READING HEALTH AND WELLBEING BOARD

Date of Meeting	12 July 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/ Mary Maimo
Job title	Public Health and Wellbeing Manager
Organisation	Reading Borough Council
Recommendations	1. That the Health and Wellbeing Board notes the following updates contained in the report: **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. **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. **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. **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). **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.

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 Appendices A and B, 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. Full data for key indicators for each priority is provided in the full Health & Wellbeing Dashboard Report (Appendix B).

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 2024	✓	✓
October 2024	✓	✗
January 2025	✓	✓
March 2025	✓	✗

3. The Proposal

3.1. Overview

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

This priority is being led through the Reading Integration Board (RIB), which has a programme of projects which 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. The Programme of work includes a range of projects to support people who may find it more difficult to access services. Through the Better Care Fund there are commissioned services to support people with early onset Dementia, and the service is looking at ways in which they can engage with people by linking in with other joint services, such as Compass Recovery College and the Community Wellness Outreach project (CWO). We know that people living in areas of deprivation, and particularly people from ethnically diverse backgrounds in those communities, tend to have poorer health outcomes. The Outreach sessions will not only deliver a full NHS Health Check but will provide a range of wellbeing support such as financial advice, mental health awareness and people will be supported to reach the services that will have the best impact for their overall wellbeing. 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 heath check to identify potential long-term conditions.

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

The ONS Census (2021) shows that there is a larger proportion of people from an Indian, Pakistani, Asian or African ethnicity in Reading, compared to the ratios for England. The Reading Integration Board are supporting the delivery of the Community Wellness Outreach (CWO) project, of providing NHS Health Checks and wrap around wellbeing support within these communities, and at the end of May, 59% of the people receiving a check were from ethnically diverse backgrounds and 34% of those were from an Asian or Asian/British ethnic group. One of the case studies shared: Supported a 53-year-old female, non-English speaker with dentist registration. At her wellness check she expressed this was affecting her health as was in pain and did not know how to get a dentist. Registered her with an NHS dentist and made first available appointment in June. Provided information in separate calls to her and her daughter (English speaking and working) regarding the process for dentist appointments in England, her daughter supports her but did not know what how to access NHS dentists. She had had an emergency dentist appointment because of the pain and was worried about how to afford costs for future. Has an HC2 code for entitlement to NHS treatment.

Priority 3 – Help families and children in early years

This priority area is an area of focus and delivery for Brighter Futures for Children (Family help, safeguarding and Education) alongside the One Reading Children and Young People's Partnership, the Family Information Service (FIS) and other relevant services/stakeholders.

Seven strands of Priority 3 were agreed, following a review of what has been achieved in Spring 2024, it was noted that most actions identified are now business as usual and/or complete. A significant achievement is the 0-5 service delivered by the Children's Centres which had no specific anti- natal parenting session, on identifying this gap the Children's Centres now offer anti-natal and post-natal, trauma informed parenting programmes. These are designed for both mothers and fathers (**Mellow Bumps** and **Dads to Be**). Added to this is the bespoke **Young Mums to Be** (YMTB) anti-natal parenting course (for Mum's aged under 21). All anti- natal Parenting courses are for targeted families and the uptake is good. Last year 28 mothers were supported to attend **YMTB,** 14 mothers to **mellow bumps** (anti-natal) and 13 mothers went on to compete **mellow babies, a post-natal parenting course. Further, over 40 dads attended Dads to Be** since 2023. Evidence shows 100% of the parents completing the above courses have improved their understanding and knowledge around welcoming a new baby.

A strand of the previous implementation plan that remains an area of focus is: **Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading**). This is alongside the working family childcare entitlement expanded offer from April 2024, to ensure sufficiency, demand etc (to be fully embedded by September 2025).

This is being robustly monitored by the Early Years team working in partnership with FIS, monthly & quarterly data shared by FIS to Early Years, alongside the provider information that Early Years collect. We have good information on the offer on the FIS and Brighter Futures for Children (BFfC) websites (other LAs are using this to benchmark their information). FIS carry out track back with parents/ carers who have contacted FIS for the working entitlement (as well as other funded entitlements) any gaps, trends etc are being shared with BFfC through the quarterly reports.

Upon review of the priority and actions set, the following strands have also been agreed as areas of focus going forward:

- **Increase and develop the support available for children with SEND needs in early years (at home and when accessing early years provision)**

- There are a number of actions that relate to this strand; some relevant updates are, the Early Years SEND team identifies an action to create parent workshops for families with children with SEND to enable planned co production with parents and other services, speech and language pathway and webpage now available for both parents and practitioners progress tracking on take up of speech and language support, https://brighterfuturesforchildren.org/professionals/speech-language-and-communication-hub/ and https://brighterfuturesforchildren.org/for-parents-carers/speech-language-and-communication-for-under-fives and progress tracking is in place from September 2025 to identify the take up of this.

  Webinars are being developed and tool kits are now available for practitioners online to increase confidence and allow easy access to information, ordinarily available documents are being reviewed and produced by the RISE team. An Inclusion award has been relaunched and settings are required to be working towards to access inclusion funding.

The staff within Children's Centres (CC) are trained to Level 3 and have the skills to identify any emerging concerns on children's development. Last year 1,140 children in Reading attended a local CC some multiple times. There is a program designed to filter children with identified needs to specialist sessions with the CC signposting to external services. One of the Children's Centres targeted groups is **Tiny Talkers**, this is a bespoke session created by Speech and Language and Children's Centres. Last year 90 children were supported though a course with a 100% improvement in parent knowledge when the course was completed. The highest rate of referrals came from Health Visitors, Speech and Language therapists and parents with concerns. The Children's Centres provide a 6-week course to support school readiness with children transitioning. The focus is on offering places to our 2 year eligible children who cannot access a place in Reading. A 6-week programme is run each term. Future changes are underway to support school readiness for families with English as a second language.

The Children's Centres run targeted courses with SEND as the focus, they are currently delivering weekly groups. This will help identify emerging developmental issues in children.

- **Promote availability of information for vulnerable families in Reading, including those with no recourse to public funds.**

A pilot Family hub will be launched later this year to begin to integrate further accessible support within the community. Currently information for vulnerable families can be found via the Family Information Service/ SEND Local Offer and specifically for those with No Recourse to Public Funds,

through organisations such as Reading Refugee Support Group and Care4 Calais. Those with No Recourse however have very limited access and the focus will be to ensure robust signposting is in place and that the information is helpful, accessible and it is what families want and need. A focus will be to educate those that may come in to contact with vulnerable families and produce quality and detailed information that is easily accessible (and visible) to ensure vulnerable families know where to go to, what is available and how they can be supported.

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.

In Reading, we are promoting a whole school approach to mental health through our two Mental Health Support Teams (MHSTs), Primary Mental Health Team (PMHT) and the Educational Psychology Service (EPS) who work closely together to offer free training, mental health surgeries, workshops for school staff, parents and children and offer a range of specialist interventions. This is being further supported by the development of the RISE service, and the Virtual School whose work with schools focuses on therapeutic approaches and interventions for Children in Care.

Priority 5 – Promote good mental health for all adults

The reference group for Priority Area 5 is the Mental Health Network Group and its promotional work continues as previously reported . The next meeting will be in July following the publication of the Director of Public Health's Annual Report and before the annual conference. The network group is currently reviewing a model Public Mental Health Strategy from Grampian to identify lessons for our local system and has formed two task and finish groups to identify actions that contribute to two themes which were identified by the group as priorities beyond business as usual. The first is Mental Health Literacy, establishing shared language about mental health and wellbeing that is both understood by all stakeholders and is culturally competent. The second is a Primary Prevention Approach to mental health and wellbeing with a focus on action around physical activity and social inclusion. These priorities emerged from group discussion that formed part of the review of strategy actions. This aims to identify those actions which have become part of business of usual since the strategy was launched and new actions that can be achieved with in current capacity.

Suicide Prevention falls within this priority area and the Suicide Prevention Action Planning Group for Reading continues to meet quarterly. The group has overseen the delivery of suicide prevention training reported below and has begun a review of reporting arrangements to ensure that the recommendations and findings of inquests and safeguarding reviews inform ongoing professional practice and drive prevention action. Local action planning is underpinned by the Pan Berkshire strategy which coordinates action across Berkshire including real time surveillance and timely bereavement support.

- The Mental Health Group and its promotional work continues as reported above.
- Suicide Prevention training for frontline Reading Borough Council staff continues.
- The draft of the Mental Health Needs Assessment is in the final stages of preparation. Once the consultation and restructure of the Berkshire West shared public health team structure has been completed in Q2 2024 we hope to have a Public Health Analyst within the Reading team to help curate the Joint Strategic Needs Assessment and progress the development of local metrics.

Through our Public Health Communications contract with Blue Lozenge we have recently completed a promotional campaign in support of Mental Health Awareness week from 13 May to 19 May 2024 which continued throughout the month. The evaluation suggests that the campaign was well received. It aimed to encourage individuals to become more proactive about their personal mental health and was underpinned by themes of physical activity and linked with maintaining a healthy weight, smoking_cessation and reducing use of alcohol.

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

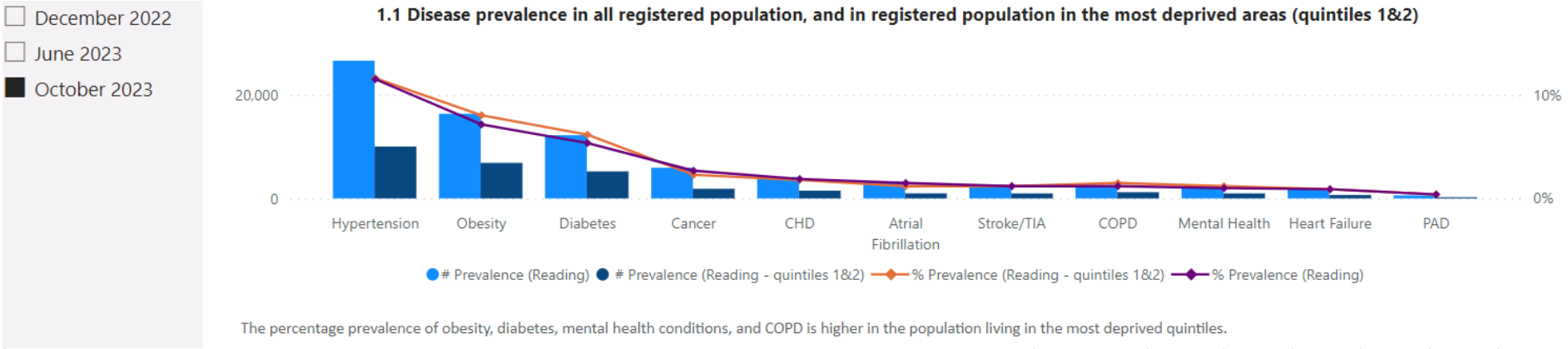
PRIORITY 1: Reduce the differences in health between different groups of people, Implementation Plan narrative update

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	Policy reviews are undertaken in line with Council procedure and health, wellbeing and climate impacts are considered throughout these processes.
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 provision of grants through the Better Care Fund to community organisations that are in areas of greatest need or higher levels of inequality in order to improve outcomes for people within our ethnically diverse communities. We have a Community Wellness Outreach programme that purposely targets focuses on groups of people who have not had a health check and through engaging with exiting community groups, as well as developing connections with new venues, has been effective.
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	We use connected care and the PHM Insights Dashboards to identify communities and groups with poorer health and wellbeing outcomes. These datasets highlight areas where there is a higher prevalence of smoking for instance, or people who were eligible for a health check but have not had one. We also work with other organisations to ensure we reach the people that need support in the place that is most comfortable for them. Our Community Health Champions are working with our Voluntary and Community sector to enable people to access the services they need to improve their health and opportunities for overall wellbeing. These dashboards are available to us to gain updates and insights into progress and overall improvements within the Reading area.
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 Key Indicators for our plan (included in this report), contains a graph for Priority 1, 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 categories with the highest prevalence are hypertension, obesity and diabetes. We have several programmes running to support people in early identification of these diseases and to then support them in tacking the health and wellbeing issues to improve their outcomes. Health food programmes run by our community networks, cooking lessons, some of which have a focus on diabetes, programmes of activity to suit the needs of people, from chair exercise classes with Reading Gateway Church, Parish Nurse (all welcome), to more progressive strength building and reconditioning through Get Berkshire Active.
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 work closely with Voluntary and Community sector partners in this area such as Association for Cohesion and Racial Equality (ACRE) and Reading Community Learning Centre, as well as Whitley Community Development Association and other community groups based within and reaching into communities to build trust and enable access to appropriate services to meet their needs. The JOY platform is used across Reading to enable easy referral to services and to identify gaps in the marketplace that can be highlighted together with the data that identifies a need. Our Place Based Partnerships team and Compass Recovery College also work in partnership with these organisations and communities to provide an integrated and collaborative approach to addressing challenges.
6. Ensure fairer access to services and support for those in most need through effective signposting, targeted health	Green	The Social Prescribers and Community Health Champions are key to building relationships with people in our communities, and in particular within our ethnically diverse populations to support and enable education about health and wellbeing and to promote screening programmes and health checks that are being delivered locally in communities – providing the information and encouraging engagement in the areas where people are most in need. These health and education programmes, and screening programmes are being well attended and feedback from community members has been very positive as being

education and promoting digital inclusion, all in a way that empowers communities to take ownership of their own health.		located within the community has made them more easily accessible. People are encouraged and supported to use the NHS App, and to find information and advice about what they can do to maintain or improve health and fitness.
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	There are a number of organisations supported through commissioned contracts, and smaller community grants for faith based and community organisations that specifically support people at higher risk of bad health outcomes. Pastoral support is provided alongside education about health risks and what opportunities there are to reduce risk and improve outcomes. The Parish Nurse project through Reading Gateway Church is a great example of community focused activities and provision of pastoral support. Communicare provide information and advice on benefits and other financial welfare issues, and we work with community leaders in our faith-based settings to ensure there are opportunities for people to access these services in a way that best meets their needs.
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	People who were at higher risk of poor outcomes due to contracting Covid-19, and leading to Long Covid or other complications are supported through the Long Covid programme being delivered by Primary Care. Our primary care and voluntary and community sector providers continue to be key participants in identifying health inequalities, especially those that were exacerbated by COVID-19, and enable onward referrals to appropriate support services. The JOY App is being used extensively across Primary Care and Social Prescribing services enabling people to access the right activities and information for them and a programme of delivering Health Checks in community settings to reach into communities is being delivered.

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)

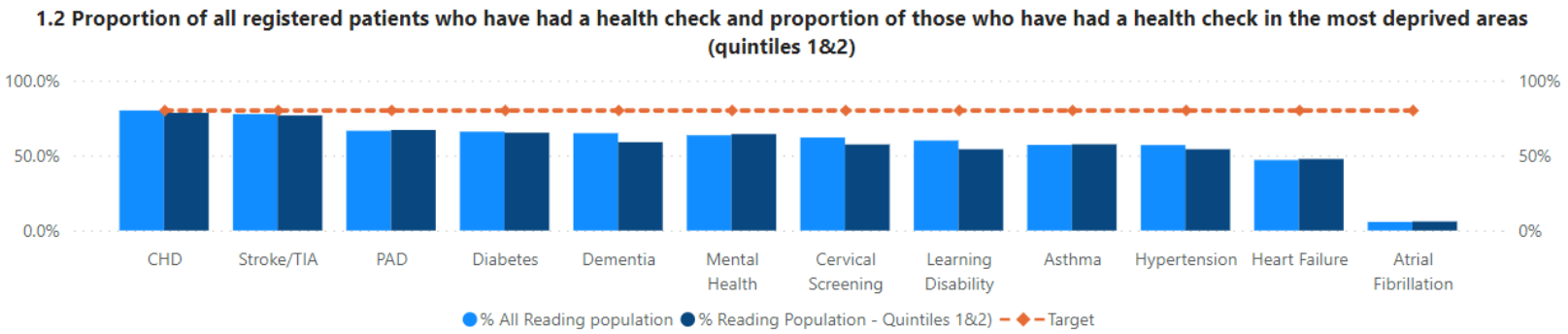
Population group	Disease	December 2022 - # Prevalence	December 2022 - % Prevalence	June 2023 - # Prevalence	June 2023 - % Prevalence	October 2023 - # Prevalence	October 2023 - % Prevalence	DOT
All Reading population	Hypertension	32,467	11.9%	30,608	11.8%	26,619	11.5%	
All Reading population	Atrial Fibrillation	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.

Period

- ☐ December 2022
- ■ March 2023



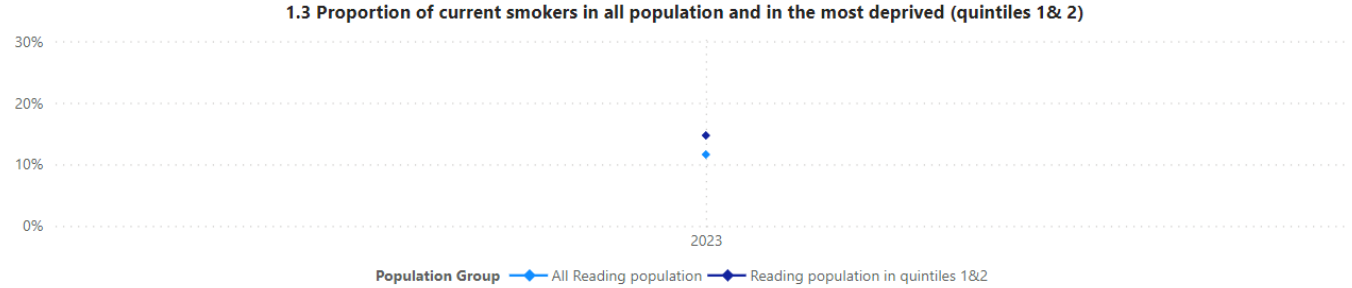
The percentage uptake of NHS health checks is lower for patients with dementia and learning disabilities in the most deprived areas. The uptake of cervical screening is also lower in the most deprived population.

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.

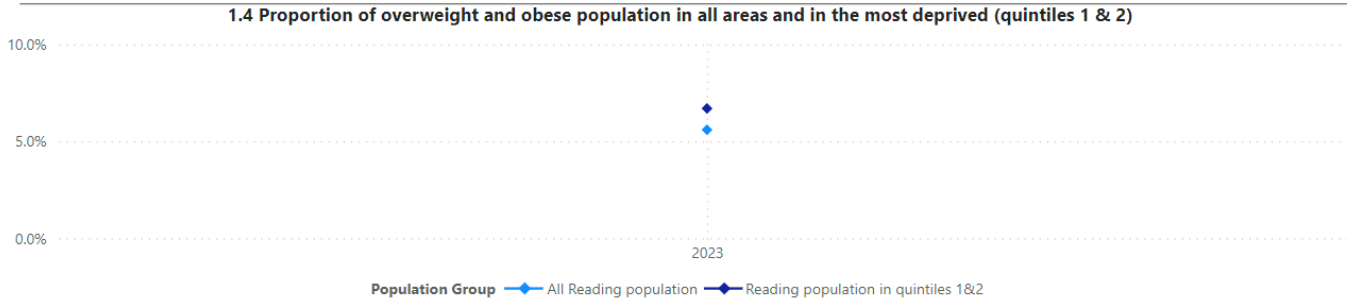
01 October 2023



Smoking prevalence is significantly higher in the most deprived population.

Period

01 October 2023



Registered prevalence of overweight and obesity is higher in the most deprived population.

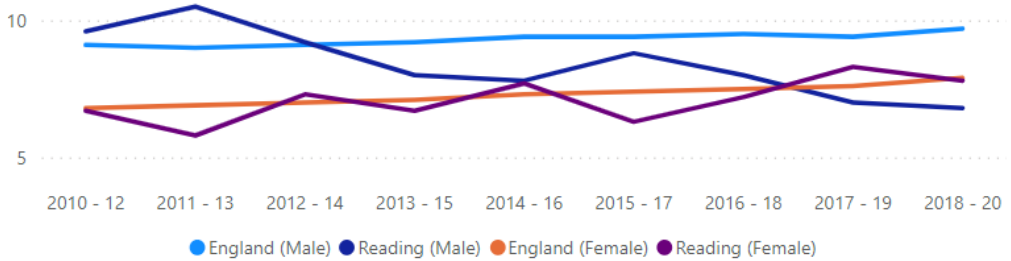
ICS Insights Evaluation Dashboard

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	The Community Wellness Outreach project of delivering NHS Health Checks in ethnically diverse communities, where there are higher levels of deprivation, are a key aspect of the work being undertaken to support people at higher risk. We are working with Primary Care services who sending messages to people in the target groups, who have never had a health check, as we know that if conditions go undetected then there is a higher risk of developing long term conditions such as diabetes and heart disease. Once someone has attended one of the Community Wellness Outreach sessions, they can be supported by the Social Prescribers for referral to other services to support their wellbeing.
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 data from the self-assessment is currently being processed. 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. Our Community Health Champions are working with our Voluntary and Community Sector partners to build relationships and confidence with people to know what support and information is available to them, and we fund Young People with Dementia services to provide activities, advice and information for people with early onset dementia to enable them to remain active and engaged within their communities.
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 Unpaid Carer's Strategy has been presented to the ACE Committee and we have funding through the Accelerating Reform Fund to develop pilot projects for Carer's Breaks and Identification of Unpaid Carers. We have a co-production group of people with lived experience and who are currently Carers, to support the development of the proposals for Carer's Breaks.
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 five 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. Rough sleepers will also be able to access the NHS Health Checks being delivered through the Community Wellness Outreach sessions in a variety of locations across Reading.
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	Reading are currently performing better than the England average for supporting people with a Learning Disability into employment. 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. 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.

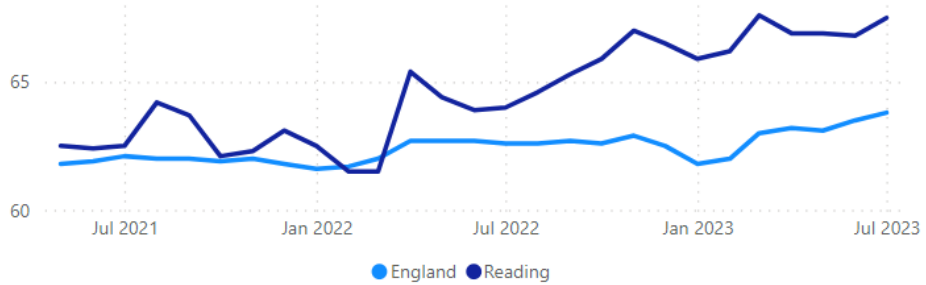
Priority 2 - Key indicators

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



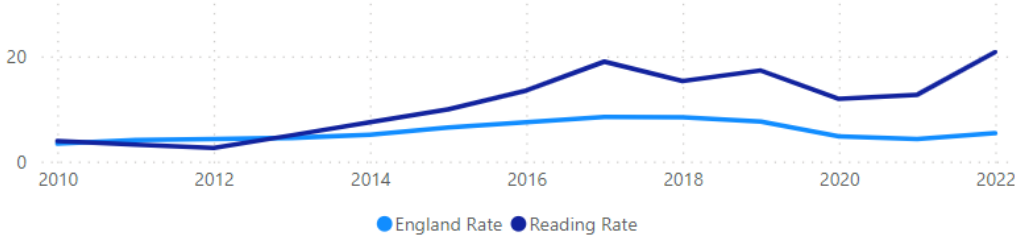
Life expectancy at birth is calculated for each deprivation decile of lower super output areas within each area and then the slope index of inequality (SII) is calculated based on these figures. The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with 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).

2.2 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%).

2.3 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.

2.4 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.

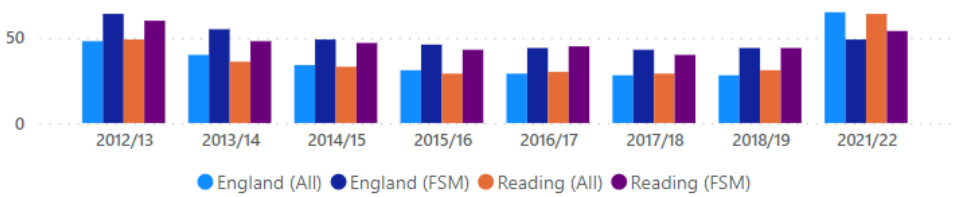
PRIORITY 3: Help families and children in early years, Implementation Plan narrative update

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	
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	
3. Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading	Amber	Between Spring 23 and Spring 24, take up has remained between 60%-65% for eligible 'targeted' two-year-olds. The take up for Summer 2024 is not yet available (as of 20/06/2024). Time for Two's continues to be delivered from Children's Centres for eligible two-year-olds to attend. A survey will be sent out (in July 2024) to the families of "unregistered children" to get a better understanding as to why their child was not accessing a place during Summer 2024. The results of the survey will inform the Early Years team of any areas to be addressed and/or development.
4. We will ensure that early year's settings staff are trained in trauma-informed practice and care,	Green	

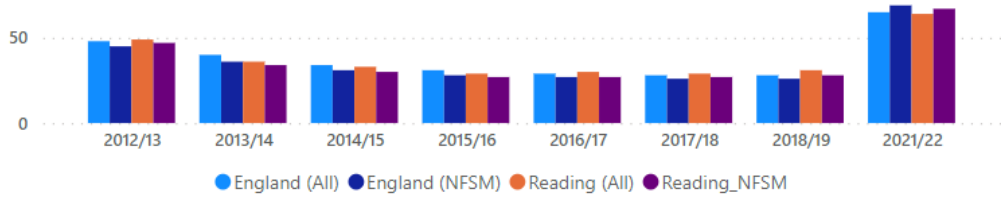
Action name	Status	Commentary (100 word max)
know where to find information or help, and can signpost families		
5. We will publish clear guidelines on how to access financial help; tackle stigma around this issue where it occurs.	Green	
6. Develop a speech, language, and communication pathway to support the early identification and low-level intervention to prevent later higher cost services	Green	
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	

Priority 3 - Key indicators

3.1 School readiness (Free School Meal status - FSM)

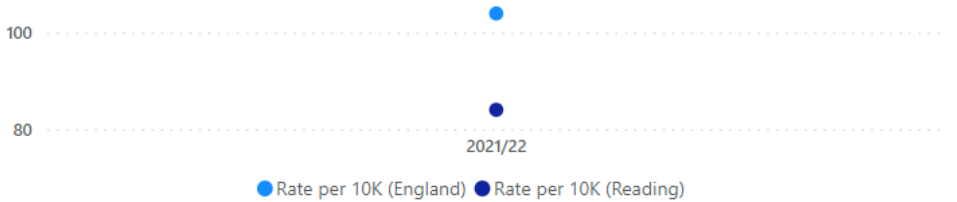


3.1 School readiness (Non Free School Meal status - NFSM)



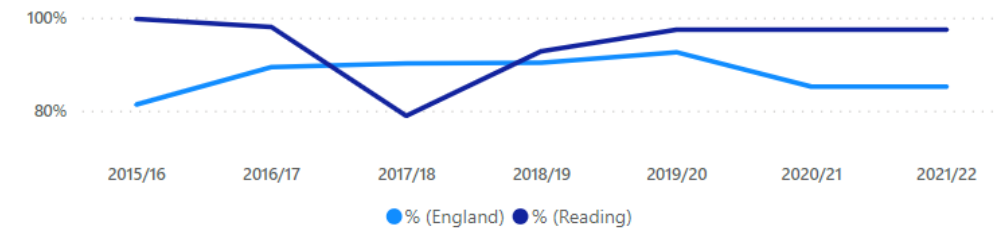
This indicator comes from the early years foundation stage profile (EYFSP) results and shows the percentage of children achieving a good level of development at Reception by free meal status. Reading has a higher percentage (53.5%) of children with free school meals achieving good development than England (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)



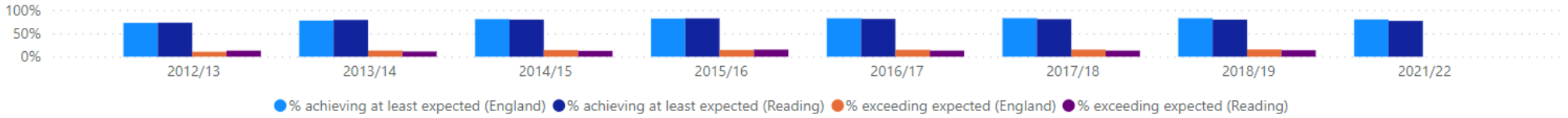
Reading has a significantly lower rate (84.1 per 10,000) of hospital admissions for unintentional and deliberate injuries in children aged 0-4 than England with 108.6 per 10,000. Note: there is no historic data for this indicator.

3.3 Percentage of children aged 2-2 1/2 receiving ASQ3



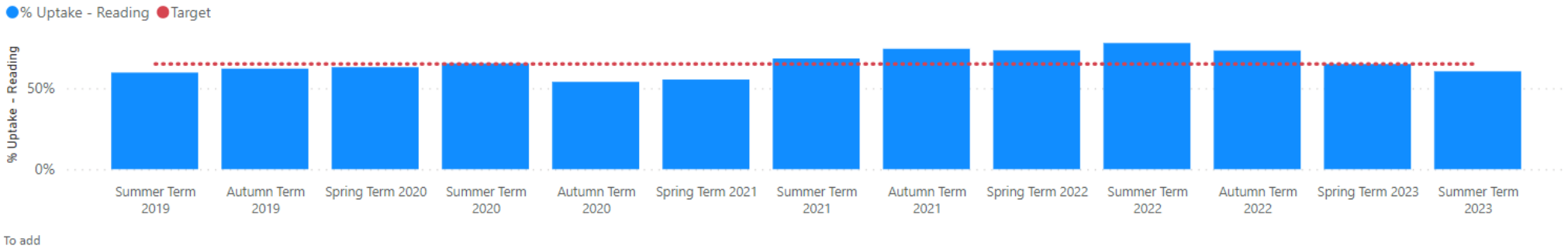
The Ages and Stages Questionnaire-3 (ASQ-3) covers five domains of child development: communication, gross motor skills, fine motor skills, problem-solving, and personal-social development. Health visiting teams should have been using ASQ-3 as part of HCP two year reviews from April 2015. This indicator 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



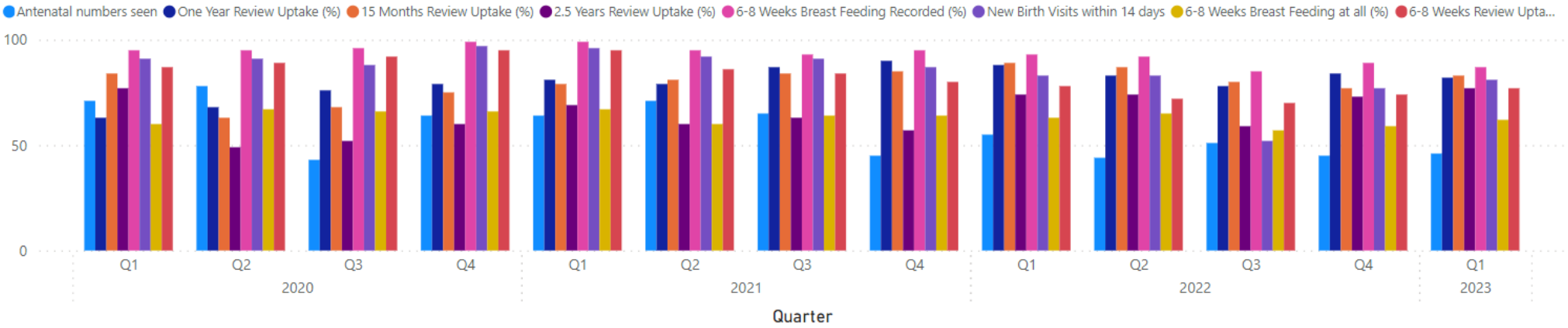
This indicator comes from the early years foundation stage profile (EYFSP) results and shows the percentage of children achieving at least the expected level in communication and language (a good level of development). Note: there was no data published during the two Covid-19 pandemic years. Data for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

3.5 Proportion of take up of targeted 2 year old funding for eligible children



To add

3.6 Health Visiting Data

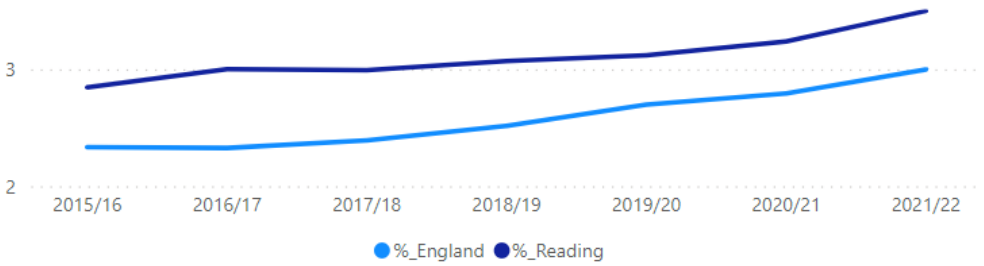


PRIORITY 4: Promote good mental health and wellbeing for all children and young people, Implementation Plan narrative update

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.
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.
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 ongoing. 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	
6. Recovery after Covid-19/ adolescent mental health	Green	Our EBSA team was 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	

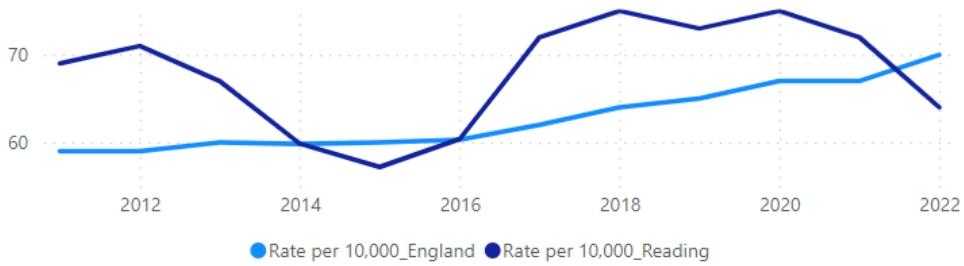
Priority 4 - Key Indicators

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



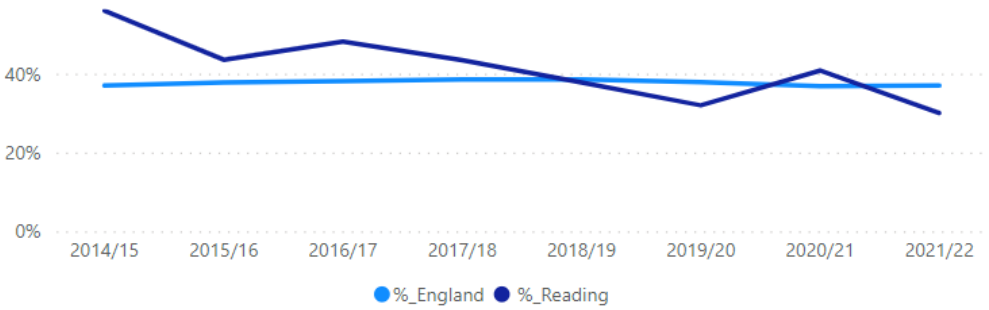
The indicator shows number and proportion of school children with Special Education Needs (SEN) who are identified as having social, emotional and mental health as the primary type of need, expressed as a percentage of all school pupils. Reading has a slightly higher percentage (3.5%) of pupils with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

4.2 Children in care



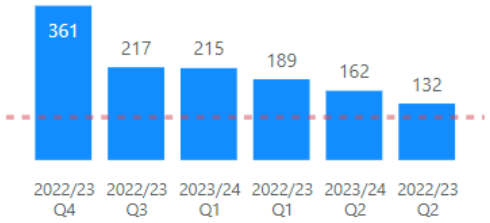
The indicator shows the number and rate of children looked after at 31 March for each year (rate per 10,000 population aged under 18 years). Reading currently has a lower rate of looked after children compared with England, with 64 per 10,000 and 70 per 10,000 respectively.

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

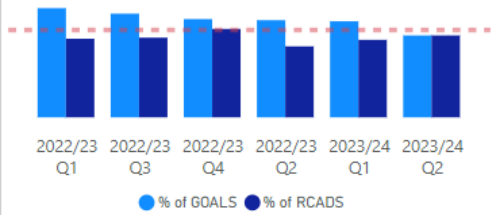


The indicator shows number and proportion of all looked after children aged between 5 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31 March whose SDQ score was 17 or over. Reading has a higher proportion (40.8%) of looked after children whose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

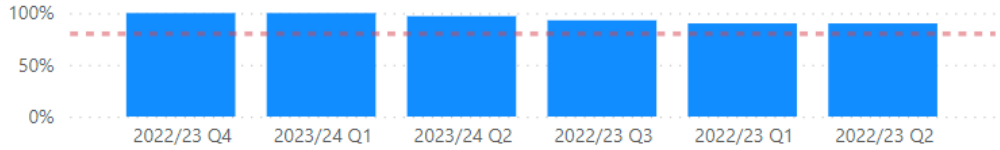
4.4 Number of referrals to the Mental Health Service Team (MHST)



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

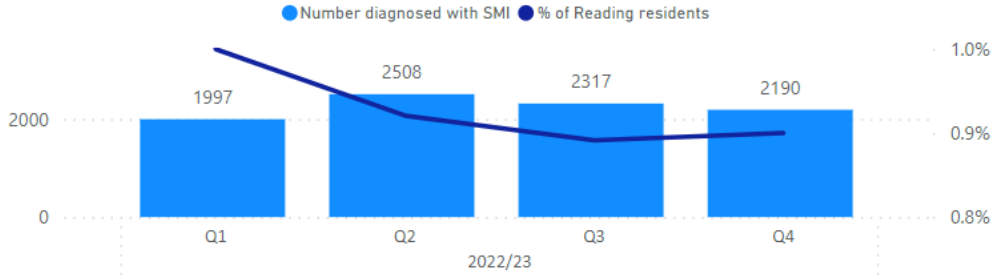


PRIORITY 5: Promote good mental health and wellbeing for all adults, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Raise mental health awareness and promote wellbeing	Green	This action is part of business as usual. Through our Public Health Communications contract with Blue Lozenge we have recently completed a promotional campaign to support Mental Health Awareness week from13 May to 19 May 2024 and continued throughout the month. The evaluation suggests that the campaign was well received with the aim to inform individual behaviours to become more proactive about personal mental health and was underpinned by themes of physical activity and linked with maintaining a healthy weight, smoking cessation and reducing use of alcohol.
2. Address social factors that create risks to mental health and wellbeing, including social isolation and loneliness	Green	This action has become part of business as usual through the Reading Community Health Champions network and the Mental Health and Wellbeing Network.
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	This work has become part of business as usual through the Reading Community Health Champions network and the Mental Health and Wellbeing Network.
4. Foster more collaborative working across health, care and third sector services to recognise and address mental health support needs	Green	This action is currently falls within the scope of the Mental Health and Wellbeing Network's two task and finish groups with their focus on developing a shared understanding of mental health literacy and the prioritisation of achievable primary prevention actions.
5. Develop and support peer support initiatives, befriending and volunteer schemes, particularly recognising the impact of Covid-19 on smaller voluntary sector groups	Amber	This action continues to be progressed mainly through the Reading Community Health Champions Network and the Mental Health and Wellbeing 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	This action is led mainly through the Mental Health and Wellbeing Network. Two task and finish groups have been formed with a focus on developing a shared understanding of mental health literacy and to prioritise achievable primary prevention actions.
7. Support people affected by Covid-19 with their mental wellbeing and associated loneliness and isolation	Green	This action has become part of business as usual through the Reading Community Health Champions network and the Mental Health and Wellbeing Network.
8. Develop local metrics to measure progress linked to Reading Mental Health Needs Assessment	Amber	The draft of the mental health needs assessment is in the final stages of preparation. When the new team structure is completed in Q2 2024 and we have a PH analyst in the Reading team we will be able to progress the development of local metrics.

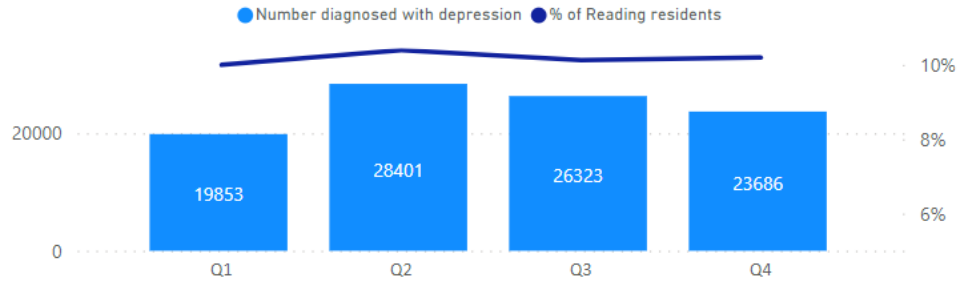
Priority 5 - Key indicators

5.1 Number of people diagnosed with SMI



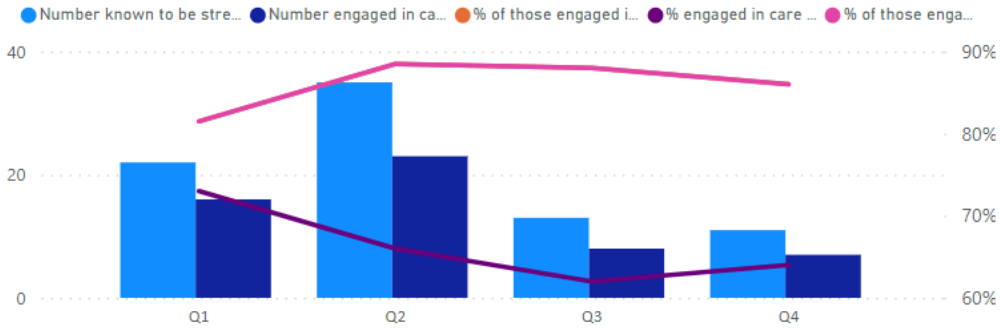
The prevalence of Serious Mental Illness is currently at 0.9%. Although the number of patients has decreased over time, the prevalence in the total population, which is rising, has remained at the same level.

5.2 Number of people diagnosed with depression



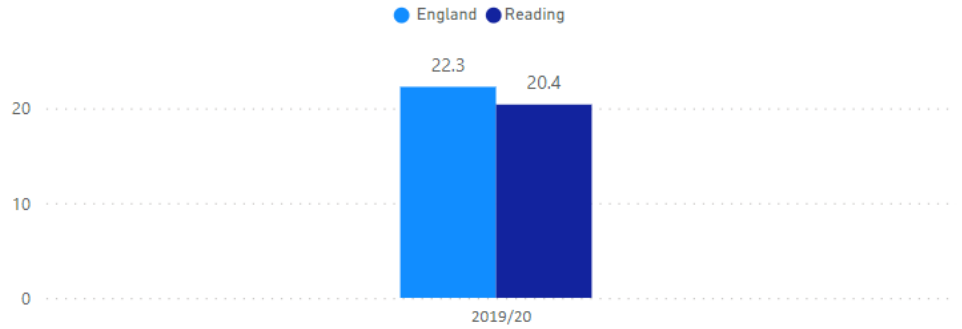
The prevalence of depression has been similar over time at around 10% of the total registered population.

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

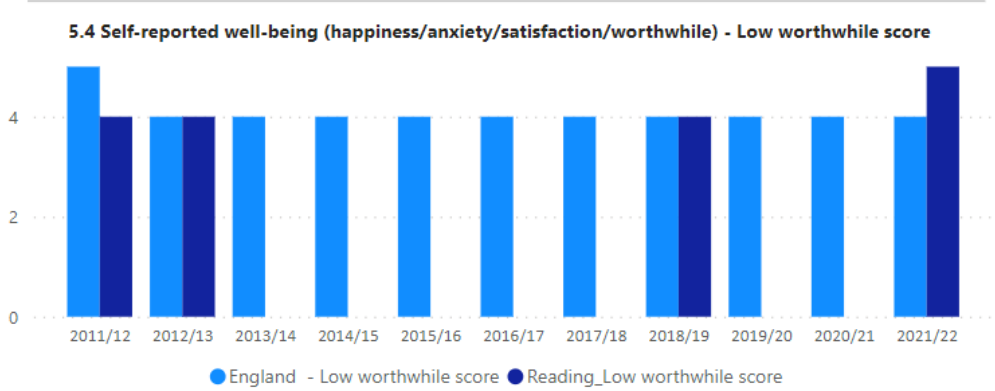


The indicator shows the number of known street homeless individuals and those who engaged with the drug and alcohol team for treatment. It also shows the proportion of those engaged with the drug and alcohol team who remain in treatment for at least three months, and the proportion of those who receive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

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

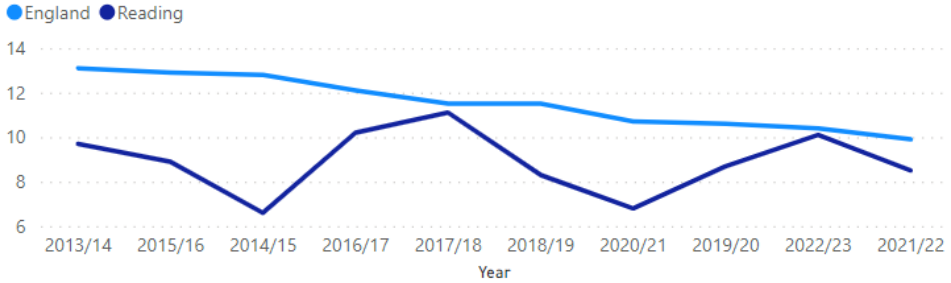


This indicator comes from the Active Lives Adult Survey, Sport England. It shows the percentage of adults (aged 16 and over) that responded to the question "How often do you feel lonely?" with "Always or often" or "Some of the time".



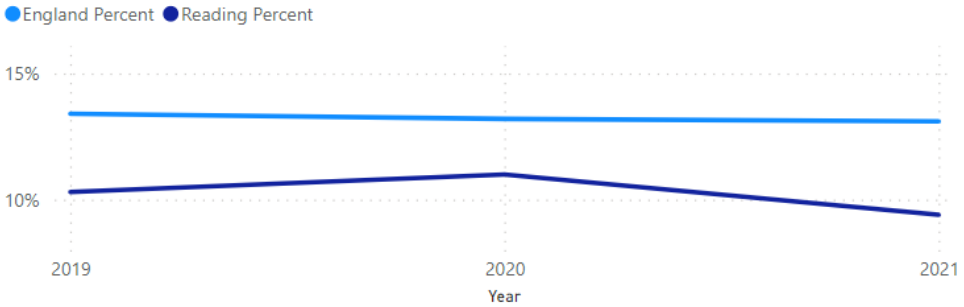
The indicators comes from the Annual Population Survey (APS). The indicators are based on the four questions below: Overall, how satisfied are you with your life nowadays? Overall, how happy did you feel yesterday? Overall, how anxious did you feel yesterday? Overall, to what extent do you feel the things 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



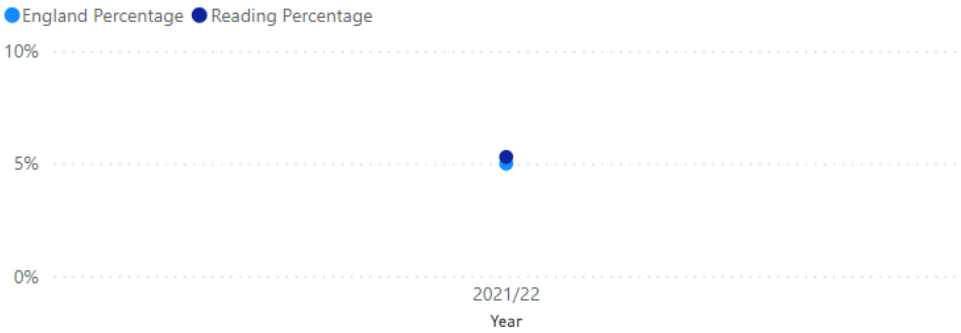
This indicator shows the percentage point gap between the percentage of respondents in the Labour Force Survey who have a long-term condition who are classified as employed (aged 16 to 64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64). In Reading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

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



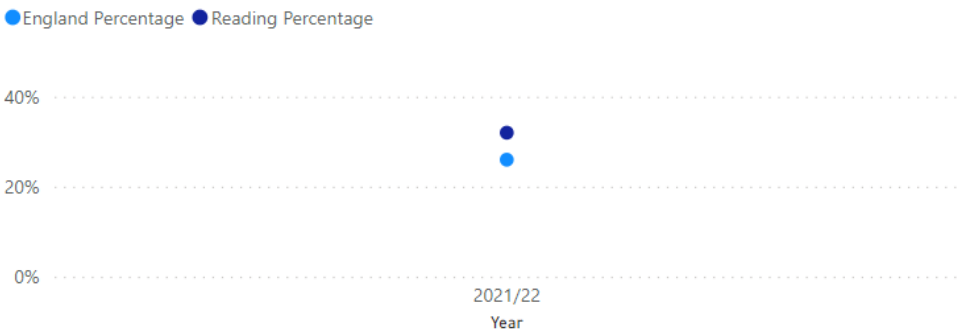
The percentage of households in an area that experience fuel poverty based on the "low income, low energy efficiency (LILEE)" methodology. Reading has a lower percentage of households experiencing fuel poverty (9.4%) than England (13.1%).

5.8 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...

5.9 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 ASQ-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.gibson@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