

| | |
|------------------------------------|--|
| Title of Report: | Performance Monitoring Report for Quarters 1 and 2, 2014/15 |
| Report to be considered by: | The Health and Wellbeing Board |
| Date of Meeting: | January 22nd 2015 |

Purpose of Report:

To give the Health And Wellbeing Board an update on progress being made toward the priorities in the current Health and Wellbeing Strategy, using the Performance Framework.

Recommended Action:

To note the performance measured against the national and local indicators. To make suggestions for action in areas that are demonstrated to be underperforming.

Reason for decision to be taken:

N/A

| Health and Wellbeing Board Chairman details | |
|--|--|
| Name & Telephone No.: | Marcus Franks (01635) 841552 |
| E-mail Address: | mfranks@westberks.gov.uk |

| Contact Officer Details | |
|--------------------------------|--|
| Name: | Lesley Wyman |
| Job Title: | Head of Health and Wellbeing |
| Tel. No.: | 01635 503434 |
| E-mail Address: | lwyman@westberks.gov.uk |

Executive Report

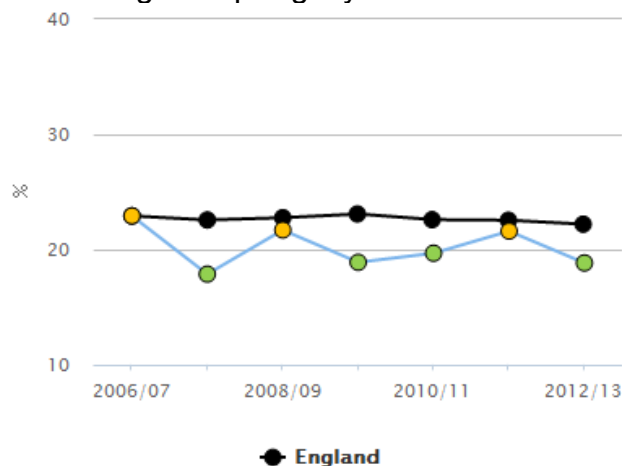
This report is to update the Health and Wellbeing Board on progress made on the priorities outlined in the original Health and Wellbeing Strategy in quarters one and two of 2014/5. Appendix 1 is the completed data set to accompany this report.

As described in the performance report for 2013/14 there are gaps in the data due to the lack of agreed local indicators. However all high level indicators have been updated using the Public Health Outcomes Framework and the Public Health indicators have also been updated. Indicators have been RAG rated where this is sensible and useful to do so. This report enables the Board to see areas where performance may need attention and there are outlines of specific actions that are being implemented to address underperformance.

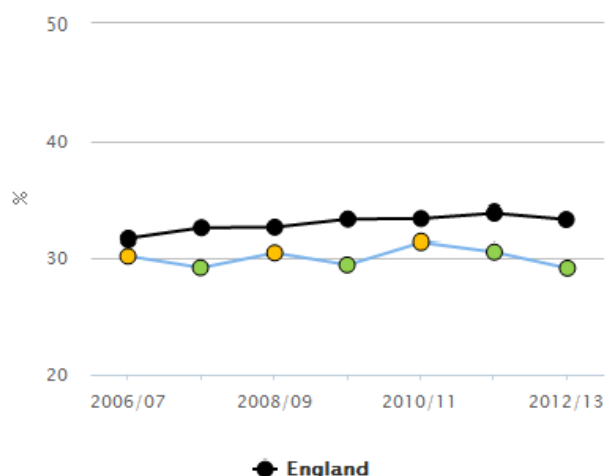
Reducing childhood obesity in primary school children

The National Childhood Measurement data for 2013/14 was published in December 2014 and it demonstrates that using a combined overweight and obesity figure for reception and year 6 there is no statistically significant change.

In reception the rate has gone up slightly from 18.9% to 19.3%



In year 6 the rate has gone down from 29.1 to 28%.



There is no overall trend up or down but yearly fluctuations.

The local indicators show that significant numbers of initiatives and projects have been implemented in the first half of the year both in schools and communities to increase healthy eating and physical activity for children and families.

Healthy eating work includes the following:

- Lets Get Going healthy lifestyle after school initiative run in 3 schools
- Phunky Foods healthy eating resources and training for schools to get healthy eating into the curriculum. Run in a further 4 schools (from a baseline of 8 in 13/14)
- Healthy eating and food safety sessions run in 12 schools for year 6 pupils
- Presentations in 3 children's Centres on healthy eating and food hygiene
- 2 cookery workshops run in secondary schools in collaboration with Food Bank

The total number of children and parents who attended these training sessions was 500.

Physical activity work includes the following:

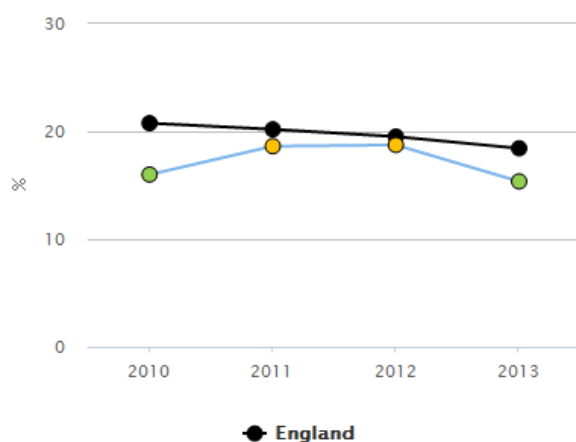
- Lets Get Going healthy lifestyle after school initiative run in 3 schools
- Free swimming lessons for a total of 24 children (out of a projected yearly total of 48)
- Free Fun Station activities run at a variety of leisure centres in half term holidays and summer holidays.

The total number of children and parents who attended these training sessions was 875.

- Mini World Cup Football Tournament run in the summer by Public Health and Get Berkshire Active also attracted 38 children
- Plus 667 pupils took part in Bikeability courses run by WBC Traffic and Road Safety team

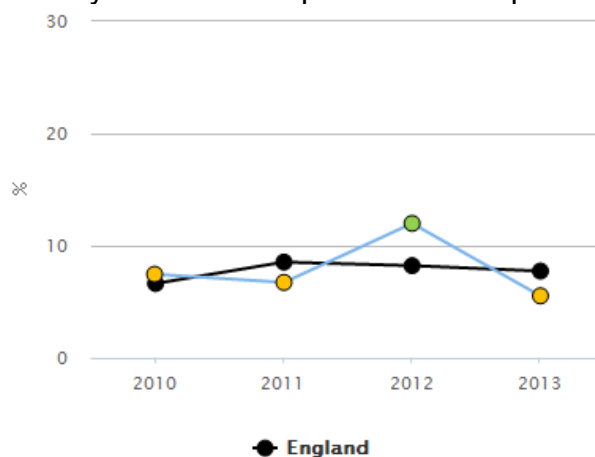
Supporting those over 40 to change lifestyle behaviours detrimental to health and wellbeing

Adult smoking prevalence has dropped from 18.76% to 15.4% which is now significantly below the national average. The overall trend over since 2010 has remained relatively unchanged



Number of 4 week smoking quitters for Q1 2014/15 has improved from Q1, 13/14 by 46% and an improvement for 12 week quitters by 85%. (Quarterly figures for smoking quitters are only available 4 months after the end of the quarter, thus 2 Q2 data for 2014/15 will be available later in January)

The successful completion of drug treatment for opiate users measures the percentage of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months. There was a significant drop in this measure from 2012 to 2013 and the Q2 figure for 2014 has risen slightly from a low of 5% in Q1. Part of this fluctuation is due to relatively small numbers in treatment of which PHE is aware. In addition the current providers are implementing an action plan to improve the picture. The drug and alcohol service has been tendered out in the latter part of 2014 and PH and Wellbeing will work closely with the new providers to improve these figures.



The % of adults achieving 150 minutes of physical activity per week.

This figures has dropped slightly from 2012 to 2013 so that West Berkshire is now below the national average.

Physical inactivity is the fourth leading risk factor for global mortality accounting for 6% of deaths world wide. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £1.6 billion per year.

There is considerable work going on in West Berkshire to enable residents to be more physically active. The PH and Wellbeing Team has commissioned a Physical Activity Co-ordinator who is working across the district with partners to run physical activity initiatives. In the first 2 quarters of 2014/15, 11 new health walks have been established and 89 new registrants have begun walking regularly.

Improving the self reported emotional wellbeing scores of adults

ONS currently measure individual/subjective well-being based on four questions included on the Integrated Household Survey:

1. Overall, how satisfied are you with your life nowadays?
2. Overall, how happy did you feel yesterday?
3. Overall, how anxious did you feel yesterday?
4. Overall, to what extent do you feel the things you do in your life are worthwhile?

These figures are calculated using a sample survey and are subjective however from 2012 to 2013 slightly less people had a low satisfaction score or a high anxiety score which is good but slightly more people reported a low happiness score.

The PH and Wellbeing lead for mental health and wellbeing has raised awareness of the importance of mental wellbeing through a wide variety of initiatives including publicising the importance of MIND, training front line staff in mental health first aid and running a number of mindfulness courses for staff in the council. There is a new Berkshire wide Suicide Prevention Strategy, completed in October 2014 that has been written by a multi agency Suicide Prevention Group and ratified by the Public Health Advisory Board. A countywide suicide audit is currently being carried out covering 2012-14. The strategy is available as Appendix 2.

The % of eligible population being offered and receiving and NHS Health Check.

This is the main area of underperformance within the Health and Wellbeing Strategy. Q1 figures are 30% lower for invites and Q2 26% lower for completed checks in 2014/15 compared to the previous year.

The target for West Berkshire is for 20% of the eligible population to be invited for a health check each year and for 50% of those invited to have a health check completed. The target number of invites for 2014/15 is 9720 and the target number of completed checks is 4860.

There are a variety of reasons for this underperformance but essentially the majority of the health check invitations and completion of checks has traditionally been provided by GP practices from 2009 when the NHS health check started. We built up numbers over the years and all the GP practices are currently signed up to deliver health checks. In 2013/14 the CCG chose the Health Checks programme as one of their Quality Premium targets and consequently performed well achieving 92.6% of the target for invites and 79% of the target for completions. However this has not been the case in 14/15 and consequently activity has dropped dramatically.

The PH and Wellbeing Lead has been encouraging practices, over the months, to increase their activity, making almost one visit a week to GP surgeries, plus liaising with Practice Managers frequently by phone and email. It is recognised that capacity within the surgeries is understandably tight with increasing numbers of diagnostic and treatment procedures being undertaken in Primary Care. In addition primary care staff are under pressure to deliver care in a context of constant change.

PH and wellbeing in West Berkshire continues to believe that NHS health checks should be carried out in GP practices rather than being commissioned out to private sector providers and the results being electronically relayed back to practices. A new action plan is being developed with practices to increase both invitations and assessments in the last

quarter. In addition the whole of February and March will see health checks available opportunistically at 2 rooms in West Berkshire Community Hospital and at West Berkshire Council Offices carried out by the bank Health Checks Nurses and other trained staff to boost numbers. This will be highly publicised to maximise uptake.

Decreasing excess weight in adults

Obesity is a priority area for Government. The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults, which is recognised as a major determinant of premature mortality and avoidable ill health.
<https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england>

The calculation of excess weight in adults is now done using the Active People Survey which is a national telephone survey asking respondents about the amount of physical activity they do and also asks them to give their height and weight. West Berkshire excess weight is similar to the national average at 65.5%. This figure is broken down into overweight (not obese) which is a BMI >25 and less than 30 = 47% and obese, a BMI>30 = 18.5%.

The England average is overweight = 40.8% and obese = 23% or excess weight = 63.8%

There are many different indicators that could be used to measure progress on excess weight and that includes levels of physical activity and healthy eating initiatives, both in children and adults. We have chosen just one type of indicator that is the number of weight management courses that are being run and the number of people who are completing courses.

The main weight management course commissioned in West Berkshire by Public Health and Wellbeing at tier 2 is Eat4Health (a 10 week course of 1.5 hr weekly sessions, including healthy eating and physical activity components). It is aimed at people with BMI of >25 and is largely self referral). This was commissioned out to the third sector and the new contractor Solutions 4 Health began providing courses in June 2014. This has inevitably meant a dip in number of courses being delivered and numbers of people attending, however, it is expected that this figure will grow significantly going forwards. The other course is a higher intensity course only available to Newbury and District CCG and Wokingham patients. It is aimed at patients with a BMI>30 including those with co-morbidities, and is a multidisciplinary course including input from GP, dietitian and exercise specialist. Patients are referred to the Course (Barometer) and the numbers are small. This is similar to a tier 3 course where the next tier of service would be bariatric surgery. There is also a tier 2 weight management course delivered by dietitians and commissioned by CCGs. This is GP referral only and is for patients with a BMI>30 or overweight with co-morbidities.

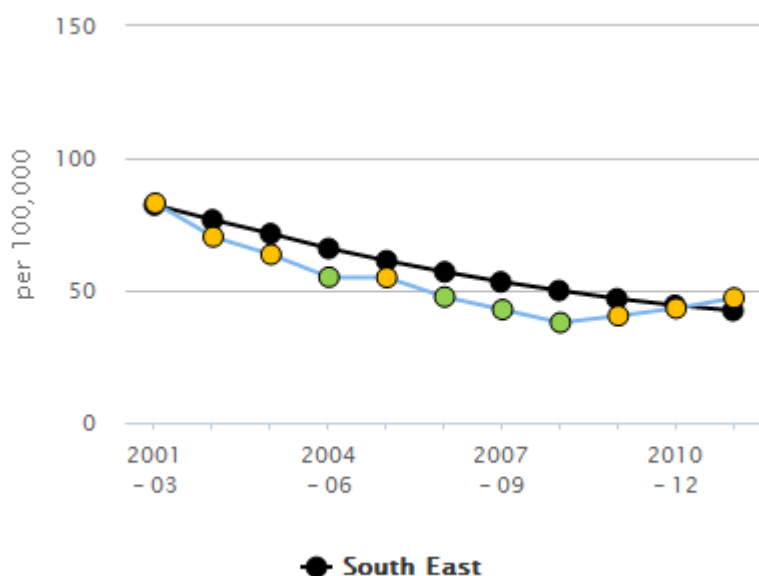
Considerable work is going on in this area including a countywide Workshop in December 2014 on the commissioning of weight management services at different levels across Berkshire attended by 60 key stakeholders. This is being followed up by the development of a Berkshire obesity care pathway plus wider, strategic work in each locality. The pathway will include all ages and all tiers of service including prevention. It has been suggested that weight management referral from GPs could be added onto a new electronic system, DSX, being piloted currently by the West CCGs.

Rate of cardiovascular disease in the under 75's considered preventable.

Cardiovascular disease (CVD) is one of the major causes of death in under 75s in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but to ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.

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.

Although the mortality rate has decreased steadily from 2001-3 to 2008-10 since this time there has been a small but continued increase. The latest reported data for West Berkshire (47.3/100,000) show an increase above the South east regional rate (42.5/100,000).



Continued focus on the major risk factors for CVD – obesity, physical inactivity, smoking and excess alcohol – is of utmost importance. In addition early identification of CVD risk through the NHS Health Check programme will help to find those who are at risk and support them with positive lifestyle change and medical treatment where needed, eg. statins, antihypertensives etc.

Breast feeding rates at 6-8 weeks.

This indicator was judged to be a valid and an important measure of public health and was therefore included in the public health outcomes framework. Inclusion of these indicators will encourage the continued prioritisation of breastfeeding support locally. Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother and result in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants (Quigley et al 2007.)

Current national and international guidance recommends exclusive breastfeeding for newborns and for the first six months of infancy.

The 6-8 week examination of babies is carried out by GPs. The data up till 2012/13 was reported by PCTs and then allocated to each LA dependent on the number of live births. Since April 2013 the data are now collected directly from providers via the data collection tool that is part of Unify2, a web based system set up to collect performance data from providers. The 13/14 data for West Berkshire was not published as the data quality was poor (ie too many babies did not have a breast feeding status recorded).

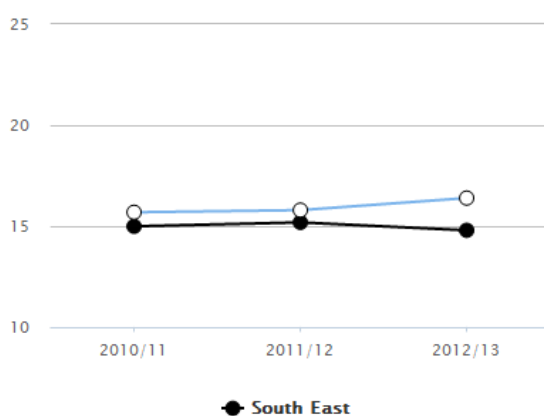
It is important that we have a full data set so that we can commission sufficient support services for mothers who need them. PH and Wellbeing currently commissions the Breast Feeding Network to provide this support through Breast Feeding Peer Support. In addition the Baby Friendly Initiative is also part funded by West Berkshire for breastfeeding support at the RBH.

Rate of domestic abuse reported to the police.

The rate of domestic abuse reported to the police has risen very slightly between 10/11 and 12/13, however this is not significant. In addition 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.

Emotional wellbeing of looked after children

This indicator is based on the average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March. The number of children in West Berkshire in 2013 was 55, thus the average scores have to be interpreted with care.



The score has decreased slightly from 15.7 in 2010 to 16.4 in 2013. However average scores for the South east have improved.

It will be important going forward to ensure this upward trend does not continue or worsen. Data due for 2014 should be available imminently. The emotional health and wellbeing of Looked after children is a Hot Focus of the 2015/16 Health and Wellbeing Strategy. The use of this type of performance monitoring spreadsheet with rag rated national and local indicators can be seen to be helpful in tracking progress and ensuring that issues are highlighted and can then be addressed through discussion and debate at the Health and

Wellbeing Board. It will be important for the new Health and Wellbeing Board that relevant organisations select the best national and local indicators that they would like to report back on to the Board.

Appendices

Appendix 1 – performance monitoring spreadsheet

Appendix 2 – Berkshire Suicide Prevention Strategy