

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	22 nd January 2021		
REPORT TITLE:	Health and Wellbeing Dashboard - January 2021		
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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
 - 4-5 year olds and 10-11 year olds classified as overweight or obese
 - Smoking status at the time of delivery
 - Age-standardised mortality rate from suicide and injury of undetermined intent
- 2.2 That the Health and Wellbeing Board notes the updates 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 year 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.

[Public Health England's 'Wider Impacts of Coronavirus' tool \(WICH\)](#) 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. Little information is available about how levels of physical activity, healthy eating and smoking were affected locally during 2020. A survey across Berkshire suggests activity levels may have increased during the first lockdown starting in March 2020 but decreased in the second lockdown, with inclement weather and lack of access to facilities reported as the most significant barriers.
- 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 COVID-19 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.

Priority 2

- 4.3 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. Reading Borough Council is among the 24 local authorities that have chosen to carry out the Adult Social Care Survey for 2020. The results are considered likely to be affected by the COVID-19 pandemic and subsequent lockdown and may not be considered comparable to previous or future years.
- 4.4 The latest carers survey results were collected during 2018/19 when the proportion of carers reporting that they had as much social contact as they would like decreased from the previous period. This was in line with similar decreases seen across England and in local authorities with similar levels of deprivation to Reading. The next survey will be carried out in 2021/22 and is not, therefore, expected to be affected by the immediate impact of the 2020 COVID-19 pandemic and lockdown.

Priority 3

- 4.5 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.

- 4.6 This indicator has not been updated since 2019 and it is not clear if data have been collected in 2020.

Priority 4

- 4.7 The mortality rate for suicide and undetermined intent for local authority areas for 2017-2019 was published in September 2020. The rate in Reading remains 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, increasing the rate per 100,000 population from 7.2 to 9.9.

Priority 5

- 4.8 The proportion of people receiving alcohol treatment who successfully completed treatment decreased in the second half of 2019, coming into line with the England average. From March 2020, Reading's commissioned drug and alcohol treatment provider retained people who use their services in treatment during the COVID outbreak in order to provide ongoing support through a period of increased social isolation and other pressures. As a direct result, only a small number have completed and left treatment during this period.
- 4.9 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. Although it is not clear, at present, what impact the COVID-19 pandemic and lockdown has had on hospital admissions for alcohol-related conditions, any sudden reduction in admissions during 2019/20 should be considered as a potential effect of reluctance to present for treatment, rather than a sign of decreasing prevalence of alcohol-related conditions or reduced need for treatment.

Priority 6

- 4.10 As memory clinics were suspended to protect vulnerable patients between March and October 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. A similar trend was seen across England and in local authority areas with similar levels of deprivation as measured through IMD. Memory clinics have now reopened but are working with substantial backlogs and with the additional challenges of adhering to COVID-19 safety measures.

Priority 7

- 4.27 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.
- 4.28 Reading Borough Council has been active in promoting uptake of screening by residents during the COVID-19 pandemic, 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, but it not yet clear what the impact will be on screening coverage during 2020.

Priority 8

4.29 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 were cancelled because of COVID-19 constraints so there is no formal 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 - January 2021

APPENDIX B - Health and Wellbeing Dashboard - Update on impact of COVID-19