

READING HEALTH AND WELLBEING BOARD

Date of Meeting	19 January 2024
Title	Health and Wellbeing Strategy Quarterly Implementation Plan Narrative and Dashboard Report
Purpose of the report	To note the report for information
Report author	Amanda Nyeke
Job title	Public Health and Wellbeing Manager
Organisation	Reading Borough Council
Recommendations	<p>1. That the Health and Wellbeing Board notes the following updates contained in the report:</p> <p>Priority 1 – Tasks supporting Actions 1 - 8 within this priority area including partnership working, proposing projects to support provision of a range of services to support people to be healthy, reduce health inequalities.</p> <p>Priority 2 – Tasks supporting Actions 1 - 6, focusing on identifying health and care needs of individuals at risk of poor outcomes and actions for supporting them. Including engaging with and funding projects that enable people to access information and support at a time and in a way that meets their needs.</p> <p>Priority 3 – Tasks supporting Actions 1 - 7 have been updated, focusing on the development of evidence-based parenting programmes, multi-agency working and rolling out a revised parenting offer including fathers and parents to be. There continues to be progress in all priorities.</p> <p>Priority 4 – Tasks supporting Actions 1 - 7 have been updated with a focus on addressing inequalities in mental health, training, the work of the Mental Health Support Teams (MHSTs) and Primary Mental Health Team (PMHT).</p> <p>Priority 5 – Tasks supporting Actions 1 - 8 have been updated with progress in awareness raising of local mental health support, strengthening partnership working and training.</p>

1. Executive Summary

- 1.1. This report presents an overview on the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and, in Appendix A, detailed information on performance and progress towards achieving the local goals and actions set out in the both the overarching strategy and the locally agreed implementation plans.

- 1.2. The Health & Wellbeing Implementation Plans and dashboard report update (Appendix A) contain a detailed update on actions agreed for each implementation plan and the most recent update of key indicators in each priority area.

2. Policy Context

- 2.1. 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.
- 2.2. In 2021 The Berkshire West Health and Wellbeing Strategy for 2021-2030 was jointly developed and published on behalf of Health and Wellbeing Boards in Reading, West Berkshire and Wokingham. The strategy contains five priority areas:
- Reduce the differences in health between different groups of people
 - Support individuals at high risk of bad health outcomes to live healthy lives
 - Help families and children in early years
 - Promote good mental health and wellbeing for all children and young people
 - Promote good mental health and wellbeing for all adults
- 2.3. In Reading the strategy was supplemented by the development of implementation plans for each priority area. These were presented to the Health and Wellbeing Board and approved in March 2022.
- 2.4. In 2016 the board had previously agreed to introduce regular performance updates, including a 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. The current Health and Wellbeing Dashboard Report has been developed to reflect the new priorities set out in the Berkshire West Health and Wellbeing Strategy 2021-2030 and the associated implementation plans.
- 2.5. The Health and Wellbeing Dashboard provides 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 national 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 sometime after it was collected. Other data contained in this report is reported directly from local health service providers, including primary care providers, and, as these data are not validated or processed before publication, there may therefore be some minor discrepancies and corrections between reports.
- 2.6. At each Health & Wellbeing Board meeting Health & Wellbeing Strategy Priority Leads for Reading Borough Council will provide a narrative update against selected tasks and priority items that have been actioned during that period. Statistical data will be refreshed every six months. The reporting schedule for 2023/24 is therefore as follows:

Health and Wellbeing Board	Narrative updates - selected tasks and priorities	Data refresh
July 2023	✓	✓
October 2023	✓	✗
January 2024	✓	✓
March 2024	✓	✗

3. The Proposal

3.1. Overview

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

The Reading Integration Board projects are focused on ensuring people get the right care at the right time and in the right place. A Population Health Management approach is used to identify areas/groups of people where there are differences, e.g., life expectancy and disease prevalence. A Community Wellness Outreach project has started in November which is a collaboration between health, social care and voluntary and community sector to build on existing community-based services and enable direct referrals or drop in options for people to receive a full NHS Health Check, alongside other wellbeing support such as financial advice, mental health awareness and referrals to community and voluntary sector services. This service is targeted in areas where there is minimal engagement of the community with primary care services and is aimed at people who have not had a health check to identify potential long-term conditions.

Priority 2 – Support individuals at high risk of bad health outcomes to live healthy lives

The initial focus of the Community Wellness Outreach project, linked to Priority 1, is to reduce the likelihood of cardiovascular disease, although all health risks will be assessed, as well as providing a holistic support to encourage healthy lifestyle and address issues that are important to their wellbeing. We are working collaboratively to support our residents to access the right support to enable them to live healthy lives and reduce risk. A diagnostic review of Falls across Berkshire West will be commenced in Quarter 4, and based on the outcome and recommendations, a Falls and Frailty service will be set up. We continue to use the JOY App in Reading, which is funded through the Better Care Fund and is a pilot project that Reading Voluntary Action are leading. The App is used as a Social Prescribing platform to enable GPs to directly refer to community and voluntary sector services to support wellbeing, and for Social Prescribers, who are linked to primary care services, to make and track onward referrals.

Priority 3 – Help families and children in early years

Universal and targeted health services continue to be delivered from the Children's Centres including the Health Visiting service delivering Well Baby Clinics and 3-month, 9 month and 2-year checks in Children's Centres. Safer Sleeping and Coping with Crying sessions are being run integrally to all baby groups and parenting across Reading Children's Centres. The One Reading Children and Young Peoples Partnership Under 5s workstream have established a task and finish group focused on sleep support and currently undertaking a mapping exercise around sleep support for families.

We have seen an increase in the take up of two-year-old funding from 60% in the 2023 summer term to 63.19% in the autumn term 2023. Activities to promote the take up of two-year-old funding continue with the Reading Family Information Service (FIS) providing children brokerage support to 600+ eligible families to date. Reading FIS also won two awards at the Coram Family & Childcare, National Association of Family Information Service (NAFIS) conference in November 2023. The team won the 'Best SEND Local Offer' and 'Best Promotion of 2 Year Funding'.

The BFfC Early Years team continue to support early years settings develop a trauma informed approach to their work with children and families. 12 Educational Psychology have been purchased by the team to enable early years practitioners access support and advice on emotional wellbeing.

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

We have Task & Finish groups in place for the following priorities: (i) Suicide Awareness and Prevention (in partnership with Public Health). (ii) School attendance and mental health. (iii) Inequalities in Mental Health relating to global majorities and heritages. (iv) Inequalities in Mental Health in relation to Neurodiversity. (v) Trauma informed approaches and Therapeutic Thinking Schools. (vi) Supporting parents and carers and community groups for children and young people's mental health. (vii) Supporting Head Teacher and school staff mental health and emotional wellbeing (iix) partnership working for children and young people's mental health including digital counselling offer.

Priority 5 – Promote good mental health for all adults

The reference groups for priority area five are the Mental Health and Wellbeing group and the Reading suicide prevention action planning group. They both meet quarterly. The Mental Health and Wellbeing Group last met at a face-to-face meeting in the Civic Offices on 16th October. they heard from Deb Hunter about progress in priority area 4 and how this links across the life course with adult mental health. They also reviewed the application to become a signatory of the Prevention Concordat for better mental health which will provide an overarching narrative and action plan signed by local system leaders to coordinate the ongoing preventative action in this complex area.

The suicide prevention action planning group met in October to further review the local action plan in line with the new national strategy and ensure that it is aligned with the pan Berkshire strategy which coordinates scaled up suicide prevention action across Berkshire including bereavement support real time surveillance and coroner's audits. The group and stakeholders are collaborating to identify two or three priority actions for Reading that can be achieved in the next year within existing capacity. The plan has been used as a model for neighbouring authorities.

4. Contribution to Reading's Health and Wellbeing Strategic Aims

- 4.1. 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. It contributes to all the [Berkshire West Joint Health & Wellbeing Strategy 2021-30](#) priorities.

5. Environmental and Climate Implications

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

6. Community 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. The indicators included in this report reflect those areas highlighted during the development of the strategy and included in the final version. Key engage will continue to be a part of the process of implementing, reviewing and updating actions within the strategy to ensure it continues to address local need.

7. Equality Implications

- 7.1. Not applicable - an Equality Impact Assessment is not required in relation to the specific proposal to present an update to the Board in this format.

8. Other Relevant Considerations

- 8.1. Not applicable.

9. Legal Implications

- 9.1. Not applicable.

10. Financial Implications

- 10.1. The proposal to update the board on performance and progress in implementing the Berkshire West Health and Wellbeing Strategy in Reading offers improved efficiency and value for money by ensuring Board members are better able to determine how effort and resources are most likely to be invested beneficially on behalf of the local community.

11. Timetable for Implementation

- 11.1. The Berkshire West Health and Wellbeing Strategy is a 10-year strategy (2021-2030). Implementation plans are for three years however will continue to be reviewed on an annual basis.

12. Background Papers

- 12.1. There are none

Appendices

- 1. **Health & Wellbeing Implementation Plans and Dashboard Report Update**



APPENDIX 1 - HEALTH AND WELLBEING IMPLEMENTATION PLANS NARRATIVE AND DASHBOARD REPORT UPDATE

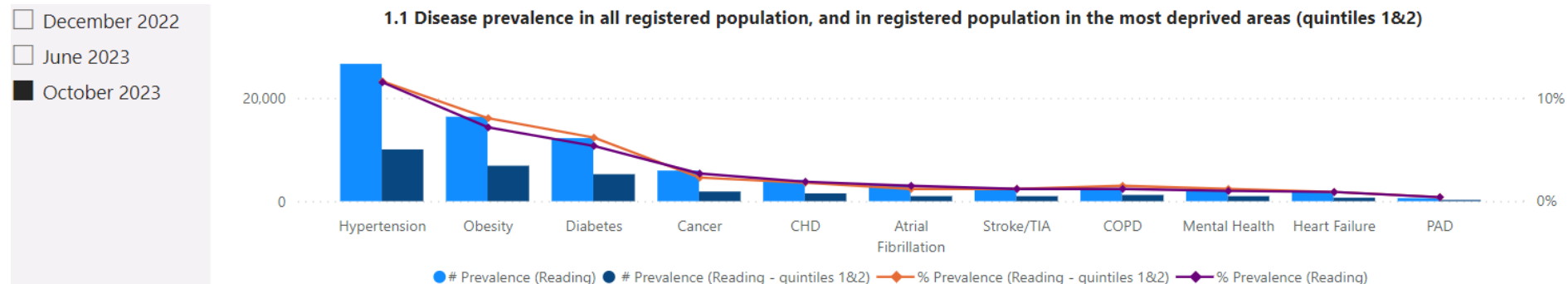
PRIORITY 1: Reduce the differences in health between different groups of people, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Take a 'Health in All Policies' approach that embeds health and wellbeing across policies and services.	Green	All policy reviews and development of new policies are assessed to ensure there is a reflection of the health and wellbeing of our residents and staff where appropriate, including reference to climate change.
2. Address the challenge of funding in all areas and ensure that decisions on changing services, to improve outcomes, does not adversely affect people with poorer health.	Green	The Better Care Fund supports delivery of Adult Social Care services and projects to address health and social care concerns, for all people in Reading, that are aligned with the Better Care Fund objectives: BCF Objective 1: Enable people to stay well, safe and independent at home for longer BCF Objective 2: Provide the right care in the right place at the right time
3. Use information and intelligence to identify the communities and groups who experience poorer outcomes and ensure the right services and support are available to them while measuring the impact of our work.	Green	A population health management overview for Reading, based on the National Core20Plus5 model to address areas of inequality, across Reading has been produced, showing an increase in the delivery of health checks for people with Learning Disabilities. The programme of Health Checks to be delivered in Community settings aims to improve life expectancy of people from different backgrounds and outcomes will be closely monitored. We have worked with partners to build a Hoarding Protocol and pathway, installed Technology Enabled Care devices and equipment to reduce risk of falls and will developing a Falls service, alongside other specialist hospital discharge support to enable timely discharges from hospital.
4. Ensure an effective programme of NHS Health Checks and follow up support services that are designed to meet the needs of all people in the community, ensuring appropriate communication and engagement methods that are culturally sensitive.	Green	The Integration Board membership includes representatives from Primary Care Services - GPs. We are building on the Mini health check service that was operating within communities and have scaled this up to cover all aspects of the NHS Health Check. There is an agreed method of escalating cases, in emergencies, to their GPs or other service where necessary. This pilot project "Community Wellness Outreach" will be delivered in communities where health risks are identified as being high and will be delivered over a phased approach.
5. Continue to develop the ways we work with ethnically diverse community leaders, voluntary sector, unpaid carers, and self-help groups that sit within Local Authorities.	Green	We have good connections with our Voluntary and Community sector and representatives that attend the Reading Integration Board as members. We have active participation within ethnically diverse communities such as supporting digital literacy and health and wellbeing activities. Community Outreach services are available to support people with understanding their mental health and information and advice to address concerns. We work with community and faith groups to meet the needs of those communities and ethnic groups that do not necessarily engage with primary care.
6. Ensure fairer access to services and support for	Green	One of our Voluntary and Community Sector partners has implemented a referral platform (JOY), funded through the Better Care Fund, to enable effective social prescribing (i.e. referral to support services in voluntary sector, such as bereavement or walking groups, as well as mental health services, such as

those in most need through effective signposting, targeted health education and promoting digital inclusion, all in a way that empowers communities to take ownership of their own health.		talking therapies). GPs can also refer directly from their surgeries through this route. The platform enables people to reach the right support for them at the time they need it. The platform is proving very effective with positive feedback from people who have used the service as well as GPs who are supported by the Social Prescribers.
7. Increase the visibility and signposting of existing services and improve access to services for people at higher risk of bad health outcomes, whilst also providing pastoral support through faith-based organisations linked to health and social care services.	Green	A number of voluntary and community sector, including faith-based services, are funded to deliver key information and advice services for Reading residents, that promote wellbeing in the community, such as a Parish Nurse funded through a small grant from the Better Care Fund, who runs Chair Exercise and health awareness sessions. Coffee & Craft are offering baking sessions for diabetic widower's & single men, Mens Evenings, a baking club for young/new mothers. Sessions will also cover mental health, suicide prevention, meal planning, healthy eating. It will encourage social engagement & help build friendship groups & will allow participants to take part in community events.
8. Monitor and assess how Covid-19 has differentially impacted our local populations, including through the displacement or disruption of usual services. Ensure health inequalities exacerbated by COVID-19 are addressed as we recover and ensure access to services.	Green	Our primary care, community and voluntary sector providers continue to be key participants in identifying health inequalities exacerbated by COVID-19 and referring to appropriate support services. The JOY App is being used extensively across Primary Care and Social Prescribing services to support people to access the right support for them and a programme of delivering Health Checks in community settings to reach into communities is underway.

Priority 1 - Key indicators

The figure and table below show the most recent data from the PHM dashboard showing the prevalence of key conditions linked with early mortality and disability in all registered population and in the registered population in the most deprived quintiles.



The percentage prevalence of obesity, diabetes, mental health conditions, and COPD is higher in the population living in the most deprived quintiles.

1.1 Disease prevalence in all registered population, compared with prevalence in registered population in the most deprived areas (quintiles 1&2)

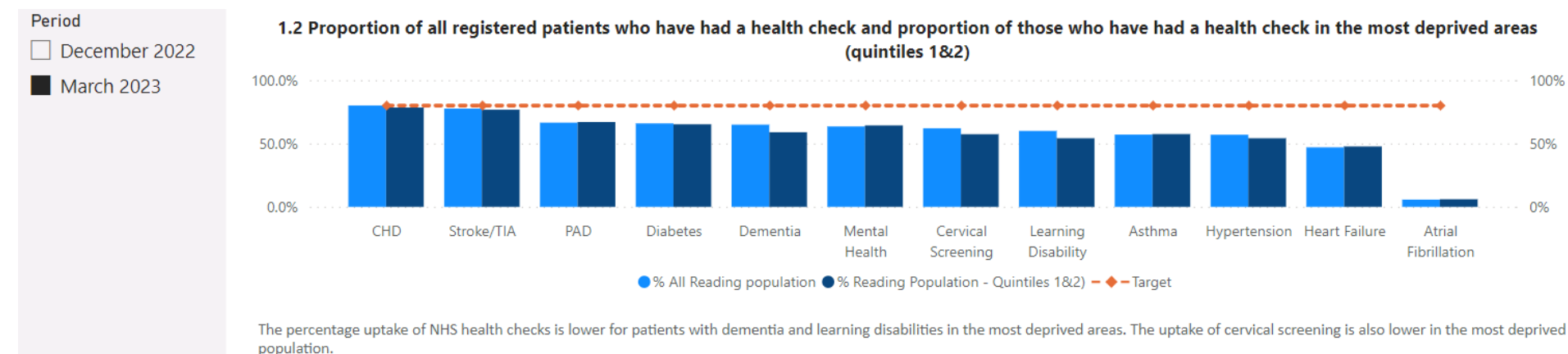
Population group	Disease	December 2022 - # Prevalence	December 2022 - % Prevalence	June 2023 - # Prevalence	June 2023 - % Prevalence	October 2023 - # Prevalence	October 2023 - % Prevalence	DOT					
All Reading population	Hypertension	32,467	11.9%	30,608	11.8%	26,619	11.5%	●					
All Reading population	Atrial Fibrillation	3,990	1.5%	3,793	1.5%	3,185	1.4%	●					
All Reading population	Heart Failure	2,096	0.8%	2,018	0.8%	1,863	0.8%	●					
All Reading population	Stroke/TIA	3,215	1.2%	3,019	1.2%	2,600	1.1%	●					
All Reading population	CHD	5,138	1.9%	4,747	1.8%	4,120	1.8%	●					
All Reading population	PAD	750	0.3%	698	0.3%	602	0.3%	●					
All Reading population	Cancer	7,650	2.8%	7,098	2.7%	5,944	2.6%	●					
All Reading population	COPD	3,100	1.1%	2,909	1.1%	2,467	1.1%	●					
All Reading population	Diabetes	14,020	5.1%	13,279	5.1%	12,235	5.3%	●					
All Reading population	Mental Health	2,508	0.9%	2,317	0.9%	2,190	0.9%	●					
All Reading population	Obesity	18,708	6.9%	18,607	7.2%	16,375	7.1%	●					
Reading population in quintiles 1&2	Hypertension	10,458	11.6%	9,959	11.4%	10,039	11.6%	●					
Reading population in quintiles 1&2	Atrial Fibrillation	1,012	1.1%	983	1.1%	985	1.1%	●					
Reading population in quintiles 1&2	Heart Failure	661	0.7%	648	0.7%	668	0.8%	●					
Reading population in quintiles 1&2	Stroke/TIA	992	1.1%	944	1.1%	974	1.1%	●					
Reading population in quintiles 1&2	CHD	1,558	1.7%	1,471	1.7%	1,502	1.7%	●					
Reading population in quintiles 1&2	PAD	248	0.3%	234	0.3%	225	0.3%	●					
Reading population in quintiles 1&2	Cancer	1,922	2.1%	1,820	2.1%	1,876	2.2%	●					
Reading population in quintiles 1&2	COPD	1,307	1.5%	1,243	1.4%	1,216	1.4%	●					
Reading population in quintiles 1&2	Diabetes	5,401	6.0%	5,156	5.9%	5,238	6.1%	●					
Reading population in quintiles 1&2	Mental Health	1,023	1.1%	943	1.1%	977	1.1%	●					
Reading population in quintiles 1&2	Obesity	7,099	7.9%	7,066	8.1%	6,877	8.0%	●					

Green dot shows decrease in prevalence

Yellow dot shows no change

Red dot shows increase in prevalence

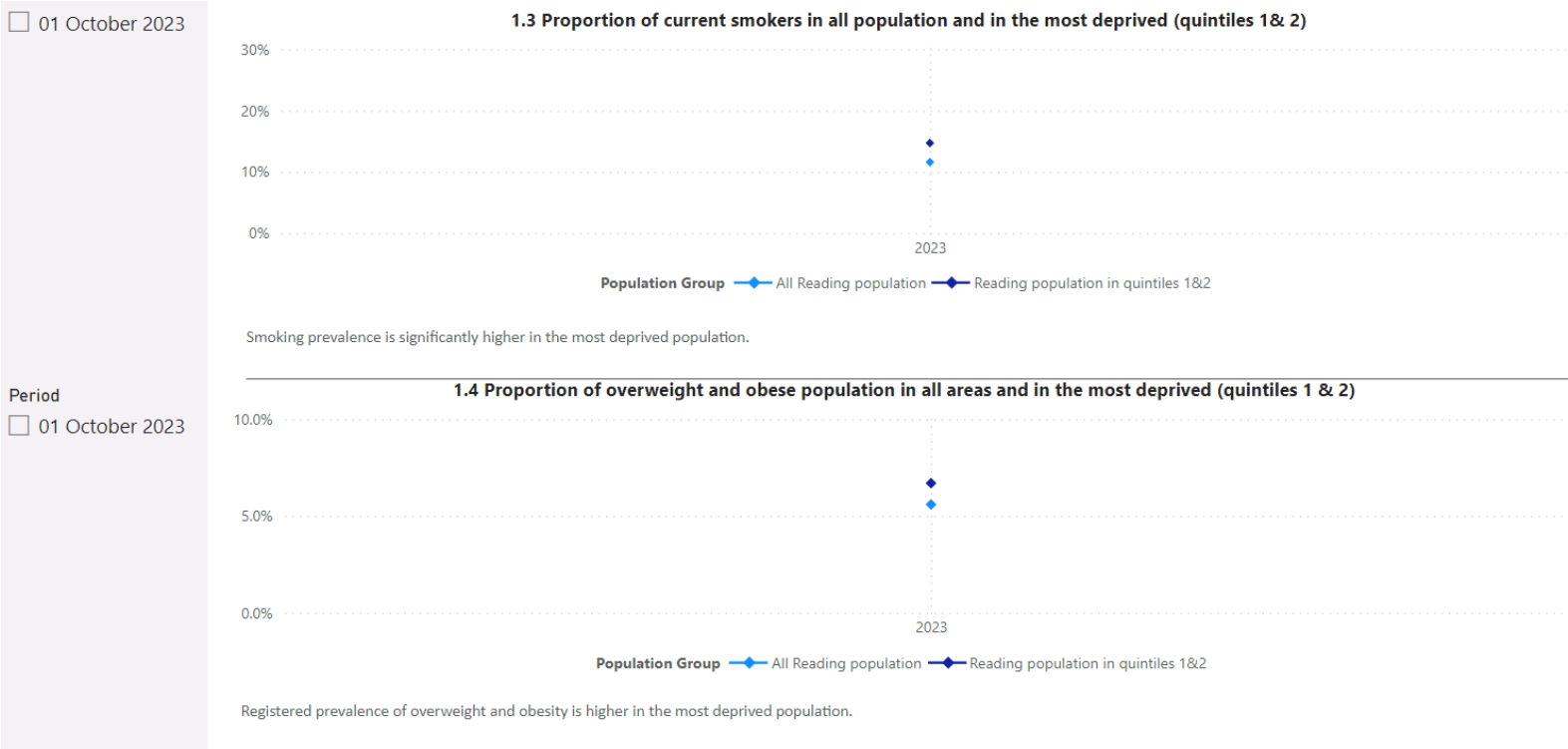
The figures below show the proportion of all people living in Reading and those living in the most deprived areas, with each registered condition who have received all the statutory health checks recommended for the condition within the recommended period.



1.2 Proportion of all registered patients who have had a health check, compared with the proportion of those who have had a health check in the most deprived areas (quintiles 1&2)

Population group	Disease	2022/23 - Q1	2022/23 - Q2	2022/23 - Q3	2022/23 - Q4	2023/24 - Q1	2023/24 - Q2	Target	DOT
All Reading population	Hypertension	53.0%	55.9%	49.5%	57.0%	58.7%	59.0%	80%	↑ 0.3%
All Reading population	Atrial Fibrillation	14.8%	15.2%	17.8%	17.8%	16.7%	16.5%	80%	↑ -0.2%
All Reading population	Heart Failure	44.9%	47.0%	47.3%	47.0%	49.5%	48.4%	80%	↑ -1.1%
All Reading population	Stroke/TIA	74.0%	77.0%	75.6%	77.6%	79.2%	79.8%	80%	↑ 0.7%
All Reading population	CHD	77.5%	79.6%	79.6%	80.0%	81.2%	80.9%	80%	↑ -0.3%
All Reading population	PAD	64.1%	65.5%	63.0%	66.5%	68.8%	67.9%	80%	↑ -0.9%
All Reading population	Diabetes	61.9%	64.1%	63.9%	65.9%	68.5%	68.2%	80%	↑ -0.3%
All Reading population	Asthma	54.0%	55.4%	57.4%	57.1%	61.6%	61.0%	80%	↑ -0.6%
All Reading population	Dementia	43.2%	49.1%	51.6%	64.9%	62.5%	57.5%	70%	↑ -5.0%
All Reading population	Mental Health	64.3%	64.6%	65.2%	63.5%	65.8%	65.2%	80%	↑ -0.6%
All Reading population	Cervical Screening	59.6%	59.3%	63.3%	62.0%	60.7%	61.5%	80%	↑ 0.8%
All Reading population	Learning Disability	51.5%	54.5%	52.7%	60.0%	54.6%	50.5%	80%	↑ -4.1%
Reading population in quintiles 1&2	Hypertension	51.6%	53.9%	47.3%	54.2%	56.2%	56.9%	80%	↑ 0.7%
Reading population in quintiles 1&2	Atrial Fibrillation	15.2%	14.9%	16.9%	18.5%	16.8%	16.8%	80%	↑ 0.0%
Reading population in quintiles 1&2	Heart Failure	44.9%	47.2%	47.8%	47.7%	48.9%	47.9%	80%	↑ -1.0%
Reading population in quintiles 1&2	Stroke/TIA	73.4%	74.0%	73.2%	76.7%	76.5%	76.4%	80%	↑ -0.2%
Reading population in quintiles 1&2	CHD	78.0%	79.1%	78.7%	78.5%	79.7%	80.0%	80%	↑ 0.3%
Reading population in quintiles 1&2	PAD	60.0%	60.7%	60.7%	67.0%	68.3%	66.4%	80%	↑ -2.0%
Reading population in quintiles 1&2	Diabetes	61.2%	63.3%	63.2%	65.2%	67.5%	46.6%	80%	↓ -20.9%
Reading population in quintiles 1&2	Asthma	54.6%	56.7%	58.6%	57.5%	60.4%	60.4%	80%	↑ 0.0%
Reading population in quintiles 1&2	Dementia	48.2%	53.9%	50.0%	58.9%	55.6%	46.6%	70%	↓ -9.0%
Reading population in quintiles 1&2	Mental Health	63.9%	64.6%	64.8%	64.3%	65.4%	65.4%	80%	↑ 0.0%
Reading population in quintiles 1&2	Cervical Screening	56.4%	56.0%	59.2%	57.4%	57.4%	58.4%	80%	↑ 1.0%
Reading population in quintiles 1&2	Learning Disability	47.1%	51.8%	49.1%	54.2%	46.4%	42.3%	80%	↑ -4.1%

The charts below show the gap in prevalence of smoking and the prevalence of excess weight and obesity in all registered population in the population living in the most deprived areas.

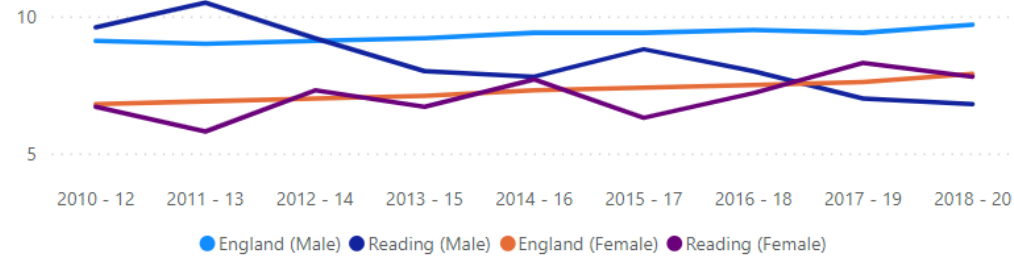


PRIORITY 2: Support individuals at high risk of bad health outcomes to live healthy lives, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Identify people at risk of poor health outcomes, using Population Health Management data and local data sources, as well as increase visibility of existing services, and signposting to those services, as well as improving access for people at risk of poor health outcomes.	Green	There are several activities that support the identification of people at risk of poor health outcomes that are active within the borough; NHS health checks through GPs, and the recent project to deliver Health Checks in community settings, alongside community exercise and information groups as well as advice and wellbeing services. A Population Health Management (PHM) approach is taken to identifying groups of people at higher risk and making direct referrals onto the services to support their needs.
2. To raise awareness and understanding of dementia. Working in partnership with other sectors, we can introduce an integrated programme ensuring the Dementia Pathway is robust and extended to include pre diagnosis support, and improve early diagnosis rates, rehabilitation and support for people affected by dementia and their unpaid carers.	Green	The Dementia Friendly Reading Steering Group has undertaken a self-assessment exercise ahead of applying for Dementia Friendly Community status with Alzheimer's Society and the outcome of this assessment is awaited. The steering group are exploring opportunities to develop a borough wide Dementia Friends training programme and supporting organisations (including RBC) with Dementia queries and advice.
3. Improve identification and support for unpaid carers of all ages. Work with unpaid carers and partner agencies to promote the health and wellbeing of unpaid carers by giving them a break from their caring responsibilities, whilst allowing them to fulfil their caring role.	Green	The recent carer's survey identified that Carer's breaks were a key priority. Reading have joined a Consortium to bid for the Accelerating Reform Fund with a focus on providing breaks for unpaid carers and on carer identification across the consortium, which covers Buckinghamshire, Oxfordshire and Berkshire West (BOB). The project will be informed by the Carer Strategy for Reading, and the project will engage Carers with lived experience to ensure a co-production approach.
4. We will work together to reduce the number of rough sleepers and improve their mental and physical health through improved access to local services.	Green	At Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System level, a joint review has been commissioned and is ongoing across our six local authority areas using Rough Sleeping Initiative (RSI) grant funding to strategically look at prison releases, hospital discharges and issues/disputes around local connection and rough sleeping. The team are continuing work on a pilot with HMP Bullingdon re: pre-work in, and a protocol with, prisons so that people are identified and referred to the local authority prior to release, so that the most suitable accommodation can be explored.
5. Prevent, promote awareness, and provide support to people affected by domestic abuse in line with proposals outlined in the Domestic Abuse Bill.	Green	We continue to work closely with our Voluntary and Community Sector partners, Adult Social Care, Housing and Thames Valley Police to ensure safeguarding concerns are reported to enable action to be taken to support people at risk of domestic abuse, and a Tackling Domestic Abuse Strategy has been developed and implemented.
6. Support people with learning disabilities through working with voluntary organisations in order to concentrate on issues that matter most to them.	Green	We continue to work closely with our Voluntary and Community Sector partners, some of whom are specialists in supporting people with Learning Disabilities, who are involved in a range of forums to enable engagement and feedback to support commissioning priorities across Reading and the wider Berkshire West "Place". We have continued to fund a part-time Outreach worker post and have contributed to the Autism Strategy for Berkshire West. We also have the Compass Recovery College which provides free training and information for people with both low-level mental illness and long-term conditions affecting their mental health, including Learning Disabilities.

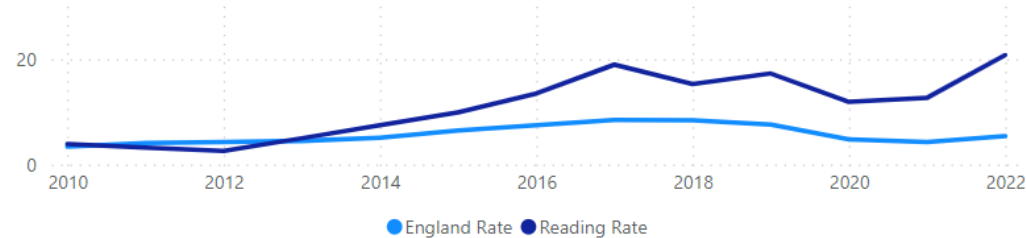
Priority 2 - Key indicators

2.1 Inequality in life expectancy at birth by gender - Slope Index of Inequality (years)



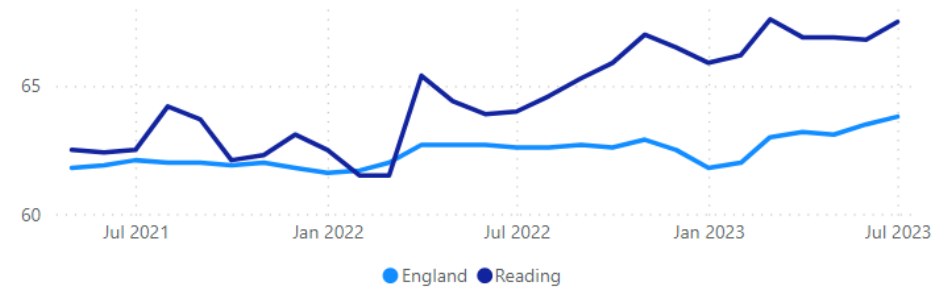
Life expectancy at birth is calculated for each deprivation decile of lower super output areas within each area and then the slope index of inequality (SII) is calculated based on these figures. The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each area and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles. In Reading the difference in life expectancy at birth for females (7.8 years) is similar to England (7.9 years), but it is smaller for males (6.8 years) compared to England (9.7 years).

2.3 Rate of people sleeping rough (per 100,000 population)



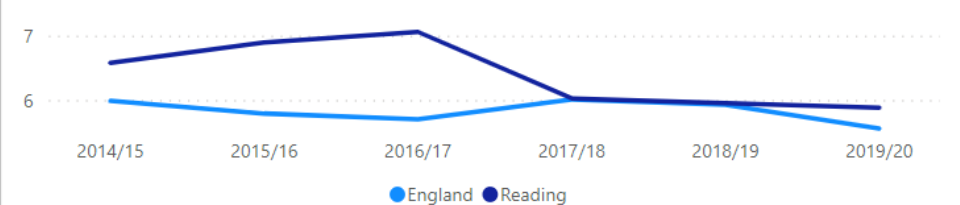
The rate of people sleeping rough in Reading has increased between 2021 and 2022 from 12.7 per 100,000 to 20.8 per 100,000. This is significantly higher than England with 5.4 per 100,000.

2.2 Dementia diagnosis rate in people aged 65+ as a percentage of estimated to have dementia



In Reading 67.5% of those aged 65 or over estimated to have dementia have a coded diagnosis of dementia as of July 2023, which is higher than England (63.8%).

2.4 The proportion of supported working-age adults with learning disabilities in paid employment



In Reading 5.9% of supported working-age adults with learning disabilities are in paid employment. This is similar to England (5.6%), and there has been a decline over time.

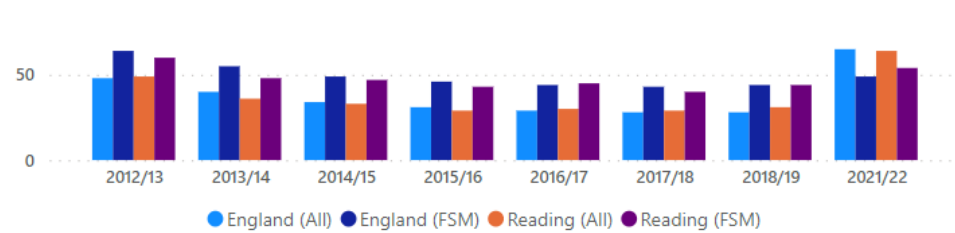
PRIORITY 3: Help families and children in early years, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Explore a more integrated universal approach that combines children's centres, midwifery, health visiting as outlined in the Best Start for Life report. This will aim to improve the health, wellbeing, development, and educational outcomes of children in Reading	Green	Health Visiting service run Well Baby Clinics and 3-month, 9 month and 2 year checks in Children's Centres. Drop-in clinics have been re-introduced for breastfeeding support and BHCFT are in the process of commissioning peer support. Safer sleeping and coping with crying is being run integrally to all baby groups and parenting across Reading Childrens centres.
2. Work to provide evidence-based support for mothers, fathers, and other carers to help prepare them for parenthood and improve their personal and collective resilience during pregnancy and throughout the early years.	Green	Evidence based, trauma informed, parenting programmes (Mellow Parenting) are now established and being delivered on a rolling programme for families. This includes Mellow Bumps, Babies and Toddlers. The fathers to be support is also now established, good links through the infant hub established with maternity services that is seeing consistent signposting of father and now self-referrals.
3. Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading	Amber	Recruitment to the Parent Champion volunteer roles continues. Information to recruit new champions has been shared via the Family Information Services' mailing list, EY providers, Children's Centres and via social media. The two-year-old funding take up dipped to 60% during Summer 2023, however the take up has increased for the Autumn term to 63.19%. Following on from the Autumn term headcount, approx. 150 eligible two-year-old children were identified as not registered with a Reading provider, and as such, their families were sent information about the Time for Twos and Baby Boost sessions. Work to promote the 2-year-old funding scheme continues with the Family Information Service (FIS) providing childcare brokerage support to 634 Reading families eligible for a 2-year funded place between 1 Jan 2023 and 14 th November 2023. The 2-year funding page on the FIS directory continues to be in the top 10 most visited between 1 January 2023 - 14 th November 2023 with 7,716-page events which is an increase from the last reporting period. The Time for Two's sessions continue to be delivered by BFfC Children's Centres for those children eligible but not able to take up a place locally to their home. Baby Boost continues to prepare the cohort for nursery through a variety of sessions and 1-1 home visits.
4. We will ensure that early year's settings staff are trained in	Green	All early years providers have access to free national online training and local face to face training to strengthen their knowledge of TI practice and care. This includes:

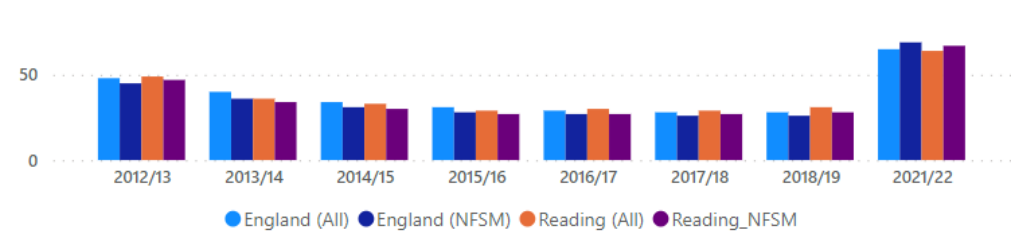
Action name	Status	Commentary (100 word max)
trauma-informed practice and care, know where to find information or help, and can signpost families		<ul style="list-style-type: none"> — Beacon House Level 1 – Trauma Informed — Beacon House Level 2 – Trauma Skilled — Child at the Heart – A Trauma Informed Approach (An offer provided by the EY service, and which incorporates Beacon House materials, a supportive discussion, adverse childhood experiences, healthy brain development, self and co - regulation, attachment, and communication styles) — Little People Big Feelings (Delivered by EP and MH service to parents and practitioners) <p>It is estimated that 150 practitioners (41 settings & childminders) have completed Trauma Informed Level 1 training, 67 practitioners (19 settings & childminders) have completed Trauma Skilled Level 2. Beacon House is an external training source, and the EY team are wholly reliant on practitioner notification, therefore the actual numbers are likely to be higher.</p> <p>52 practitioners (30 settings & childminders) have accessed Trauma Informed guided discussions.</p> <p>43 practitioners (18 settings & childminders) have completed Child at the Heart training.</p> <p>In addition, the EY's service has purchased 12 EP sessions for 2023-24 for the EY sector to gain emotional wellbeing support and advice.</p> <p>Next there are plans to develop the 'EY professionals' section of the website to include a bank of trauma informed resources.</p>
5. We will publish clear guidelines on how to access financial help; tackle stigma around this issue where it occurs.	Green	<p>The Reading Job Centre Employment Advisor, continues to be co-located with BFfC, works closely with Children's Centre to provide parents/carers with informal opportunities to discuss benefits and work. This includes one off benefit checks and 1-2-1 tailored support. The Employment Advisor also acts as a link with Job Coaches ensuring they are up to date with information on funded childcare provision.</p> <p>FIS has dedicated sections for childcare and family money. These sections include information on funded childcare, debt management and universal credit.</p>
6. Develop a speech, language, and communication pathway to support the early identification and low-level intervention to prevent later higher cost services	Green	<p>The SLCN pathway is established & the main priority is to promote this as parent/carers & professionals are not fully aware of the SLCN pathway support available before referring to SALT. Comms are developing the parent/carer hub & webinar for professionals.</p> <p>SALT waiting time continues to decrease and is now estimate 4 months for accessing SALT. The triage service supports and gives advice to parents. The service is setting up an instant access line.</p> <p>The Speech and Language Champions scheme is now in its second year with 43 champions enrolled in the programme. There has been an overall improvement in champions confidence levels including 90% reporting an increase in confidence in creating communication friendly environments.</p> <p>The Wellcomm speech and language tool has been piloted and reviewed by the Best Start for Speech, Language, and Communication multiagency working group. 20% of children who had a review using the Wellcomm tool made progress in year 1. The Wellcomm tool is now being introduced to the children centre model to continue its success with targeted children who would benefit from this.</p>
7. Explore the systems for identification of need for ante natal and post-natal care of pregnant women and unborn/new-born babies to reduce non-accidental injuries	Green	<p>BFfC Children's Social Care and Health completed joint work on pre-birth assessments for those children where there are safeguarding concerns. In addition, the work completed by BWSCP.</p> <p>There is close working established with Children's Centres, maternity services, and health visiting. BFfC has two staff focused on supporting families pre-and post-birth (Infant Coordinator and Infant Family Support Worker). They work closely with midwifery both in the hospital and the community.</p> <p>All Children's front line staff have received the Lullaby trust training in safer sleeping and NSPCC training in coping with crying.</p>

Priority 3 - Key indicators

3.1 School readiness (Free School Meal status - FSM)

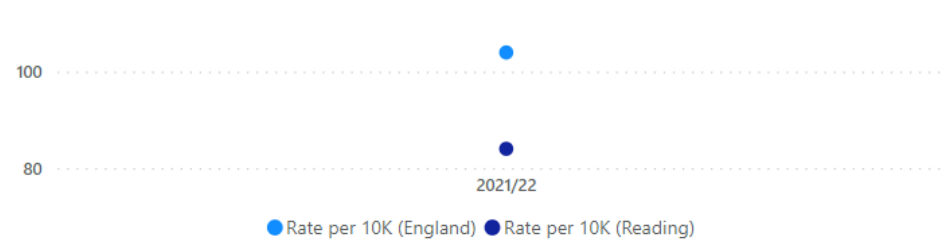


3.1 School readiness (Non Free School Meal status - NFSM)



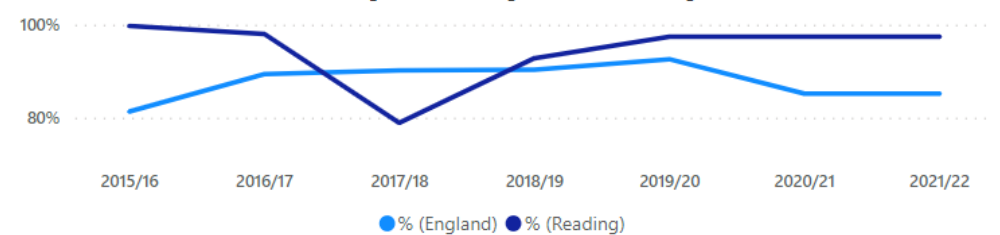
This indicator comes from the early years foundation stage profile (EYFSP) results and shows the percentage of children achieving a good level of development at Reception by free meal status. Reading has a higher percentage (53.5%) of children with free school meals achieving good development than England (49.1%), but a lower percentage (66.7%) of children with no free school meals achieving a good level of development than England (68.8%). Note: the statistical releases for 2019/20 and 2020/21 were canceled. Due to the 2021/22 EYFS reforms, it is not possible to directly compare the 2018/19 and 2021/22 figures. Any changes in the proportion of children eligible for free school meals are likely due to changes in eligibility criteria or population rather than the EYFSP publication.

3.2 Hospital admissions caused by unintentional and deliberate injuries in children (0-4 years)



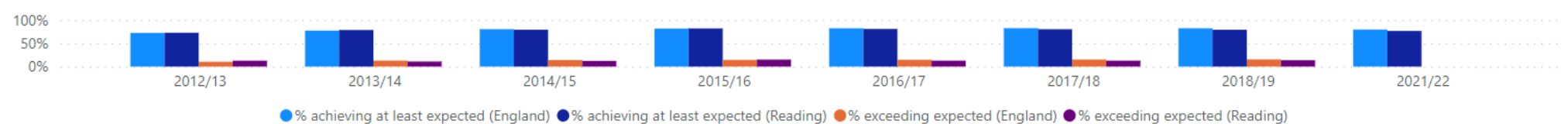
Reading has a significantly lower rate (84.1 per 10,000) of hospital admissions for unintentional and deliberate injuries in children aged 0-4 than England with 108.6 per 10,000. Note: there is no historic data for this indicator.

3.3 Percentage of children aged 2-2 1/2 receiving ASQ-3



The Ages and Stages Questionnaire-3 (ASQ-3) covers five domains of child development: communication, gross motor skills, fine motor skills, problem-solving, and personal-social development. Health visiting teams should have been using ASQ-3 as part of HCP two year reviews from April 2015. This indicator shows the proportion of 2-2½ reviews that use the ASQ-3. Reading has a higher percentage of children receiving ASQ-3 than England.

3.4 Percentage of 2-year-olds achieving at least 'expected' in communication and language in the Early Years Foundation Stage Profile

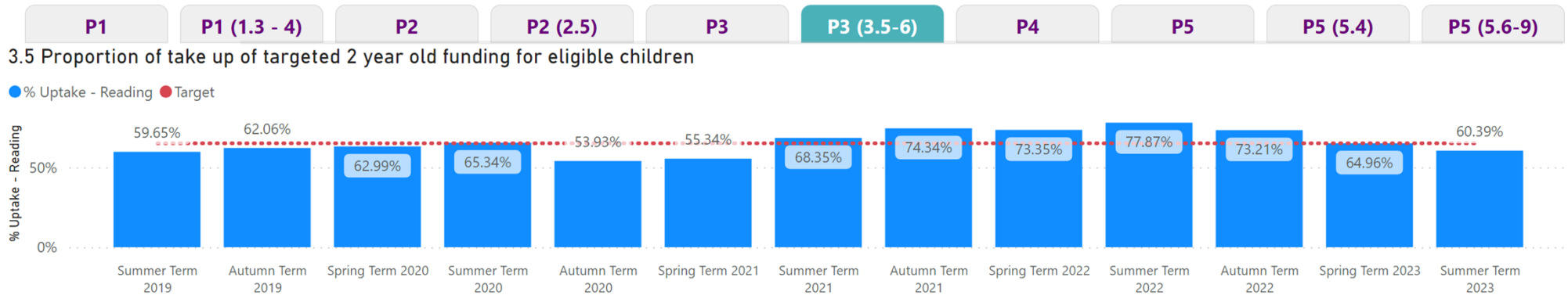


This indicator comes from the early years foundation stage profile (EYFSP) results and shows the percentage of children achieving at least the expected level in communication and language (a good level of development). Note: there was no data published during the two Covid-19 pandemic years. Data for Reading is not yet available for 2021/22.



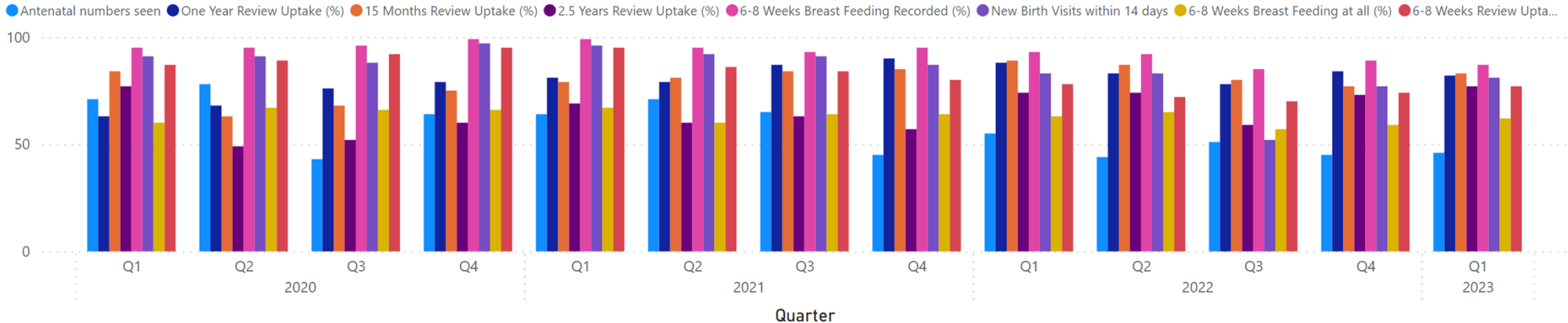
Health & Wellbeing Strategy Priorities

Priority 3 - Help families and children in early years



Currently the proportion of uptake of funding for eligible disadvantaged 2-year-old children is below the target of 65%.

3.6 Health Visiting Data



PRIORITY 4: Promote good mental health and wellbeing for all children and young people, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Provide early intervention for children and young people with the right help and support at the right time	Green	Our 2 Mental Health Support Teams and our Primary Mental Health Service, alongside our Educational Psychologists, continue to promote whole school approaches to mental health, and offer a range of training and workshops to nursery, school and college staff. We also offer regular free mental health surgeries to every setting. Oxwell Survey data showed 65% of those children in Reading that completed the survey knew how to access mental health support, compared to 49% nationally. The early identification and intervention is making a difference to children, young people and their families, as can be seen from this quote: "It 100% met my needs. Our sessions felt like a conversation - we talked through things together and I felt heard, understood and respected. This had not been my experience from professionals before. I appreciated the adaptability - we met face to face and online but we also did a session on the phone when this felt easier for me". MHST closely monitors and encourages uptake of the SMHL training.
2. Support settings and communities in being trauma informed and using a restorative approach	Green	The Task and Finish group has met twice and organised training on adapted Therapeutic Thinking schools for our Early Years provision. We are interviewing secondary school Head Teachers about their school's uptake of Therapeutic Thinking Schools, and what the barriers might be. The survey will then be extended across secondary school staff. Alternative Provision will also be surveyed. The tools for TTS will then be adapted and relaunched as necessary. Two local secondary schools are going to showcase their use of TTS.
3. Coproduction and collaboration with children and young people, families, communities and faith groups to shape future mental health services and in delivering transformation of mental health and emotional wellbeing services	Green	MHST run School Mental Health Ambassadors training and we are investigating whether Reading College and Public Health can partner with us to offer Level 1 or Level 2 PH Awards. MHST run workshops with Children and Young People and their views inform service delivery. For example, the Assistant Educational Psychologist ran focus groups with children and young people from Global Majorities on their opinions of accessing mental health services, leading to recommendations for schools and commitments from local partners around inequalities in mental health work. We are looking at Inequalities in Mental Health in regard to Neurodiversity. We are developing a neurodiversity-affirming paradigm. We link closely with No5 and Starting Point and Autism Berkshire all of whom have excellent coproduction and collaboration work with children and young people. We are beginning to link more closely with Adults mental health colleagues to learn from them about their community based partnership and coproduction approaches.
4. Develop an easy to navigate local mental health and emotional wellbeing offer for children, young people, parents, carers and professionals/practitioners	Green	This is on-going and small steps are made by developing the work above. We hold mental health triages within BfFC to ensure children are seen by the most suitable mental health service to meet their needs. We are constructing a list of parent/carer groups for practitioners to go out to and visit e.g. Fifi's Vision.
5. Identify and provide services for targeted populations i.e. the most vulnerable children and young people to ensure equality of access to support and services	Green	We are running 2 task and finish groups on inequalities in mental health - in regard to Global Majorities and Neurodiversity. We are beginning on a journey of sharing the neurodiversity-affirming paradigm and will work in partnership with parents/carers, schools, social care, SEND and health; we will offer training, and link closely with Autism Growth Approach, and develop our local commitment to needs- and strengths-led profiling tools, with neurodiversity-affirming adaptations where needed. We have a newly appointed Assistant Psychologist who will be developing work on inequalities in mental health due to gender and identity.
6. Recovery after Covid-19/ adolescent mental health	Green	Our EBSA team is funded until March 2024. They have worked with 39 young people (aged 11-16y) and 36 have returned to education, at an average cost of £6400 per child. Their attendance and mental health will be tracked for longitudinal impact.
7. Local transformation plan	Green	Waiting for an update but we continue to focus on priorities outlined in the existing plan (BOB ICB)

Priority 4 - Key Indicators

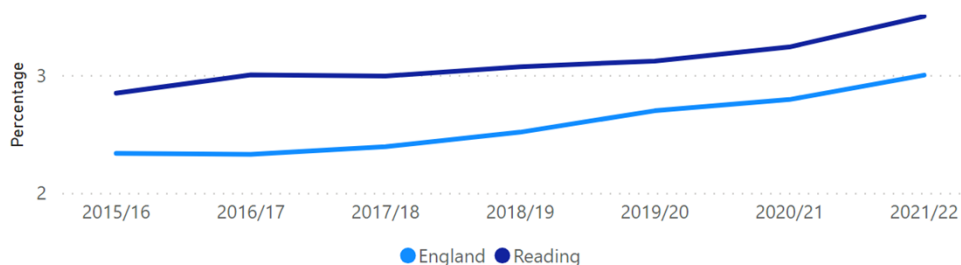


Health & Wellbeing Strategy Priorities

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

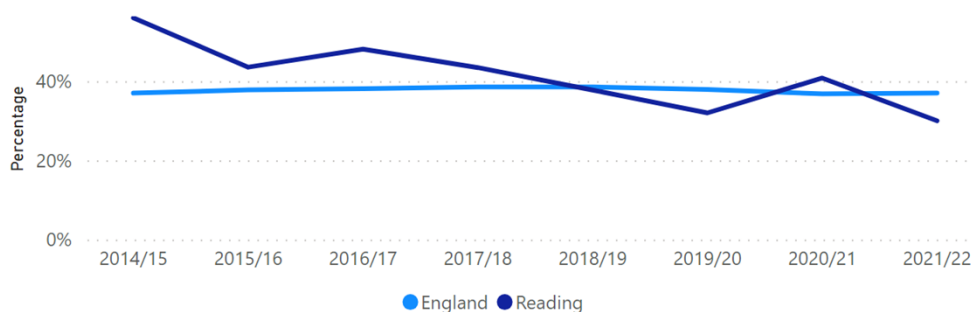


4.1 School-aged children with social, emotional, and mental health needs



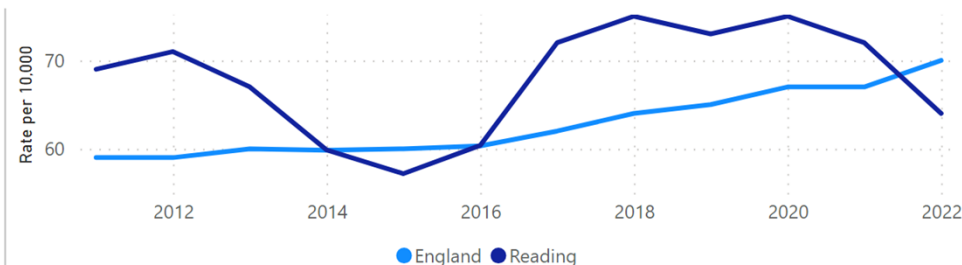
The indicator shows the proportion of school children with Special Education Needs (SEN) who are identified as having social, emotional and mental health as the primary type of need, expressed as a percentage of all school pupils. Reading has a slightly higher percentage (3.5%) of pupils with social, emotional and mental health needs than England (3.0%).

4.3 Children looked after whose emotional well-being is a cause for concern



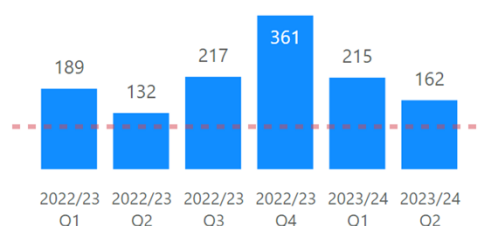
The indicator shows the proportion of all looked-after children aged between 5 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31 March whose SDQ score was 17 or over. Reading has a higher proportion (40.8%) of looked after children whose emotional well-being is a cause for concern than England (36.8%).

4.2 Children in care

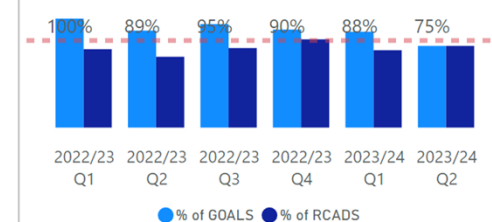


The indicator shows the rate of children looked after at 31 March for each year (rate per 10,000 population aged under 18 years). Reading currently has a lower rate of looked after children compared with England, with 64 per 10,000 and 70 per 10,000 respectively.

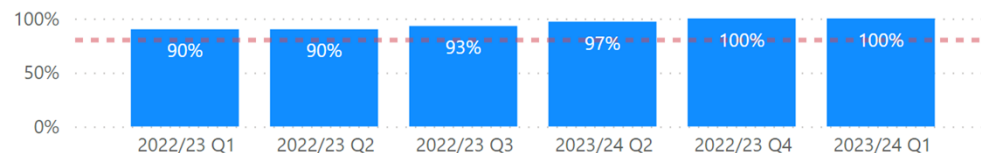
4.4 Number of referrals to the Mental Health Service Team (MHST)



4.5 Percentage of children and young people engaged with MHST who have moved toward their goals



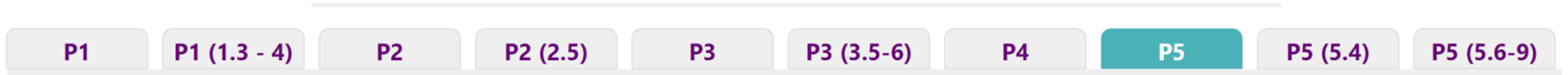
4.6 Percentage of children and young people working with the Primary Mental Health Team who have moved towards their goals



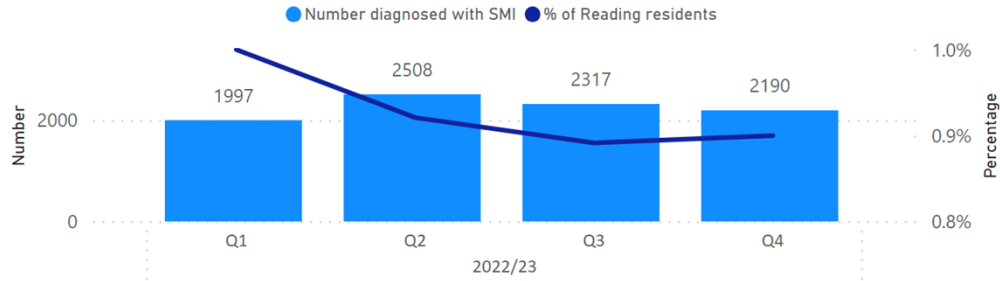
PRIORITY 5: Promote good mental health and wellbeing for all adults, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Raise mental health awareness and promote wellbeing	Green	Partners and stakeholders in the Mental Health and Wellbeing Group have continued to meet and review their ongoing work to promote awareness of mental health and wellbeing.
2. Address social factors that create risks to mental health and wellbeing, including social isolation and loneliness	Green	The Mental Health and Wellbeing Group have agreed to progress and application to become signatories of the Prevention Concordat for better mental health which will help to provide a strategic systematic approach to the determinants of mental health.
3. Focus targeted support on groups at greater risk of experiencing mental health challenges, loneliness and social isolation and health inequalities in order to support early identification and intervention	Green	Partners and stakeholders in the Mental Health and Wellbeing continue to deliver a range of support for groups at greater risk. One such example is the Ready Friends project which is delivered by Reading Voluntary Action, and the Befriending Form which runs on a quarterly basis.
4. Foster more collaborative working across health, care and third sector services to recognise and address mental health support needs	Green	The Mental Health and Wellbeing Group have continued to meet quarterly to collaborate around the data about needs in the borough and to exchange good practice.
5. Develop and support peer support initiatives, befriending and volunteer schemes, particularly recognising the impact of Covid-19 on smaller voluntary sector groups	Amber	Specific peer support initiatives and befriending schemes have yet to be developed beyond the existing work taking place within the partners and stakeholders in the Mental Health and Wellbeing Group. The priority area five implementation plan will seek to ensure that mental health and wellbeing needs are addressed through the community health champions network
6. Build the capacity and capability across the health and social care workforce to prevent mental health problems and promote good mental health	Green	The Compass Recovery College continue to offer a programme of courses that are available to the wider health and social care work force.
7. Support people affected by Covid-19 with their mental wellbeing and associated loneliness and isolation	Green	The Compass Recovery College continue to offer a programme of courses that are available to the wider health and social care work force. Reading Integration Board has awarded a project grant to Reading Voluntary Action to deliver an 18 month training programme for wellbeing practitioners across the Reading voluntary and community sector including Dementia awareness, Equality, diversity and inclusion (focus on BAMER and intersectionality), Menopause, Learning disabilities, Neurodiversity, Making Every Contact Count, Motivational interviewing and behavioural change, Mental health (incl. conditions described as SMI), Identifying and managing healthy boundaries, Safeguarding for VCOs X 3
8. Develop local metrics to measure progress linked to Reading Mental Health Needs Assessment	Amber	The development of a set of local metrics for the mental health needs assessment has progressed well over the summer and autumn. The health needs assessment has not yet been completed and so the indicator is Amber. The work has also been linked with the development of a dashboard for the health and wellbeing strategy.

Priority 5 - Key indicators

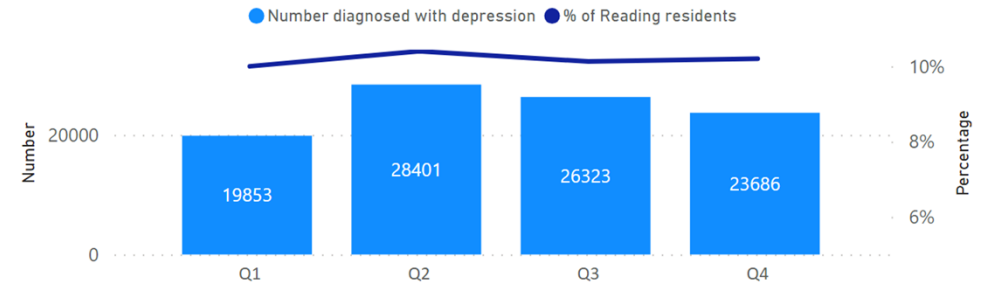


5.1 Number of people diagnosed with SMI



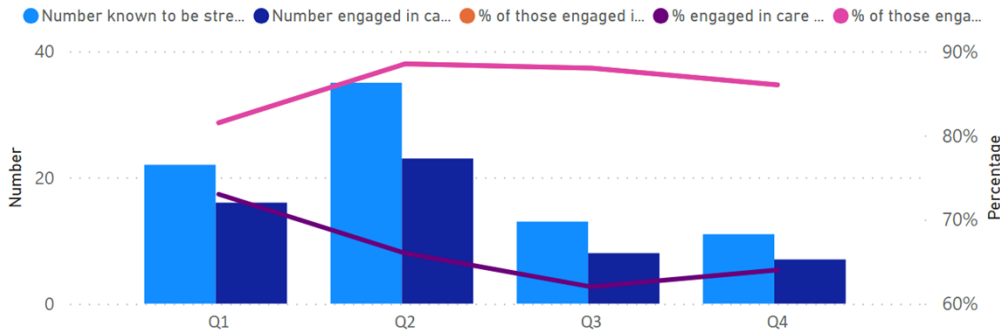
The prevalence of Serious Mental Illness is currently at 0.9% in Reading. Although the number of patients has decreased over time, the prevalence has remained at the same level.

5.2 Number of people diagnosed with depression



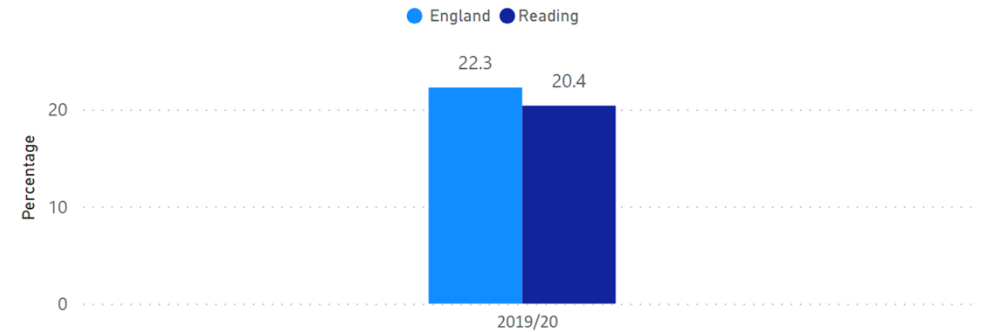
The prevalence of depression has been similar over time at around 10% of the total registered population.

5.3 Number of drug and alcohol outreach support to the street homeless population



The indicator shows the number of known street homeless individuals and those who engaged with the drug and alcohol team for treatment. It also shows the proportion of those engaged with the drug and alcohol team who remain in treatment for at least three months, and the proportion of those who receive a health intervention.

5.5 Loneliness: percentage of people who feel lonely often, always, or some of the time



This indicator comes from the Active Lives Adult Survey, Sport England. It shows the percentage of adults (aged 16 and over) that responded to the question "How often do you feel lonely?" with "Always or often" or "Some of the time".

P1

P1 (1.3 - 4)

P2

P2 (2.5)

P3

P3 (3.5-6)

P4

P5

P5 (5.4)

P5 (5.6-9)

5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - Low happiness score



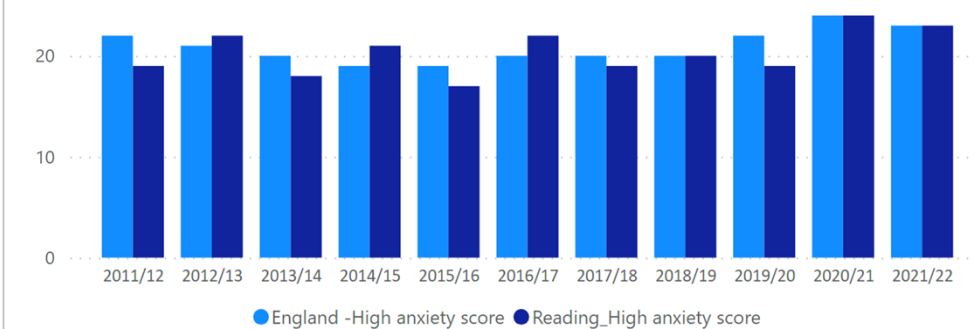
5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - Low satisfaction score



5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - Low worthwhile score

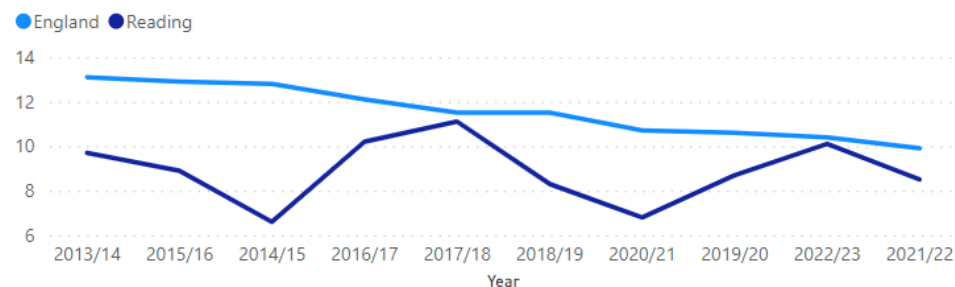


5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - High anxiety score



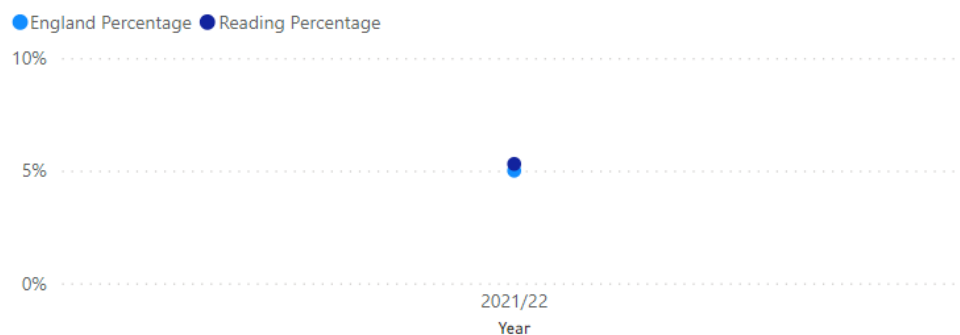
The indicators comes from the Annual Population Survey (APS). The indicators are based on the four questions below: Overall, how satisfied are you with your life nowadays? Overall, how happy did you feel yesterday? Overall, how anxious did you feel yesterday? Overall, to what extent do you feel the things you do in your life are worthwhile? Responses are given on a scale of 0 to 10 (where 0 is "not at all satisfied or happy or anxious or worthwhile" and 10 is "completely satisfied or happy or anxious or worthwhile").

5.6 Gap in employment rate between those with a physical or mental health long-term condition (aged 16-64) and the overall employment rate Gap 2021/22 – percentage points



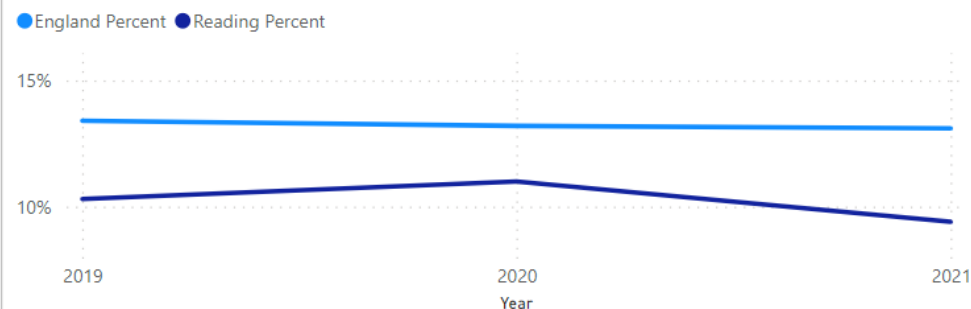
This indicator shows the percentage point gap between the percentage of respondents in the Labour Force Survey who have a long-term condition who are classified as employed (aged 16 to 64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64). In Reading the gap (10.1) is similar to England (10.4).

5.8 Unemployment rate (%)



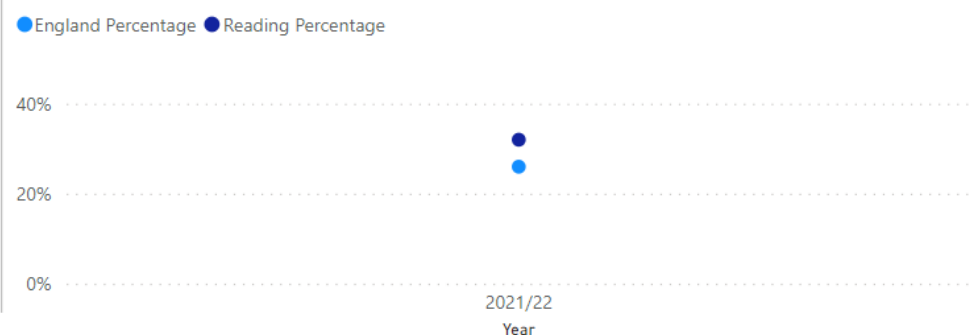
The indicator shows the percentage of the working-age population who are claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work. The overall unemployment rate in Reading is similar to England. Note: this is a new indicator that replaces the previous model-based unemployment rate and there is n...

5.7 Fuel poverty (low-income low energy efficiency methodology)



The percentage of households in an area that experience fuel poverty based on the "low income, low energy efficiency (LILEE)" methodology. Reading has a lower percentage of households experiencing fuel poverty (9.4%) than England (13.1%).

5.9 Adults in contact with secondary mental health services who live in stable and appropriate accommodation (%)



The percentage of adults aged 18-69 who are in contact with mental health services and live independently. Reading has a significantly higher percentage (32%) than England (26%).

WHB Strategy 2021/30 Priority Name	Indicator Name (with link to the datasheet)	Data Source	Link to the data	Update frequency	Time periods
PRIORITY 1: Reduce the differences in health between different groups of people	1.1 Disease prevalence in all registered population compared with prevalence in registered population in the most deprived areas (quintiles 1&2)	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly	December 2022, June 2023, October 2023
	1.2 Proportion of all registered patients who have had a health check, compared with the proportion of those who have had a health check in the most deprived areas (quintiles 1&2)	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Quarterly	2022/23
	1.3 Proportion of current smokers in all population and in the most deprived (quintiles 1&2)	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly	Oct-23
	1.4 Proportion of overweight and obese population in all areas and in the most deprived (quintiles 1&2)	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly	Oct-23
PRIORITY 2: Support individuals at high risk of bad health outcomes to live healthy lives	2.1 Inequality in life expectancy at birth by gender - Slope Index of Inequality (years)	OHID - Public Health Outcomes Framework	Public Health Outcomes Framework - OHID (phe.org.uk)	Annually	2010/12 to 2018/2020
	2.3 Dementia diagnosis rate in people aged 65+ as a percentage of those estimated to have dementia (%)	NHS Digital and OHID Fingertips	Primary Care Dementia Data - NHS Digital	Monthly	May 2021 to July 2023
	2.4 Number and rate of people sleeping rough (annual snapshot)	Department for Levelling Up, Housing and Communities	Tables on rough sleeping - GOV.UK (www.gov.uk)	Annually	2010 to 2022
	2.5 Proportion of supported working-age adults with learning disabilities in paid employment (%)	OHID Fingertips - Learning Disability Profiles	Learning Disability Profiles - Data - OHID (phe.org.uk)	Annually	2014/15 to 2019/2020
PRIORITY 3: Help families and children in early years	3.1 School readiness	Department for Education	https://explore-education-statistics.service.gov.uk/find-statistics/early-years/foundation-stage/profile-results/2021-22	Annually	2012/13 to 2021/22
	3.2 Hospital admissions caused by unintentional and deliberate injuries in children (0-4 years)	OHID - Child and Maternal Health	Public health profiles - OHID (phe.org.uk)	Annually	2021/22
	3.3 Proportion of children aged 2-2 1/2 yrs receiving ASD-3 as part of the Healthy Child Programme or integrated review	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2015/16 to 2020/21
	3.4 Percentage of 2-year-olds achieving at least 'expected' in communication and language in the Early Years Foundation Stage Profile	Department for Education	Early years foundation stage profile results: 2018 to 2019 - GOV.UK (www.gov.uk)	Annually	2012 to 2022
	3.5 Proportion of take up of targeted 2 year old funding for eligible children	Early Years Team	The data can be requested from Rebecca Gisson (rebecca.gisson@brighterfuturesforchildren.org) or Lorna McGifford (Lorna.McGifford@brighterfuturesforchildren.org)	Term	Summer term 2019 to Summer term 2023
	3.6 Health Visiting (Antenatal numbers seen, New birth visits within 14 days, 6-8 weeks review uptake %, with 8 weeks, 6-8 weeks breastfeeding % recorded, 6-8 weeks breastfeeding % at all, 1 year review uptake %, 15 months review uptake %, 2.5 years review uptake %)	Health Visitors	Berkshire West PH Hub - Home (sharepoint.com)	Quarterly	Q1 2020 to Q1 2023
PRIORITY 4: Promote good mental health and wellbeing for all children and young people	4.1 School pupils with social, emotional, and mental health needs	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2014 to 2021
	4.2 Children in care	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2011 to 2021
	4.3 Looked after children whose emotional well-being is a cause for concern	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2014-21
	4.4 Number of referrals to the Mental Health Service Team (MHST)	Brighter Futures for Children	The contacts for this data are: ross.locke@brighterfuturesforchildren.org or deborah.hunter@brighterfuturesforchildren.org	Quarterly	FY 2022/23 and Q1&4 2023/24
	4.5 Children and young people engaged with MHST who have moved toward their goals	Brighter Futures for Children	The contacts for this data are: ross.locke@brighterfuturesforchildren.org or deborah.hunter@brighterfuturesforchildren.org	Quarterly	FY 2022/23 and Q1&4 2023/24
	4.6 Percentage of children and young people working with the Primary Mental Health Team who have moved towards their goals	Brighter Futures for Children	The contacts for this data are: ross.locke@brighterfuturesforchildren.org or deborah.hunter@brighterfuturesforchildren.org	Quarterly	FY 2022/23 and Q1&4 2023/24
PRIORITY 5: Promote good mental health and wellbeing for all adults	5.1 Number of people diagnosed with SMI	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly*	2022/23
	5.2 Number of people diagnosed with depression	Frimley Local Insights (Connected Care)	Connected Care System Insights - Power BI	Monthly*	2022/23
	5.3 Number of drug and alcohol outreach support to the street homeless population	Intensive and Engaging Rough Sleeper Service (IAE)	The contact for this data is Sally Andersen (sally.andersen@reading.gov.uk)	Quarterly	Q1-Q4 2022/23
	5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile)	OHID - Common Mental Health Disorders	Common Mental Health Disorders - OHID (phe.org.uk)	Annually	2011 to 2022
	5.5 Loneliness: percentage of people who feel lonely often, always, or some of the time	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2019/20
	5.6 Gap in employment rate between those with a physical or mental health long-term condition (aged 16-64) and the overall employment rate Gap 2021/22 - percentage points	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2013/14 to 2021/22
	5.7 Fuel poverty (low-income low energy efficiency methodology)	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2019 to 2021
	5.8 Unemployment rate (% of working age population claiming out of work benefits)	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2021/22
	5.9 Adults in contact with secondary mental health services who live in stable a	OHID - Public Health Profiles	Public health profiles - OHID (phe.org.uk)	Annually	2021/22