

# **Appendix 2**

## **Draft**

# **West Berkshire Health and Wellbeing Strategy**

**2015 - 2018**

**Foreword** – To be completed after the Health and Wellbeing Board meeting by Councillor Marcus Franks (Portfolio Holder for Health and Wellbeing, West Berkshire Council, Chair of Health and Wellbeing Board) and Dr Bal Bahia (Clinical Lead, Newbury and Community Clinical Commissioning Group, Vice-Chair of Health and Wellbeing Board)

## Introduction

In West Berkshire we want to help people live longer, healthier and more fulfilling lives, and to improve the health of the poorest, fastest. Good health and wellbeing will be achieved by work on many fronts:

- ✓ Ensuring value for money, high quality health and social care services are accessible to all who need them
- ✓ protecting people in emergencies and adverse weather conditions and from communicable diseases,
- ✓ preventing ill health and disease
- ✓ promoting positive health and wellbeing through increasing awareness of health risks and enabling individual behaviour change
- ✓ creating environments where healthy choices are the easy choices
- ✓ tackling inequalities in health, making the health and wellbeing of the people who are the worst off in our district as good as that of the most affluent.
- ✓ partnership working between the NHS, the Local Authority, the Voluntary and Community Sector, the Private Sector and the residents and service users of West Berkshire

Health and wellbeing will be promoted throughout the life course, ensuring services are accessible from pre-conception to the end of life. The NHS, Local Authorities and the third sector are working more closely together to ensure integrated health and social care that is evidence based and value for money, helping vulnerable groups and those with long term conditions and disabilities to be as healthy and independent as they can be.

## The picture of health and wellbeing in West Berkshire

- Life expectancy at birth is 80.8 years for males and 84.6 years for females. This is better than the national and regional levels. On average a man in West Berkshire can expect to live in good health until he reaches 67.5 years and a woman until she is 68.8. This is better than the national average and similar to the rest of the south east.
- Early deaths from CHD, stroke and cancer have fallen over the last 10 years and the death rates of all of these are lower than national averages.
- Deprivation levels are generally low with long term unemployment, homelessness and levels of violent crime all better than national and regional averages.
- The health and wellbeing of our young people is generally good with lower levels of under 18 conceptions and under 18 alcohol related hospital stays lower than national and regional rates.
- The prevalence of obesity in reception and in year 6 children has slightly decreased since measurements began in 2006/7.

## The challenges

- Life expectancy is 6.4 years lower for men and 4.4 years lower for women in the most deprived areas of West Berkshire than in the least deprived areas.
- Smoking prevalence is 18.8% which is higher than the regional average
- 65.5 % of adults are classified as overweight or obese which is slightly higher than regional and national levels
- The rate of people killed and seriously injured on the road is worse than the national average.
- Most hip fractures in adults aged 65 and over are caused by a fall, which can lead to a loss of mobility and independence. Between 2008/09 and 2012/13, 92.3% of hospital admissions for hip fractures in 65+ in West Berkshire were emergency admissions (see falls prevention section).
- There were 1700 alcohol related hospital admissions in West Berkshire in 2012/13 (based on primary and secondary diagnoses).

## The Vision for Health and Wellbeing in West Berkshire

All children, young people and adults will have the opportunities to achieve their potential and lead healthy, happy and safe lives. Inequalities in health will be tackled and vulnerable groups supported. There will be access to timely, integrated health and social care services, ensuring rural areas are well served. Our communities will be enabled and empowered to have control over their own health and wellbeing and wider determinants of health will be addressed in partnership.

This shared vision for what success will look like will enable partners to commit to making the best use of public money by working in new ways and sharing resources, including finance, people, buildings and information.

To accomplish our vision our services will be

- Delivered relative to need, ensuring areas with the highest need are targeted to address health inequalities
- accessible to all, taking into account disabilities, rurality and working patterns
- based on integrated care pathways, with all relevant providers working together to maximise the benefits of delivery
- evidence-based and providing value for money
- socially, economically and environmentally sustainable

This Health and Wellbeing Strategy sets out 11 key priorities, derived from the Joint Strategic Needs Assessment (JSNA) , that details West Berkshire's population and its needs, national and local drivers, service users' and carers' views, expert opinion and the evidence base for interventions.

### **Overarching aims that drive the strategy:**

- To prolong life expectancy at birth, whilst maintaining a high quality of life in later years
- To decrease the death rates from all causes, especially for those under the age of 75 years
- To decrease the gap in life expectancy between the least well off in our district and most affluent.

The priorities include promoting healthier lifestyles and positive mental health and wellbeing throughout the life course, preventing ill health plus providing integrated, high quality services through joint working, bringing together health, social care and the voluntary and private sector.

## **West Berkshire Health and Wellbeing Priorities**

Emotional wellbeing	1. We will promote emotional wellbeing in children and young people, through prevention, early identification and provision of appropriate services
Looked After Children	2. We will improve the health and educational outcomes of looked after children through prevention and the provision of high quality health and social care support and services
Tackling inequalities	3. We will improve the educational achievement of children on free school meals to bring them into line with the overall achievement of all children
Mental health and wellbeing	4. We will promote mental health and wellbeing in all adults through prevention, early identification and provision of appropriate services. We will tackle loneliness and social isolation
Health damaging behaviours	5. i. We will promote sensible and safe drinking and increase the number of people receiving effective and timely support for alcohol related problems  ii. We will promote smoke free lifestyles and environments.
Healthy weight and physical activity	6. We will maintain or increase the number of people who are a healthy weight, by promoting physical activity and healthy eating and providing a range of evidence based weight management interventions and more opportunities for residents to be more physically active
Cardiovascular disease and cancer	7. We will improve the prevention and early identification of cardiovascular disease and cancer in primary care and community settings through the provision of NHS health checks and screening and ensure the provision of high quality secondary care services
Carers	8. We will promote the health and wellbeing of carers, including young carers
Long term conditions	9. We will deliver integrated services to support and maintain the independence of people with long term conditions and disabilities and ensure end of life care needs are addressed
Falls prevention	10. We will maximise independence in older people by preventing falls, reducing preventable hospital admissions due to falls and improving rehabilitation services.
Dementia	11. We will improve the lives of those residents with dementia through early identification, the provision of excellent, integrated care and support and increased community awareness of dementia.

**Accessibility   Integration   Effectiveness   Sustainability   Preventative**

### **Why are these the priorities for West Berkshire?**

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September/October 2014

## **PRIORITY 1 – EMOTIONAL WELLBEING OF CHILDREN AND YOUNG PEOPLE**

Just like physical health, having good emotional health at a young age promotes good emotional health in adulthood. Half of all adults with a chronic mental health problem first experiences symptoms before the age of 14. Poor mental health at a young age can have an impact on educational attainment, poorer physical health and social skills as well as increase the risk of behaviours such as self harm and suicide.

There are higher levels of mental health problems among the following groups of children and young people; those with learning disabilities, disabled children, looked after children, leaving care, children with special educational needs, young carers, young offenders and children in custody, teenage parents, substance misusers, those that have witnessed domestic abuse or those that have experienced physical, emotional or sexual abuse. We need to ensure that services are able to serve the needs of these vulnerable groups.

Promoting the emotional wellbeing of children and young people can be achieved by ensuring that children and young people have good mental health. It is important that children and young people have good self esteem, develop resilience and are able to build positive relationships.

### **What is the picture in West Berkshire?**

- An estimated 1,360 boys aged 5 to 16 in West Berkshire have a mental health disorder
- An estimated 895 girls aged 5 to 16 in West Berkshire have a mental health disorder
- Around 790 referrals were made to the Children and Adolescent Mental Health Service in West Berkshire. In addition, 26 young people were admitted to the Berkshire Adolescent Unit with mental health problems including self harm, eating disorders, psychosis and affective disorders.

## **PRIORITY 2 – LOOKED AFTER CHILDREN**

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 31<sup>st</sup> 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).

### **PRIORITY 3 – TACKLING INEQUALITIES – CHILDREN**

The Marmot Review of Health Inequalities highlighted the social gradient in health whereby the lower your socioeconomic status the poorer your health outcomes. Health inequalities arise from a variety of social determinants of health including income, educational attainment, and environmental factors, such as poor housing or access to green spaces. These factors not only affect children living in poverty but also vulnerable children. By working with children's services, housing, planning, environment and leisure services, Public Health and Wellbeing can work towards improving health outcomes and tackle health inequalities.

### **What is the picture in West Berkshire?**

- In West Berkshire, there are an estimated 3,350 (11.2%) children (16 and under) living in poverty.
- 56% of pupils in Key Stage 2 (aged 7 to 11 years) known to be eligible for free school meals achieved level four or above in reading, writing and mathematics compared with 79% of all other pupils, a gap of 23 percentage points.
- 4,858 16-18 year olds are known to West Berkshire Council. It is estimated that 4.4% (210 individuals) of these children were Not in Education, Employment, or Training (NEETs), which is lower than the national average. Some young people are more likely to be NEET. These are children of parents who are



NEET, teenage parents, young people with a learning disability or mental health problem, and people with alcohol or substance misuse problems. Similarly, disadvantaged pupils who have been excluded or suspended from school, those with children and those who have a disability are more likely to be NEET.

- The National Child Measurement Programme (NCMP) measures the weight and height of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess the prevalence of overweight and obesity in primary schools. The data demonstrates a strong correlation between deprivation and obesity prevalence nationally.

## **PRIORITY 4 – MENTAL HEALTH AND WELLBEING IN ADULTS**

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 boost 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.

“Loneliness can be defined as a subjective, unwelcome feeling of lack or loss of companionship” (Campaign to End Loneliness, 2014). Research has shown that being lonely and socially isolated can affect both physical and mental health and wellbeing. Research has shown that lacking social connections can be as damaging to health as smoking 15 cigarettes per day (Holt-Lunstad, 2010). People that are lonely are more likely to experience depression and have a higher number of GP visits.

Anyone can be affected by feelings of loneliness, but it can worsen as you get older. The personal risk factors for loneliness include; poor health, sensory loss, loss of mobility, lower income, bereavement, retirement, becoming a carer. Additional, there are external risk factors for loneliness which include; lack of public transport, housing, fear of crime and the physical environment (for example no public toilets or benches).

### **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.

- An estimated 1,679 people aged 65 and over living in West Berkshire have dementia. This number is expected to rise by almost 500 people to 2,176 in 2020.
- Around 9,000 people aged 65 and over live alone
- 2,000 people aged over 65 are estimated to have depression
- Around 125 people in every 100,000 people living in West Berkshire are admitted to hospital due to mental ill health
- 15,000 (13%) people registered with GP practices in West Berkshire are recorded as having depression. This is greater than the national and regional average

## **PRIORITY 5 – HEALTH DAMAGING BEHAVIOURS - ALCOHOL AND SMOKING**

Although the majority of people drink alcohol responsibly, alcohol misuse is a priority for public health for a number of reasons. Excess alcohol consumption can cause health problems such as liver cirrhosis, obesity, mental health problems such as depression, reduced fertility, high blood pressure, increased risk of cancer, accidental injury, violence, sexually transmitted infections and alcohol dependency. Excess alcohol consumption can also affect the wellbeing of family, friends and the wider society through problems such as crime and anti social behaviour.

Cigarette smoking has an adverse affect on health and is a major cause of death in the UK. Cigarette smoke contains nicotine, tar and carbon monoxide which means both the mind and the body are affected. Nicotine withdrawal can increase cravings, anxiety and headaches. Tar can deposit in the lungs and enter the blood stream. This can make blood thicker, increasing the chance of clot formation. Carbon monoxide can put a strain on the heart and affect the amount of oxygen that enters the body.

One in two smokers will die from a smoking related disease. Smoking causes the following smoke related diseases; lung and other cancers, chronic obstructive pulmonary disease (COPD) and heart disease. Smoking also affects blood circulation, signs of ageing, fertility, menopause. Smoking increases the risk of having a stroke by up to 50%.

Smoking during pregnancy means that the baby is exposed to the 4,000 chemicals contained in cigarette smoke. This can affect the amount of oxygen the

baby which can have an effect on growth and development. Once born, the baby can go through nicotine withdrawal that can make them stressed and irritable.

Stopping smoking is beneficial to health and once someone stops smoking their body starts to recover and some damaged caused by smoking is reversed after years of non smoking.

### **What is the picture in West Berkshire?**

- In 2013/14, there were 130 adults accessing structured alcohol treatment in West Berkshire.
- Estimates of binge drinking behaviour suggest that just fewer than 18% of the population aged over 18 years of age in West Berkshire LA engage in binge drinking. This is comparable to the national and regional averages of 20% and 18% respectively.
- An estimated 19% of the West Berkshire LA population engage in increased risk drinking (quantified as more than 3 to 4 units on a regular basis for men and more than 2 to 3 units for women). This would equate to over 20,000 people in West Berkshire LA risking damage to their health through the misuse of alcohol (LAPE , 2013).
- An estimated 7% of the West Berkshire LA population engage in higher risk drinking (quantified as more than 50 units a week for men and more that 35 units a week for women), which translates to almost 9000 people in West Berkshire LA are seriously damaging their health through alcohol misuse (LAPE, 2013).
- There were a total of 1,185 hospital admissions related to alcohol for residents of West Berkshire LA during 2009/10. Although, 13% of these admissions had a cause specific to alcohol use, people from West Berkshire LA are significantly less likely than the national and regional average to be admitted to hospital for conditions specific to or attributable to alcohol.
- Admissions due to alcohol have increased for both males and females from West Berkshire LA since 2004. Although this rise in admissions has stabilised for males, it is continuing to rise for females.
- The rate of crime in West Berkshire that is estimated to be attributable to alcohol has decreased steadily over the past five years to a rate of fewer than 6 crimes per 1,000 people. This is lower than the national and South East Region averages and is lower than the average for Local Authorities with similar levels of deprivation as West Berkshire. However, despite the overall fall in crimes estimated to be due to alcohol in West Berkshire, the rate of sexual crimes due to alcohol has remained fairly constant. This is a similar pattern to the one seen across the Country and Region.
- There is data available that reveals the number of benefit claimants whose main medical reason to not work is alcoholism. This is shown as a rate per 100,000 people who are of working age. Around 50 people in every 100,000 people of working age in West Berkshire are claiming these benefits for reasons of alcoholism.

- Smoking prevalence in West Berkshire LA is 19%. This would suggest that over 22,000 people (aged 18 and over) in West Berkshire smoke.
- Smoking in the routine and manual group in West Berkshire is 33%.
- 175 people out of every 100,000 living in West Berkshire are estimated to have died due to a condition caused by smoking.
- The estimated output lost from early deaths in West Berkshire is £10.8 million with the cost of society at £36.1 million each year. £6.6 million is accountable through sick days and the NHS Spends £7.1 million a year on care (ASH, 2013).

## **PRIORITY 6 – HEALTHY WEIGHT AND PHYSICAL ACTIVITY**

Weighing too much or too little can cause health problems and it is important to maintain a healthy weight to stay in good health, and to reduce the likelihood of developing conditions associated with obesity, such as type 2 diabetes, cardiovascular disease and cancer. The risks of developing these conditions are greatly increased by being obese. For example, an obese man is 5 times more likely to develop type 2 diabetes, 3 times more likely to develop colon cancer and 2 ½ times more likely to develop high blood pressure (a major risk factor for CHD and stroke). An obese woman is 13 times more likely to develop type 2 diabetes, 4 times more likely to develop high blood pressure and 3 times more likely to have a heart attack. Many other conditions associated with obesity include angina, gall bladder disease, liver disease, ovarian cancer, osteoarthritis and stroke, as well as mental health problems such as low self esteem and depression.

According to the World Health Organisation, physical activity is defined as “is defined as any bodily movement produced by skeletal muscles that requires energy expenditure”. Regular physical activity, such as walking, cycling or sport can positively affect health and a reduced risk of certain diseases; diabetes, obesity breast cancer and can improve mental health.

Conversely, physical inactivity is a risk factor in premature death and can lead to a range of diseases including; breast and colon cancer, diabetes and heart disease.

### **What is the picture in West Berkshire?**

- Over 20% of reception year children in West Berkshire are classified as overweight or obese which is less than the national average and comparable to the South East Region averages. Obesity and overweight prevalence in year six rises to approximately 30% of children in West Berkshire.
- An estimated 23.7% of adults in West Berkshire are obese, though this is likely to be an underestimation of true prevalence.
- Different areas in West Berkshire are estimated to have varying levels of obesity. Looking at Middle Super Output Areas (areas of a minimum population

of 5000 and are similar to wards), the estimated prevalence of obesity in West Berkshire ranges from 18% to 28.6%.

- The proportion of West Berkshire adults participating in 30 minutes of moderate intensity sport has decreased over the last 6 years, although participation rates are still higher than the national average.
- According to the 2013 Active Peoples Survey 7, 54.3% of adults in West Berkshire achieved recommended levels of physical activity (30 minutes of moderate physical activity, five times per week).
- Data shows that 27.2% of adults in West Berkshire were classified as inactive (doing less than 30 minutes of moderate physical activity, five times per week).

## **PRIORITY 7 – CARDIOVASCULAR DISEASE AND CANCER**

Cardiovascular disease (CVD) refers to a range of different conditions that affect the heart or blood vessels (sometimes called heart disease). There are four main types of CVD; Coronary Heart Disease, Stroke, peripheral arterial disease and aortic disease. CVD is caused by a build up of plaque on the arteries, which narrows the arteries, hindering the flow of blood through the arteries. This could result in a blood clot which can stop the blood flow completely, resulting in a heart attack or stroke.

Most deaths caused by CVD are premature and could be prevented by addressing the risk factors. There are number of risk factors for CVD including; high blood pressure, smoking, high blood cholesterol, diabetes, lack of exercise, being overweight or obese, a family history of heart disease and ethnic background. Modifications to lifestyle to reduce CVD risk include; healthy eating, regular physical activity and stopping smoking.

Cancer is a disease where cancerous cells in the body grow and damage healthy tissue and organs. There are over 200 different types of cancer known to us today (Cancer Research UK, 2013). Approximately 30% of these cancers can be prevented through specific lifestyle changes such as stopping smoking, reducing obesity, reducing alcohol intake, and safe exposure to the sun (WHO, 2013).

On average, one in three people will develop cancer and one in four will die from cancer in the UK. The most common types of cancer are; breast, lung, prostate and bowel.

### **What is the picture in West Berkshire?**

- An estimated 28% of adults (aged 16+) in West Berkshire have hypertension (high blood pressure).
- The observed prevalence of coronary heart disease (CHD) for patients those recorded on the 2011/12 GP CHD register is 2.6%.
- In 2012, the coronary heart disease mortality rate (under 75 years) for NHS Newbury and District Clinical Commissioning Group was 27 per 100,000.

- The observed prevalence of stroke is 1.4%.
- In 2013/14, 9,103 eligible people were invited for an NHS Health Check in West Berkshire. A total of 3,827 people received an NHS Health Check either in the community or through their GP practice. This is an uptake of 44%.
- Around 350 in every 100,000 people in West Berkshire will be diagnosed with cancer every year. Rate of diagnoses have remained relatively stable over the past seventeen years, with some fluctuations, and are similar to the rates of diagnosis across the Country.
- In West Berkshire, early deaths due to cancer have significantly fallen over the last decade, with specialist cancer services available in close proximity to residents.
- Approximately 125 males in every 100,000 aged less than 75 years in West Berkshire will die from cancer. This rate is similar to the national and South East Region rate and is similar to the average of Local Authorities with similar levels of deprivation.
- Approximately 90 females in every 100,000 aged less than 75 years in West Berkshire will die from cancer. This rate is similar to the national and South East Region rate, as well as the average of Local Authorities with similar levels of deprivation.
- 57 in every 100,000 people aged less than 75 years in West Berkshire dies from cancer where their death is considered preventable.

## PRIORITY 8 – CARERS

Given that the amount of unpaid care provided will increase, due to increases in the ageing population, the role of the carer is pivotal in the context of reducing resources in local authorities. Carers help to ensure that the cared for are able to maintain their independence and stay in their own homes. The health and wellbeing of carers is paramount. It is important that they are able to stay healthy and maintain their caring role. To support carers, their needs must be identified and they must be supported with information and advice and have access to services that support their caring role.

Children who help look after a family member who is sick, disabled or has mental health problems or is misusing drugs or alcohol are known as young carers. Being a young carer means having adult responsibilities such as; cooking, cleaning, shopping, providing nursing care and giving emotional support.

Research has shown that young carers are 1.5 times more likely than their peers to have a special educational need or a disability. They also have significantly lower educational attainment at GCSE level than their peers and are therefore less likely to earn a decent living. Additionally, young carers are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19. Young carers are over four times more likely to live in a household where no adults are in work (The Children's Society, 2013).

## What is the picture in West Berkshire?

- Around 14,000 (9.3% of the West Berkshire population) people in West Berkshire provide unpaid care, although it is likely that there are many unidentified carers. There could be people in West Berkshire that are doing unpaid care who are not known by services.
- The majority of carers are of working age and are adults aged between 25 and 64. Over 10,000 people in West Berkshire people provided 1 to 19 hours of unpaid care a week, 1,461 provided 20-49 hours and 2,505 provided 50 hours or more unpaid care per week.
- The majority of carers were women (57%) and over 70% of women provided 1 to 19 hours of unpaid care per week.
- In West Berkshire, there has been little change in the provision of unpaid care between 2001 and 2011. However, as the population ages, there is an expectation that more people will become a carer at some point in their lives.
- According to the 2011 Census, 6% of carers (834 people) in West Berkshire were young unpaid carers (aged between 0 to 24). This figure is likely to be an underestimate as young carers themselves do not give information themselves and some parents do not want to provide this information.
- 52% of young carers are female and 48% of young carers are male.
- The majority of young carers provide 1 to 19 hours Unpaid Care
- Few young carers reported to have bad or very bad health (9% of young carers). The majority of young carers reported to have very good or good health (81% of young carers).

## PRIORITY 9 – LONG TERM CONDITIONS, DISABILITIES AND END OF LIFE CARE

Long term conditions are health problems that can't be cured but are controlled with medication. Examples include; type 2 diabetes, chronic obstructive pulmonary disease, heart disease, dementia and arthritis. Long term conditions can affect a persons quality of life and ability to work. Some lifestyle factors (such as smoking, excess alcohol consumption) can contribute to the prevalence of long term conditions. Preventing long term conditions by supporting people to adopt healthier behaviours is essential to help them manage their long term condition and live healthily and independently.

[The Department for Work and Pensions](#) state that the definition of disability is if a person is disabled or has a physical or mental impairment that has an effect on the persons' ability to do normal daily activities. These include sensory impairment, fluctuating, progressive or degenerative condition.

End of life care is support for people who are diagnosed as being at the stage of an health condition where they are considered likely to die within the next weeks or months up to 12 months It can also support people who are caring for people



who are dying. End of life care helps people live their last days as comfortably as possible, and as far as possible in their chosen circumstances.

### **What is the picture in West Berkshire?**

- Long-term conditions are more prevalent in older people (58% of people aged 60+ compared to 14% aged 40 and under) and in more deprived groups (people in the lowest socioeconomic group have a 60% higher prevalence than those in the highest socioeconomic group and 30% more severity of disease).
- An estimated 11% of people in West Berkshire have cardiovascular disease and 28% have high blood pressure.
- The number of people in West Berkshire invited for an NHS Health Check last year was 5,961. In addition, 2,637 people in West Berkshire had an NHS Health Check, either in the community or through their GP practice. The uptake of people in West Berkshire who were invited for an NHS Health Check was 44%.
- In West Berkshire, around 4,800 people (4.2%) of people have diabetes. The figure is based on the percentage of the total population registered with a GP and aged 17 and over. Around 8 in 100,000 people with have a lower limb amputation due to their diabetes each year.
- There are 7,625 people in West Berkshire aged between 18 and 64 who are estimated to have a moderate physical disability and 2,297 estimated to have a severe disability in 2011.
- Projecting Adult Needs and Services Information (PANSI) forecasts how many people aged 18 to 64 will have a physical disability from 2012 to 2020. Around 7,701 people in West Berkshire are estimated to have a moderate physical disability in 2014 with 2,317 estimated to have a serious physical disability. These figures are expected to rise to 2,461 by 2020.
- The majority of people die in a hospital (56.4%) or in their own home (22.2%). The number of people who die in a hospice is low.
- The proportion of end of life patients who died in hospital following an emergency admission. The average length of stay for people who die in hospital is 13 days.

### **PRIORITY 10 – FALLS PREVENTION**

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.

### **PRIORITY 11 – DEMENTIA**

Dementia is an increasingly important public health issue and due to changes in demography, dementia is becoming more prevalent. It is vital that we are able to better care for people living with dementia as well as working to help people to reduce their risk of developing dementia. Dementia not only impacts on the person living with it, but their carers and families as well. There is a lack of general awareness and understanding of dementia, as people often think the symptoms of dementia are a normal part of ageing.

### **What is the picture in West Berkshire?**

- An estimated 17 people aged between 30 to 64 living in West Berkshire have early onset dementia. This figure is set to rise to 19 in 2020.
- An estimated 1,679 people aged 65 and over living in West Berkshire are estimated to have dementia. This is likely to be an underestimate as nationally only half (48.7%) of people with dementia have received a formal diagnosis. This could mean that potentially there are many people in West Berkshire who are living with dementia and are waiting for a formal diagnosis.
- The number of people with dementia is expected to rise by almost 500 people to 2,176 in 2020.
- 0.5% of the population are recorded on GP registers as having dementia.
- 12 people in every 100,000 living in West Berkshire are admitted to hospital with Alzheimer's and other dementias each year. This figure is below that of England and the South East.

- Approximately 15% of deaths in people from West Berkshire had a contributory cause of death as Alzheimer's, dementia, or senility in 2008-10. This is fewer than the proportions for England and the South East Region as a whole.

## **Achieving the Health and Wellbeing aims in West Berkshire**

The 11 priority aims and their related outcomes will present challenges to commissioners and providers of services and to the residents of West Berkshire. In order to improve the health and wellbeing across the district detailed plans will need to be developed and links made with existing strategies and Fora. All relevant organisations will need to work in collaboration with the public, sharing resources and ideas, tackling barriers to health and wellbeing and coming up with innovative, cost effective, achievable solutions.

In order to develop the Strategic Implementation Plan for the delivery of the Health and Wellbeing Strategy, a multi-agency Working Group will be established. This task and finish group will develop detailed action plans for each of the 11 priorities, drawing on the strategies and plans already in existence and linking in with all relevant agencies and groups. The suggested membership of the group is:

Public Health (WBC)  
 Newbury and District Clinical Commissioning Group,  
 North and West Reading Clinical Commissioning Group  
 Adult Social Care (WBC), Children's services (WBC), Education (WBC)  
 Community service providers (NHS), Secondary care service providers (NHS)  
 Voluntary sector representatives, Community representatives

This group will be responsible for the development of the Strategic Implementation Plan and there may be time limited sub groups set up to produce specific plans for each individual priority aim, in order to draw on the right groups and individuals.

The Strategic Implementation Plan will relate directly to the indicators and outcomes listed in the Health and Wellbeing Strategy Performance Framework.

## **The West Berkshire Health and Wellbeing Board**

The Health and Wellbeing Board brings together key partners across the District and has the following membership: Leader of West Berkshire Council, West Berkshire Councillors who lead on health and wellbeing, children's services and adult social care, the Director of Public Health for Berkshire, the West Berkshire Director of Communities, GPs from our two Clinical Commissioning Groups – Newbury and District (NDCCG) and North and West Reading (NWRCCG) plus representatives from Healthwatch, NHS England and the Voluntary Sector.

The Board is responsible for

- ✓ preparing and publishing a Joint Strategic Needs Assessment (JSNA) to identify the health and wellbeing needs of the local population;
- ✓ preparing and publishing a Joint Health and Wellbeing Strategy (JHWS) in line with the JSNA, with involvement of Healthwatch and the public;
- ✓ ensuring that the CCG commissioning plans have taken proper account of the Health and Wellbeing Strategy;
- ✓ promoting integrated working between commissioners of health and social care services
- ✓ encouraging integrated working across wider determinants of health

## **The Public as partners**

When planning our future health and wellbeing, it is important not to just consider the services that help us when things go wrong. Everyone has a part to play in preventing ill health and maintaining their health and wellbeing. Lifestyle factors have a massive effect on our health: what we eat, what we drink, whether we smoke and how much we exercise can be linked to many major conditions including heart disease, strokes, diabetes and cancers. The public are equal partners alongside the health service, social care, the voluntary sector and other parts of the local authority.

So the public plays an important role in keeping themselves healthy but equally important is that a large majority of all the care for people with long term conditions is undertaken by the patients themselves or carers. People who care for family or friends were estimated to save the UK economy £119bn a year in 2011 that was bigger than the then £99bn cost of the whole of the NHS.

In addition to managing our own health and caring for others, the public has another role, that of making decisions about our health and wellbeing system. We are all citizens with a democratic role in influencing the operations and future direction of health, social care and wellbeing more general

How can the public be an equal partner in making decisions about health and wellbeing? It can happen at different levels. For example an individual patient can be an active participant in their own treatment, rather than a passive recipient of care. We can also all take a role in managing each other's health and care, such as looking after a child or caring for an elderly parent. In addition we can take a positive attitude to living a healthy life and being part of a community that keeps in touch with others, helping to combat social isolation.

The public can also be part of the big decisions and the overall management of health and wellbeing. We can have our say by voting, responding to consultations, getting involved in interest groups, or participating in other ways

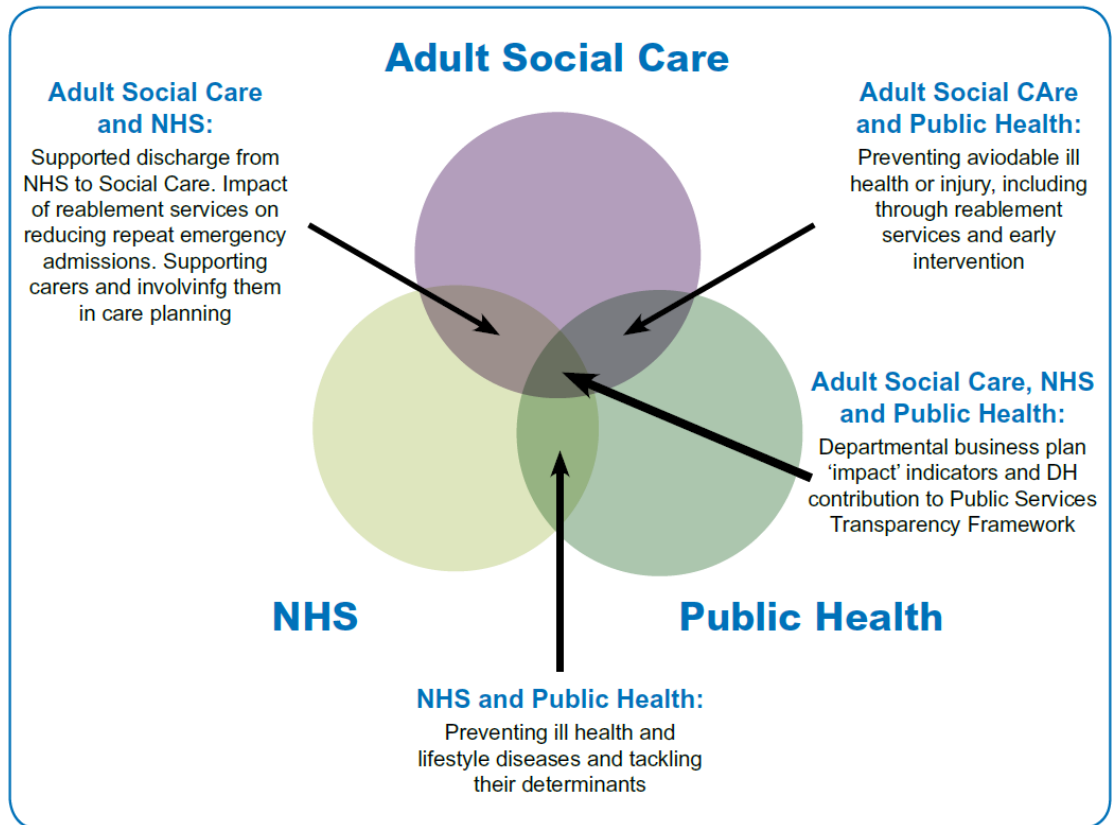
with decision making like asking a question at a Health and Wellbeing Board meeting or a CCG meeting.

We want the residents of West Berkshire to be equal partners in managing their health and wellbeing and this may need a change of mindset, both for the public and those working in organisations. However adopting this approach can not only make better use of a vast, under-utilised resource but make use of the extensive expertise which exists in local people.

The priorities outlined in this strategy identify outcomes, both short term and longer term, that need to be achieved.

### **Integrating health and social care in West Berkshire**

In West Berkshire the proportion of over 65s has increased from 2001 to 2011 by 23% compared to a rise regionally of 13%. The projected increase in West Berkshire from 2011 to 2021 in the proportion of over 65 year olds is estimated to be 34%. This is an increase of just over 8000 people in this older age group. It is also projected that there will be an increase in the number of older people with complex physical and mental health problems, including diabetes, dementia and depression that will require more health and social care services, more carers and will result in a greater cost to society. The importance of prevention and integrating health and social care services will be paramount.



Our vision for integrated care is based on improving outcomes for individuals through the delivery of care which is responsive, enabling and available as close to home as possible. We are committed to doing things with (rather than to) service users/patients and therefore meaningful engagement is a key part of how we will implement change.

The biggest challenge to West Berkshire is the increasing ageing population. It is projected that the number of older people with complex physical and mental health problems (for example dementia) and increased social care requirements will increase, along with the number of ageing carers and the societal costs of supporting them. Therefore, primary prevention to help older people maintain positive social engagement, good physical health and mental wellbeing is crucial.

Our current system is under pressure with a number of challenges including:

- An increasing population, particularly in those over the age of 65
- Increasing growth in non-elective care
- Increasing A&E attendances, and pressure on urgent and emergency capacity

- Rising delayed transfers of care, and subsequent bed days lost
- Increasing pressures on adult social care for community packages and care homes at a time when the overall Council budget is significantly shrinking
- Increasing demand for planned (elective) care
- Inequality of access to services across the “whole system :the whole week”
- Care Workforce Availability
- Care Act 2014 – new national eligibility criteria for social care

Recognising the challenges that face the local health and social care system and understanding the increasing demand for services indicates that our current systems are not sustainable. Funding pressures are set to continue and we will need wide scale transformation to be able to meet future needs.

The Better Care Fund (a pooling of NHS and LA budgets) is an opportunity to stimulate the integration of Health and Social Care Services both within West Berkshire and across West of Berkshire and a range of projects have been created to help deliver this.

By 2019 we expect to achieve the following through integrated working:

- Person centred services that will make a difference to the health and wellbeing outcomes of residents
- Provision of good quality information and advice that empowers people to make good choices and self-manage
- Care closer to home as the first option
- Flexible services that operate across 7 days a week where appropriate.
- Services will be simpler to access, have less duplication and reach service users/patients earlier.
- Delivery of health and social services to be localised wherever possible including access to crisis, A&E and other services that meet local residents’ needs – with appropriate specialist or wider access to regional services that improve outcomes on a sustainable basis.
- A greater range of local services that promote independent living
- Reduction in avoidable hospital admissions.
- Lengths of stay in Hospitals will be kept to a minimum
- Increased numbers taking up Health and Social Care Personal Budgets

Delivery of this vision will make health and social care systems more sustainable and cost effective. We will commission new models of care based on integrated Health and Social care pathways that focus on improved outcomes for users/patients.

In achieving this transformational change we will draw on our patient’s and population’s views, and use robust health needs assessment in identifying our ongoing priorities. The commissioning and redesign of services will be informed

by evidence of effectiveness, recognised best practice, and performance data analysis.

As a partnership we will jointly commission services that will deliver the following:

- Enable us to respond to the needs of our local populations by targeting services to give the greatest impact on health and social care outcomes
- Address the views expressed by our local populations of how they wish services to be provided through partnership and co-production
- Avoid duplication and ensure value for money & efficiency
- Enable us to combine resources, sharing best practice and expertise.

## **Joint Commissioning in the future**

The Health and wellbeing Board exists in a time when there are exceptional financial pressures on both the NHS and local government. Demand for services continues to rise, despite no real-terms increases in NHS resources and local government budgets being cut by more than 30 per cent. Our demographic changes, the increasing burden of disease and pressures on urgent care necessitate real changes in how we fund, commission and deliver our health and social care services.

The Health and Wellbeing Board was responsible for 'signing off' on local plans for the use of the new £3.8 billion Integration Transformation Fund – now called Better Care Fund (BCF). Although this represents only 3 per cent of the combined total NHS and adult social care budget nationally, this enabled the Board to begin to shape a key spending decision and it could be seen as a first step to overseeing the total health and social care budget in time.

The Board will need to develop further to do more than share information, co-ordinate high level strategies and plans, react to proposals and plans from partners, and oversee specific public health programmes.

The aim for our own Health and Wellbeing Board is that it will develop an 'executive decision-making role' across the whole local system of health, social care and public health, having an explicit remit to oversee commissioning of all services and to produce an agreed framework for integrated care, thus driving through the transformation of local services. This would be consistent with a policy thrust towards more integrated commissioning across the local NHS and local government.



There are legal powers for CCGs and local authorities to establish joint or integrated commissioning arrangements and this would enable the role of the Board to be strengthened without the need for further reorganisation. “Strong and purposeful relationships between CCGs and their respective local authorities – based on partnership not takeover – offer the best prospects for boards to lead the integration and transformation of local services effectively” (Health and Wellbeing Boards one year on, Kings Fund, Oct 2013).

This Health and Wellbeing Strategy will drive the development of the commissioning plans of both the Clinical Commissioning Groups within the NHS and Adult Social Care and Children’s Services Commissioning within the Local Authority. We will move towards an alignment of commissioning plans across the whole Health and Wellbeing system. The Health and Wellbeing Board will lead this integrated system ensuring all partners work in collaboration to achieve the best outcomes for the residents of West Berkshire.

## The Care Act

The Care Act 2014 introduces a major set of reforms to the way that care for elderly people and other adults with care needs is provided and paid for. Key new features of the legislation for councils are:

- a duty to promote people's wellbeing and to prevent needs for care and support
- a duty to provide an information and advice service about care and support
- a requirement to carry out an assessment of both individuals and carers wherever they have needs, including people who will be "self-funders", meeting their own care costs
- a duty to facilitate a vibrant, diverse and sustainable market of care and support provision and to meet people's needs if a provider of care fails
- a national minimum eligibility threshold for support – a minimum level of need which will always be met in every council area
- a requirement to offer a universal "deferred payment" scheme, where people can defer the costs of care and support set against the value of a home they own
- a duty in some cases to arrange "independent advocacy" to facilitate the involvement of an adult or carer in assessing needs and planning for care
- new safeguarding adults arrangements
- councils taking over responsibilities for social care in prisons

The Act sets out clear duties around ‘prevention’ of the need for ongoing Care and Support, requiring Local Authorities to ensure the provision or arrangement of ‘services, facilities and resources’ to help prevent or delay the need for care and support. This duty extends to all people in the Local Authority area, including carers, regardless of whether they have needs for care and support, and is a responsibility much wider than adult care alone.

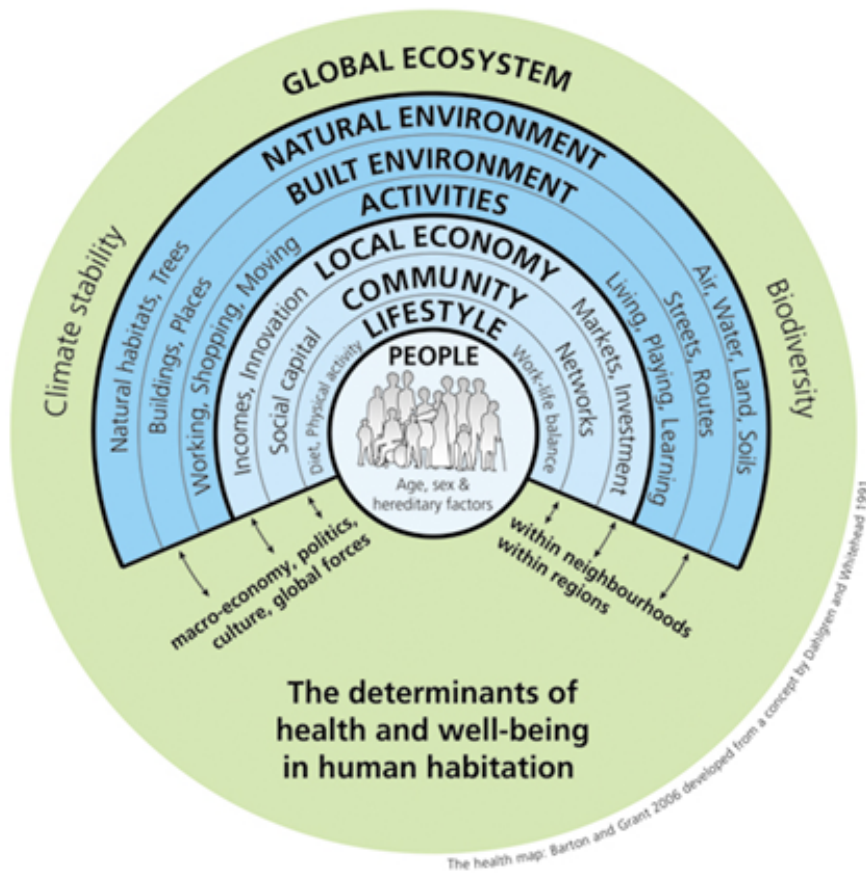
A key element of the preventative approach is for Local Authorities to support individuals to make the most of the resources available to them in their community – for instance, universal services, local support networks or voluntary services – as well as to build and develop their own strengths and capabilities.

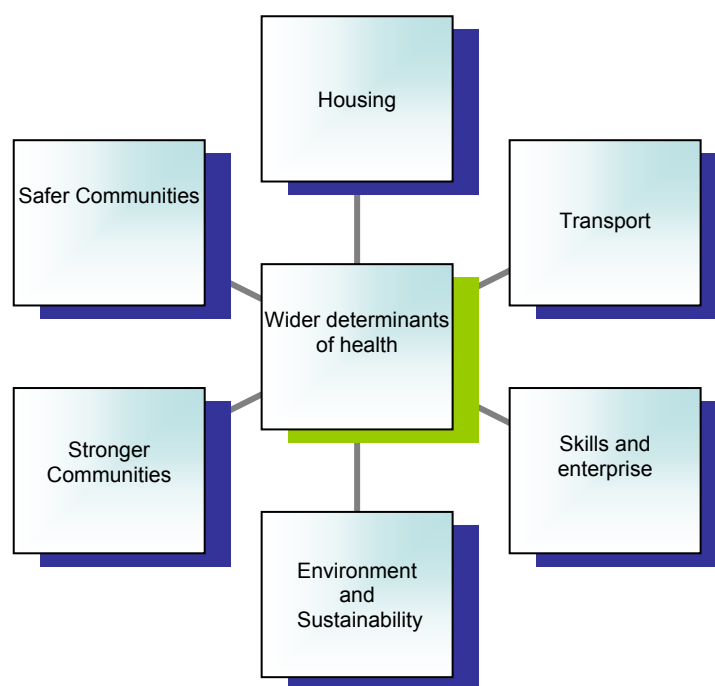
The Health and Wellbeing Board must consider a local approach to ensure coherence of preventative services that already exist and are delivered by partners across the Local Authority, Health and Voluntary sector; connecting key areas, identifying any gaps and working with partners to effectively commission and deliver services to meet this prevention duty.

## Addressing the wider determinants of health within the Health and Wellbeing Strategy in the future

The Health and Wellbeing Strategy links directly to West Berkshire Council’s Sustainable Communities Strategy – ‘A Breath of Fresh Air’ that focuses on improving the wider determinants of health including housing, transport, economic prosperity, as well as safer and sustainable communities. In time the two strategies will be merged to create a single Health and Wellbeing Strategy that includes all aspects of health and wellbeing including the wider determinants of health

### What does affect our health and wellbeing?





Housing	We will increase the provision of affordable housing as needed and improve the condition of existing housing to combat fuel poverty
Skills and enterprise	We will increase employment opportunities, especially in rural areas, address the skills gap, ensure all young people transition successfully into jobs and improve tourism
Transport	We will improve and promote opportunities for healthy, sustainable travel, making the best use of West Berkshire transport assets.
Safer communities	We will work in partnership to keep the incidents of crime and anti-social behaviour low, ensuring that West Berkshire is a safe place to live, work and visit.
Environment and Sustainability	We will increase the use of renewable energy and recycling, and conserve our environment for the future
Stronger communities	We will work with communities across the district to empower and enable them to be cohesive and strong, having control of their own health and wellbeing.

## HOUSING

Historically house prices in West Berkshire far exceed the national average and make West Berkshire one of the more expensive parts of the country to live, outside of London. This makes affordable housing a strategic concern for the Council and its partners.

The association between housing conditions and health are well documented. Poor housing conditions often go hand in hand with other forms of deprivation such as unemployment, social isolation and poor education. According to the World Health Organisation, respiratory and cardiovascular diseases from indoor air pollution, communicable diseases and death from temperature extremes are all housing related health problems.

Housing has a substantial impact on health with a warm dry and secure home is associated with better health. Conversely, it's known that living in a cold home can be damaging; with the elderly, children and those who are disabled or have a long-term illness being especially vulnerable.

Households in fuel poverty are those that are required to spend 10% or more of their net household income on heating and hot water just to obtain an adequate level of supply. It's estimated that 6,100 (10%) dwellings in West Berkshire are in fuel poverty, whilst still below the national average of 14% this remains a concern. Furthermore, the highest incidents of fuel poverty are seen in West Berkshire's rural areas (The Private Sector House Condition Survey, 2008).

The Indices of Multiple Deprivation (IMD) includes a domain which measures household overcrowding, homelessness and housing affordability; 20 of West Berkshire's Super Output Areas are within the bottom third in the country on this measure. The worse affected are specific locations within Burghfield, Kintbury, Cold Ash and Basildon.

### **What's the picture in West Berkshire?**

- As at January 2013, the average house price in West Berkshire was £233,906 compared to £162,441 for England and £211,054 for the South East. This reflects a trend where historically West Berkshire is above the national average.
- The issue of housing affordability impacts on the workforce particularly in terms of recruiting younger staff, key workers and care workers.
- In 2013 the Council adopted a new Housing Allocations Policy and there are 1,014 households currently registered for housing assistance as of 1<sup>st</sup> September 2014.

- Whilst the number of households approaching the Council as homeless did increase between 2010/11 and 2011/12, the number of homeless acceptances has remained fairly static over the last three years at around 53 households.
- The Private Sector House Condition Survey (2008) estimated that 6,100 (10%) dwellings in West Berkshire were in fuel poverty, compared to approximately 14% in England.
- The House Condition Survey found that rural areas in West Berkshire had the highest incidences of fuel poverty at 10.8% of all households. Tackling fuel poverty in rural areas can be particularly difficult, as many households do not have access to gas, the cheapest fuel for heating homes.
- In rural areas 890 households are overcrowded (33% of all such households) equating to 4% of all households in rural areas this is higher than the average across rural England (3%).

## **SKILLS AND ENTERPRISE**

Employment is one of the more important determinants of health. Having a job or an occupation is an important factor in self-esteem. It provides a vital link between the individual and society along with wages that can improve the overall quality of an individual's life.

The World Health Organisation identifies a number of ways in which employment benefits mental health. These include the provision of structured time, social contact and satisfaction arising from involvement in collective effort. Therefore the loss of a job or the threat of losing a job is detrimental to health.

Within West Berkshire 83% of the working age population in West Berkshire is economically active this is higher than the rate for both the region (79%) and nationally (77%) based on 2011/12 data. Salaries across Berkshire have historically been higher than the South East and national averages. However there is significant disparity in earnings by gender both in West Berkshire and across the country. Women workers continue to earn less than male workers, about 25% less based on gross weekly pay in West Berkshire and nationally 19% less than their male counterparts.

The working population of West Berkshire is relatively well qualified when compared to regional or national figures. In 2011, there were just over 21,000 people with no qualifications, representing 17% of the adult population; this rate has reduced from 22% in 2001.

NEET refers to young people Not in Education, Employment or Training. NEET numbers are low in West Berkshire, as most young people participate in some

form of education, employment or training. However, the effects of being NEET, especially between the ages of 16-18 can have far reaching consequences for the young person. For example the young person is more likely to be unemployed or have reduced earnings in future; they are also more likely to suffer from depression and poor health.

### **What is the picture in West Berkshire?**

- Within the district 83% of the working age population were economically active using 2011/12 data; however this figure disguises the fact that gender inequalities exist with women earning approximately 25% less than male workers in West Berkshire.
- In 2011, 32% (or just under 39,500) residents highest qualification was level 4 or above (i.e. a degree). This compares with 30% of people in the South East and 27% nationally, showing a strong skills base within the area.
- West Berkshire has a self employment rate of 12% this is higher than regional (11%) or national (10%) levels.
- In 2013 in West Berkshire there were 1,201 new business start-ups, an increase of 257 new businesses since 2012.
- The number of young people classified Not in Employment, Education or Training (NEET) has reduced across the district. By August 2014 the number of young people categorised as NEET was 181 representing a 30% reduction in numbers over a year. Initiatives such as 'Elevate Me' have been designed to provide opportunities and prevent young people in West Berkshire becoming NEET.
- Nationally, levels of employment for people with a learning disability or a mental health problem are low. In West Berkshire only 4% of adults with a severe mental health condition (i.e. those in contact with secondary mental health services) are in employment, compared to 8% across the South East.

## **TRANSPORT**

The availability of local transport is a key factor in reducing health inequalities by providing safe and convenient access to local services such as schools, shops, health services, places of employment and green spaces.

Walking and cycling are the easiest ways for most people to increase their physical activity levels. Efforts to reduce the volume of urban traffic and to promote walking and cycling are likely to have appreciable net benefits to population health.

Although links to and from the area are good, access to services within the District can be a challenge for some, especially in the rural areas. Independence is critical to the wellbeing of older people and transport is critical to living independently. With 15% of West Berkshire's population over 65 years old we must work to ensure that these individuals have access to suitable transport. According to the Royal Voluntary Service (RVS), a lack of suitable transport has a devastating effect on wellbeing; with research conducted in 2013 showing that 7% of older people feel lonely because they are unable to get out and about and 3% feel depressed.

A reduction in road traffic speed is the best way to prevent serious accidents and make the roads feel safer for all road users. In West Berkshire 55 individuals were killed or seriously injured (KSI) on roads within the District during 2013. Another specific finding is that 30% of all West Berkshire resident motorcycle riders during the last five years have been involved in KSI collisions; this represents a higher incidence compared to other road user groups..

A range of joined up initiatives will be needed to encourage active travel, reduce car speeds and prevent the number of those killed or seriously injured in West Berkshire.

### **What is the picture in West Berkshire?**

- The proportion of people using public transport is highest in relatively urban areas fed by bus routes, or with a train station in the vicinity for example Westwood, Purley, Pangbourne, Basildon and the Reading fringe of Calcot and Birch Copse.
- The more urban areas in Newbury of Victoria, Northcroft and Clay Hill have a high proportion of people walking to work.
- In West Berkshire 100% of schools have Travel Plans - the implementation of which has seen a significant reduction in the use of the car journeys to school and an increase in active travel. In 2014, 61% of journeys to school were being made on foot, by bike, by bus or by rail.
- 11% of households in rural areas in West Berkshire have no access to a car or van. This is lower than across rural areas in England (14%). This reflects the affluent nature of West Berkshire and the relatively high levels of car ownership (Oxford Consultants for Social Inclusion, 2010).
- 73% of households are more than 10km from principal employment centres, this is higher than across England (50.4%) highlighting the sparse pattern of West Berkshire's rural settlements (Oxford Consultants for Social Inclusion, 2010).

- In West Berkshire 55 individuals (including residents and others) were killed or seriously injured (KSI) on the District's roads during 2013; this equates to a 30% decrease in those KSI from the year before.
- During 2012, and the five years before, 30% of West Berkshire's resident motorcycle riders were involved in collisions where one or more individuals were killed or seriously injured (KSI). This is higher than the national average (28%) and shows a higher incidence compared to other road user groups.

## **SAFER COMMUNITIES**

Overall, West Berkshire is a relatively safe place to live. Thames Valley Police data for West Berkshire since 2011/12 shows a downward trend in all crime.

There are links between health, crime and the safety of communities. A person's health can be affected directly by crime if they are the victim of a violent crime, sexual offence or another offence against the person. The fear of crime can affect the health of people in the community if they are afraid to walk the streets or let their children play outdoors. Older people can experience social isolation if they are too scared to leave their home. People can experience psychological harm from crimes such as burglary or vandalism. Drug and alcohol misuse can increase crimes such as theft or robbery in an area.

Preventing and reducing reoffending, domestic abuse and violent crime in public places and ensuring that more people successfully complete structured drug and alcohol treatment programmes will help reduce crime, the fear of crime and anti-social behaviour so that people will feel safe in their homes and neighbourhoods.

### **What is the picture in West Berkshire?**

- At the end of 2012/13 there had been an 18% reduction in all crime in West Berkshire from the previous year, which means there were 1,794 fewer crimes compared to 2011/12 (9,946 crimes in 2011/12).
- In 2013/14 the overall number of crimes was 8,130 which has remained fairly static compared to 2012/13 (8,152 in 2012/13).
- During 2013/14 the crimes most reported by residents and businesses in West Berkshire were criminal damage, shoplifting, violence offences and non-dwelling burglaries.
- Domestic abuse is a major issue for police and partner agencies with 754 crimes and 1,439 other incidents reported in 2013/14.
- There has been a significant drop in youth offending by West Berkshire's young people aged 10-17 years, this figure includes looked after children in



out of area placements. A total of 100 formal outcomes from the Police or Courts were recorded in 2013; this represents a 52% decrease in offending since 2010 when 209 formal outcomes were reported.

- Since 2010, more first offences have been dealt with by less formal sanctions; such as Youth Cannabis Warnings and Youth Restorative Disposals. In 2013, there were 124 individuals dealt with through such mechanisms. Offences of violence continue to be the most prevalent offence by young people.
- The areas of the district where there is a higher incidence of crime are mainly concentrated in the more urban areas of Newbury, Thatcham and the Reading fringe. However, there are some rural areas of the district which also experience higher incidence of crime including Theale, Bucklebury, the Leckhampstead and Peasemore, Speen, the Lambourn Valley and Burghfield.

## **ENVIRONMENT AND SUSTAINABILITY**

Good health and wellbeing is not solely the absence of illness; the role of the environment we live in is hugely important in shaping our lives and our health. Having access to high quality, local natural environments is critically important to promoting physical health and wellbeing in children and adults.

The Institute for Health Equality 2014 report shows that older people live longer in areas where there is more green space close to their homes and children who live close to green spaces have higher levels of physical activity and are less likely to become overweight and obese over time.

Access to nature is highly valued by people living in West Berkshire with around a third of residents saying that this is one of their top priorities for making an area a good place to live. Nearly three quarters of West Berkshire is classified as part of the North Wessex Downs Area of Outstanding Natural Beauty (AONB) - a landscape of the highest national importance.

Whilst the vast majority of the District is open countryside and generally air quality is very good, there are inevitably conflicts between the development of land and transport links and impact upon air quality as a result of increased traffic on our roads. Air Quality Management Areas (AQMAs) exist in the centre of Newbury and in Thatcham to monitor the levels of Nitrogen Dioxide (NO<sub>2</sub>) in these areas.

The Council and partners work to reduce carbon emissions and set a target to reduce all West Berkshire emissions by 9.4% by 2011 from the 2005 baseline. The latest figures released by Department of Environment and Climate Change (DECC) for 2011 show a 19% reduction achieved since 2005.

A number of main rivers flow through West Berkshire; the most prominent are the River Kennet, River Lambourn, River Pang, River Thames, River Enborne and the Foudry Brook. There is a risk of flooding within West Berkshire arising not only from rivers but also from surface water and groundwater flooding.

The majority of West Berkshire parishes were adversely affected in the summer 2007 floods with certain settlements more prone to repeat flood incidents, as seen in the winter of 2013/14. Flooding can have a great impact on people's psychosocial needs and mental health. Therefore mitigating the risk of flooding remains a priority for the Council as described within the Local Flood Risk Management Strategy.

## **STRONGER COMMUNITIES**

Overall the District of West Berkshire is the 38th *least* deprived District in England; however this fact obscures the finding that certain pockets of deprivation exist. For example the rural nature of West Berkshire means that certain residents have significant distances to travel to access essential services. Similarly, living in a high house price area can be a barrier to accessing suitable housing. Below standard housing, overcrowding and lack of essential services can clearly have a detrimental impact on health and wellbeing.

Deprivation is also associated with lower life expectancy, high risk of smoking, alcohol and drug dependencies and a higher chance of developing a long-term illness.

The West Berkshire District Profile data highlights inequalities in educational scores within Greenham, Lambourn, Clay Hill and Thatcham, all known localities with areas of deprivation. Educational attainment has a significant impact on future life opportunities and therefore deserves consideration within the wider determinants of health and wellbeing.

Data from the Oxford Consultants for Social Inclusion (OCSI) shows that nationally the majority of deprived people do not live in deprived areas. This is another finding which suggests that deprivation exist both in particular localities and at an individual level across the District. It's important that through partnership working all opportunities are taken to reduce inequalities and deprivation wherever they are found.

### **What's the picture in West Berkshire?**

- Overall, the District of West Berkshire ranks 288 out of 326 local authority areas i.e. it is the 38th least deprived district in England.

- West Berkshire's average 'score' on the Indices of Multiple Deprivation (IMD) for all Super Output Areas is 9.98, which is well below the national average of 19.15 and compares well with the South East (14.14).
- 'Barriers to housing and access to services' is one particular concern flagged by the IMD data most likely to be a consequence of housing affordability and the distances some rural residents have to travel to access essential services.
- Super Output Areas ranked as being more deprived are overall, largely clustered around Newbury, with other areas in Calcot, Lambourn, Thatcham and Aldermaston.
- The Nightingales estate in Greenham is ranked as the most deprived area in West Berkshire. More specifically, Greenham is particularly deprived in terms of income and education, ranked only in the 17th and 5th percentile nationally. Similarly areas of Lambourn, Clay Hill, Calcot and Thatcham all score poorly on education.
- Lambourn Valley (around Mill Lane area) is the most deprived rural area, with Sulhamstead (Englefield) and Aldermaston (Aldermaston village and Soke), collectively being the top three most deprived rural areas in West Berkshire.

### **What's the picture in West Berkshire?**

- Within West Berkshire 42% of all local conservation sites were positively managed, compared to a national average of 46% (2012/13) (Single data list 160.00)
- Households in West Berkshire use more than the national average of electricity. Average annual domestic electricity consumption in West Berkshire in 2012 was 5,342 kWh per household compared to 4,229 kWh nationally. West Berkshire's consumption has decreased by 7% since 2005.
- The level of gas consumption in West Berkshire is relatively comparable to the national average. The average annual domestic gas consumption in 2012 was 14,798 kWh per household in West Berkshire compared to 14,080 kWh nationally. West Berkshire's consumption has decreased by 24% since 2005.
- The Air Quality Management Areas (AQMA) for A339 / A343 / Greenham Road junction came into force in May 2009 and the A4 in Chapel Street, Thatcham in November 2011.

- The River Kennet is one of the main geographical features in the district and OFWAT's (the Water Services regulator) assessment of chemical quality shows that 86% of the lengths of rivers in West Berkshire were considered to be of good chemical quality.
- Flood risk is a concern, as only 18 of 69 Town and Parish communities avoided being flooded in the summer of 2007 this equated to 2,131 residential properties which flooded.
- Recent figures show that approximately 182 domestic properties and 35 commercial properties flooded in West Berkshire between December 2013 and March 2014.

## **Appendices**

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Appendix 1 – consultation plan

Appendix 2 – performance monitoring framework