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Notice of Meeting

Health and Wellbeing Board

Thursday, 26th November 2015 at 9.00 am

in Shaw House Church Road Newbury

Date of despatch of Agenda: Wednesday, 18 November 2015

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jessica Bailiss / Moira Fraser / Jo Reeves on (01635) 503124 / 519045 / 5194
e-mail: jbailiss@westberks.gov.uk / mfraser@westberks.gov.uk / jreeves@westberks.gov.uk

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk

West Berkshire COUNCIL

To: Dr Bal Bahia (Newbury and District CCG), Dr Barbara Barrie (North and West Reading CCG), Leila Ferguson (Empowering West Berkshire), Dr Lise Llewellyn (Public Health), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Councillor Hilary Cole (Executive Portfolio: Adult Social Care, Housing), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Executive Portfolio: Health and Wellbeing), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care) and Andrew Sharp (Healthwatch)

Also to: Jessica Bailiss (WBC - Executive Support)

Agenda

Part I

			Page No.
9.20 am	9	**An update report on the Better Care Fund and wider integration programme – Appendix C (Tandra Forster/Shairoz Claridge)** Purpose: To keep the Board up to date on progression with the BCF and wider integration programme	3 - 20
9.45 am	11	**Joint Strategic Needs Assessment and the District Needs Assessment – Appendix 2 (Lesley Wyman)** Purpose: To present a snapshot of the JSNA, which includes any changes the Board needs to be aware of.	21 - 26

Andy Day
Head of Strategic Support

If you require this information in a different format or translation, please contact Moira Fraser on telephone (01635) 519045.

Cover and Basic Details	
Q2 2015/16	

Health and Well Being Board	West Berkshire

completed by:	Tandra Forster
E-Mail:	TForster@westberks.gov.uk
Contact Number:	01635 519736
Who has signed off the report on behalf of the Health and Well Being Board:	Rachael Wardell

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
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Budget Arrangements

Selected Health and Well Being Board:

West Berkshire

Data Submission Period:

Q2 2015/16

Budget arrangements	
Have the funds been pooled via a s.75 pooled budget?	Yes
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q1 data collection previously filled in by the HWB.

National Conditions

Selected Health and Well Being Board:

West Berkshire

Data Submission Period:

Q2 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

Condition	Q4 Submission Response	Q1 Submission Response	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Commentary on progress
1) Are the plans still jointly agreed?	Yes	Yes	Yes		
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	No - In progress	No - In Progress	31/03/16	Planned discharges are currently supported, as are less complex cases where care is already in place or where small care packages are needed to support discharge. As hospital services increase their capacity to effect weekend discharges the community response will continue as a pilot under the Joint Care Provider project up to 31.3.16; currently
4) In respect of data sharing - confirm that:					
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	No - In Progress	No - In Progress	31/03/16	Although all health organisatiosn are IG Level 2 compliant, West Berkshire Council are progressing compliance with target date of 31/03/2016. Meeting this target date will be subject to availability of additional project funding.
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	No - In Progress	Yes		
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes		

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Footnotes:

Source: For each of the condition questions which are pre-populated, the data is from the Q1 data collection previously filled in by the HWB.

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Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board: West Berkshire

	Baseline				Plan				Actual				% change (negative values indicate the plan is larger than the baseline)	Absolute reduction in non elective performance	Total Performance Fund Available	Planned Absolute Reduction (cumulative) (negative values indicate the plan is larger than the baseline)				Maximum Quarterly Payment				Performance against baseline				Suggested Quarterly Payment				Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed	Q1 Payment locally agreed
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16				Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16				
D. REVALIDATED: HWB version of plans to be used for future monitoring.	2,615	2,626	2,631	2,914	2,675	2,699	2,704	2,928	2,745	2,670	2,833		-2.0%	-219	£0	-64	-134	-205	-214	£0	£0	£0	£0	-130	-44	-200		£0	£0	£0		£0	£2,465,000	£0	£0

Which data source are you using in section D? (MAR, SUS, Other)	SUS
Cost per non-elective activity	£2,307

If other please specify

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested quarterly payment (taken from above*)	£0	£0	£0	
Actual payment locally agreed	£0	£0	£0	

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box (max 750 characters)	

	Total Unreleased Funds			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested amount of unreleased funds**	£0	£0	£0	
Actual amount of locally agreed unreleased funds	£0	£0	£0	

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	not applicable	not applicable	not applicable	

Confirming Q4 2015-16 Non-Elective Admissions figures

During the exercise to allow HWBs to revise their baseline and plan figures for Non-Elective admissions we only requested the confirmation of figures for the Payment for Performance period (Q4 2014/15 to Q3 2015/16). In order to ensure we have a consistent and accurate set of numbers for the financial year 2015-16 we are now asking HWBs to reconfirm their **plan** figure for Q4 2015-16. The below table has been pre-populated with the original figures for Q4 2015-16 which you submitted as part of your approved BCF plan. Please confirm the plan figure that should be used either by re-entering the figure given or providing a revised one.

	Q4 15/16 figures previously provided	Q4 15/16 confirmed figure
Plan (taken from original HWB BCF plans)	2,508	2,720
Baseline (Q4 14/15 actual - as confirmed by HWBs in July 2015)	2,745	

Footnotes:

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Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: West Berkshire

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£2,383,500	£2,383,000	£2,383,000	£2,383,500	£9,533,000	£9,533,000
	Forecast	£2,383,500	£2,383,000	£2,383,000	£2,383,500	£9,533,000	
	Actual*	£2,383,500					

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£2,383,500	£2,383,000	£2,383,000	£2,383,500	£9,533,000	£9,533,000
	Forecast	£2,383,500	£2,383,000	£2,383,000	£2,383,500	£9,533,000	
	Actual*	£2,383,500	£2,383,000				

Please comment if there is a difference between either annual total and the pooled fund	

Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£2,383,500	£2,383,000	£2,383,000	£2,383,500	£9,533,000	£9,533,000
	Forecast	£2,079,900	£2,383,000	£2,535,050	£2,535,050	£9,533,000	
	Actual*	£2,079,900					

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£2,383,500	£2,383,000	£2,383,000	£2,383,500	£9,533,000	£9,533,000
	Forecast	£2,079,900	£2,177,700	£2,497,400	£2,497,400	£9,252,400	
	Actual*	£2,079,900	£2,177,700				

Please comment if there is a difference between either annual total and the pooled fund	The current forecast is for a net underspend for 2015/16 of £280.6k against budget. There are two main reasons for this. Firstly £70k in respect of the Health and Social Care Hub, which it has been agreed to be transferred to contingency and secondly an underspend of £195k for incremental expenditure for Adult Social Care arising from the Hospital at Home scheme.

Commentary on progress against financial plan:	Year-to-date expenditure is £508.9k below budget. This is due to the following underspends: £195k re additional costs for Adult Social Care arising from the Hospital at Home scheme; £35k for the Health & Social Care Hub and £246.1k for 7 Day Week services.

Footnote:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a Q1 collection previously filled in by the HWB.

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National and locally defined metrics

Selected Health and Well Being Board:	West Berkshire

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Target was initially set at 217 planned admissions per 100,000 population Current performance at Q2 is 149, which exceeds initial target. set. The rate of planned admissions did not reach the expected volume.

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Target set at 92% Performance at Q2 is 90.4%, affected by low numbers and therfore fluctutates from month to month. The Joint Care Provider project means that our volumes are increasing and will make this indicator less volatile. We feel confident that we will still meet planned target.

Local performance metric as described in your approved BCF plan / Q1 return	Now using: "The Metric describes the daily count of 'Fit to go', or ready for discharge patients from the Royal Berkshire Hospital who require West Berkshire Council social care support." This metric is based on the Alamac Fit to Go lists from RBH
If no local performance metric has been specified, please give details of the local performance metric now being used.	
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Target <= 5, current Q2 performance is 1.2.

Local defined patient experience metric as described in your approved BCF plan / Q1 return	Now using: "Ensuring people have a positive experience of care and support. People who use social care are satisfied with their experience of care and support services" This metric is based on ASCOF data from the Adult Social Care User Survey (ASCOF 3A).
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	ASC user experience survey is completed annually thus there are no quarterly figures yet available to report. The figure will be reported in Q3 and will be measured against 14/15 outturn. This data is based on the ASC User survey and will not be available until Q4

Footnotes:

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

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Preparations for the BCF 16-17

Selected Health and Well Being Board:	West Berkshire

Following the announcement that the BCF will continue in 2016-17 have you begun planning for next year?	Yes
How confident do you feel about developing your BCF plan for 2016-17?	High Confidence
At this stage do you expect to pool more, less, or the same amount of funding compared to that pooled in 15/16, if the mandatory requirements do not change?	The same amount of funding

Would you welcome support in developing your BCF plan for 2016-17?	No

If yes, which area(s) of planning would you like support with, and in what format?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
Developing / reviewing your strategic vision			
Building partnership working			
Governance development			
Data interpretation and analytics			
Evidence based planning (to be able to conduct full options appraisal and evidence-based assessments of schemes / approaches)			
Financial planning (to be able to develop sufficiently robust financial plans that correctly describe the impact of activity changes, and the investments required)			

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New Integration Metrics

Selected Health and Well Being Board: West Berkshire

1. Proposed Metric: Integrated Digital Records

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
In which of the following settings is the NHS number being used as the primary identifier? (Select all of the categories that apply)	Yes	Yes	Yes	Yes	Yes	Yes
Please indicate which care settings can 'speak to each other', i.e. share information through the use of open APIs? (Select all of the categories that apply)	Yes	Yes	No	Yes	Yes	No

Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No
Comments:	The Berkshire Interoperability project aims to procure a solution that will enable information and data sharing across health and soci care organisation boundaries to provide immediate access to accurate real time data. Currently GPs are linked to OOH services and a pilot system linking to Acute and Community Providers is being rolled out during Qtr3.

2. Proposed Metric: Use of Risk Stratification

Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs?	Yes
If 'Yes', please provide details of how risk stratification modelling is being used to allocate resources	Currently using ACG risk stratification to identify top 2% of individuals who have a high risk of unplanned admission to hospital.
Based on your latest risk stratification exercise what proportion of your local residents have been identified as in need of preventative care? (%)	2.00%
What proportion of local residents currently identified as in need of preventative care have been offered a care plan? (%)	100.0%
Comments:	There is virtually full sign-up by GP practices in the Berkshire West area (Wokingham, Reading and West Berkshire) to prepare care plans for local residents identified as in need of preventative care. Normal demographic changes to this cohort may mean that a small number of care plans are work-in-progress at any point in time.

3. Proposed Metric: Personal Health Budgets

Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population?	In the planning stages
How many local residents have been identified as eligible for PHBs during the quarter?	2
Rate per 100,000 population	1
How many local residents have been offered a PHB during the quarter?	2
Rate per 100,000 population	1
How many local residents are currently using a PHB during the quarter?	4
Rate per 100,000 population	3
What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare during the quarter? (%)	100.0%
Comments:	The figures above relate to NHS CHC only in Berkshire West (Wokingham, Reading and West Berkshire). The number of patients with PHBs is extremely low, however work has begun on extending PHBs to a wider group via possible pilot projects (e.g. Learning Disability, Children with complex needs). Discussions have begun between CCGs and local authorities and a Co-design Workshop is
Population (Mid 2015)	157,231

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2012-based (published May 2014).
http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html

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Narrative

Selected Health and Well Being Board:

West Berkshire

Data Submission Period:

Q2 2015/16

Narrative	Remaining Characters	31,416

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time, please also make reference to performance on any metrics not directly reported on within this template (i.e. DTOCs).
Work is now well advanced on all of the schemes in the West Berkshire BCF programme. The innovation phase of the local Joint Care Provider scheme has been completed and progress reviewed during September/October. The scheme has now been extended to all hospitals in the HWB locality from 1st November. The service has been extended to provide care management and discharge planning on a 7 day per week basis. The Personal Recovery Guide/Key worker project was launched on 1st July and the British Red Cross, AgeUK and Volunteer Centre for West Berkshire are now offering a 7 day per week service to support individuals over 65 as they use the local health and social care services, primarily targeted at people who are using hospital services at some point in that journey; this pilot project will lead to the shaping of a contract specification from 1st April 16. Delayed Transfer of Care are expected to achieve target for West Berkshire. Of the BW 10 projects WBC is looking to the Workforce Project expanding it's remit to drive a wide range of workforce issues; using resources from the suspended Hospital at Home project to test clinical support to Care Homes will be kept under review, and the linked Care Home Project has brought some positive benefits to a more sustainable plan of care to individuals who have been subject to the project.

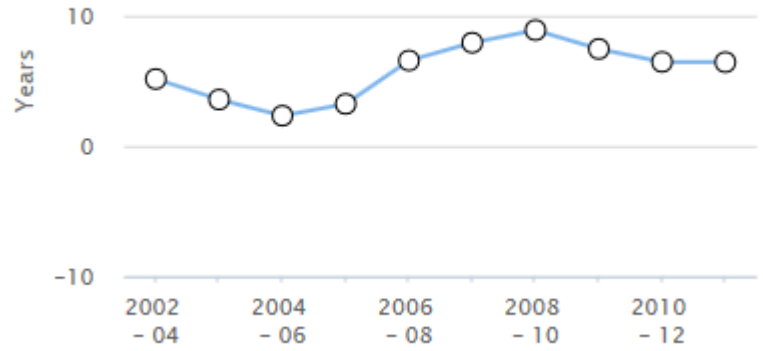
Appendix 2 - Summary of JSNA update November 2015
West Berkshire Council

Life expectancy
Healthy life expectancy in males: rise from 67.4 years in 2009-11 to 68.4 years in 2011-13
Healthy life expectancy in females: rise from 68.4 years in 2009-11 to 69.3 years in 2011-13

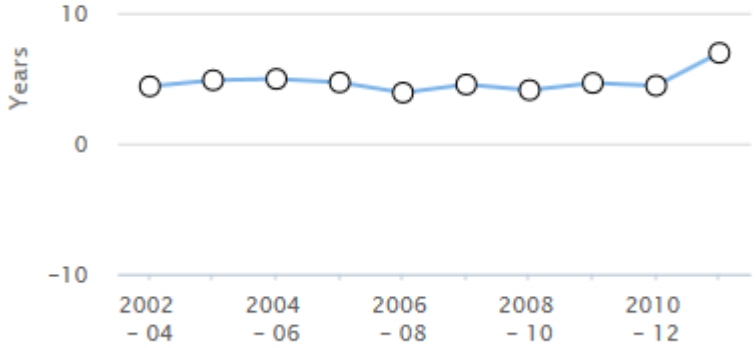
Life expectancy in males: rise from 77.9 years in 2000-02 to 80.7 years in 2011-13
Life expectancy in females: rise from 81.7 years in 2000-02 to 84.2 years in 2011-13

Life expectancy at 65 in males: rise from 17 years in 2000-02 to 19.4 years in 2011-13
Life expectancy at 65 in females: rise from 19.5 years in 2000-02 to 22 years in 2011-13 (this has fallen slightly from 22.3 years in 2009-11)

There is a measure of difference in life expectancy across the social gradient within the local authority, from most to least deprived decile (tenth) and in West Berkshire this gap for males has varied over the last 10 years. The difference for 2011-13 (3 year rolling average) remains at 6.4 years (PHOF)



For females the difference has been relatively unchanged but has gone up for 2011-13 by 2.5 years (PHOF)



Children and young people's health.

Childhood immunization rates remain high and close to England averages and targets of 95% coverage. The 5 years old imms are below 90%, similar to the rest of the country.

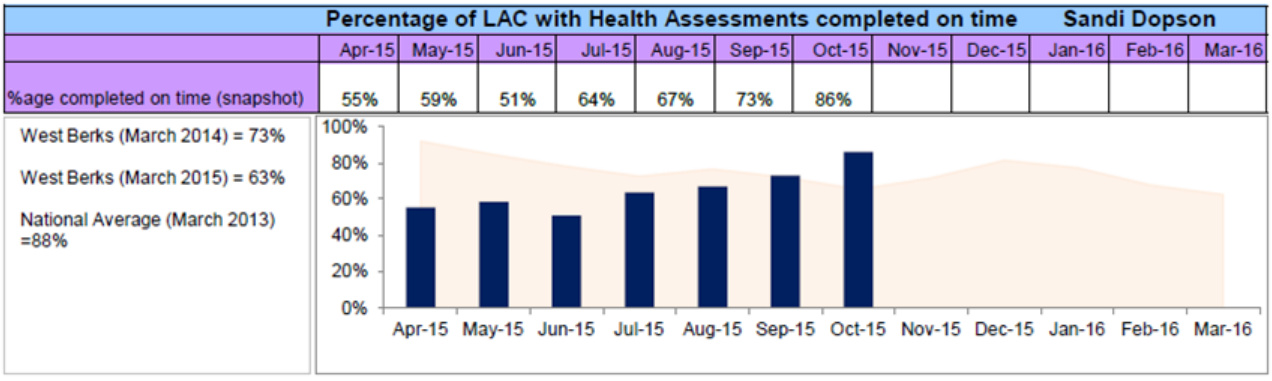
Foundation stage educational achievement
This remains an issue. 36.1% of children eligible for free school meals in West Berkshire achieved a good level of development in 2014 which is less than 2013 and significantly worse than the national average of 44.8%. The gap between FSM pupils and non-FSM children was 28.9% points in West Berkshire, compared to 15.6% points nationally.

8.2% of Reception pupils in West Berkshire did not have English as a first language in 2014, compared to 17.7% in England. In West Berkshire there was a 14% point gap in good level of development between pupils who had English as a first language and those that did not. This is greater than the 10% point gap identified nationally.

Smoking in pregnancy
Smoking at time of delivery remains low at 8.7%

Youth Offending
The average population of young people in custody fell by 21% from 2012/13 to 2013/14 and has fallen by 56% since 2003/04. There were 20% fewer first time entrants into the system between 2012/13 and 2013/14

Looked after children (LAC)
In West Berkshire there were 160 LAC as of 31 March 2014, an increase of 10% (145) compared to 31 March 2013 and an increase of 28% (125) compared to 31 March 2010. Steady increase over the past five years and now at its highest. The local rate of LAC is 45/10,000 (England 160/10,000). 86% are from a white British background. 44% are aged 10-15 years. Slight increase of 1-4 yos and 5-9 yos since 2010 and this is in line with the age profile of the district.
Percentage of LAC health assessments completed on time has been steadily increasing in 2015/16



Teenage pregnancy
Number of < 18 conceptions for 2011/13 was 203 with a rate of 21.8/1000. Decrease from 2010/12 (217 conceptions, rate of 23/1000). The England rate for 2011/13 was 27.6/1000. (The rate is number of live births, stillbirths or abortions in all women aged 15-17 years)

Teenage pregnancy continues to be higher in areas of deprivation and the wards that are reporting higher numbers and rates per 1000 in West Berkshire are Clay Hill, Greenham, Thatcham Central, Thatcham West, Calcot, Victoria and Speen.

Young people not in education, employment or training (NEET)
The percentage of young people not in education, employment or training continues to decrease. In West Berkshire the 2013 percent was 6.3% of 16-18yos, a decrease of 2.1% from 2012.

Children's Long term conditions

Estimates of numbers of children living with LTC in West Berks
<19 diabetes between 88 and 71 children
<16 asthma 2869 children
<16 epilepsy 131 children

NHS Outcome Framework Indicators measures potentially avoidable emergency hospital admission for asthma, diabetes, and epilepsy in under 19 year olds. During 2013/14, 58 children from Newbury and District CCG were admitted for these conditions. Has remained relatively stable since 2010/11 and is lower than England and the TV Area Team

Smoking in young people
National What About Youth (WAY) survey (modelled estimates based on the survey) show West Berkshire as higher than the national figures for young people 11-14, 15 and 16-17 year olds both occasional and regular smokers. This has to be looked at against our local annual survey.

Substance misuse in young people
Smoking, drinking and drug use among young people is an annual, national survey done with young people aged 11-15years. The national data is applied to the West Berkshire local school population from the January 2015 school census. This shows crude numbers and percentages:

15% (n= 1,649) - have ever taken drugs
10% (n= 1,099) - have taken drugs in the last year
6% (n= 660) - have taken drugs in the last month

Trends in self reported drug taking have continued to decrease nationally and locally since 2001.

Chlamydia
The % of 16-24 yos who are screened for Chlamydia continues to be considerably lower than the national figure – 10.6% v 24.9% in 2013. This is a decrease from

2012. The positivity rate is subsequently low at 945 per 100,000, and the expected rate is 2016 per 100,000. This is due to the low numbers screened.

Children killed or seriously injured on the roads
The overall rate for under 16s has decreased from 16.1 per 100,000 in 2010-2012 to 12.8 in 2011-13. These data are reported on a 3 year rolling average due to low numbers. This is lower than the regional and national average.

Adults

Obesity
Latest updated figure is 64% of adults are estimated to be overweight or obese from the Active People Survey, compared to 64.6% nationally. Of these 18.5% were classified as obese.

The percentage of people who are physically active in West Berkshire went from 55.4% in 2013 to 61.6% in 2014. (APS)

Alcohol
West Berkshire compares favourably with other LAs in the South east for hospital admissions relating to alcohol (top quartile for 12 of the 16 indicators). For alcohol specific hospital admissions in the under 18s the rate has gone up slightly from 17.9/100,000 for the 3 year pooled period 2010-12 to 20.6/100,000 for the period 2011-13. This remains lower than the South East and England averages.

Alcohol related hospital admissions (narrow) have been gradually increasing since 2008/9 till 2013/14 (this is a hospital admission where the primary reason or secondary reason for admission can be attributed in some way to alcohol). This is a similar pattern for the South east and England

Smoking
Smoking prevalence in West Berkshire has decreased from 18.8% in 2012 to15.4% in 2013. In routine and manual groups this has gone from 31% in 2012 to 25.9% in 2013. The quit rate (the number of successful 4 week quitters out of the total number of smokers times 100,000) for West Berkshire residents was 3,190 (13th out of 19 LAs in the South East)

Smoking attributable hospital admissions have increased from 1,110 per 100,000 (count = 909) in 2012/13 to 1,245 per 100,000 (count = 1052) in 2013/14. England continued to decrease.

Smoking attributable mortality also increased slightly from 232.9 per 100,000 in 2010-12 to 242.4 in 2011-13. England continued to decrease.

Circulatory diseases
Prevalences of all circulatory diseases continues to be lower than the national figure (QOF). The under 75 mortality rate for cardiovascular disease in England has steadily decreased since 2001. In West Berkshire in 2011-13, there were 252 premature deaths from cardiovascular diseases. This is a rate of 66 per 100,000

people aged under 75, which is significantly better than the national rate and similar to the deprivation decile rate.

The rate of under 75 mortality from all CVD in males in West Berkshire slightly increased from 87.9 per 100,000 in 2009-11 to 95.1 per 100,000 in 2011-13. However the latest data 2012-14 has returned to 84.3 per 100,000 its lowest level. This is 165 deaths. This rate is considerably higher than the females which has decreased to 30.1 per 100,000 in 2012-14 (n=58 deaths).

The under 75s mortality rate from CVD considered preventable in West Berkshire in 2011-13 for all persons was 47.3 per 100,000. Although this went up slightly from 37.9 in 2008-2010, the 2012-14 rate has decreased to 40.6 per 100,000. In males the rate rose to 75.3 in 2011-13 which was above the South east rate of 64.5, it decreased to 65.1 in 2012-14 period.

These downward trends are encouraging following a slight upward trend previously.

Diabetes

In March 2014, West Berkshire's recorded prevalence rates of diabetes on the Quality Outcome Framework in people aged 17 and over was 4.6%. This is significantly lower than England's rate of 6.2%.

In 2012/13, North & West Reading CCG completed all eight of the NICE care processes for 63.7% of their registered diabetes patients, compared with 67.8% in Newbury & District CCG. These are both higher than the national completion rate of 59.9%.

Cancer

Over last 17 years the incidence of cancers has remained the same or slightly decreased. There has been a slight increase for breast cancer (168 per 100,000) and a very slight increase for prostate Cancer (110,000).

The mortality rate from cancer in West Berkshire for men and women is lower than England and similar to LAs in the same the deprivation decile. The rate had not decreased since 2008-10 (133 per 100,000), however the 2012-14 data show a decrease to 129.8 per 100,000.

The under 75s mortality rate from cancer for females had not decreased since 2008-10 and the 2011-13 rate was 125.2 per 100,000. However the 2012-14 data show a decrease to 112.2 per 100,000.

The under 75s mortality rate from cancer for males had not decreased since 2008-10 and the 2011-13 rate was 141.1 per 100,000. The 2012-14 data show an increase to 148.1 per 100,000.

The under 75s mortality rate from cancer considered preventable showed a similar picture with no decrease since 2008-10. Rate in 2011-13 was 77.7 per 100,000. New data for 2012-14 shows a decrease to 71.7 per 100,000.
(This is an increase in the 2012-14 data for men and a considerable decrease for women).

Remaining JSNA chapters will be presented to the Board at the January Board meeting.

Lesley Wyman
Head of Public Health and Wellbeing
West Berkshire Council