

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	15 March 2019	AGENDA ITEM:	14
REPORT TITLE:	Health and Wellbeing Dashboard - March 2019		
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Health and Wellbeing Dashboard is intended to keep Board members informed of local trends in priority areas identified in the Health and Wellbeing Strategy. The broad format has previously been agreed by the Board.
- 1.2 Appendix A - Health and Wellbeing Dashboard - March 2019

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board notes the following performance updates contained in the dashboard:

- Estimated dementia diagnosis rate (aged 65+) has been updated with monthly snapshots.
- % of children classified as overweight or obese
- % of pregnant women smoking at time of delivery
- Number of dementia friends

2.2 That the Health and Wellbeing Board notes performance against the following priority areas.

Priority 1

A greater or similar proportion of Reading's population continues to make healthy lifestyle choices. There are more people than average whose weight is within the recommended range; a greater number than average who meet criteria for being physically active; and a smaller proportion of adults who smoke. Smoking amongst those in routine and maintenance professions in Reading continues to be higher than elsewhere, but this has reduced in line with targeted reduction.

Despite fluctuations in the proportion of primary school children classified as overweight or obese, these have stayed close to the England average.

Reading is unlikely to meet local or national targets this year for the proportion of the population who are eligible for an NHS health check (in which those aged 40-74 are assessed for signs of stroke, heart disease, kidney disease, diabetes and dementia) to be invited for a health check. Other pressures within local service provision have had an impact on this performance. In Q2 performance has been stable following a fall in the proportion of the eligible population who were offered or received a health check in Q1, but is not restored to previous levels.

Priority 2

Results from the 2017/18 Adult Social Care survey tell us that a higher proportion of respondents to the survey than previously have reported that they have less social contact than they would like. Furthermore, a larger proportion of respondents in Reading reported less social contact than they would like compared with elsewhere in England and amongst residents of councils similar to Reading.

Priority 3

The number and proportion of primary school children with social, emotional or mental health need has increased very slightly between 2017 and 2018, both in Reading and across England. The proportion in Reading continues to be very slightly higher than the national average and the average amongst local authority areas with similar levels of deprivation and above, but the difference is not large enough to be statistically different. In the same period, the proportion of secondary school children with social, emotional or mental health needs has fallen very slightly, but not significantly enough to bring it in line with the national average.

Priority 4

The mortality rate for suicide and undetermined intent in Reading is in line with the national average and average for local authority areas with similar levels of deprivation. The most recent published data shows continuing improvement in line with targets.

Priority 5

At the end of 2017/18, the proportion of people receiving alcohol treatment who successfully completed treatment fell below the national average for the first time since 2015 and has remained below the locally set target of 38.3% throughout 2018/19. This proportion is slightly lower than the average for England. Alcohol-related hospital admissions, after a steady increase over the last few years, have fallen back below England and statistical neighbour averages in 2017/18.

Priority 6

The estimated diagnosis rate for people aged 65+ with dementia is reported monthly and tends to around the target of 67.7. In the last period for which data was published, performance is slightly better than target. 857 dementia friends had been trained by December 2018, exceeding the number expected to be trained by this date in order to meet the target of 10,000 by January 2020.

Priority 7

Locally set targets for breast and bowel cancer screening have been met. Coverage in Reading is in line with the England average and the average for local authorities with similar levels of deprivation.

Priority 8

Although incidence of TB continues to be much higher in Reading than elsewhere, the latest published data confirms ongoing improvement in line with targets.

3. POLICY CONTEXT

- 3.1 The final version of Reading's Health and Wellbeing Strategy was approved by the Health and Wellbeing Board on 27th January 2017 and an action plan based on the eight strategic priorities has been developed and sets out in detail how the priorities will be met.

- 3.2 In July 2016, Reading's Health and Wellbeing Board agreed to introduce a regular Health and Wellbeing Dashboard report to ensure that members of the board are kept informed about the Partnership's performance in its priority areas, compared to the national average and other similar local authority areas.

4. THE PROPOSAL

- 4.1 **Current Position:** The current Health and Wellbeing Dashboard has been developed in consultation with Health and Wellbeing Strategy Priority/Action Plan Leads. The dashboard will be presented to the board on a quarterly basis. Board members are presented with the full dashboard at each meeting in order to facilitate a review of performance against selected indicators and targets. Information about which indicators have been updated since the previous report will be included within the dashboard and highlighted in the covering report.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

- 5.1 This proposal supports Corporate Plan priorities by ensuring that Health and Wellbeing Board members are kept informed of performance and progress against key indicators, including those that support corporate strategies.

6. COMMUNITY & STAKEHOLDER 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 and, as described above, a draft of the proposed Strategy was made available for consultation between 10th October and 11th December 2016. The indicators included in this report reflect those areas highlighted during the development of the strategy and included in the final version.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 An Equality Impact Assessment is not required in relation to the specific proposal to present the dashboard in this format. However, it is anticipated that this will be one of the tools which Board members can use to monitor the success of the Health and Wellbeing strategy as a vehicle for tackling inequalities.

8. LEGAL IMPLICATIONS

- 8.1 There are no legal implications.

9. FINANCIAL IMPLICATIONS

- 9.1 The proposal to note the report in Appendix A offers value for money by ensuring that Board members are better able to determine how effort and resources are most likely to be invested beneficially in advance of the full Health and Wellbeing Dashboard.

10. BACKGROUND PAPERS

APPENDIX A - Health and Wellbeing Dashboard - March 2019