Title of Report:	**Health and Wellbeing Strategy Performance Report**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	27 November 2014

Purpose of Report: Purpose: to present a performance report against the current Health and Wellbeing Strategy.

Recommended Action: For the Health and Wellbeing Board to be alerted of any of the existing priorities where progress has not been made and to make decisions as to how this should be addressed

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Executive Report

The performance framework template was brought to the Health and Wellbeing Board in May 2014. This contained a number of high level indicators for each of the current priorities:

- Addressing childhood obesity in primary school children
- Supporting those over 40 years old to address lifestyle choices detrimental choices detrimental to health
- Promoting independence and supporting older people to manage their long term conditions
- Giving every child and young person the best start in life
- Supporting a vibrant district.

It was acknowledged at this meeting that some of the high level indicators were possibly not the most informative due to low numbers e.g. homelessness. In addition many local indicators were not included at the time. The number of local indicators that could have been included was largely due to the inclusion of a total of 30 priority areas for action in the H&WB Strategy. This has instigated a revision of the Health and Wellbeing Strategy to include a smaller number of priorities.

There was a suggestion at the May meeting that a task and finish group should be set up in order to improve and complete the 13/14 performance framework. Unfortunately this was not done, since the focus became the development of the new strategy.

Appendix 1 shows progress on as many of the high level indicators as possible where new data is available. In addition some of the Public Health and Wellbeing local indicators are reported on for 2013/14.

The following points can be made on the 2013/14 data:

Addressing childhood obesity in primary school children

The data presented remains the data for the academic year 2012/13. The data for 2013/14 has been collected and uploaded to the health and Social Care Information Centre and will be available in Dec/Jan. Our rates of obesity in reception year and year 6 children is better than the national average. Much activity has taken place during 2013/4 around healthy eating and physical activity, both in community and school settings, commissioned by Public Health and Wellbeing. Activities have been made available to children in areas of relative deprivation, including free swimming lessons and free half term activities.

Supporting those over 40 years old to address lifestyle choices detrimental choices detrimental to health

It is important to note that the most up to date prevalence data for smoking in adults is 2012 and this increased slightly from 2011. Although below the national prevalence, when compared to other authorities in the same deprivation decile West Berkshire ranks highest, ie we have the highest prevalence of smoking compared to other authorities who have similar levels of deprivation. In addition and more concerning is that we did not reach

our targets for numbers of people giving up smoking for 4 weeks and for 12 weeks. This has improved in Q1 of 2014/15 where we are on track.
The prevalence of overweight and obesity as a combined figure has been estimated from the Active People Survey, which is a change from previous estimates that used Health Survey for England data. In this case we cannot compare levels of obesity previously used. The levels of excess weight show that 2/3rds of our adult population are overweight or obese. We are higher than the national figure plus rank 4th highest compared to the localities with similar deprivation levels.
The local indicators used are the number of residents attending weight management interventions in West Berkshire and losing weight. Unfortunately due to the tendering out of this service the data is not robust enough to give us a reliable figure for West Berkshire alone. Now that the main weight management service Eat4Health has been commissioned out to the third sector we will have this data for most of 2014/15.
Public Health has also invested in a physical activity co-ordinator who is building up the Health walks programme locally.
The number of NHS health checks offered in 2013/14 was just over 9,000, representing 19.1% of the eligible population. This is higher than the national figure and about mid table compared to areas in the same deprivation decile. The number of people who then received a health check was 8%. We aim for a 50% uptake so need to improve on this figure.
The percentage of residents who are opiate users who successful complete drug treatment and do not represent within 6 months rose from 7.2% in 2011 to 12.2% in 2012.

Promoting independence and supporting older people to manage their long term conditions

The overarching indicator used for this priority is mortality rates in the under 75s age group from cardiovascular disease which is considered preventable (includes heart disease and strokes). The data is presented as three year rolling averages in order to iron out annual fluctuations. The 2009/11 rate in West Berkshire was 40.6 per 100,000 population and this increased to 43.3 per 100,000.

The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense. This shows the importance of preventative services as well as high quality treatment services.

The indicator showing the rate of emergency admissions due to hip fractures in the over 65 year age group is an important indicator for falls prevention. West Berkshire has a lower rate than the England rate and the local rate has dropped slightly for 12/13. Due to the increase in the population however this represents an increase from 137 to 142 emergency admissions for hip fractures.

The final high level indicator shows that the percentage of people who feel supported to manage their long term condition in Newbury and District CCG is 70%, higher than the national average. (no data available for NWR CCG).

Giving every child and young person the best start in life

The first high level indicator used here relates to the emotional wellbeing of looked after children. Due to the relatively small number of looked after children in the 12/13 data set (N=55) this data cannot be compared directly to other localities. The score is an average difficulties score for all looked after children aged 4-16 who have been in care for at least 12 months on 31st March. There was a small improvement from 2011/12 to 2012/13. New data is due in December 2014.

The second PHOF indicator is breast feeding prevalence at 6-8 weeks. This was 55% for 2012/13 which is better than the national average and very similar to most of the other LAs in the same deprivation decile. NHS England was due to supply this data to LAs on a CCG basis by March 2014, but this has yet to happen. This is still a very valid indicator of giving every child the best start in life (see PHOF definitions http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000008/are/E06000037)

Supporting a vibrant district.

The percentage of households experiencing fuel poverty show that West Berkshire is better than the national average. The percentage in 2012/13 was only 6.6 but this represents just over 4000 households.

The rate of domestic abuse reported to the police per 1000 population shows a small rise from 18.7 to 19.4 per 1000 pop. This is similar to the national rate. It is difficult to obtain reliable information on the extent of domestic abuse as there is a degree of under-reporting of these incidents. Changes in the level of domestic abuse incidents reported to the police are particularly likely to be affected by changes in recording practices. These kinds of changes may in part be due to greater encouragement by the police to victims to come forward and improvements in police recording, rather than an increase in the level of victimisation (PHOF definitions).

The homelessness numbers are considered too small to be of value in this performance framework.

It is evident that for the most part the local indicators have not been added to the 2013/14 performance framework. Since the high level indicators are usually available only on an annual basis and represent 1 or 2 years prior to the year being reported on, it will be necessary to have robust local indicators that relate to activities being commissioned and delivered in the reporting year. These will contribute to addressing the selected priorities.

The new H&WB Strategy will have an accompanying performance framework and partners involved in addressing the health and wellbeing priorities will be required to supply appropriate, measureable, robust local indicators that can be reported back to the Board on a quarterly or 6 monthly basis. The Public Health and Wellbeing team will support others in the development of their indicators in addition to developing their own.

Appendices

Appendix 1a to 1e – Health and Wellbeing Performance Framework for 2013/14