

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	12 October 2018	AGENDA ITEM:	13
REPORT TITLE:	Health and Wellbeing Dashboard - October 2018		
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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 - October 2018

2. RECOMMENDED ACTION

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

- Health checks indicators updated with Q1 performance
- Alcohol treatment completion has been updated with Q1 performance
- Estimated dementia diagnosis rate (aged 65+) has been updated with monthly snapshots.
- % pupils with social, emotional and mental health needs (primary, secondary and all schools) with 2018 data

That the Health and Wellbeing Board notes the following areas where performance is worse than set target.

2.3

Priority 1

2.06ii - % 4-5 year olds classified as overweight/obese

A slight increase earlier this year has put Reading slightly above target and above the percentage recorded last year. This follows three years of slight reductions and, statistically, may be the result of chance rather than a 'real' trend. Overweight and obesity has fallen significantly in older primary aged children this year. Performance against both indicators will be monitored to determine whether these represent real trends.

2.22 - Health check indicators.

Reading is unlikely to meet local or national targets for proportion of the population who are eligible for a health check (aged 40-74) to be invited for a health check in 2018/19. Low performance against this indicator has had implications for the other two health check indicators. Other pressures within

local service provision have had an impact on this performance.

Priority 2

1.18 - Adult Social Care users with as much social contact as they would like AND Carers with as much social contact as they would like.

Targets for these indicators were set based on previous performance (for carers) and, where Reading's performance was below national average, previous England average (Adult Social Care (ASC) users). The proportion of ASC users in Reading reporting enough social contact has improved over the last two years, while the national average has stayed the same. The proportion in Reading is now only very slightly below national average (45.2 vs 45.4) and the local target (also 45.4). Similarly, for carers in Reading, the proportion reporting enough social contact has remained the same, while the national average has fallen. Consequently, carers in Reading are now more likely to report enough social contact than nationally. Although targets have not yet been met, performance has improved and is in line or better than the national average.

Priority 3

2.15iii - Successful treatment of alcohol treatment

At the end of 2017/18, the proportion of people receiving alcohol treatment who successfully complete treatment fell below the national average for the first time since 2015. Statistically, the rate is similar to the national average. Performance has improved and remained stable following the commissioning of a new, single treatment provider in October 2014. The treatment provider has reported a drop in performance in recent months and has been reviewing all open cases in order to improve the rate of successful completion.

2.18 - Admission episodes for alcohol related conditions

Alcohol-related hospital admissions, for many years much better than average, have been increasing gradually and are now in line with national average.

Priority 4

Pupils with social, emotional, and mental health needs (primary school age)

The proportion of primary school children with social, emotional or mental health need has risen slightly between 2017 and 2018, in line with the national average and the average amongst local authority areas with similar levels of deprivation.

Priority 5

4.16/2.6i- Estimated diagnosis rate for people with dementia

The estimated rate of diagnosis fell slightly below target in May 2018, after being above target for almost every month in the preceding year. Performance is stable, but remains below target.

Priority 8

4.10- Mortality rate from suicide and injury of undetermined intent

The rate in Reading fell from 11 per 100,000 in 2013-15 (44 people) to 9.9 per 100,000 in 2014-16 (40 people). This is in line with the England average and slightly lower than similar LAs but did not meet the local target set by stakeholders.

That the Health and Wellbeing Board notes that updates are expected to be available for the January meeting of the Board in relation to the following indicators (all dates are provisional)

- 2.3
 - Dementia friends (Priority 5) - update to number trained until end of August 2018
 - Dementia diagnosis rate - monthly updates expected for September - November
 - Health checks indicators Q2 updates expected
 - Alcohol treatment completion Q2 update expected
 - Excess weight in adults
 - Smoking status at time of delivery
 - Adult social care users with as much social contact as they would like
 - Adult carer with as much social contact as they would like
 - Incidence of TB
 - Age-standardised mortality rate from suicide and injury of undetermined intent.

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

- 10.1 Reading Borough Council (2017) *Reading's Health and Wellbeing Strategy*

APPENDIX A - Health and Wellbeing dashboard October 2018