

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	18 th January 2019	AGENDA ITEM:	11
REPORT TITLE:	Health and Wellbeing Dashboard and Action Plan Update		
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ORGANISATION:	Reading Borough Council		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.2 This report presents an update on delivery against the Health and Wellbeing Action Plan (Appendix A), alongside the Health and Wellbeing Dashboard (Appendix B), which sets out local trends in a format previously agreed by the Board. Taken together, these documents 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 documents give 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.
- 1.3 This latest Action Plan represents progress achieved after two years into delivery of a three year strategy. In most priority areas, actions have already been reviewed and refreshed quite comprehensively. There are plans to refresh the actions in other areas shortly.

2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board notes the progress to date against the 2017-20 Reading Health and Wellbeing Strategy Action Plan as set out at Appendix A.
- 2.2 That the Health and Wellbeing Board notes the following performance updates contained in the dashboard:
- Health checks indicators updated with Q2 performance
 - Alcohol treatment completion has been updated with Q2 performance
 - Estimated dementia diagnosis rate (aged 65+) has been updated with

monthly snapshots and is once again on target.

- Incidence of TB has been updated with 2015-17 data and shows continuing improvement
- Mortality rate from suicide and undetermined intent has been updated with 2015-17 and shows continuing improvement in line with targets
- The percentage of adult social care users has been updated with 2017/18 performance and is now not meeting the target and is worse than the England average

2.3 That the Health and Wellbeing Board notes that updates are expected to be available for the March meeting of the Board in relation to the following indicators (all dates are provisional)

- Dementia friends (Priority 5) - update to number trained to December 2018
- Dementia diagnosis rate - monthly updates expected for November and December 2018 and January 2019.
- Health checks indicators Q3 updates expected
- Alcohol treatment completion Q3 update expected
- 4-5 year olds and 10-11 year olds classified as overweight/obese
- Cancer screening coverage - bowel and breast cancer

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 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. SUMMARY POSITION (JANUARY 2019)

Priority 1: Supporting people to make healthy lifestyle choices

- 4.1 A greater or similar proportion of Reading's population compared to the average continues to make healthy lifestyle choices. There are more people than average whose weight is within the recommended range; a greater number than average who meet criteria for being physically active; and a smaller proportion of adults who smoke.
- 4.2 Smoking amongst those in routine and maintenance professions in Reading continues to be higher than elsewhere, but this has reduced in line with targeted reduction.
- 4.3 A slight increase in the proportion of 4-5 year olds classified as overweight or obese earlier this year has put Reading slightly above target for this indicator and above the percentage recorded last year. This follows three years of slight reductions and, statistically, may be the result of chance rather than a real trend. Overweight and obesity has fallen significantly in older primary aged children this year. Performance against both indicators will be monitored to determine whether these represent real trends.
- 4.4 Reading is unlikely to meet local or national targets this year for the proportion of the population who are eligible for an NHS health check (in which those aged 40-74 are assessed for signs of stroke, heart disease, kidney disease, diabetes and dementia) to be invited for a health check. Other pressures within local service provision have had an impact on this performance. In Q2 performance has been stable following a fall in the proportion of the eligible population who were offered or received a health check in Q1, but is not restored to previous levels.
- 4.5 The Action Plan supporting this priority has been comprehensively refreshed.

Priority 2: Reducing loneliness and social isolation

- 4.6 Results from the 2017/18 Adult Social Care survey tell us that a higher proportion of respondents to the survey than previously have reported that they have less social contact than they would like. Furthermore, a larger proportion of respondents in Reading reported less social contact than they would like compared with elsewhere in England and amongst residents of councils similar to Reading.
- 4.7 Responses to the Survey of Adult Carers in England (SACE) are sought every two years and will not be updated in 2017/18. The target agreed for this indicator was based on previous performance. The proportion of carers reporting enough social contact remained the same in 2016/17, while the national average fell. Consequently, carers in Reading are now more likely to report enough social contact than nationally. Although the target was not been met, performance has improved and is better than the national average.
- 4.8 Outside of people known to Adult Social Care, there are currently no agreed national indicators for loneliness and social isolation. The Office of National Statistics is now working to develop indicators in support of the 2018 national strategy on tackling loneliness.
- 4.9 The Council has commissioned Reading University to carry out research into the local experience of loneliness and a report is due early in 2019. The Loneliness and Social Isolation Steering Group has already refreshed its Action Plan, but will revisit this in light of these research findings.

Priority 3: Promoting positive mental health and wellbeing in children and young people

- 4.10 The proportion of primary school children with social, emotional or mental health need has risen slightly between 2017 and 2018, in line with the national average and the average amongst local authority areas with similar levels of deprivation. In the same period, the proportion of secondary school children with social, emotional or mental health needs has fallen, while the national average and average amongst local authority levels with similar deprivation has remained the same.
- 4.11 The Action Plan is refreshed annually.

Priority 4: Reducing deaths by suicide

- 4.12 The mortality rate for suicide and undetermined intent in Reading is in line with the national average and average for local authority areas with similar levels of deprivation. The most recent published data shows continuing improvement in line with targets.
- 4.13 A Suicide Audit for Berkshire has recently been completed, and the Berkshire Suicide Prevention Strategy Group will be using this as the basis of refreshing Action Plans early in 2019.

Priority 5: Reducing the amount of alcohol people drink to safer levels

- 4.14 At the end of 2017/18, the proportion of people receiving alcohol treatment who successfully completed treatment fell below the national average for the first time since 2015 and has remained below the locally set target of 38.3% throughout 2018/19 so far. This proportion is slightly lower than the average for England.
- 4.15 Alcohol-related hospital admissions, for many years much better than average, have been increasing gradually and are now in line with national average.
- 4.16 This Action Plan has been refreshed to reflect the priorities in the 2018 Drug and Alcohol Commissioning Strategy.

Priority 6: Making Reading a Place where People can Live Well with dementia

- 4.17 The estimated diagnosis rate for people aged 65+ with dementia is reported monthly and tends to around the target of 67.7. In the last period for which data was published before the deadline for this report, performance is slightly better than target.
- 4.18 Local records of the number of people who have received training to become a 'dementia friend' show that the target of 6,000 trained dementia friends by August 2018 has been exceeded. A target of 7,000 to be trained by August 2019 has been agreed. The number trained by December 2018 will be reported in the next quarter.
- 4.19 This Action Plan was refreshed in December 2018 - to follow.

Priority 7: Increasing take up of breast and bowel cancer screening and prevention services

- 4.20 Locally set targets for breast and bowel cancer screening target have been met. Coverage in Reading is in line with the England average and the average for local authorities with similar levels of deprivation.
- 4.21 This Action Plan is to be refreshed.

Priority 8: Reducing the number of people with tuberculosis

- 4.22 Although incidence of TB continues to be much higher in Reading than elsewhere, the latest published data confirms ongoing improvement in line with targets.
- 4.23 This Action Plan is to be refreshed.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

- 5.1 The 2017-20 Health and Wellbeing Strategy and accompanying Action Plan draw on the findings of the Joint Strategic Needs Assessment (JSNA) for Reading to

identify priorities. The Strategy complements plans for health and social care integration, and supports the drive towards co-commissioning across the Health and Wellbeing Board's membership. The 2017-20 strategy also incorporates wellbeing responsibilities towards residents with current or emerging care and support needs so as to be comprehensive and Care Act compliant.

- 5.2 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 & STAKEHOLDER ENGAGEMENT

- 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 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.

- 6.2 Delivery of the Health and Wellbeing Action Plan is through a range of multi agency forums which bring together representatives of the Health and Wellbeing Board with other local partners. These are referred to in the appended update.

7. LEGAL IMPLICATIONS

- 7.1 The Health and Social Care Act (2012) gives duties to local authorities and clinical commissioning groups (CCGs) to develop a Health and Wellbeing Strategy and to take account of the findings of the JSNA in the development of commissioning plans. In addition, the Council has a duty under the Care Act (2014) to develop a clear framework for ensuring it is meeting its wellbeing and prevention obligations under the Care Act.

8. EQUALITY IMPACT ASSESSMENT

- 8.1 An Equality Impact Assessment is not required in relation to the specific proposal presented to the Board through this report. However, the Health and Wellbeing Strategy and Action Plan are vehicles for addressing health inequalities, and accordingly delivery is expected to have a differential impact across groups, included those with protected characteristics. This differential impact should be positive, and so delivery of the Action Plan supports the discharge of Health and Wellbeing Board members' Equality Act duties.

9. FINANCIAL IMPLICATIONS

- 9.1 There are no new financial implications arising from this report. 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.

10. APPENDICES

APPENDIX A - Health and Wellbeing Action Plan update January 2019

APPENDIX B - Health and Wellbeing dashboard January 2019