Title of Report:	**Health and Wellbeing Priority Themes for 2015/16**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	November 27th 2014

Purpose of Report:

To propose three priority areas that will be brought to the Health and Wellbeing Board for update, discussion and development

Recommended Action:

That the Health and Wellbeing Board agree to focus on the three priorities suggested and that individual Board members will participate in Board presentations and facilitating improvement in these areas of work outside of the Board meetings as required.

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Executive Report

The updated Health and Wellbeing Strategy to be agreed following a full consultation at the January 2015 Health and Wellbeing Board meeting will have a set of approved priorities drawn from the Joint Strategy Needs Assessment. Currently there are 11 priorities which range across the life course covering children, adults and older adults. These priorities indicate health and wellbeing issues where West Berkshire Council and CCGs face particular challenges or are not performing as well as they might be when benchmarked against other comparable areas.

At the November H&WB Board meeting it was agreed that three priorities be selected from the total each year and that these would be the focus for the Board for a prescribed period of time – 14/14 Hot Focus 1, Hot Focus 2, Hot Focus 3. This will enable a detailed presentation to be made to the Board and give an opportunity for the appropriate commissioners, providers and partners to discuss their work, including successes and barriers that they face in addressing this particular priority. Integrated models of care will be highlighted wherever possible.

A first presentation will be made to the H&WB Board and Board members will have time to ask questions, clarify outcomes, budgets and relationships. Barriers and blocks to achieving outcomes can then be discussed and possible solutions developed. Board members should be able to commit resources where needed, including budget, people, information etc. A multiagency plan of action will be suggested with individual leads for specific actions and timescales where possible. Innovative solutions will be generated and integrated services that provide a synergy.

Following the H&WB Board meeting a small task and finish group will come together to execute the action plan, calling on partner organisations where required. This work will be rapid and focused and will require all partners to play their part. At the following W&WB Board meeting a progress report will be presented to outline what actions have been taken in this priority area and what improvements are ensuing. Work will then continue alongside progress on all the other priorities that are reported back through the performance framework on a quarterly basis.

The following priorities are suggested for 2015/16

Hot Focus 1 (April 2015- July 2015) - We will improve the health and educational outcomes of looked after children through high quality health, and social care support

Hot Focus 2 (August 2015 – November 2015) - We will promote mental health and wellbeing in all adults through prevention, early identification and provision of appropriate services

Hot Focus 3 (December 2015 – March 2016) - We will maximise independence in older people by preventing falls, reducing preventable hospital admissions due to falls and improving rehabilitation services.

Hot Focus 1 supporting information

Children who have become looked after as a result of a legal order or who have been accommodated on a voluntary basis in agreement with their parents/carers, are one of the most vulnerable groups in society. Children enter care for a range of reasons including

physical, sexual or emotional abuse, neglect, or family breakdown. Children in care generally have significantly higher levels of health needs than children and young people from comparable socio-economic backgrounds who have not been looked after. Their life opportunities and long term outcomes are also often much poorer and poor health is a factor in this. Past experiences, including a poor start in life, removal from family, placement location and transitions mean that these children are often at risk of having inequitable access to health services, both universal and specialist. Promoting the health and wellbeing of these looked after children are therefore paramount.

What is the picture in West Berkshire?

- At March 2013, West Berkshire Council was responsible for 144 looked after children. This was a rate of 40.0 looked after children per 10,000 population under 18 – a rate lower than the England average (60 per 10,000). By October 2013, this had increased to 158 children.
- The number of unaccompanied asylum seeking children looked after by West Berkshire Council is fairly stable, and was 10 as at March 2013.
- There are more boys than girls in care in West Berkshire, and this is also true of unaccompanied asylum seeking children.
- The majority of looked after children are placed in family settings with foster carers or adoptive carers (82% at the 31st March 2013) with the rest placed in other settings according to their individual needs (children's homes, specialist homes or nursing establishments or independent living).
- All children in care are subject to a health plan. Health assessments must be undertaken twice a year for children under 5 years, and annually for children and young people aged 5 years and over. The proportion of looked after children who receive an annual health assessment and regular dental checks is quite high (74% for medicals and 83% for dental checks as at October 2013).

Hot Focus 2 – supporting information

Mental health and wellbeing consists of how we think and feel (our emotions and satisfaction with life) and how function (good relationships with others, having a purpose in life). We all have mental health and anyone can experience good or poor mental health and wellbeing. In any given year, one in four adults in the UK will experience a diagnosable mental health problem, with mixed anxiety and depression being the most common. There are a variety of risk factors for poor mental health and wellbeing which include; poverty, discrimination, violence, abuse, peer rejection and isolation, stressful life events (such as bereavement and relationship problems) and poor physical health. Conversely, there are also factors that can positively affect mental health and wellbeing. These include; economic security, empowerment, feelings of security, positive interactions with others, physical activity, stable and supportive family environments and a healthy diet and lifestyle.

Poor mental health can impact on physical health in the same way that poor physical health can impact on mental health. For example, poor mental health can increase the risk of cancer, back pain and irritable bowel and reduce life expectancy. National research has shown that around 30% of people with a long term condition also have a mental health problem. Some unhealthy behaviours (such as smoking, excess alcohol consumption, overeating etc) are used to control stress or boast mood.

It is important that we work to; understand and prevent mental health problems, to ensure that we achieve a parity of esteem (by ensuring that we value mental health equally with physical health) and that we promote positive mental health and wellbeing among those living with or recovering from a diagnosable mental health problem and the general population.

The New Economics Foundation (NEF) identifies research that promotes five actions (known as the five ways to wellbeing) that encourage action to improve our mental health and wellbeing; connect, keep learning, give, take notice, and be active. Positive mental wellbeing is associated with good physical health, good resilience, reduced mental ill health, improved education attainment and reduced risky health behaviours.

What is the picture in West Berkshire?

- Around 125 people in every 100,000 people living in West Berkshire are admitted to hospital due to mental ill health. This is lower than the national and regional average. In West Berkshire, about 7 people in every 100,000 commit suicide (or injury of undetermined intent).
- An estimated 4,467 (9%) people with depression and/or anxiety in Berkshire West (across Reading, Wokingham and West Berkshire) are receiving treatment through Increasing Access to Psychological Therapies (IAPT). The national rate is 6% of people receiving treatment. Uptake of psychological therapies is higher than the national and regional average, 70% of adults (aged 16+) who are referred for psychological therapy enter into psychological therapies.
- The rate of people recovering from psychological therapy treatment is also higher than the national and regional average. Around 55 people out of every 1,000 people who have completed a psychological therapy treatment were moving towards recovery in 2011/12.
- Significantly more people registered with GP Practices in West Berkshire LA are recorded as having depression than the national, regional, and Berkshire West average.
- 14,718 people registered with GP Practices in West Berkshire LA are on clinical registers recorded as having depression. This equates to 13% of the GP list size population.
- Around 2,150 people aged 65 and over living in West Berkshire are estimated to have depression. By 2020, an estimated 2,672 people aged 65 and over are predicted to have depression.
- Nationally published data for 2010/11 suggests that, in West Berkshire LA, significantly fewer (2.5%, count = 5) of adults in contact with secondary mental health services are in employment than the national (9.5%) and regional (7.9%) averages. However, we know that this is likely due to a change in the system used for recording this national data. Locally produced figures suggest that closer to 15% of adults in contact with secondary mental health services in West Berkshire LA are in employment. It is expected that the national figure will return to previous levels in 2012/13 once recording issues are resolved.

Hot Focus 3 – supporting information

Older people are more vulnerable to slips, trips and falls which could lead to broken bones, admissions to hospital as a result of falls, admissions to a residential/nursing home as a result of falls and a reduction of discharges to residential/nursing homes following a hospital admission as a result of a fall. Having a fall may reduce the confidence of

someone who has fallen, possibly making them afraid to leave their homes resulting in social isolation and reduced independence.

Many of the risks of falling can be prevented and may help to reduce the fear of falling, as well as improving balance, strength and stamina. Investing in falls prevention can to reduce the financial burden on the NHS by preventing fractures and reducing avoidable hospital and/or residential/nursing home admissions.

What is the picture in West Berkshire?

- The rates of injuries due to falls in people aged 65 and over living in West Berkshire are better than the national average. In 2012/13, there were 1,381 emergency hospital admissions for falls in persons aged 65 and over per 100,000 population.
- There were 142 emergency admissions for hip fractures in every 100,000 people aged 65+ in 2012/13.
- In 2012/13 the rate of emergency admissions for injuries due to falls in persons aged 80+ was 3,541 per 100,000 population which is better than the regional average.
- The number of hip replacements being undertaken for people in West Berkshire has increased slightly over the last five years. Around 50% of patients from West Berkshire go home from hospital within 28 days of an emergency admission to hospital with a hip fracture. This is slightly lower than the proportions seen nationally and regionally.

Different priorities will require a variety of partners to lead the task and finish group but in each case the Public Health and Wellbeing team will provide support in the form of needs analysis and relevant data, models of best practice, NICE guidance and other national strategies, plus evidence of effectiveness and cost effectiveness.

This work, if agreed could begin in January 2015 depending on the need to alter any of the current priorities in the amended Strategy. The Board should make that decision.

It is important to note that work on all the priorities will continue and progress will be reported to the H&WB Board on a quarterly basis.

Appendices

There are no Appendices to this report.