

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	18 th March 2022		
REPORT TITLE:	Health and Wellbeing Dashboard - March 2022		
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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. This strategy has now been superseded by the Berkshire West Health and Wellbeing Strategy 2021-2030 and a new dashboard report reflecting new priorities and actions has been developed to support them and will shortly replace this standing report.
- 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
 - Smoking status at the time of delivery
 - Cancer screening - bowel cancer
 - Cancer screening - breast cancer
- 2.2 That the Health and Wellbeing Board notes the updates that have been included in this report.
- 2.3 That the Health and Wellbeing Board notes that this HWB dashboard will be reviewed to reflect the priorities in the 2021-2030 Health and Wellbeing Strategy and replaced by a new dashboard report.

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 outgoing 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. During the lifetime of the strategy, the updated Health and Wellbeing Action Plan was presented to the Board in full twice a year.
- 3.6 The new Berkshire West Health and Wellbeing Strategy has now been agreed and the Health and Wellbeing Dashboard will be revised to reflect the updated strategy.

4. CURRENT POSITION

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 2020 and 2021 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 The percentage of adults in Reading who are overweight or obese increased in 2019 and 2020 and is now similar to the national average. In 2019, the percentage of adults who meet criteria for being physically active remains similar to 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. In 2020/21 the smoking status of pregnant women at the time of delivery increased slightly. The increase was not significant and the overall prevalence remains well below the England average.
- 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. 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. Arrangements to reinstate NHS Checks and improve take up are now in place and increases in the number of health checks will be monitored through Reading Borough Council's Corporate Plan from 2022/23.

Priority 2

- 4.3 As described in previous reports, 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.

Priority 3

- 4.4 The number and proportion of school children with social, emotional or mental health need increased in 2019 and 2020, with Reading now significantly above the England average. The increase appears to be concentrated in primary school children, while the proportion of secondary school children with social, emotional or mental health needs fell during the same period and is now in line with the national average.

Priority 4

- 4.5 While the mortality rate for suicide and undetermined intent in Reading continues to be in line with the national average and average for local authority areas with similar levels of deprivation there have now been non-significant increases in the last two periods. The

rate is now above the national average, although the difference is not statistically significant. 45 deaths were recorded between 2018 and 2020, compared to 38 between 2017 and 2019 and 28 between 2016 and 2018.

Priority 5

- 4.6 The proportion of people receiving alcohol treatment who successfully completed treatment began to decrease rapidly in the second half of 2019 and throughout 2020. Although the rate continues to be well below the England average there was an increase in successful completions in the most recent reported two quarters, with more than 20% of those in treatment becoming free of dependence during Q2 of 2021/22. 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.
- 4.7 Reading's commissioned drug and alcohol treatment provider, Change Grow Live (CGL), has seen an increase in referrals and people starting treatment. Work with is ongoing with CGL to address low numbers of successful completions, which have not returned to previous levels following the end of Covid-19 lockdown and manage increased demand for support from both new and existing service users.

Priority 6

- 4.8 The rate of diagnosis of dementia amongst those aged 65 and older has remained in line with the England average. Both rates fell slightly during the second quarter of 2020 and have not yet returned to the previous level. This seems likely to be related to the COVID-19 lockdown.

Priority 7

- 4.9 Locally set targets for bowel cancer screening, which were been set at minimum coverage standards, have been met. Coverage of breast cancer screening fell in Reading and nationally in 2021. Although Reading's performance is now below the target agreed, performance is now above the national average.

Priority 8

- 4.10 Although incidence of tuberculosis (TB) continues to be higher in Reading than elsewhere, the latest published data confirms further improvement in line with targets. As a result, cases of TB in Reading have reduced significantly since reaching a peak in 2008-10 of 38.4 cases per 100,000 population (176 cases) to 15.4 cases per 100,000 in 2018-20 (75 cases).

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 2022