

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	12 July 2019		
REPORT TITLE:	Health and Wellbeing Dashboard and Action Plan - July 2019		
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ORGANISATION:	Reading Borough Council		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report presents an update on delivery against the Health and Wellbeing Action Plan (Appendix A), alongside the Health and Wellbeing Dashboard (Appendix B), which sets out local trends in a format previously agreed by the Board. Taken together, these documents provide the Board with an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy for Reading.
- 1.2 The appended documents give the Board a context for determining which parts of the Health and Wellbeing Strategy it wishes to review in more depth, such as by requesting separate reports. Identifying priorities from the Health and Wellbeing Strategy to provide themes for Health and Wellbeing Board meetings is in line with the 2016 Peer Review recommendation that the Health and Wellbeing Strategy should be used to drive the agenda of the Health and Wellbeing Board.

2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board notes the progress to date against the 2017-20 Reading Health and Wellbeing Strategy Action Plan as set out at Appendix A.
- 2.2 That the Health and Wellbeing Board notes performance as set out in the dashboard at Appendix B, and in particular the following performance measures which have been updated since the dashboard was last brought to the Board:
 - Estimated dementia diagnosis rate (aged 65+) has been updated with monthly snapshots.
 - % of those eligible for an NHS health check who were offered and received a health check
 - % of adults overweight or obese
 - % of adults physically active
 - Number of dementia friends

3. POLICY CONTEXT

- 3.1 The Health and Social Care Act 2012 sets out the requirement on Health and Wellbeing Boards to use a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) to develop plans which:
- improve the health and wellbeing of the people in their area;
 - reduce health inequalities; and
 - promote the integration of services.
- 3.2 Reading's 2017-20 Health and Wellbeing Strategy sets out local plans as required under the Health and Social Care Act, and also addresses the local authority's obligations under the Care Act 2014 to promote the wellbeing of individuals and to provide or arrange services that reduce needs for support among people and their (unpaid/family) carers in the local area.
- 3.3 The current strategy is founded on three 'building blocks' - issues which underpin and are expected to be considered as part of the implementation plans to achieve all of the strategic priorities. These are:
- Developing an integrated approach to recognising and supporting all carers
 - High quality co-ordinated information to support wellbeing
 - Safeguarding vulnerable adults and children
- 3.4 The Strategy then sets out eight priorities:
- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity and physical activity)
 - Reducing loneliness and social isolation
 - Promoting positive mental health and wellbeing in children and young people
 - Reducing deaths by suicide
 - Reducing the amount of alcohol people drink to safe levels Making Reading a place where people can live well with dementia
 - Increasing breast and bowel screening and prevention services
 - Reducing the number of people with tuberculosis
- 3.5 In July 2016, Reading's Health and Wellbeing Board agreed to introduce a regular 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, compared to the national average and other similar local authority areas. The updated Health and Wellbeing Action Plan is presented to the Board in full twice a year.

4. CURRENT POSITION (July 2019)

Priority 1 - supporting people to make healthy lifestyle choices

- 4.1 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.
- 4.2 Despite fluctuations in the proportion of primary school children classified as overweight or obese, these have stayed close to the England average. Four Let's Get Going programmes have been commissioned for 2019-20 with a mix of term-time and holiday

provision to enable a comparison of performance. The Eat4Health service has now been re-instated, and widely promoted.

- 4.3 Reading is unlikely to meet local or national targets for the delivering NHS health checks to eligible residents (those aged 40-74 without certain specified diagnoses). The healthcheck assesses people's risk of stroke, heart disease, kidney disease, diabetes and dementia, and leads to targeted advice. However, the proportion of Reading residents who go on to receive a health check after being offered one is higher than the England average. In Quarter 3, performance has begun to increase following a fall in the proportion of the eligible population who were offered or received a health check in Quarter1, but the change is not significant and is not restored to previous levels.
- 4.4 There is now an active Train the Trainer programme to prepare for a Making Every Contact Count (MECC) rollout so as to engage the wider workforce in promoting healthier lifestyles.

Priority 2 - Reducing loneliness and social isolation

- 4.5 Currently, there are very few national indicators which facilitate tracking progress against this priority, However, in *A Connected Society: a Strategy for Tackling Loneliness* published in October 2018 the Government signalled plans to trial some new measures of loneliness in 2019.
- 4.6 There is a local steering group and action plan to support an all age approach to reducing loneliness and social isolation. The group has supporting local research to develop understanding and identify solutions relevant to different groups of residents, and the launch of a toolkit by Reading Voluntary Action.
- 4.7 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. Healthwatch Reading has carried out some research to develop understanding of this issue for care home residents, in particular.

Priority 3 - Promoting positive mental health and wellbeing in children and young people

- 4.8 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.
- 4.9 The Future in Mind plan covering the whole of Berkshire West is refreshed annually. An in-depth report on the current plan was last brought to the Health and Wellbeing Board in March 2019.

Priority 4 - Reducing deaths by suicide

- 4.10 At the time of the latest release the mortality rate for suicide and undetermined intent in Reading was in line with the national average and average for local authority areas

with similar levels of deprivation, and showed continuing improvement in line with targets. However, provisional national data suggests an increase during 2018 which may be reflected in local figures.

- 4.11 A Suicide Audit has now been completed covering inquest findings for the period 2014-18. Some patterns emerge from this which help indicate who faces a greater risk of death by suicide and what services or points of contact might be the most effective ways of offering support.
- 4.12 Issues which were commonly noted in the inquest findings covered by the audit were relationship issues (mostly with an intimate partner/spouse or former intimate partner / spouse), financial issues, physical health conditions, a mental health diagnosis, work-related stress, and a recorded history of self-harm. The services which the audit found that most people who died by suicide had been in contact with were GPs, mental health services and substance misuse services.
- 4.13 The Berkshire-wide Action Plan and the six supporting locality Action Plans are now being refreshed, to include responses to the audit findings. The refreshed Reading plan was approved by the Reading Mental Wellbeing Group in May 2019.

Priority 5 - Reducing the amount of alcohol people drink to safer levels

- 4.14 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.
- 4.15 There is an action plan to use education and campaigns to promote responsible drinking, to create responsible market behaviour through licensing measures and partnership approaches, and to encourage people into treatment as necessary. The action plan will be reviewed and refreshed in 2019.

Priority 6 - Making Reading a place where people can live well with dementia

- 4.16 Reading has an active Dementia Action Alliance (DAA) bringing partners together across sectors to raise awareness and understanding of dementia, and promote equity of access to health and social care. The aim is to make more services become dementia friendly so that people living with dementia in Reading are able to access and stay part of their community. The DAA leads on delivering Dementia Friends sessions to secure individual commitments to taking action on dementia, and has agreed a revised stretch target after exceeding the previous local target. 7,859 dementia friends had been trained by the end of June 2019, compared to 5,000 that were expected to be trained by this date in order to meet the target of 10,000 by January 2020.
- 4.17 Taking action on dementia was selected as a priority for the current Health and Wellbeing Strategy part because of low diagnosis rates in parts of the borough, indicating low awareness and recognition of the benefits if a diagnosis. The estimated diagnosis rate for people aged 65+ with dementia is reported monthly and in the last six months has gradually risen above the target of 67.7%, to 71.1% of cases diagnosed.

Priority 7 - Increasing take up of breast and bowel screening and prevention services

- 4.18 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. Volunteer cancer champions have been successful in driving up screening rates where previously these were low for particular practice areas, and in supporting a range of awareness-raising activities and events.

Priority 8 - Reducing the number of people with tuberculosis

- 4.19 Although incidence of TB continues to be much higher in Reading than elsewhere, the latest published data confirms ongoing improvement in line with targets. There is an ongoing programme of awareness-raising around screening and treatment via public events, engagement with community groups and targeted sessions to reach higher risk groups.

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

- 5.1 The 2017-20 Health and Wellbeing Strategy and accompanying Action Plan draw on the findings of the Joint Strategic Needs Assessment (JSNA) for Reading to identify priorities. The Strategy complements plans for health and social care integration, and supports the drive towards co-commissioning across the Health and Wellbeing Board's membership. The 2017-20 strategy also incorporates wellbeing responsibilities towards residents with current or emerging care and support needs so as to be comprehensive and Care Act compliant.
- 5.2 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 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.
- 6.2 Delivery of the Health and Wellbeing Action Plan is through a range of multi-agency forums which bring together representatives of the Health and Wellbeing Board with other local partners. These are referred to in the appended update.

7. LEGAL IMPLICATIONS

- 7.1 The Health and Social Care Act (2012) gives duties to local authorities and clinical commissioning groups (CCGs) to develop a Health and Wellbeing Strategy and to take account of the findings of the JSNA in the development of commissioning plans. In addition, the Council has a duty under the Care Act (2014) to develop a clear framework for ensuring it is meeting its wellbeing and prevention obligations under the Care Act.

8. EQUALITY IMPACT ASSESSMENT

- 8.1 An Equality Impact Assessment is not required in relation to the specific proposal presented to the Board through this report. However, the Health and Wellbeing Strategy and Action Plan are vehicles for addressing health inequalities, and accordingly delivery is expected to have a differential impact across groups, including those with protected

characteristics. This differential impact should be positive, and so delivery of the Action Plan supports the discharge of Health and Wellbeing Board members' Equality Act duties.

9. FINANCIAL IMPLICATIONS

- 9.1 There are no new financial implications arising from this report. 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. APPENDICES

APPENDIX A - Health and Wellbeing Action Plan update July 2019

APPENDIX B - Health and Wellbeing dashboard July 2019