

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	11 th October 2019	AGENDA ITEM:	13
REPORT TITLE:	Health and Wellbeing Dashboard - October 2019		
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report presents an update on the Health and Wellbeing Dashboard (Appendix A), which sets out local trends in a format previously agreed by the Board to 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 document gives 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 following performance updates contained in the dashboard:
 - 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
 - Number of dementia friends
 - Smoking prevalence in all adults and in adults working in routine and maintenance occupations
 - Mortality rate from suicide and injury of undetermined intent
 - Successful completion of alcohol treatment
 - Incidence of TB

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 also presented to the Board in full twice a year.

4. CURRENT POSITION (October 2019)

Priority 1

- 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. Whilst there is an ongoing decrease in smoking prevalence which reflects the success of the local service supporting people to quit, smoking prevalence amongst those working in routine and maintenance occupations has increased marginally.
- 4.2 As in previous periods, 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 NHS health check 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. Information about the number of people in each Local Authority area invited, taking up and receiving a health check published by Public Health England on a quarterly basis has changed and is now reported cumulatively over a five year period. The Health and Wellbeing Dashboard has accordingly been updated with trend data from Quarter 1 of 2015/16 onwards and shows current

performance against what would be needed each quarter to meet the target by the end of the five year period.

Priority 2

- 4.3 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.
- 4.4 Results from the 2018/19 survey will be published in Autumn 2019.

Priority 3

- 4.5 The number and proportion of primary school children with social, emotional or mental health need 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

- 4.6 In the latest release (2016-2018) the mortality rate for suicide and undetermined intent in Reading is slightly better than the national average and average for local authority areas with similar levels of deprivation and suggests continuing improvement in line with targets.

Priority 5

- 4.7 The proportion of people receiving alcohol treatment who successfully completed treatment increased in Q4 of 2018/19. The proportion is slightly better than the average for England. Alcohol-related hospital admissions, after a steady increase over the last few years, fell back below England and statistical neighbour averages in 2017/18.

Priority 6

- 4.8 The estimated diagnosis rate for people aged 65+ with dementia is reported monthly and in the last year has gradually risen above the target of 67.7%, to 71% of cases diagnosed. 8,182 dementia friends had been trained by September 2019, compared to the 7,500 expected to be trained by this date in order to meet the target of 10,000 by January 2020.

Priority 7

- 4.9 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

- 4.10 Although incidence of TB continues to be higher in Reading than elsewhere, the latest published data confirms ongoing improvement in line with targets. As a result, incidence of TB in Reading has more than halved since reaching a peak in 2008-10 of 38.4 cases per 100,000 population (176 cases) to 17.8 cases per 100,000 in 2016-18 (87 cases).

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 - October 2019