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READING HEALTH AND WELLBEING BOARD

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REPORT TITLE: Health and Wellbeing Dashboard - October 2020

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report presents an update on the Health and Wellbeing Dashboard (Appendix A), which sets out local trends in a format previously agreed by the Board to provide the Board with an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy for Reading.
- 1.2 The appended document gives the Board a context for determining which parts of the Health and Wellbeing Strategy it wishes to review in more depth, such as by requesting separate reports. Identifying priorities from the Health and Wellbeing Strategy to provide themes for Health and Wellbeing Board meetings is in line with the 2016 Peer Review recommendation that the Health and Wellbeing Strategy should be used to drive the agenda of the Health and Wellbeing Board.

2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board notes the following performance updates contained in the dashboard:
 - Estimated dementia diagnosis rate (aged 65+) has been updated with monthly snapshots.
 - The following NHS Healthcheck indicators are updated each quarter
 - People invited for a healthcheck
 - People taking up a healthcheck
 - People receiving a healthcheck
 - Successful completion of alcohol treatment updated each quarter
 - % adults overweight or obese has been updated (2019)
 - % adults physically active has been updated (2019)
 - Smoking prevalence in all adults and in adults working in routine and manual occupations has been updated (2019)
 - Mortality rate from suicide and injury of underdetermined intent has been updated (2017-19)
- 2.2 That the Health and Wellbeing Board notes the updates on activities planned in the previous six months that have been included in this report, including those that have been affected by the COVID-19 pandemic and national lockdown.

3. POLICY CONTEXT

- 3.1 The Health and Social Care Act 2012 sets out the requirement on Health and Wellbeing Boards to use a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) to develop plans which:
 - improve the health and wellbeing of the people in their area;
 - reduce health inequalities; and
 - promote the integration of services.
- 3.2 Reading's 2017-20 Health and Wellbeing Strategy sets out local plans as required under the Health and Social Care Act, and also addresses the local authority's obligations under the Care Act 2014 to promote the wellbeing of individuals and to provide or arrange services that reduce needs for support among people and their (unpaid/family) carers in the local area.
- 3.3 The current strategy is founded on three 'building blocks' issues which underpin and are expected to be considered as part of the implementation plans to achieve all of the strategic priorities. These are:
 - Developing an integrated approach to recognising and supporting all carers
 - High quality co-ordinated information to support wellbeing
 - Safeguarding vulnerable adults and children
- 3.4 The Strategy then sets out eight priorities:
 - Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity and physical activity)
 - Reducing loneliness and social isolation
 - Promoting positive mental health and wellbeing in children and young people
 - Reducing deaths by suicide
 - Reducing the amount of alcohol people drink to safe levels
 - Making Reading a place where people can live well with dementia
 - Increasing breast and bowel screening and prevention services
 - Reducing the number of people with tuberculosis
- 3.5 In July 2016, Reading's Health and Wellbeing Board agreed to introduce a regular Health and Wellbeing Dashboard report at each meeting 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. The updated Health and Wellbeing Action Plan is also presented to the Board in full twice a year.

4. CURRENT POSITION (March 2020)

Update 2020

The Health and Wellbeing Dashboard provides the latest published and validated data available to support the Board to scrutinise and evaluate the performance of the Partnership against the agreed priorities set out in the Health and Wellbeing Strategy. Some of the data used to measure public health outcomes, particularly for those indicators based on annual national survey and hospital data, goes through a process of checking and validation before publication, which can mean that it is published some time after it was collected. As changes to population health usually happen gradually this is usually adequate and appropriate, but in the last six months change in the wake of the COVID-19 pandemic and lockdown has been rapid and it is possible that the outcomes reflected in the most recent data do not reflect the current picture.

<u>Public Health England's 'Wider Impacts of Coronavirus' tool (WICH)</u> is a collection of metrics that measure changes over time in key areas of health and wellbeing that may have been affected by the pandemic.

Priority 1

- 4.1 While there continue to be more people in Reading than the average whose weight is within the recommended range, the percentage of adults in Reading who are overweight or obese increased in 2019. In the same period, the percentage of adults who meet criteria for being physically active decreased to below the England average. Smoking increased slightly in both the general population and amongst those in routine and maintenance professions, although the year-on-year change was too small to be considered reliable.
- 4.2 As in previous periods, Reading is unlikely to meet local or national targets for the delivering NHS health checks to eligible residents (those aged 40-74 without certain specified diagnoses). The NHS health check assesses people's risk of stroke, heart disease, kidney disease, diabetes and dementia, and leads to targeted advice. The position is of particular concern given the emerging evidence that those who have diabetes and contracted COVID19 appear to have worse clinical outcomes. This is also true for individuals with high blood pressure and for those carrying excess weight, all increasing the risk of mortality. The NHS Health Check programme is thus an invaluable way to identify people across Reading at increased risk of having undiagnosed comorbidities, and further benefiting from a conversation with a healthcare professional about healthy weight, physical activity and smoking cessation to reduce the impacts of COVID19. The immediate impacts of national lockdown that programmes such as NHS Health Checks were paused, further hampering efforts to reach national targets. Efforts are now being made to reinstate Health Checks for the autumn months. Collaboration between the local authority and the CCG is underway to support this.
- 4.3 2020 has been a challenging year for many Public Health commissioned services. The Eat4health programme ended in March 2020, something planned against the aspiration that a newly commissioned leisure contract would provide a continuity of service for weight management. The impact of the lockdown has subsequently resulted in a gap in provision. Reading Borough Council has supported the *Better health campaign*, aimed at getting adults to kick start their health in light of COVID19 risks. Efforts are also being made to commission a digital adult weight management service to help bridge the gap during the pandemic. Conversations with people from BAME communities is an area of particular focus given the health inequalities highlighted by COVID-19.
- 4.3 Reading's smoking cessation service, Smokefree Berkshire, continues to support people to quit smoking during the lockdown, via a remote service. Although the number of referrals significantly reduced in March and April, the number of self-referrals has significantly increased between May and August, with anecdotal reports that quitters are more motivated to succeed in quits. The heavy promotion of service by Smokefree Berkshire providers and Reading Borough Council during April and May are believed to have helped return the number of service users to pre-March 2020 levels. A remote service in line with national recommendations is expected to continue until the end of the year

Priority 2

4.4 The results from the 2018/19 Adult Social Care survey were published in November 2019 and tell us that a higher proportion of respondents to the survey than previously have reported that they have as much social contact than they would like (47.1% compared to 41.4% the previous year). Furthermore, a larger proportion of respondents in Reading reported as much social contact as they would like compared with elsewhere in England.

- 4.5 Loneliness and social isolation have been key issues of concern during lockdown and ongoing social distancing restrictions and have featured strongly in Reading's COVID response as well as recovery plans. In recognition of the risks associated with social isolation, a range of local services reached out during lockdown to existing users to offer short wellbeing checks or links into more substantive social connection support. Many local groups increased capacity for befriending support during lockdown by diverting staff and volunteers from suspended face-to-face activities, by deploying new volunteers coming forward, and by making use of additional capacity of existing volunteers in some cases. Support was offered mostly by telephone but also other virtual channels and letter writing. Befriending resource was also increased for groups where there were apparent gaps, e.g. younger adults.
- 4.7 Several local groups have been able to maintain a higher capacity for befriending support on an ongoing basis. Others now have a strong cohort of additional people / hours they can call on in the event of further lockdown. The transition to virtual support has not suited everyone, however, and some people have suspended or declined offers of support in this way.
- 4.8 There have been anecdotal reports that people being supported to reduce loneliness or isolation are experiencing higher levels of anxiety or other emotional problems since the onset of the pandemic. Engage Befriending has worked with Talking Therapies to develop a triaging service for calls to the OneReading Community Hub relating to social isolation and anxiety or other mental health needs to help ensure that people receive support at the level most suited to their needs. Reading Borough Council's Compass Recovery College has also developed and delivered a range of course to local befrienders to increase their knowledge, skills and confidence in supporting people with mental health needs.

Priority 3

- 4.9 The number and proportion of primary school children with social, emotional or mental health need increased very slightly between 2017 and 2018, both in Reading and across England. The proportion in Reading continues to be very slightly higher than the national average and the average amongst local authority areas with similar levels of deprivation and above, but the difference is not large enough to be statistically different. In the same period, the proportion of secondary school children with social, emotional or mental health needs has fallen very slightly, but not significantly enough to bring it in line with the national average.
- 4.10 Across a range of Berkshire West providers, there was supressed demand throughout the COVID-19 lockdown period in requests for help for children and young people. However, many cases both known and unknown did present with higher acuity of issues, as seen by a significant increase in the work of the Rapid Response crisis team for children and young people in the Child and Adolescent Mental Health Service. In particular, there is a concerning increase in eating disorder patients presenting at community and acute settings.
- 4.11 All providers moved swiftly to a digital or telephone offer of support although many children and young people paused their interventions. The CCG worked with two of the Berkshire West local authorities to jointly commission the online youth counselling service, Kooth, which is already showing good use from July and August.
- 4.12 Providers of support services from early help to specialist support have been working well collaboratively and have focused from June on the following. *Restoration:* the planning and work to restore service offers to children and young people back towards the pre-COVID level. In this particular service area, this is about finding safe ways to return to face to face work as that is critical to the nature of the

service offer. In addition, services have been seeking to understand whether what has been put in place over lock-down needs to be retained as they have opened new and innovative ways of meeting needs - in particular, the balance between face to face and digital or online contact to delivery support and interventions

Recovery: this has two elements for consideration. Firstly, the recovery for children and young people as it is recognised by all partners is that one of the unintended consequences of isolation measures is likely to lead to an anticipated 'surge' in mental health needs, with some quarters expecting as high as a 30% increase in demand. In the interim, many children's and young people's mental health providers have seen a reduction in referrals. Collective thinking/ wisdom is that a number of new factors need to be planned for the next 6 - 9 months alongside the anticipated phased return out of lock down.

4.13 Berkshire West actions are currently focused on the following.

Providers are beginning work on a demand and capacity planning to identity the potential impacts of a surge in demand expected from September onwards. Reading has already reported an increase of requests for help through September.

Planning has begun on winter planning and a potential 2^{nd} wave (with a local lockdown component) and so the focus is on:

- A rise in numbers of new and escalation of existing eating disorder cases due to lockdown (based on national and local experience), with plans to prevent this next time and supporting services; and
- Reviewing the crisis response at Erleigh house and at RBFT, seeking to understand whether can cope with additional winter pressures.
- 4.14 The mental health offer in Reading to children and young people, schools and families consists of our Educational Psychologists, Primary Mental Health Workers, Mental Health Support Team and Schools Link Mental Health Project, focusing on a Therapeutic Thinking Schools and Trauma Informed approach. It should be noted that the number of children and young people who access early intervention offers is difficult to compare nationally. Schools are reporting a surge in the mental health needs of children in schools. They are finding this harder than usual to manage due to staff pressures because of COVID (self-isolation). In particular, the schools are finding it hard to staff the small 'bubbles' needed for children with emotional regulation difficulties.
- 4.15 Reading continues to offer a combination of face to face and virtual therapeutic interventions and mental health assessments. Funding was received from central government for the Wellbeing for Education Return psychoeducation programme. Dates are in place to offer this training remotely to all schools in Reading. In addition, the Schools link Mental Health project, working closely with the Therapeutic Thinking and Trauma Informed approach, is offering 12 psychoeducation webinars/ meetings for school staff across Reading, and workshops for parents. This includes open sessions for parents with a range of experts for them to ask questions about mental health needs related to returning to school. Services are continuing to work closely with children and young people in schools to develop the offer. The offer of Therapeutic Thinking Schools (TTS) support, advice, supervision and training continues, including looking at how to help schools using the TTS approach in particular to maintain 'small gardens' (small groups) and children with high anxiety and emotional regulation difficulties.
- 4.16 The Reading Mental Health Support Team is performing well, but receiving a high number of referrals, and managing a long waiting list. The mental health triage is in place and has good feedback from service users. The Primary Mental Health workers have a long waiting list. The teams are looking at what interventions can be offered for children and young people on the waiting lists. The majority of referrals in are for anxiety, low mood/depression, oppositional behaviour/self-regulation needs.

Priority 4

- 4.17 At the time of the latest release, the mortality rate for suicide and undetermined intent for local authority areas the rate in Reading was in line with the national average and average for local authority areas with similar levels of deprivation and but is now showing an increase from the previous period. 38 deaths were recorded between 2017 and 2019, compared to 28 between 2016 and 2018.
- 4.18 Ahead of the publication of nationally validated data, Reading along with other areas across the Thames Valley monitors suicide rates via a Real Time Surveillance System based on police reports of deaths suspected to be by suicide. Comparator rates month by month have been tracked very closely since COVID-19 lockdown measures were put in place in England, and cases are being checked for possible COVID links. To date, there has been no increase in the overall Berkshire rates for 2020.
- 4.19 Partners remain vigilant, and proactive in enhancing support around areas of heightened risk. Financial pressure is one such area which is particularly pertinent given the economic impacts of COVID. Reading Borough Council has adopted the national Samaritans / Citizens Advice Council Tax Protocol to target mental wellbeing support on those in problem debt. Funding has also been secured from Health Education England to deliver Mental Health First Aid and Suicide Prevention First Aid to frontline staff supporting people at points of financial difficulty, including JobCentre staff. An initial two rounds of Mental Health First Aid Lite have been delivered virtually to third sector providers in Berkshire.
- 4.20 With a history of mental health difficulties being another known risk factor, Reading's efforts to build people's resilience and coping skills have continued via Compass Recovery College. Student enrolment with Compass continued on an upward trend for the 2019-20 academic year, despite being slowed by COVID-19 and lockdown which narrowed the range of opportunities for new enrolments. A wide range of courses have been adapted for virtual delivery, supplemented by outdoor wellbeing courses and social activities.
- 4.21 Reading continues to commission a specialist support service for Berkshire residents bereaved by suicide, with delivery adapted to reflect social distancing requirements since March this year. A very positive evaluation of Phase I of this pilot service has now been published.

Priority 5

- 4.22 The proportion of people receiving alcohol treatment who successfully completed treatment decreased in the second half of 2019 and is now in line with the England average. The rate of hospital admissions where the primary diagnosis is an alcohol-related condition increased slightly in 2018/19, both in Reading and in England. The rate in Reading continues to be below the English average.
- 4.23 Since March 2020, Reading's commissioned drug and alcohol treatment provider has focused on keeping the people who use their services safe during the COVID outbreak. Change Grow Live (CGL) has seen an increase in referrals and people starting treatment. They expect to report low numbers of successful completions for this period as they have retained people in treatment to provide ongoing support through a period of increased social isolation and other pressures of lockdown.
- 4.24 CGL is providing all support via phone or video call, including home detoxes and medical reviews. They have daily support groups, two of which are alcohol focused, and these are run via the Zoom app and can be joined via video or phone. CGL has successfully completed remote home alcohol detoxes and will continue to do so until it is safe to facilitate groups in the service, and now that residential treatment providers are opening again CGL is in a position to refer those who are not suitable for home detox to these.

CGL continues to liaise with the Royal Berkshire Hospital and have a meeting planned to review pathways with their Alcohol and Drug lead in October.

Priority 6

- 4.25 Dementia Champions, co-ordinated through the Dementia Friendly Reading Steering Group, have undergone further training with the Alzheimers Society to adapt their Dementia Friends sessions for virtual delivery. Sessions have been run across Reading on this basis to raise awareness and understanding of dementia and so support social inclusion. However, with many of the national Dementia Friends team furloughed, updated statistics have not been issued.
- 4.26 The rate of diagnosis of dementia amongst those aged 65 and older fell below the national target for two thirds of people with dementia to have their condition diagnosed. This is in line with the England average and similar to the average for ocal authority areas with similar levels of deprivation as measured through IMD and seems likely to be related to the COVID-19 lockdown.
- 4.27 The Berkshire West Dementia Steering Group, including representatives from the three unitary authorities in Berkshire West, the CCG and local voluntary sector groups, has now reformed and will be responsible for implementing a Berkshire West action plan on the prevention and delivery of dementia related services. The group will ensure partnership working, information sharing and customer centred approaches to support people to access the right support. The Dementia Friendly Reading Group is also represented on this group to ensure a close working partnership.
- 4.28 Tier 1 training has been offered to all Practice staff across South Reading and North & West Reading CCGs. All practices in Reading have put plans in place to become dementia friendly. This will be further assessed using the iSPACE model and supported by the Dementia Action Alliance
- 4.29 All physical and social activities for people living with dementia are now on hold due to the vulnerability of people living with dementia accessing group services.

Priority 7

- 4.30 Locally set targets for breast and bowel cancer screening, which have been set at minimum coverage standards, have been met. More than 10,000 people were screened for bowel cancer and 9,773 screened for breast cancer during 2019.
- 4.31 One of the impacts of COVID-19 has been that people have experienced difficulties in accessing cancer screening appointments. The NHS phase 3 letter of 31 July instructed the NHS to restore the full operation of cancer services. In response, Reading Borough Council was active on social media to promote uptake of screening by residents, reinforcing NHS messages about the importance of keeping screening appointments and providing reassurance about the COVID-safe environments in which the tests are being carried out.

Priority 8

4.32 Although incidence of tuberculosis (TB) continues to be higher in Reading than elsewhere, the latest published data confirms ongoing improvement in line with targets. As a result, incidence of TB in Reading has more than halved since reaching a peak in 2008-10 of 38.4 cases per 100,000 population (176 cases) to 17.8 cases per 100,000 in 2016-18 (87 cases). TB Strategy Group meetings and the TB cohort review meeting led by Public Health England have both been cancelled because of COVID-19 constraints so there is no formal Action Plan update at this time.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING 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. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 The recommended action will have no impact on the Council's ability to respond to the Climate Emergency.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 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. The indicators included in this report reflect those areas highlighted during the development of the strategy and included in the final version.

8. EQUALITY IMPACT ASSESSMENT

8.1 An Equality Impact Assessment is not required in relation to the specific proposal to present the dashboard in this format. However, it is anticipated that this will be one of the tools which Board members can use to monitor the success of the Health and Wellbeing strategy as a vehicle for tackling inequalities.

9. LEGAL IMPLICATIONS

9.1 There are no legal implications.

10. FINANCIAL IMPLICATIONS

10.1 The proposal to note the report in Appendix A 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.

11. BACKGROUND PAPERS

APPENDIX A - Health and Wellbeing Dashboard - October 2020