

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	18 th March 2022		
REPORT TITLE:	Health and Wellbeing Dashboard - Strategy 2021-2030		
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report provides a brief update on the development of a Health and Wellbeing Dashboard to present Reading's progress against achieving local goals as set out in the 2021-2030 Berkshire West Health and Wellbeing Strategy.

2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board review the measures and data that we propose to include in the new Health and Wellbeing Dashboard, which will support the implementation of the Berkshire West Health and Wellbeing Strategy and its Reading implementation plans.

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 The 2021-2030 Berkshire West Health and Wellbeing Strategy sets out priorities for how Health and Wellbeing Boards will work to plan and deliver local services. The jointly agreed five priorities to bring the most positive impact to health and wellbeing over the lifespan of the strategy are as follows.
- Reduce the differences in health between different groups of people.
 - Support individuals at high risk of bad health outcomes to live healthy lives.
 - Help children and families in early years.
 - Promote good mental health and wellbeing for all children and young people.
 - Promote good mental health and wellbeing for all adults.
- 3.3 In 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. As a Berkshire West Health and Wellbeing Strategy for 2021-2030 has now been agreed and adopted, the Health and

Wellbeing Board agreed that the Health and Wellbeing Dashboard will now be revised to reflect the updated strategy.

- 3.4 Implementation plans for each of the five priority areas have been developed and the Health and Wellbeing Dashboard will be developed to enable the board to monitor each of the plans.

4. A NEW HEALTH AND WELLBEING DASHBOARD

The Health and Wellbeing Dashboard will provide the latest 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. Processes for collecting and sharing other sources data that will be collected locally are being developed. Although not subject to the same processes, this data will provide a more immediate picture of local activity.

Priority 1 - Reduce the differences in health between different groups of people

- 4.1 Priority 1 of the 2021-2030 Berkshire West Health and Wellbeing Strategy focuses on reducing health inequalities by improving access and take up of health services for people amongst people who currently have fewer opportunities to get the support they need. The implementation plan includes using data and intelligence to identify groups at risk and making sure that a wider range of people receive health screening and statutory health checks.
- 4.2 Annual published data including the Office for National Statistics (ONS) Health Index and the Office for Health Improvement and Disparities (OHID) estimates of life expectancy, inequality in life expectancy and premature mortality will provide contextual information about inequalities in Reading, including benchmarking against other local authority areas and England.
- 4.3 Local information about the numbers of smoking cessation and weight management interventions targeted on neighbourhoods with higher levels of deprivation, NHS health checks to screen for common serious health conditions and statutory health checks on those with existing health conditions will provide an overview of local activity.

Priority 2 - Support individuals at high risk of poor health outcomes to live healthy lives

- 4.3 Priority 2 focuses on targeting those at the greatest risk of poor health outcomes. The implementation plan includes reducing the number of rough sleepers, identifying and supporting unpaid carers, raising awareness and improving understanding of dementia, supporting people with learning disabilities, and preventing domestic abuse and providing support to survivors.
- 4.4 The Health and Wellbeing dashboard will use some information published annually by OHID to provide contextual information and benchmarking against other areas, including healthy life expectancy, emergency admissions for dementia and the 60+ dementia diagnosis rate and the self-reported satisfaction of carers with the services they receive.
- 4.5 This will be complemented with a local picture of activity including the annual snapshot of the number of people sleeping rough (published by the Ministry for Housing, Community and Local Government), referrals to homelessness outreach service, number and proportion of people with dementia to have dementia care plans and the proportion of people with learning disabilities to have a health check from their GP.

Priority 3 - Help families and children in early years

- 4.5 Priority 3 focuses on increasing support to parents and carers during pregnancy and early years. The implementation plan includes plans to improve school readiness by providing evidence-based programmes for families and promoting access to nursery places for the most disadvantaged, supporting access to financial help for those who need it, developing support for speech, language and communication and reducing injuries to pregnant women, unborn and newborn babies and young children.
- 4.6 The Health and Wellbeing Dashboard will include published, benchmarked data on school readiness and attainment of Early Years Foundation Stage milestones by 2-year olds and rates of hospital admissions in children caused by injuries. This will be supplemented by local information showing performance of Family Hubs and local maternity services.

Priority 4 - Promote good mental health and wellbeing for all children and young people

- 4.7 Priority 4 highlights the mental and emotional health of children and young people and focuses on the need for early identification of mental health conditions, it recommends providing evidence-based interventions to help to improve mental health, expanding trauma-informed approaches and improving transition between children and young people's services and adults' services. The implementation plan includes plans to provide early interventions, support settings to be trauma-informed, use co-production to develop and shape mental health services, provide targeted interventions for some of the most vulnerable groups and support adolescent mental health recovery after Covid-19.
- 4.8 Data published annually by OHID on the proportion of children with social, emotional and mental health needs will be used to understand the contextual picture in Reading. Locally collected information from children and young people's mental health services, including Mental Health Support Teams and school link educational psychologist services, as well as waiting times for critical children's mental health provision, will be used to present and describe the local picture.

Priority 5 - Promote good mental health and wellbeing for all adults

- 4.9 Priority 5 focuses on the impact of mental health problems in adults, especially following the Covid-19 pandemic and lockdown and social distancing measures. The strategy discusses tackling wider social factors that affect mental health and wellbeing, such as unemployment and insecure housing, social isolation and debt, and rebuilding resilience and social connection in communities. The implementation plan sets out plans to raise mental health awareness and reduce stigma, work with the local community and voluntary sector, promote access to financial support and housing, build capacity in health and social care to prevent mental health problems and support people affected by loneliness during the covid-19 pandemic.
- 4.10 The Health and Wellbeing Dashboard will compare local and published, statutory data on the number and proportion of people with serious mental illness (SMI) to both understand the local picture and compare with other local authority areas and England. Local data will be used to determine what proportion of people in Reading with SMIs are receiving appropriate health checks. Local activity data on referrals to people with housing needs to mental health and drug and alcohol services and levels of physical activity will be collected from local service providers and will provide a picture of services provided locally.

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 Consultation and Engagement Task and Finish Group was created to lead community consultation and engagement on Berkshire West Health and Wellbeing Strategy priorities and included representatives from local communities.

8. EQUALITY IMPACT ASSESSMENT

8.1 Not applicable

9. LEGAL IMPLICATIONS

9.1 Not applicable

10. FINANCIAL IMPLICATIONS

10.1 The Health and Wellbeing Dashboard offers value for money by ensuring that Board members are better able to determine how effort and resources can be invested for the most benefit.

11. BACKGROUND PAPERS

11.1 None.