

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH

TO:	Health and Wellbeing Board		
DATE:	24 th March 2017	AGENDA ITEM:	12
TITLE:	Health and Wellbeing Performance Update		
LEAD COUNCILLOR:	Councillor Hoskin	PORTFOLIO:	Health
SERVICE:	Wellbeing	WARDS:	All
LEAD OFFICER:	Jo Hawthorne	TEL:	0118 937 3623
JOB TITLE:	Head of Wellbeing, Commissioning and Improvement	E-MAIL:	jo.hawthorne@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report has been developed to provide a brief overview of the partnership's performance in the priority areas identified in the Health and Wellbeing Strategy. A draft version of the Strategy was made available for an online public consultation and the final version was approved by the Health and Wellbeing Board on 27th January 2017.
- 1.2 *Appendix 1 - Health and Wellbeing Board Performance Update - February 2017*

2. RECOMMENDED ACTION

- 2.1 *Health and Wellbeing Board members to be informed of the partnership's recent performance in areas that have been identified as priorities in the Health and Wellbeing Strategy.*

3. POLICY CONTEXT

- 3.1 Reading's Draft Health and Wellbeing Strategy and Action Plan for 2017-2020 were made available for public consultation between 10th October and 11th December 2016. The final version of the Strategy was approved by the Health and Wellbeing Board on 27th January 2017. An action plan based on the eight strategic priorities is now being developed and will set out in detail how the priorities will be met.
- 3.2 In July 2016, Reading's Health and Wellbeing Board agreed to introduce a regular Health and Wellbeing Dashboard report to ensure that members of the board are kept informed about the Partnership's performance in its priority areas, compared to the national average and other similar local authority areas.

4. THE PROPOSAL

- 4.1 **Current Position:** The final version of the Health and Wellbeing Dashboard will be developed and finalised to reflect the priorities of the Health and Wellbeing Strategy and planned activities outlined in the Action Plan. In the interim, this report has been developed to provide a brief overview of performance against the agreed priority

areas. The figures provided are the most recent that are publicly available as of 14th February 2017 and are intended to provide a snapshot of current performance, brief trend information, and comparison with similar local authorities (where available) and the England average.

4.2 **Option Proposed:** Note most recent performance in areas identified as priorities in final Health and Wellbeing Strategy.

4.3 **Other Options Considered:** None

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 This proposal supports Corporate Plan priorities by ensuring that Health and Wellbeing Board members are kept informed of performance and progress against key indicators, including those that support corporate strategies.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 A wide range of voluntary and public sector partners and members of the public were encouraged to participate in the development of the Health and Wellbeing Strategy and, as described above, a draft of the proposed Strategy was made available for consultation between 10th October and 11th December 2016, and the final version of the Strategy was approved by the Health and Wellbeing Board on 27th January 2017. The indicators included in this report reflect those areas highlighted during the development of the strategy and included in the final version.

7. EQUALITY IMPACT ASSESSMENT

7.1 An Equality Impact Assessment is not required.

8. LEGAL IMPLICATIONS

8.1 There are no legal implications.

9. FINANCIAL IMPLICATIONS

9.1 The proposal to note the report in Appendix 1 offers value for money by ensuring that Board members are better able to determine how effort and resources are most likely to be invested beneficially in advance of the full Health and Wellbeing Dashboard.

10. BACKGROUND PAPERS

10.1 Minutes of the Health and Wellbeing Board 27th January 2017 - <http://www.reading.gov.uk/article/9641/Health-and-Wellbeing-Board-27-JAN-2017>

10.2 Reading Borough Council (2016) *Reading's Health and Wellbeing Strategy - Draft for Consultation* <https://consult.reading.gov.uk/css/hwbstrategy/>

10.3 Minutes of the Health and Wellbeing Board 15th July 2016 - <http://www.reading.gov.uk/article/9585/Health-and-Wellbeing-Board-15-JUL-2016>

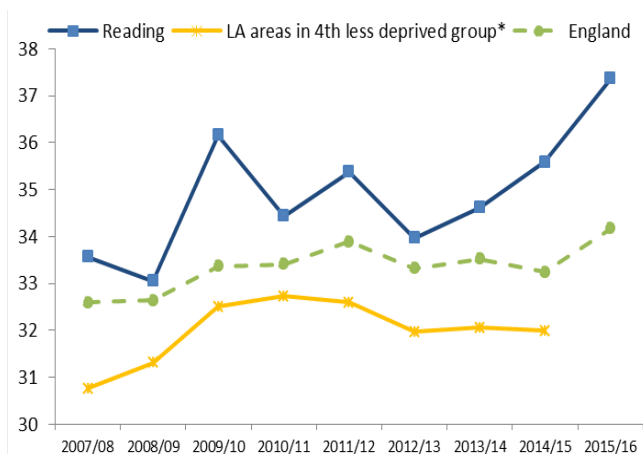
APPENDIX 1

1. HEALTHY LIFESTYLE CHOICES

Excess weight in adults - Statistically similar to England average, but previously better than average.

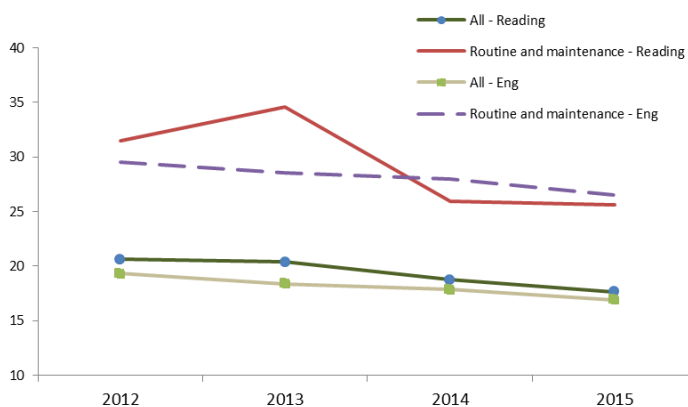


Prevalence of overweight and obesity in 10-11 year olds - in 2015/16 Reading was statistically worse than England average and other areas with similar IMD score

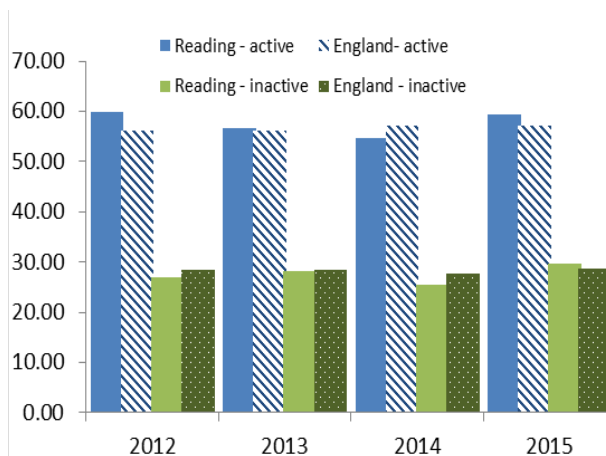


PUBLIC HEALTH OUTCOMES FRAMEWORK / ACTIVE PEOPLE SURVEY / NATIONAL CHILD MEASUREMENT PROGRAMME

Smoking Prevalence - Both indicators remain similar to national average. As elsewhere, prevalence is higher in those employed in routine and manual jobs



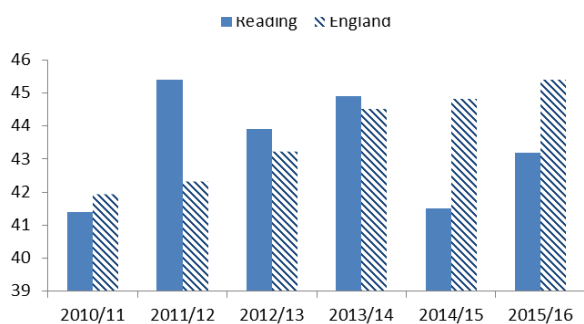
% Adults active and inactive - Both indicators remain similar to national averages



PUBLIC HEALTH OUTCOMES FRAMEWORK / ANNUAL POPULATION SURVEY / ACTIVE PEOPLE SURVEY

2. LONELINESS AND ISOLATION

% of Adult Social Care Service Users with as much social contact as they would like - remains statistically similar to national average.



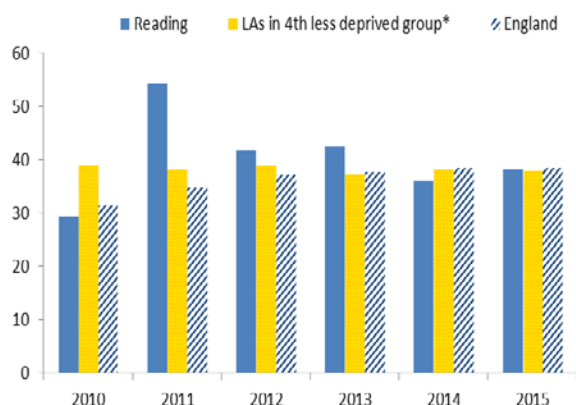
% of Carers with as much social contact as they would like - % has fallen significantly. Now similar to national average - previously better.



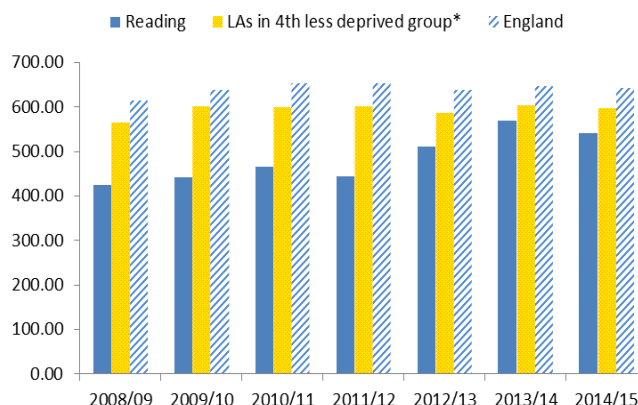
PUBLIC HEALTH OUTCOMES FRAMEWORK / ADULT SOCIAL CARE SURVEY / CARERS' SURVEY

3. SAFE USE OF ALCOHOL

% of those in specialist alcohol treatment who successfully complete - remains similar to national average



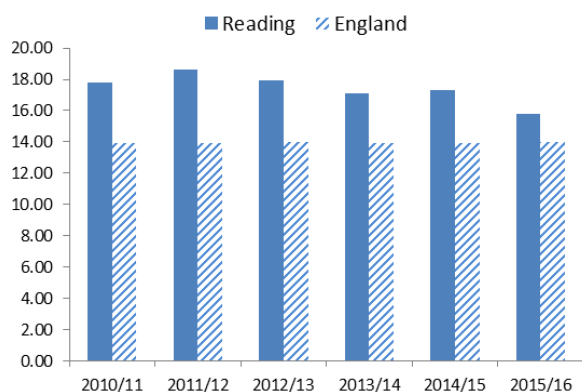
Rate of hospital admissions for alcohol-related conditions - remains better than national average and average of areas with similar IMD scores.



PUBLIC HEALTH OUTCOMES FRAMEWORK / NATIONAL DRUG TREATMENT MONITORING SYSTEM / HOSPITAL EPISODE STATISTICS

4. MENTAL HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE

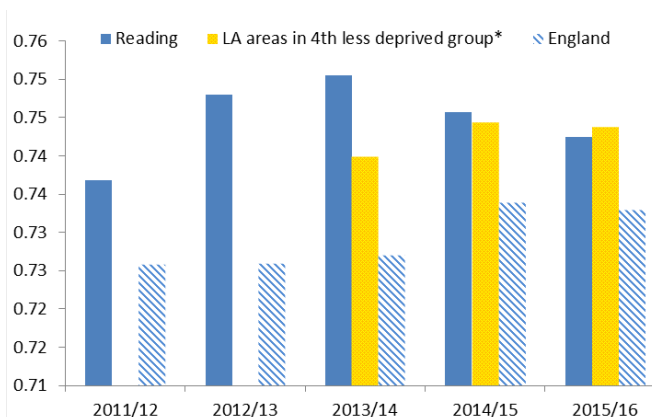
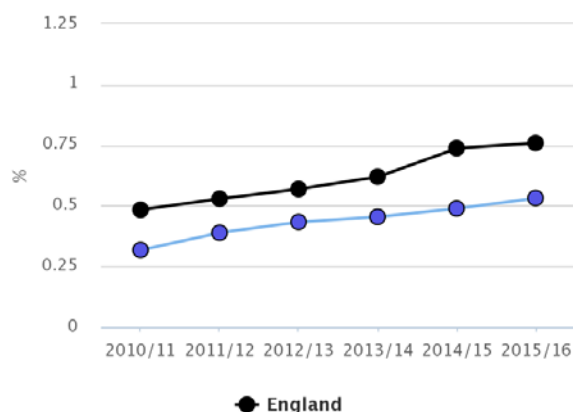
Average difficulties score for all looked after children aged 5-16 years - % continues to be higher than national average



5. LIVING WELL WITH DEMENTIA

Prevalence of dementia - Reading

Health score status (quality of life) for older people (65+) - continues to be similar to national average and average for areas with similar IMD scores

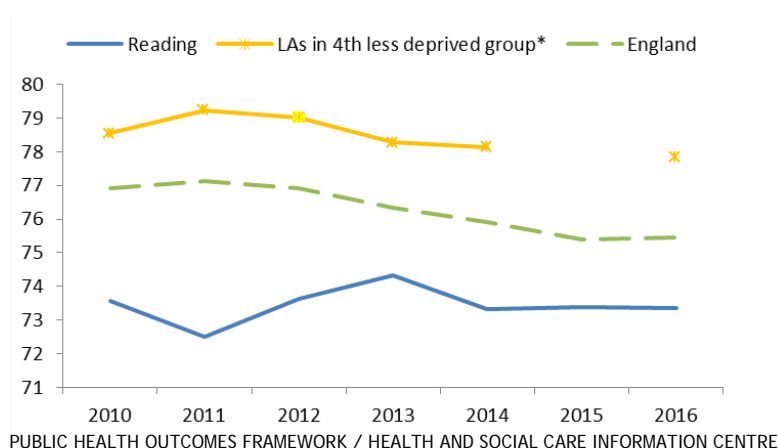


Prevalence of dementia is significantly lower in Reading than in England or in areas with similar IMD scores.

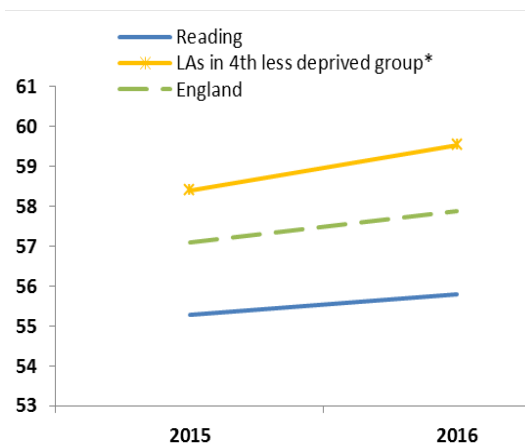
PHE DEMENTIA PROFILE / QUALITY OUTCOMES FRAMEWORK / PUBLIC HEALTH OUTCOMES FRAMEWORK / GP PATIENT SURVEY

6. BREAST AND BOWEL CANCER SCREENING

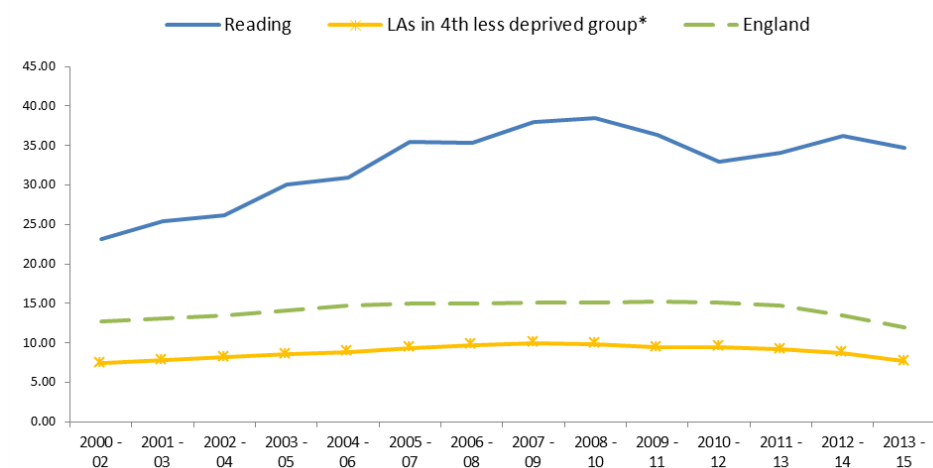
Breast cancer screening coverage - continues to be significantly worse than England average and average for areas with similar IMD scores



Bowel cancer screening coverage - continues to be significantly worse than England average and average of areas with similar IMD scores



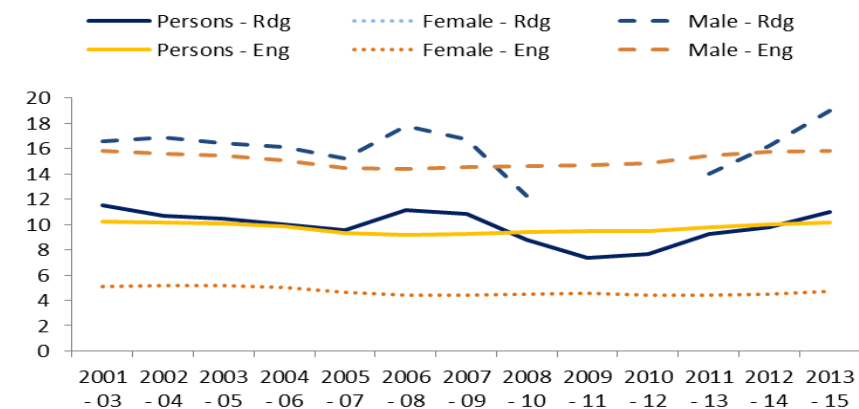
7. INCIDENCE OF TUBERCULOSIS



PUBLIC HEALTH OUTCOMES FRAMEWORK / ENHANCED TB SURVEILLANCE SYSTEM (ETS) AND ONS

Rate of new TB cases per 100,000 people is significantly worse than the England average and average of areas with similar IMD scores. Incidence has increased significantly in the last 15 years.

8. SUICIDE RATE



PUBLIC HEALTH OUTCOMES FRAMEWORK / ONS

Suicide rates for all persons and for men are similar to England average. The number of suicides by women is too small to allow rate to be calculated.

- LAs in 4th Less Deprived Group are those LA areas that fell into the 4th least deprived decile of all LA areas according to the 2015 [calculation of the overall Indices of Multiple Deprivation](#), which takes into account income, employment, education, health, crime, barriers to housing and services and living environment.