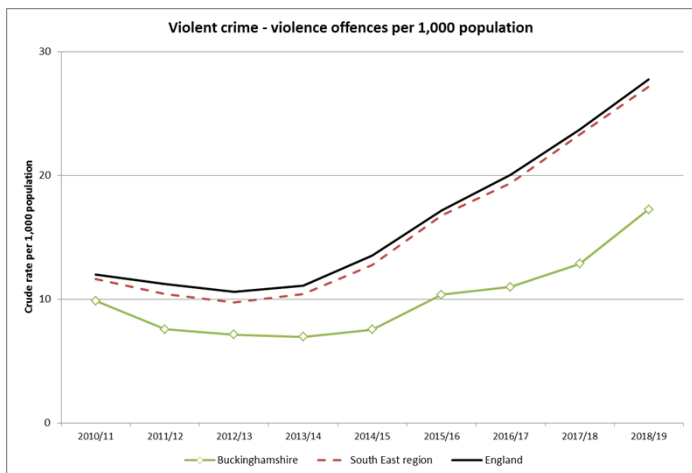


Priority 4. Protect residents from harm

Indicator 22. 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).

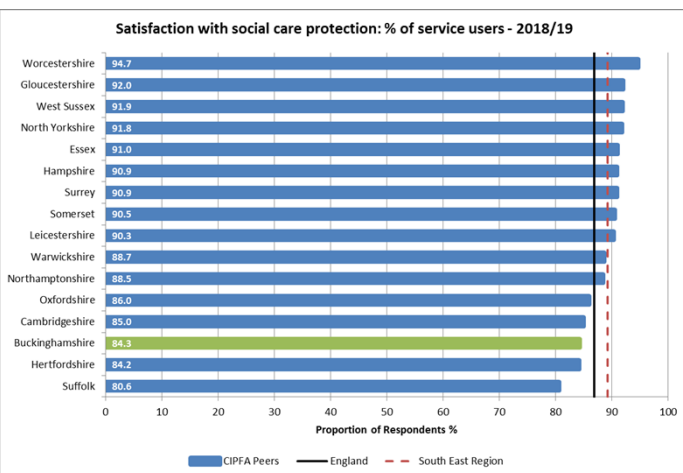
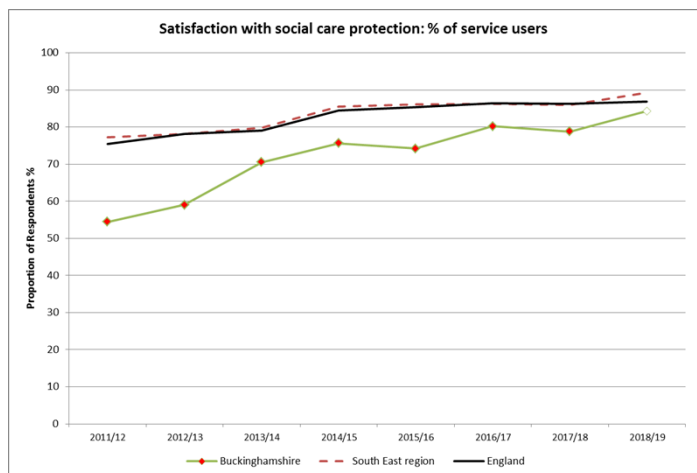
In 2018//19, there were 17.2 violent crimes (including sexual violence) against the person recorded by the police for every 1,000 people (all ages). This compares to a rate of 27.8 for England and 27.2 for the South East. It was not possible to benchmark the 2018/19 data to England. Buckinghamshire had the 3rd lowest rate among its CIPFA peers.



Indicator 23. Satisfaction with social care protection: % of service users – NOT RAG RATED

The number of people responding ‘Yes’ to the Adult Social Care Survey question: “Do care and support services help you in feeling safe?” as a proportion of all respondents.

In 2018/19, the proportion (84.3%) of Adult Social Care users in Buckinghamshire who reported that they felt safe and secure was lower than in England (86.9%) and the South East Region (89.3%). It was not possible to benchmark the 2018/19 data to England. Buckinghamshire had the 3rd lowest proportion among its CIPFA peers.

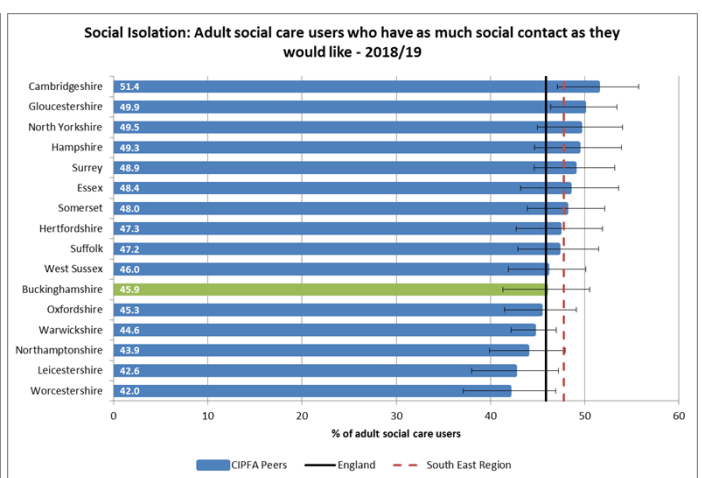
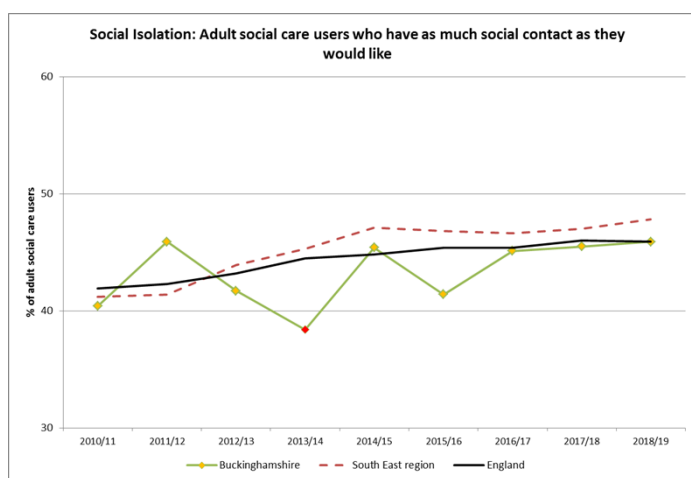


Priority 5. Support communities to enable people to achieve their potential and ensure Buckinghamshire is a great place to live

Indicator 24. Social Isolation- adult social care users who have as much social contact as they would like (%) – AMBER (similar)

The percentage of respondents to the Adult Social Care Users Survey who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact as I want with people I like".

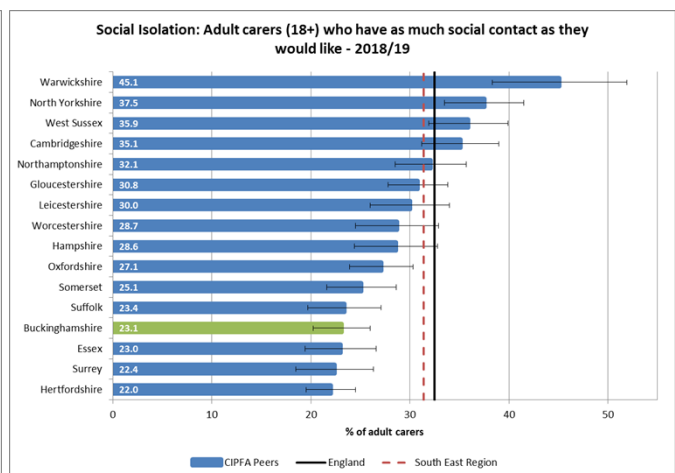
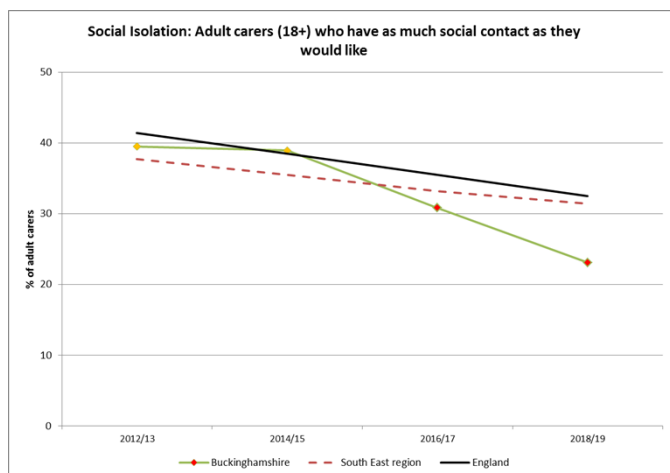
In 2018/19, the proportion (45.9%) of Adult Social Care users in Buckinghamshire who reported that they have as much social contact as they want was the same as England (45.9%) and similar to the South East Region (47.8%). Buckinghamshire had the 6th lowest proportion among its CIPFA peers.



Indicator 25. Social Isolation- adult carers who have as much social contact as they would like (%) (18+ years old) – RED (worse)

The percentage of respondents to the Personal Social Services Carers Survey who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like".

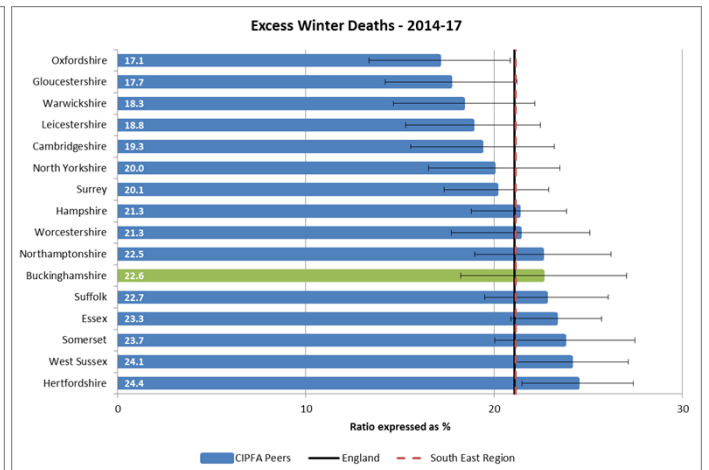
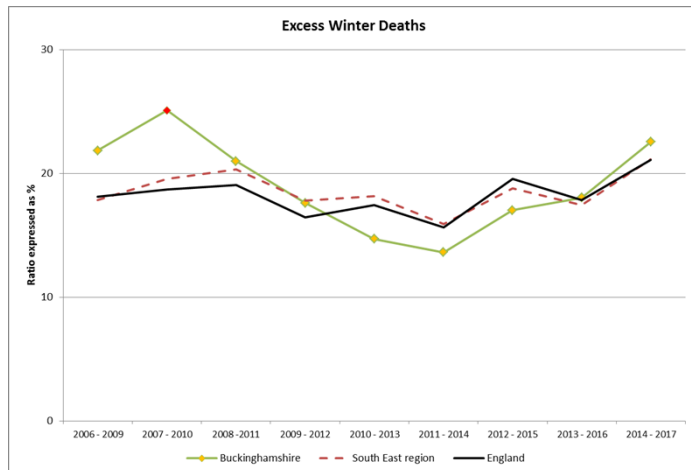
In 2018/19, the proportion (23.1%) of adult carers in Buckinghamshire who reported that they have as much social contact as they want was lower than England (32.5%) and the South East Region (31.4%). Buckinghamshire had the 4th lowest proportion among its CIPFA peers.



Indicator 26. Excess winter deaths index (all ages) (%) – AMBER (similar)

Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months (Dec-Mar) compared with the expected number of deaths, based on the average of the number of non-winter deaths (preceding year Aug to Nov and following year April to July).

In the 3-year period 2014-17, the EWD Index in Bucks (22.6%) was not statistically different to England (17.9%). Buckinghamshire had the 6th highest proportion among its CIPFA peers.



Appendix 3: Health and Wellbeing Board Dashboard Indicator Commentary – Review of Red and Amber Indicators

Indicator 7 – Low birth weight of term babies (%)

Number of live births born at term (at least 37 weeks gestation) with a recorded birth weight under 2,500g as a percentage of all live births born at term.

Explanation

- Buckinghamshire has the second highest rate of low birth weight in terms babies among its CIPFA peers. The proportion of term babies born in Buckinghamshire with low birth weight has remained stable, at 2-2.9% between 2005 and 2015.
- Many factors can increase the likelihood of low birth weight in term babies, e.g. smoking during pregnancy, younger maternal age and malnutrition, carrying twins or triplets and also some medical problems. Multiple babies in one pregnancy is more likely in IVF, and the higher average level of income and maternal age in Buckinghamshire compared to England is one possible explanation for this indicator (although multiples are also more likely to be born pre-term).
- Smoking during pregnancy is also a risk factor for low birth weight.

Are more recent data available?

More recent data are available locally, but these have not been officially benchmarked and published. The locally analysed data show the proportion of term babies Buckinghamshire with low birth weight is 2.8% for 2016-18.

What work has been done?

- Public Health are working with the Buckinghamshire Healthcare Trust's Maternity department to ensure that smokers are identified at the first appointment and then referred to specialist stop smoking support to help them to quit. There are also dedicated campaigns and messages to target mothers who smoke to help them access support at any point during their pregnancy.
- Buckinghamshire Healthcare Trust's Maternity department has implemented continuity of carer to ensure women get excellent care by a small team of midwives. This has been shown to improve outcomes for both mothers and babies.

What work is planned?

- Public Health are working with the BOB Local Maternity System to utilise the nationally-validated Tobacco CLeaR assessment in order to steer projects going forwards to reduce smoking rates before and during pregnancy.

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

- Ongoing support from the HWB for the Tobacco Control Strategy and smoking cessation service in Buckinghamshire would be valuable for this work.

Indicator 9 – School readiness: children with free school meal status achieving good level of development at the end of reception (%)

Number of children with free school meal status who have reached a good level of development at the end of the EYFS as a percentage of all eligible children at the end of EYFS.

Explanation

- 53.2% of children who received Free School Meals achieved a good level of development at the end of reception in 2018/19 compared to 74.3% of all children.
- Buckinghamshire did have the 5th highest proportion among its CIPFA peers.
- Between 2012/13 and 2016/17 the proportion of children with free school meal status who achieved a good level of development was increasing year on year.
- Since 2016/17 there has been a levelling off of the proportion with no increases for 2 years.

Are more recent data available?

These are the most recently available data. New data for 2019/20 will be published later in 2020.

What work has been done?

- Schools with a disadvantaged gap larger than the Buckinghamshire average have been identified, along with their main feeder early years settings, and invited to participate in the Early Years Side by Side programme. Support has been given to ensuring that vulnerable children are recognised, and gaps in their learning tracked, so

that practitioners intervene at the earliest opportunity to support children to reach a good level of development.

- Professional networks have also been developed to identify, challenge and overcome mutual barriers to children's attainment.
- EYFS Leaders have been given regular opportunities to meet and learn from each other to ensure a consistent and cohesive approach across providers to teaching vulnerable children and raising their attainment.
- In addition, all reception teachers in the county have been invited to attend moderation training to encourage a more consistent approach to assessing children's level of development to ensure data is robust and accurate.

What work is planned?

- Work is being undertaken with a focus group of Headteachers to identify the causes of this gap and to work across schools to share best practice in order to reduce it.
- Training and support is also being planned to upskill the early years workforce in engaging with parents and supporting parents understanding of how they can extend their child's learning in the home environment.
- All schools will be offered support to scrutinise data prior to submission as this will encourage consistency and accuracy in reporting.
- Support is to be offered to early years settings to improve practitioner interactions with disadvantaged children in order to improve children's language and literacy skills, and close the word gap for disadvantaged children.

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

-

Indicator 11 – Emergency admissions (0-19 years) (per 1,000)

Number of emergency hospital admissions per 1,000 for 0-19 year olds.

Explanation

- In 2018/19, the emergency admission rate for children aged 0-19 was 102.0 per 1,000.
- There were 13,790 emergency admissions during the year.
- This is 33% higher than the England rate (76.8 per 1,000) for the same time period.

It was not possible to RAG rate or compare to CIPFA peers for 2018/19 as these data have not been benchmarked by Public Health England.

- For 2016/17 rate of emergency hospital admissions for children aged 0-19 years is 76.8 per 1,000 in Buckinghamshire. This is significantly worse than England.
- This equates to 10,256 admissions per year for this age group.
- Buckinghamshire as the 4th highest rate compared to CIPFA peers.

Are more recent data available?

More recent data are available

What work has been done?

- Children's community hubs started in September 2019 in the 2 Aylesbury central PCNs-BMW and Maple. Chosen as highest areas of deprivation, a large proportion of children and families and some of the highest A&E attendances and outpatient referrals. It works on Imperial health model-monthly MDT at which cases are discussed with a range of health professionals and consultant paediatrician. We have put all our non urgent acute paediatric referrals through this vehicle. We then have F2F community clinics to see any appropriate children which the consultant runs with 1 or 2 GPs or clinicians sitting in.
 - It is expected that there will be a reduction in outpatients attendances and in time have a positive effect on A&E attendances as well. We are upskilling our clinicians and improving the confidence of families in primary care as being able to handle their children's cases as part of a "children's team". Relationship building is also key.
 - We started with 1 consultant across the 2 PCNs but 3 more consultants are about to come on board. We are hoping to roll the hubs out to the 2 Wycombe PCNs from May.
- Work has also been done to increase the number of children who receive the flu vaccine to decrease respiratory illness demand. This has seen a new PDG put in place to allow for nurses other than school nurses to deliver these vaccines.
- Regular communications to the public regarding key prevention are disseminated.

What work is planned?

- The Children's Urgent Care Advisory Group is a multi-disciplinary group looking to improve children's urgent care across Buckinghamshire.
- It continues to work to explore the reasons for children attending for urgent care and being admitted. It has found most children who attend are very ill and do require urgent care. There are capacity and
- Therefore, learning from other areas on best practice, how to plan for and treat large numbers of very poorly children are happening and being planned for the future.

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

- Support from the Health and Wellbeing Board to engage the public, particularly parents and carers, about the needs for children urgent care

Indicator 15. Estimated dementia diagnosis rate (aged 65 and over)

The rate of patients (aged 65 years and over) with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II, expressed as a percentage.

Explanation

- The estimated dementia diagnosis rate in Buckinghamshire (64.6%) was statistically similar to the England value (68.7%) in 2019.
- Between 2017 and 2019, the estimated rate in Buckinghamshire has decreased (gotten worse) by 4.2% compared to an increase for England of 1.2%.
- In 2019, Buckinghamshire had the 6th lowest (worse) proportion among its CIPFA peers.

Are more recent data available?

YTD performance as at January 2020 – 64.4%

These are the most recent data for this indicator. Data for 2019 will be available later in 2020.

What work has been done?

- Increased screening through care homes
- Improved performance of the memory clinic – additional capacity recruited into the service
- Work with primary care to ensure patients diagnosis has been correctly coded
- All age mental health and wellbeing strategy (2020 – 2023) completed
- Engagement work completed with people that have lived experience of the condition to inform the memory support service re-commission

What work is planned?

- Work with the local hospital trust to implement a dementia diagnostic pathway
- Re-commission memory support service
- Further develop dementia friendly communities

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

- Support to continue to raise the awareness of the importance for people to seek a diagnosis and support if they have concerns about their memory

Indicator 17. Primary school fixed period exclusions (per 100 pupils)

The percentage of primary school pupils who have received a fixed-period exclusion.

Explanation

- The proportion in 2017/18 was 1.44%, equivalent to 595 pupils.
- Buckinghamshire is 3.3% higher than the England value of 1.40%.
- It was not possible to benchmark the 2017/18 data to England.
- In 2017/18, Bucks had the 6th lowest proportion of fixed-period exclusions among its CIPFA peers.

Are more recent data available?

The 18/19 data will be made available nationally in July 2020.

What work has been done?

- The exclusion figures for Buckinghamshire have reduced significantly over the past two years and are below

the England trend. We are not complacent and continue to monitor all fixed exclusions closely and offer advice and strategies to prevent a further escalation.

- Our primary PRU are commissioned to offer individual support for pupils but also where we see a pattern developing from a particular school will provide whole school behaviour management support.
- The Integrated SEN Service have recently published a document called “Ordinarily Available Provision” to support schools in delivering provision in mainstream schools for children and young people with special needs and/or disabilities.

What work is planned?

- We have recently worked with secondary colleagues to develop a portfolio of good practice and are planning to roll out de-escalation training to be available to all primary schools in September.

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

-

Indicator 19. 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

- In Buckinghamshire, the proportion of adults in contact with secondary mental health services who live in stable and appropriate accommodation was 43% in 2018-19.
- Buckinghamshire is statistically worse than in England (58%) by 25.9%.
- Among its CIPFA peers, Buckinghamshire had the 4th lowest proportion in 2018/19.

Are more recent data available? (Please provide)

YTD performance as at January 2020 is 91%

What work has been done?

Performance consistent across the financial year

What work is planned?

No further planned action to be taken

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

N/A for this indicator

Indicator 20. Hospital admissions for mental health conditions (per 100,000)

Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 years.

Explanation

- In 2017/18 there were 105 hospital admissions for mental health conditions in Buckinghamshire for aged 0 to 17 years.
- The rate is 85.3 per 100,000 people aged 0-17 years. The rate is statistically similar to the rate in England which was 84.7 per 100,000.
- Buckinghamshire was ranked number 9 (1 is best) among its CIPFA peers.

Are more recent data available? (Please provide)

The 2018/19 data have not yet been benchmarked against England or comparators.

What work has been done?

Mental health crisis care conference held – attended by people that have lived experience of the condition, professionals and the voluntary and community sector

The following urgent care mental health services have been commissioned:

Safe Haven Service commissioned – this is a service run by the voluntary and community sector as an alternative provision for people to attend out of hours when they are experiencing a mental health crisis

Increased overnight response service developed and implemented operating from the local mental health hospital

Street Triage service (mental health practitioners working with police) now fully resourced
Phase 1 of Crisis Resolution and Home Treatment Team (CRHTT) operational (people at risk of admission receiving assessment and treatment in their home)

What work is planned?

Expansion of Safe Haven service
Phase 2 of CRHTT
Potential development of a single point of access for people that are at risk of their mental health deteriorating

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

Indicator 22: Violent crime including sexual violence (violent offences per 1,000 population)

Number of offences of violence against the person recorded by the police per 1,000 population (crude rate).

Explanation

Violent crime is increasing nationally as well as locally in Buckinghamshire. This can be partly attributable to campaigns to encourage people to report crime as well as changes in how crime is “counted”. However, there is also evidence of both increases in organised crime and the involvement of young people in crime.

Are more recent data available? (Please provide)

These are the most recent nationally available data. Data are being analysed locally as part of the Strategy Crime assessment.

What work has been done?

Improvements in data sharing and links across safeguarding and partners. Violence Reduction workshop in early March to begin the Buckinghamshire serious violence action plan.

What work is planned?

Tackling serious violence is one of the proposed priorities of the new Safer Buckinghamshire Plan 2020-23. Thames Valley is also one of the Home Office Violence Reduction Unit areas.

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

Yes. Violence is strongly associated with social determinants of health; and the impact of violence has a significant cost across the whole of the public sector as well as huge impact on the well being of individuals and communities.

Indicator 23: Satisfaction with social care protection: % of service users

The number of people responding ‘Yes’ to the Adult Social Care Survey question: “Do care and support services help you in feeling safe?” as a proportion of all respondents.

Explanation

- In 2018/19, the proportion (84.3%) of Adult Social Care users in Buckinghamshire who reported that they felt safe and secure was lower than in England (86.9%) and the South East Region (89.3%).
- Buckinghamshire had the 3rd lowest proportion among its CIPFA peers.

Are more recent data available? (Please provide)

The data for years after 2018/19 are available nationally from the Adult Social Care Outcomes Framework and included in this update. These are not benchmarked. This means the data are not able to be RAG rated.

What work has been done?

Work is underway to understand the reasons why people do not feel safe and secure as the England survey does not include this information. The adult social care service is developing a local survey based around the England survey, which from April 2020 will gather qualitative information on this area. From this information, the service will review and identify mitigating actions which may address the issues raised by residents

What work is planned?

See above.

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

If analysis of the local survey responses identifies issues which are best addressed through a multi-agency approach, the endorsement of the Health and Wellbeing Board – through communications and if appropriate through the development of its Health and Wellbeing Plan – would be beneficial

Indicator 24. Social Isolation- adult social care users who have as much social contact as they would like (%)

The percentage of respondents to the Adult Social Care Users Survey who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact as I want with people I like".

Explanation

In 2018/19, the proportion (45.9%) of Adult Social Care users in Buckinghamshire who reported that they have as much social contact as they want.
Buckinghamshire was the same as England (45.9%) and similar to the South East Region (47.8%).
Buckinghamshire had the 6th lowest proportion among its CIPFA peers.

Are more recent data available? (Please provide)

No.

What work has been done?

The Business Intelligence and Insight team have recently launched an analysis project, in partnership with Connected Places Catapult, to develop a better understanding of social isolation in Buckinghamshire. This analytical work aims to identify drivers and risk factors for social isolation, modelling prevalence across Buckinghamshire and identifying groups of residents most likely to be affected. The outputs from this work will provide a robust evidence base for further interventions designed to tackle social isolation and improve outcomes for people and communities.

What work is planned?

Following the successful Social Isolation workshops in September with key partners across Buckinghamshire as part of the system wide shared approach to prevention, the Health and Wellbeing Board agreed the proposals put forward to set up two Task and Finish groups to progress two transformational projects to reduce social isolation in the county.

Project 1 is looking at a tool to identify people at risk of becoming socially isolated, in order to encourage them to maintain or grow their social contacts. There are many opportunities to identify people at points in their lives where the risk of becoming socially isolated is increased (for example redundancy, retirement, bereavement, becoming or stopping being a carer, moving to a new area). However the tools currently available look for people who are already socially isolated. This project is look at developing and testing a tool or shared approach to identifying risk that can be used by a range of partners in Buckinghamshire. The Task and Finish Group held their first meeting in early February to set out the initial scope for the project.

Project 2 is in the early design stages but will develop into a Community Co-Design Project. It is anticipated that some of the risk factors for social isolations might be clustered in certain communities and there will be areas which experience more issues. A task and finish group has been set up to look at piloting work in small geographical areas to get greater local insight into social isolation and connectedness and then co-design solutions with local communities.

The next meetings of the Task and Finish Groups will take place in March and the Public Health team will be holding more Show and Tell sessions in late April/ early May as the projects move into the next stage of the design process.

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

Continue to support and drive forward the social isolation work happening across Buckinghamshire.

Indicator 25. Social Isolation- adult carers who have as much social contact as they would like (%) (18+ years old)

The percentage of respondents to the Personal Social Services Carers Survey who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like".

Explanation

- In 2018/19, 23.1% of adult carers in Buckinghamshire reported that they have as much social contact as they want.
- Buckinghamshire was lower than England (32.5%) and the South East Region (31.4%).
- Buckinghamshire had the 4th lowest proportion among its CIPFA peers.

Are more recent data available? (Please provide)

No.

What work has been done?

The Business Intelligence and Insight team have recently launched an analysis project, in partnership with Connected Places Catapult, to develop a better understanding of social isolation in Buckinghamshire. This analytical work aims to identify drivers and risk factors for social isolation, modelling prevalence across Buckinghamshire and identifying groups of residents most likely to be affected. The outputs from this work will provide a robust evidence base for further interventions designed to tackle social isolation and improve outcomes for people and communities.

What work is planned?

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The next meetings of the Task and Finish Groups will take place in March and the Public Health team will be holding more Show and Tell sessions in late April/ early May as the projects move into the next stage of the design process.

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

Indicator 26. Excess winter deaths index (all ages) (%)

Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months (Dec-Mar) compared with the expected number of deaths, based on the average of the number of non-winter deaths (preceding year Aug to Nov and following year April to July).

Explanation

In the 3-year period 2014-17, the EWD Index in Bucks (22.6%) was not statistically different to England (17.9%). Buckinghamshire had the 6th highest proportion among its CIPFA peers.

Over the past three years there has been a rise in the over 65's population and many living with multiple co-morbidities. Acuity of patients, when they reach the Acute Trust, is generally higher than in previous years. There has also been an increase in the need to use contingency (overflow) wards in order to manage the increased demands. Patients reaching end of life were still admitted over this three year period and work has been done to stop this more recently.

Are more recent data available? (Please provide)

No.

What work has been done?

Increasing care plans across Buckinghamshire to support reducing necessity to admit. Also, new EOL pathways to ensure patients remain in their place of choice are in place.

What work is planned?

Transformation programmes to support overall Acute demands and pro-active management of most at risk patients being developed and implemented.

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

To ensure a whole system approach to pro-actively managing the frail and elderly population and support the transformation work across Buckinghamshire.