Title of Report:	**Update on Joint Strategic Needs Assessment and District Needs Analysis**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	26th November 2015

Purpose of Report:

To update the Board on the process of merging the JSNA and the District Profile and to share some of the latest data on JSNA chapters.

Recommended Action:

To approve the process of merging the JSNA and the District Profile and note new data and how it relates to the Health and Wellbeing Strategy

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.		
Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: ☒

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☒	☐
• Is it a major policy, significantly affecting how functions are delivered?	☒	☐
• Will the policy have a significant impact on how other organisations operate in terms of equality?	☒	☐
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	☒	☐
• Does the policy relate to an area with known inequalities?	☒	☐
Outcome Where one or more 'Yes' boxes are ticked, the item is relevant to equality. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

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Executive Report

1. Introduction

Statutory Guidance on the development of Joint Strategic Needs Assessments was published by the Department of Health in March 2013, at the time of the reorganisation of the NHS and the movement of Public Health from the NHS into Local Authorities.

The JSNA uses data and evidence about the current health and wellbeing of residents in West Berkshire and highlights the health needs of the whole district. It demonstrates how needs might vary for different age groups and identifies health inequalities for disadvantaged or vulnerable groups.

The JSNA also takes into consideration a wide range of factors that help shape the health and wellbeing of individuals, families and local communities.

Councils and clinical commissioning groups (CCGs) have an equal and joint duty to prepare JSNAs as part of the NHS reforms outlined in the Health and Social Care Act 2012. This process is overseen by the Health and Wellbeing Board.

The JSNA is the key source of information which is used by the Health and Wellbeing Board to agree the priorities within the Health and Wellbeing Strategy. In addition to allowing local councils to provide information and data on the current picture of health and wellbeing in West Berkshire, the JSNA also provides an evidence base to help decision makers, commissioners and other interested groups to decide what services people need and to develop commissioning plans so these needs are met.

The JSNA is available on the West Berkshire Council website and data is refreshed as it becomes available. Much health related data is pulled together by the Public Health Shared Team who then disseminate data sets out to the local Berkshire Public Health teams.

The structure of the JSNA takes a life course approach and focuses on the demographics of the West Berkshire population and information about different groups of people throughout their life. The main sections including demography are **starting well**, which is about giving children a healthy start in life and laying the groundwork for good health and wellbeing throughout life; **developing well**, which focuses on children and young people aged between 5 and 19 years, detailing what affects their health; **living well**, which looks at general health and wellbeing of adults, including lifestyles and health protection; **ageing well**, providing information about the health of people aged 65 and over and finally a section on the **wider determinants of health and vulnerable groups.**

Information and data about many of the wider determinants of health are available for West Berkshire in the form of a **District Profile**. This has been produced locally for a number of years and has provided a wealth of facts and figures that can also be used to guide commissioning of services within the district. There are considerable overlaps

between the JSNA and the District Profile resulting in the decision to bring together these two key documents and a proposal was taken to West Berkshire's Corporate Board on September 15th that proposed a formal approach for the development and updating of a comprehensive District Needs Analysis (DNA) building on the methodology developed to date for the production of the District Profile and the JSNA. It is believed that formalising the approach will clarify expectations, help to allocate resources available and coordinate the approach to needs assessments locally to avoid duplication.

Corporate Board was asked to approve the methodology proposed for the production and updating of the DNA as the key document that will inform strategies and plans for meeting the needs of the people living, working or visiting West Berkshire. The DNA would fulfill the mandatory requirements to produce the JSNA in addition to creating the evidence base for all strategies and plans developed by the council, partner organisations and the wider community.

The DNA will highlight needs and unmet needs. It will not include a comprehensive picture of what is being or what should be done in response to the identified needs, as this will be covered in the strategies and plans developed based on the DNA.

The production and subsequent updating of the DNA, will be based on a two level editorial group to generate the details and interpretation of linked datasets.

The aims of the DNA are to:

Create a repository of data and statistical information with regards to the demographic, social and economic characteristic of West Berkshire District to inform strategic and operational planning

Identify the needs of the population in West Berkshire and wherever possible highlight unmet need.

Respond to statutory requirements to have formal needs assessments (e.g. Joint Strategic Needs Assessment etc.)

Identify opportunities for joint working (services within the council or between the council and other organisations and groups) and more effective use of the limited resources.

In order to reduce duplication and ensure consistency of analysis and identification of needs and gaps in addressing the needs, the intention is that the DNA should incorporate the items usually included in a JSNA (Joint Strategic Needs Assessment). Following the same principle, any other needs assessments, statutory or non statutory should be covered by the District Needs Analysis as the main body of evidence to inform strategic and operational planning.

The process of updating individual JSNA chapters, updating the District Profile and merging these two into one District Needs analysis has now begun in earnest. A joint workshop was run in September 2015, bringing together individual officers responsible for

gathering, processing and reporting data and information within the council, including the Public Health and Wellbeing team. This is the First Editorial Group who were required to consider updated datasets and identify key needs and especially unmet needs of local communities. This step includes an iterative process of identifying additional lines of enquiry, sourcing additional data (complementary data and/or in depth disaggregation) to add to the dataset and include in further analysis. Key findings or issue areas are distilled in preparation for the next step of the process.

The second editorial group, made up of senior representatives from the council's services will be presented with the key findings and co-produce the 'What does it mean?' type statements that will inform strategic and operational plans. This can also be an iterative process to allow for additional intelligence to be sourced and included.

The Identification of key messages will form the high level overview regarding needs and unmet needs in West Berkshire. These would be the sources of intelligence for info-graphics as a potential solution to increase the accessibility of a wide range of audience to what is a rather technical, statistics heavy document.

A strict version control process will be employed whereby each section of the DNA will be allocated to a designated data provider who will be responsible for.the updating of information/data when it becomes available. The Research, Consultation and Performance team within West Berkshire Council will oversee this process, with updates being released on a quarterly basis and version control documentation logging the changes made and the version reference number. This will ensure an audit trail from any strategies or plans developed to the DNA version that has informed them. The DNA will reflect annual values of different indicators included which are usually published at different points during the year. On an annual basis all contributors to the DNA will meet to decide if any substantial amendments are required.

In the attempt to respond to a number of needs assessment requirements, solutions are being explored to use web pages' functionality to update and publish on the Internet separately the sections of the DNA.

Different contents pages will combine only the relevant sections of the DNA in order to cater to the users' needs e.g. someone interested in the JSNA will be directed to the relevant sections.

Each section of the DNA will be structured based on a template agreed by the data providers (initial template being currently used for JSNA is attached as Appendix A).

Solution will be explored for presenting the key findings as part of a high level summary (e.g. info graphics) accessible for a wider audience to be able to get an effective overview of the District, the needs and the unmet needs of the local communities.

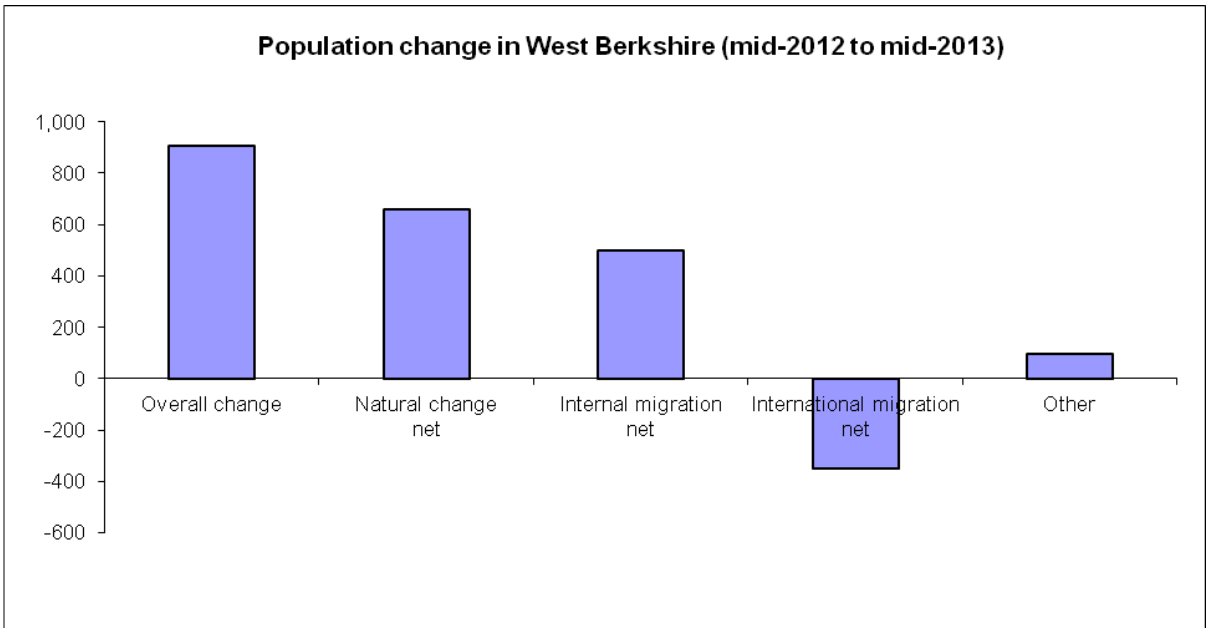
Current updates for the Health and Wellbeing Board from the JSNA

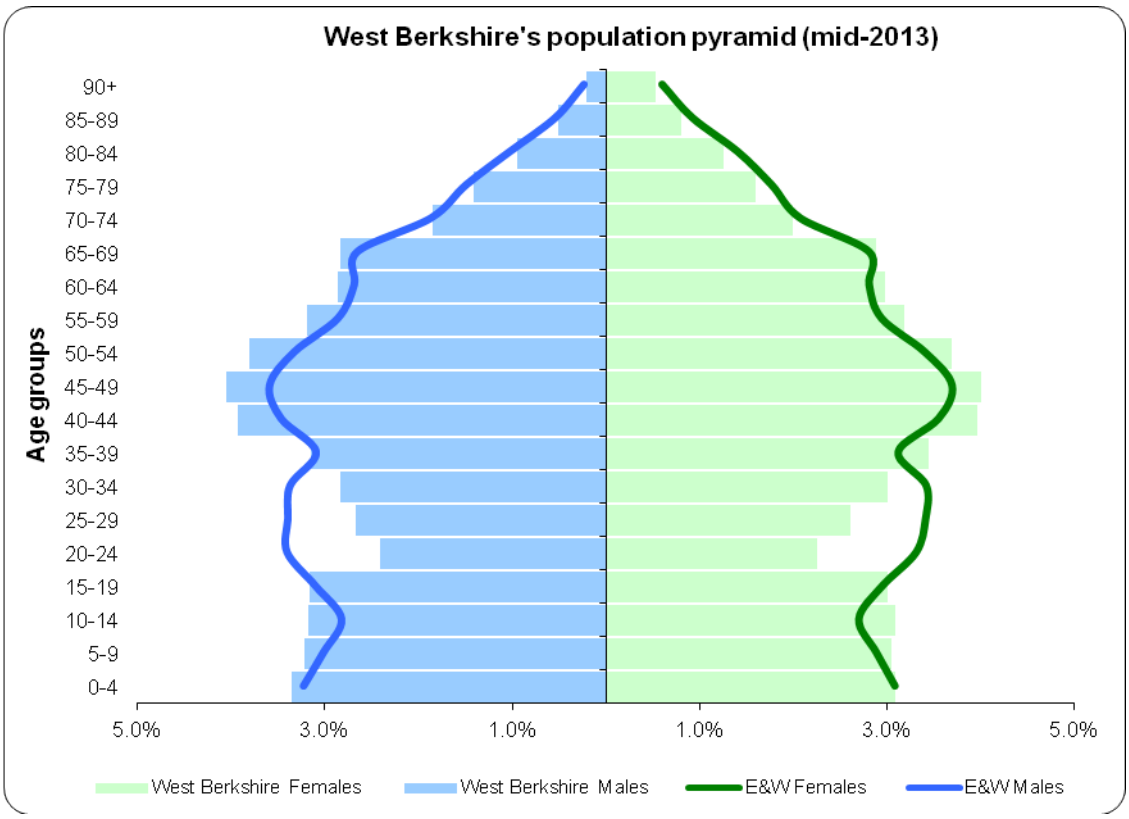
Demography.

This section has been updated using statistics from the District Profile and the Public Health Shared Team. See appendix 1 Additional data on deprivation in the district has been added from the new Index of Multiple Deprivation published in September 2015. See appendix 2

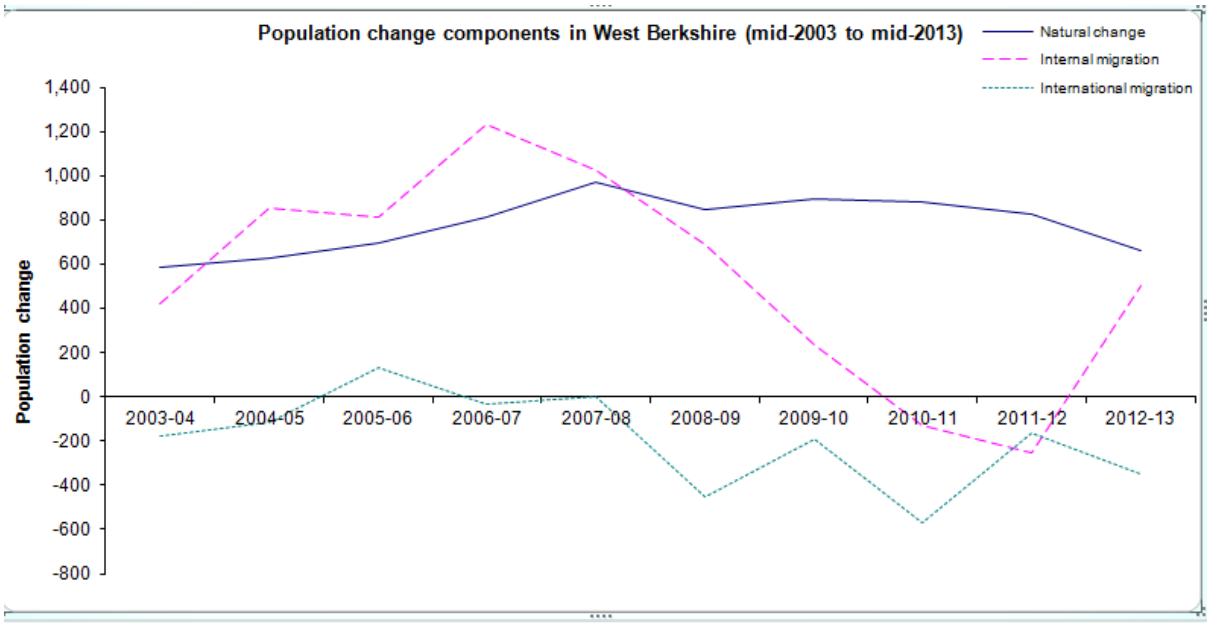
The ONS (Office for National Statistics) annual midyear population estimates (2013) showed West Berkshire's population was estimated at 155,392 in mid 2013. West Berkshire's proportion of children aged 5-14 and adults aged 40-64 are higher than the national profile. In contrast, there is a lower proportion of adults aged 20-34 living in the Borough.

There were 1,851 births and 1,193 deaths from mid-2012 to mid-2013. The main contributor to population growth from 2012 to 2013 was natural change. This made up 73% of the overall growth. The overall change to the population was 906 people The population did reduce from international migration over the year with 500 people moving into the district from elsewhere in the UK and 350 people migrated internationally.





Ward level data will be available early in November and new ward profiles are being produced jointly by PH Shared Team and West Berkshire Council as part of the District Needs Analysis.



Source: Office for National Statistics, Annual Mid-Year Population Estimates (2013)

The trends for West Berkshire over the last 10 years show international migration and natural change as relatively stable with internal migration decreasing from 06/07 to 11/12 with a considerable upturn from 11/12 to 12/13.

The overall change in this 10 year period is not significant.

Life expectancy is reported in three different ways:

Life expectancy at birth – the average number of years a new born baby would expect to live (based on a particular area where the person lives and a particular time period)

Healthy Life expectancy at birth – the average number of years a new born baby would expect to live in good health (based on a particular area where the person lives and a particular time period)

Life expectancy at age 65 – the average number of years a 65 year old person would expect to live (based on a particular area where the person lives and a particular time period)

Indicator	Gender	West Berkshire	England
Healthy life expectancy at birth	Males	68.38	63.27
	Females	69.26	63.95
Life expectancy at birth	Males	80.70	79.41
	Females	84.20	83.12
Life expectancy at age 65	Males	19.40	18.67
	Females	22.00	21.13

Life expectancy for all measures are higher in West Berkshire than for England as a whole.

Starting well Headline updates (0-5)

Infant mortality

Infant mortality statistics are reported on 3 year rolling averages since the numbers are so small. They are expressed as a rate per 1000 live births. Stillbirth rates are higher in the UK than many other countries of similar income distribution and rates have changed little in the last 2 decades.

In West Berkshire the stillbirth rate is 4.2 per 1000 (2011-13) Eng av – 4.9

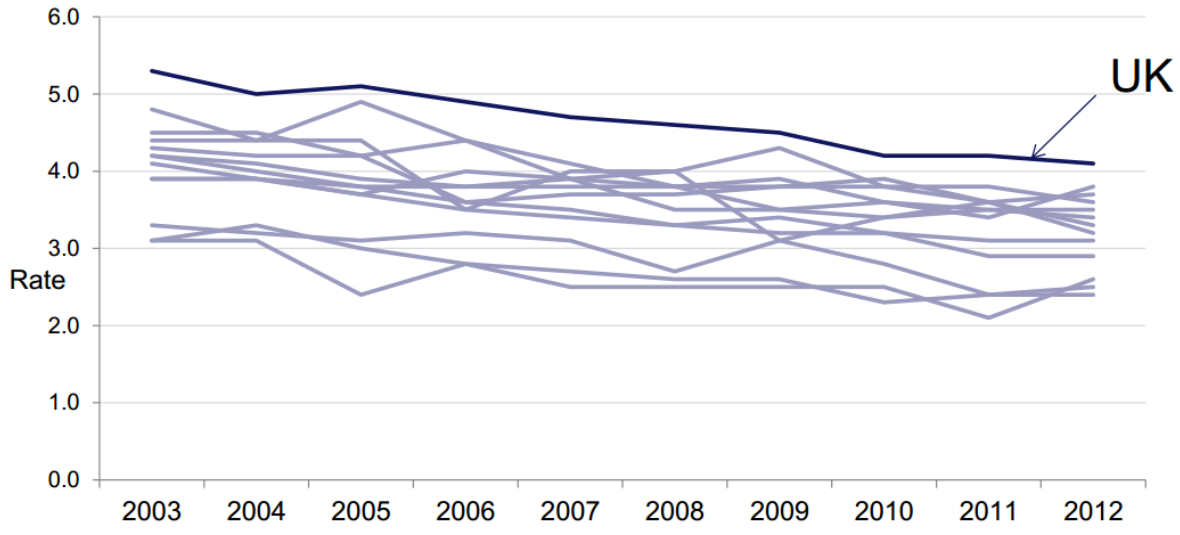
Perinatal mortality is 6.4 (2011-13) the number of stillbirths and deaths in the first six postnatal days per 1,000 total births – Eng av – 7.1
Neonatal mortality is 2.1 (2009-2013) the number of infants dying in the first 27 postnatal days per 1,000 live births - Eng av – 2.9
Post neonatal mortality is 1 per 1000(2009-2013) the number of infants dying at 28 days and over but under one year per 1,000 live births – Eng av – 1.3

Infant mortality is 3.4 (2011-13) the number of infants dying before their first birthday per 1,000 live births – Eng av – 4.1

Infant mortality is an important PH issue in that 61% of deaths nationally in children (0-18) are in infants. Many of the stillbirths and deaths that occur are preventable.

Infant mortality trends and compared to other countries.

Source: Eurostat



UK shown compared to Belgium, Denmark, Germany, Spain, France, Italy, Netherlands, Austria, Finland, Sweden, Norway and Switzerland.

Childhood immunizations

Children are immunized for a range of infectious diseases as an infant, between 2-3 years and at 5 years. The national target coverage for all childhood immunizations is 95%.

The West Berkshire figures for 2013/14 are estimated and based on a average of the overall figures for West Berkshire, Reading and Wokingham. They may therefore be an over or underrepresentation. West Berkshire met the national target of 95% for two of the childhood immunisations in 2013/14 (24 months: DTaP/IPV/Hib primary; 5 years: DTaP/IPV/Hib primary). The rest of the immunisations are very similar to the England averages. The figures for DTaP/IPV/Hib booster at 5 years and the MMR second dose at 5 years are 87.3% and 89.7% respectively.

Foundation Stage attainment

In 2014, 64.9% of West Berkshire's pupils achieved a good level of development at the end of reception. This was a significant increase on 2013's figures and remains significantly
better than the national average of 60.4%.

36.1% of children eligible for free school meals in West Berkshire achieved a good level of development in 2014. This is a reduction on 2013's figures and is now significantly worse than the national average of 44.8%. The gap between FSM pupils and non-FSM children was 28.9% points in West Berkshire, compared to 15.6% points nationally. It is important to

note that the number of children eligible for FSM in Reception is relatively small in West Berkshire (169 in 2014) and any slight annual change can skew the figures.

73% of girls and 57% of boys in West Berkshire achieved a good level of development at the end of Reception. The gender gap was 16%, the same as the England average.

The inequality gap between the average score for pupils in West Berkshire and the average of the lowest 20% of achievers was 24.7%. This compares to the England average of 33.9%.

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

Smoking in pregnancy

This figure is smoking status at time of delivery. 10/11 to 12/13 data are an average based on aggregated data for Wokingham, Reading and West Berkshire LAs. This could therefore be an over/under estimation for the actual local authority. The data for 2013/14 is based on the women resident in West Berkshire and cannot be directly compared with previous year's figures.

In 2013/14, 1,789 mothers resident in West Berkshire delivered a baby. 8.7% (155) of these mothers were smokers. This is significantly better than the England average of 12.0%.

Developing well (5-19) Headline updates

Youth Offending

Nationally there was a 20% reduction in young people receiving a substantive outcome* between 2012/13 and 2013/14. 81% of young people receiving a substantive outcome were male and 75% were from a white Ethnic background.

The main types of offences committed by young people were; violence against the person (22%), thef and handling (18%), and criminal damage (11%)

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

Characteristic	% of custody population
BME background	41%
Disability	19%
From Local Authority care	33%
Have children	11%
Special education needs	17%
School exclusions	88% males and 74% females

Self harm	20%
Require accommodation	63%

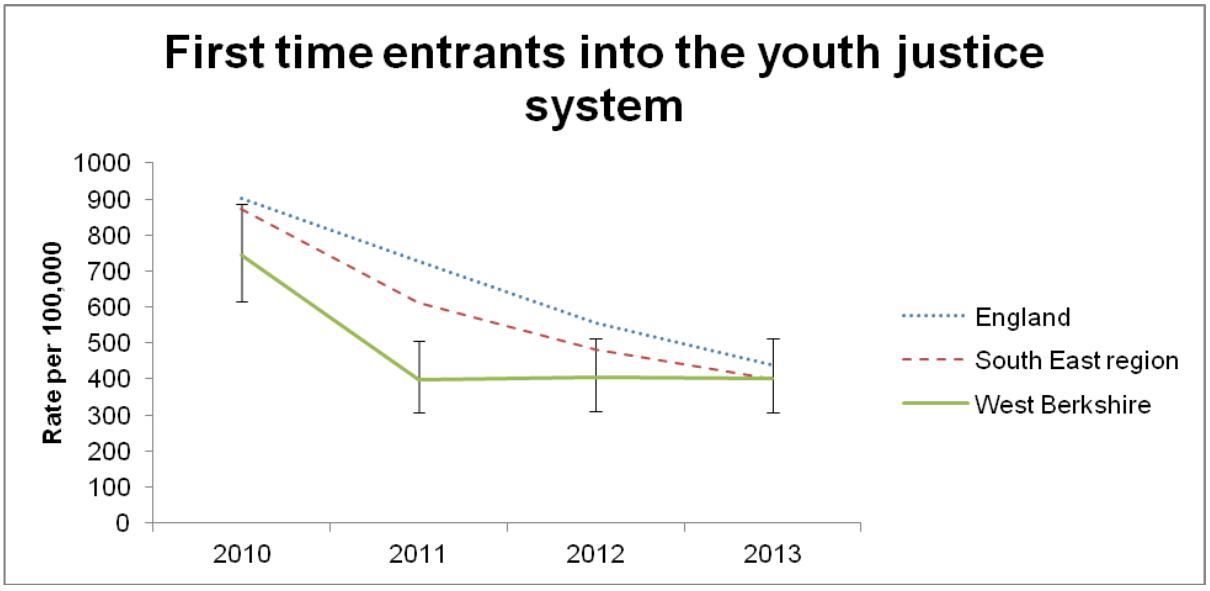
Source: Ministry of Justice and Youth Justice Board for England and Wales

In West Berkshire There were a total of 91 young people who received a substantive outcome in 2013/14

78% of these were male and 98% were from a White Ethnic background.

The main type of offence committed was Theft And Handling Stolen Goods which accounted for 21%
of offences committed.

There were 0.06 custodial sentences per 1,000 people aged 0 to 17 years of age (compared to 0.53 in England and 0.29 in the South East)



Looked After Children

Nationally the number of Looked After Children continues to rise steadily over the last 5 years. In England the rate is 60/10,000. Almost two thirds are looked after due to abuse or neglect and over one third are aged between 10 and 15 years. Around 75% of looked after children nationally are white British.

In West Berkshire there were 160 looked after children as of 31 March 2014, an increase of 10% (145) compared to 31 March 2013 and an increase of 28% (125) compared to 31 March 2010. Similar to the national picture the number of looked after children has increased steadily over the past five years and is now at its highest. The local rate of looked after children is 45/10,000. 48% were provided a service due to abuse or neglect and this has changed little since 2010. 86% are from a white British background. 44% are aged between 10 and 15 years. There has been a slight increase of 1-4 yos and 5-9 yos since 2010 and this is in line with the age profile of the district.

Teenage pregnancy

The number of teenage pregnancies is reported as a three year rolling average due to yearly fluctuations. The number of under 16 conceptions for 2011/13 was 42 with a rate of 4.4 per 1000. This has increased from 2010-2012 with 36 conceptions and a rate of 3.9/1000. This does compare favourably with the England average rate in 2011/13 of 5.5/1000.

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

Teenage pregnancy is higher in areas of deprivation and the wards that are reporting higher numbers and rates per 1000 of under 18 conceptions in West Berkshire are Clay Hill, Greenham, Thatcham Central, Thatcham West, Calcot, Victoria and Speen.

NEETS

This is a measure of the number of 16-18 year olds not in education, employment or training. The figures nationally continue to show a downward trend. Evidence shows that there are a range of factors that can affect the proportion of NEETs and the Department of Education have developed a 'NEET scorecard' to compile data that puts the headline NEET figure into context by setting it alongside a range of other related information.

% NEET	% in 2013	% pt change since 2012
% 16-18 year olds NEET	6.3%	-2.1%
% 16 year old NEET	3.2%	-1.6%
% 17 year old NEET	7.5%	-0.3%
% 18 year old NEET	8.7%	-3.7%

LA support	% in 2013	% pt change since 2012
% 16-17 year olds made offer of an education place under September Guarantee	93.4%	1.7%
% 16-18 year olds whose activity is known to the local authority	96.6%	-0.8%
% 16-18 year olds NEET re-engaging in EET	9.7%	No comparison data

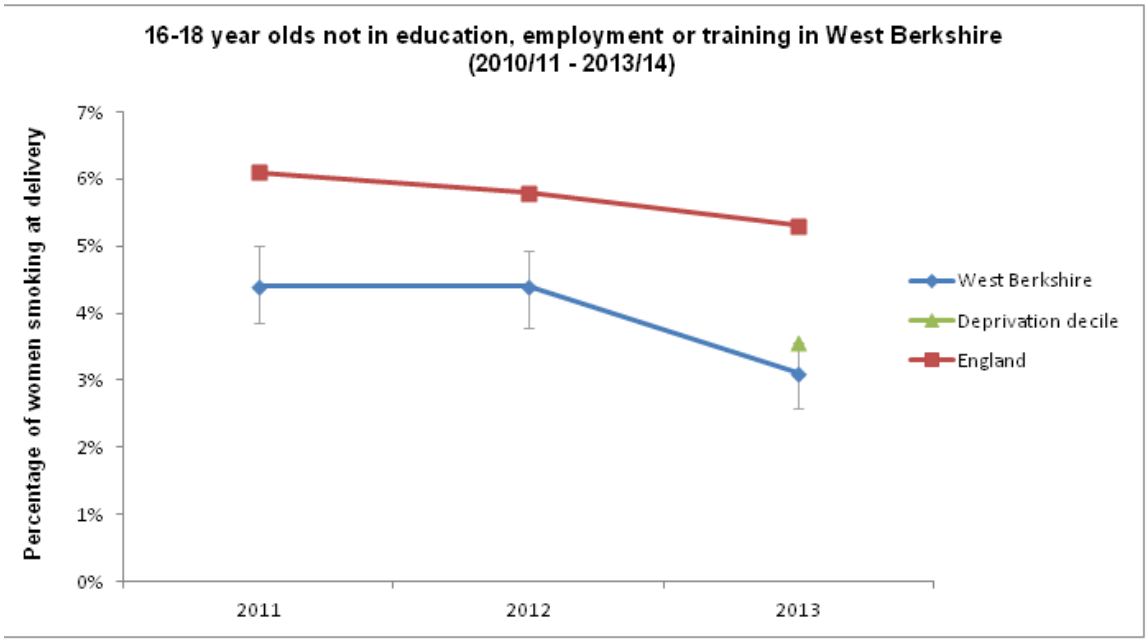
Outcomes	% in 2013	% pt change since 2012
% 16-17 year olds participating in education and training	88.3%	1.2%
- full-time education	81.2%	-1.5%
- apprenticeships	3.8%	1.0%
- other education and training	3.3%	1.7%
% 19 year olds achieving level 3	57.6%	3.1%
% 19 year olds achieving GCSE A*-C English and maths between ages 16 and 19	15.9%	1.0%

Contextual information (based on 2012/13)

GCSE attainment: 5 or more GCSEs at A*-C inc.English and Maths:	63.6%	Overall absence (% of sessions):	5.6%
GCSE attainment: 1 or more GCSEs at A*-G:	99.3%	Persistent absentees:	6.2%

Source: Department for Education; Young people NEET comparative scorecard (published December 2014)

The picture in West Berkshire is largely better that the national picture on most indicators.



Source: Public Health England; Public Health Outcomes Framework indicators 1.05

Long Term Conditions in Children

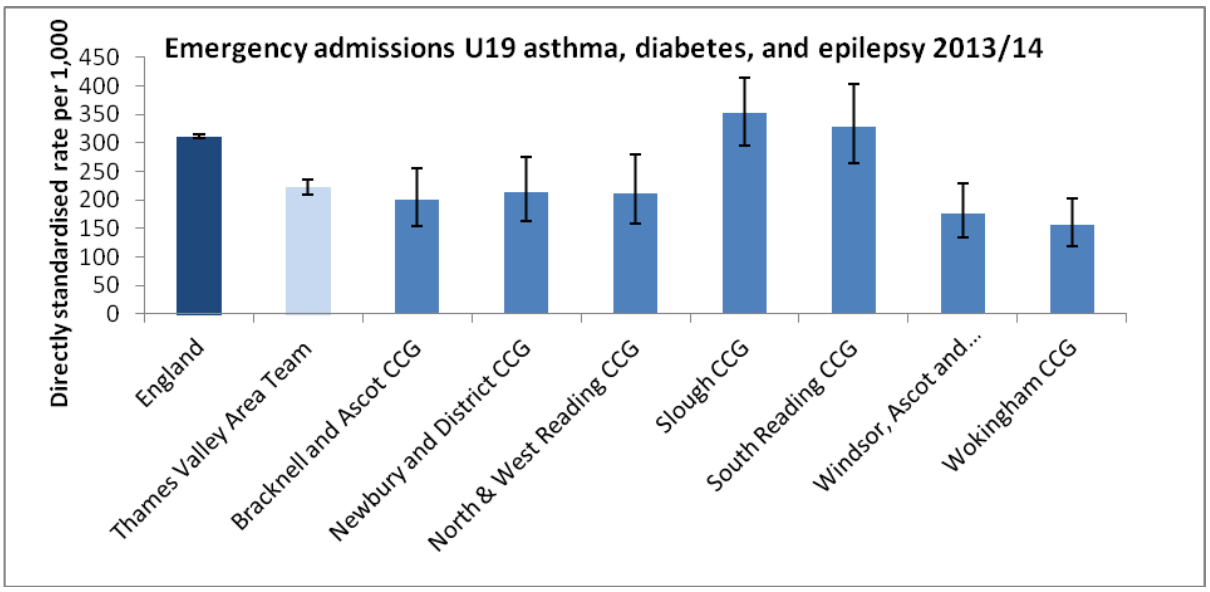
The three conditions reported in this section are diabetes, asthma and epilepsy. 96% of those under 19 years have type 1 diabetes. Nationally the current prevalence estimate of Type 1 diabetes in children under the age of 19 in the UK is 1 per 430 to 530 children (Diabetes UK, 2014). 1 in 11 children are currently receiving treatment for asthma (NHS Choices) and almost 24,000 children aged less than 16 in England were admitted to hospital due to asthma during 2012/13 (Health and Social Care Information Centre). The prevalence of epilepsy in the UK in children aged under 16 years is estimated at 1 in 240 (Epilepsy Action)

In West Berkshire
it is estimated that there are between 88 and 71 children under the age of 19 with diabetes living in West Berkshire

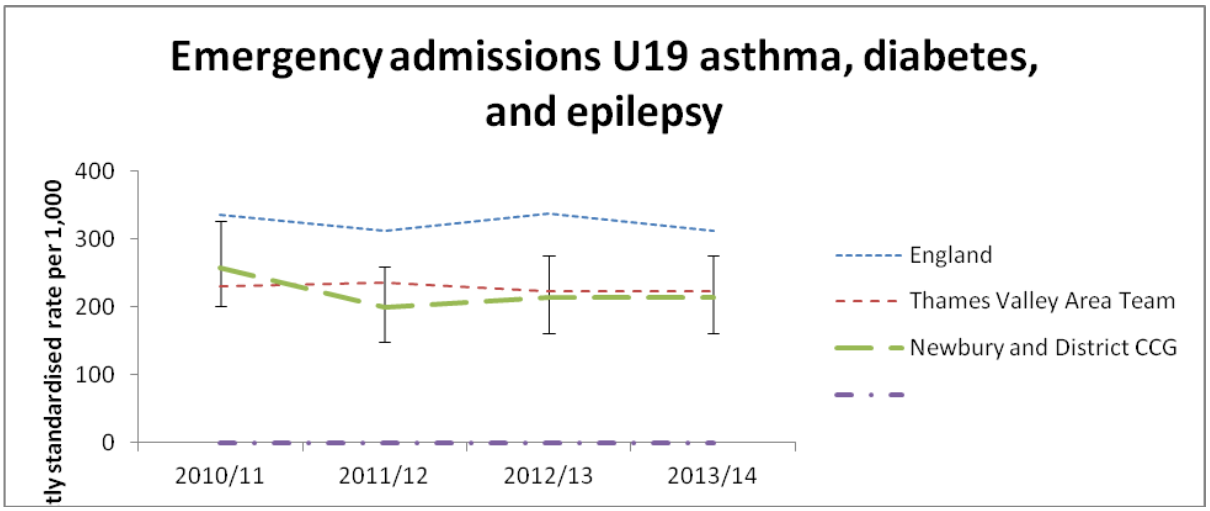
It is estimated that there are 2869 children under the age of 16 with asthma living in West Berkshire.

It is estimated that there are 131 children under the age of 16 with epilepsy living in West Berkshire.

Estimates based on applying national prevalence estimates to local population (ONS 2013)



One of the NHS Outcome Framework Indicators measures potentially avoidable emergency hospital admission for asthma, diabetes, and epilepsy in under 19 year olds. During 2013/14, 58 children from Newbury and District CCG were admitted for these conditions.



Smoking in young people

New indicators on smoking in 15 year olds have been added to the nationally produced Local Tobacco Control Profiles at local authority level from the What About Youth (WAY) survey. These are modeled estimates based on the survey. Interestingly West Berkshire figures are higher than the national figures for young people. Our own local smoking survey results will need to be compared as they should give a more accurate figure.

	Period	Local value	Eng. value	Eng. worst	Eng. best
Smoking Prevalence (%)	2013	15.39	18.45	29.4	10.5
Smoking status at time of delivery (%)	2013/14	8.66	12.00	27.5	1.9
Low birth weight of term babies (%)	2012	1.63	2.80	5.0	1.5
Smoking prevalence modelled estimates – % regular smokers aged 11-15 years	2009-12	3.33	3.1	4.7	1.1
Smoking prevalence modelled estimates – % regular smokers aged 15 years	2009-12	1.87	1.4	2.0	0.5
Smoking prevalence modelled estimates – % regular smokers aged 16-17 years	2009-12	9.24	8.7	12.7	3.2
Smoking prevalence modelled estimates – % occasional smokers aged 11-15 years	2009-12	5.06	3.9	5.3	1.4
Smoking prevalence modelled estimates – % occasional smokers aged 15 years	2009-12	15.62	14.7	20.7	5.7
Smoking prevalence modelled estimates – % occasional smokers aged 16-17 years	2009-12	7.46	5.8	7.8	2.2

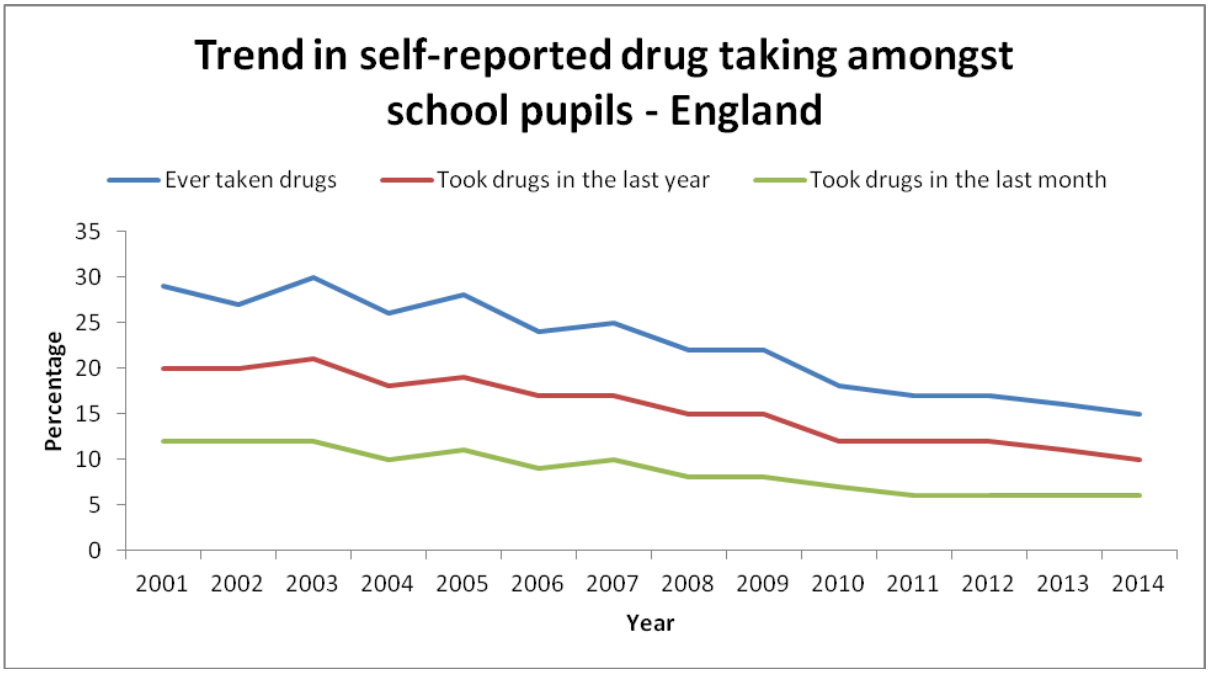
Source: Local Tobacco Control Profiles (October 2014)

Substance misuse in young people

Smoking, Drinking and Drug Use among Young People in England is an annual survey carried out by pupils in years 7-11 in participating schools across England to provide national estimates and information on the smoking, drinking and drug use behaviours of young people aged 11-15. The survey has been carried out since 2004.

	Ever taken drugs %	Taken drugs in the past year %	Taken drugs in the past month %	Ever taken drugs Count	Taken drugs in the past year Count	Taken drugs in the past month Count
Boys						
11 years	7	5	3	75	54	32
12 years	7	4	2	70	40	20
13 years	13	8	5	144	89	55
14 years	18	12	8	206	137	91
15 years	27	20	12	313	232	139
Total	**16**	**11**	**6**	**876**	**602**	**328**
Girls						
11 years	5	3	2	54	32	21
12 years	7	4	3	72	41	31
13 years	10	6	2	107	64	21
14 years	19	15	7	224	177	83
15 years	22	17	11	258	200	129
Total	**13**	**10**	**6**	**717**	**552**	**331**
Total						
11 years	6	4	2	129	86	43
12 years	7	4	2	141	81	40
13 years	11	7	4	239	152	87
14 years	19	14	8	442	325	186
15 years	24	19	12	560	443	280
Total	**15**	**10**	**6**	**1649**	**1099**	**660**

Data is also available for young people who use substance misuse services locally from NDTMS (National Drug Treatment Monitoring System). This data however is restricted and is provided by PHE for management, quality assurance, and briefing purposes only. The data cannot be released into the public domain prior to official publication planned for December 2015.



Source: Health and Social Care Information Centre

Treands in self reported drug taking have continued to decrease nationally and locally.

School Life

A number of indicators are available from the Department of Education to show how well children are doing at school. This includes the following data sets: GCSE stage 4, pupil absence, number of schools/pupils, schools by religious character, free school meals, ethnicity, first language, SEN and level 2/3.

GCSE and equivalent results of pupils at the end of key stage 4

		Percentage of pupils at the end of key stage 4 achieving at GCSE and equivalents:				
	Number of end of key stage 4 pupils	5+ A*-C including English & mathematics GCSEs			English Baccalaureate	
		All	Boys	Girls	Percentage entered	Percentage achieved
England	618,585	53.4	48.2	58.9	36.3	22.9
West Berkshire	1,916	61.1	49.2	29.4	49.2	29.4

Source: 2013/14 key stage 4 attainment data (Revised)

The % of persistent pupil absences for West Berkshire in all state funded primary and secondary schools and all special schools by residence is 2.9%. This compares well with the South East – 3.7% and for England – 3.6%. In Pupil Referral Units this % rises to 33.6% for West Berkshire, 42.1% for the South east and 37.6% for England.

The % of children known to be eligible for and claiming free school meals from the 2015 school census was 14%. The % for England was 29.5% and 20% for the South east.

Percentage of 19 year olds qualified to Level 2, by FSM eligibility and Local Authority

	Not eligible for FSM	Eligible for FSM	All
England	88	71	86
West Berkshire	87	59	85

Percentage of 19 year olds qualified to Level 3, by FSM eligibility and Local Authority

	Not eligible for FSM	Eligible for FSM	All
England	60	36	57
West Berkshire	63	28	61

Source: DfE 2015

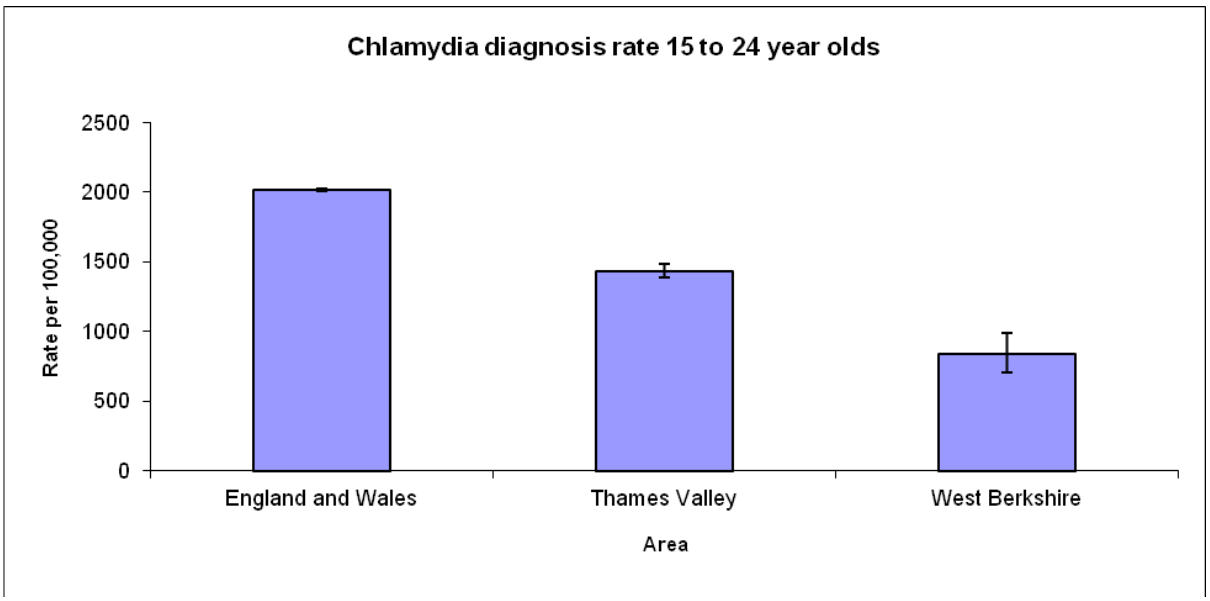
The % qualified to level 2 for the South East was 88% not eligible for FSM and 66% eligible for FSM.
The % qualified to level 3 for the South East was 61% not eligible for FSM and 29% eligible for FSM.

The % of pupils whose first language was known or believed to be other than English was 11.7% in the South east and 12% in West Berkshire. The England figure was 17.4%.

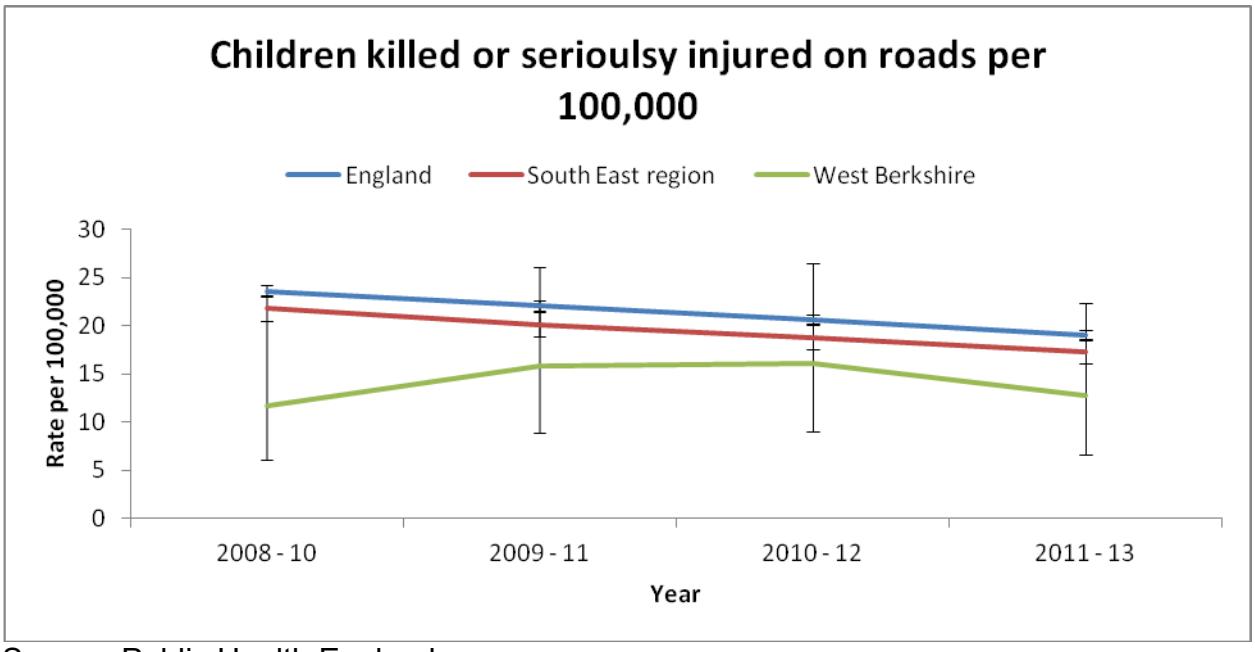
Chlamydia
Chlamydia screening is available for all 1 year olds and is carried out to decrease the transmission of this sexually transmitted infection that can cause infertility and pelvic inflammatory disease in women. It is often asymptomatic and once diagnosed is easily treated with antibiotics.

In West Berkshire 10.6% of the eligible population were tested for chlamydia during 2013, compared to 24.9% in England and 7.9% of these tests were positive. This is a decrease on 9.7% positive tests in 2012. 20-24 year olds were most likely to be tested (68.2% of all tests) and 71% of all those tested were female.

The diagnosis rate nationally was 2016 per 100,000 however due to the low numbers tested in West Berkshire the diagnosis rate was only 945 per 100,000. There have been problems with the screening tests being attributed to Reading since that is the location of the NHS lab where the tests are analysed.



Children killed or seriously injured on the roads
These data are done on a three year rolling average to even out fluctuations and due to relatively small numbers. They refer to under 16s.



Source: Public Health England

The overall rate has decreased from 16.1 per 100,000 in 2010-2012 to 12.8 in 2011-13.

Living and working well

Adult obesity
The estimation of the percentage of adults who are overweight or obese comes from the Sport England telephone survey The Active People Survey, thus it is based on self reported height and weight. There is an additional data source which is the percentage of patients recorded as obese in GP practices. This data does not include those who have

not visited their GP and not all patients are weighed and measured, so this data is also incomplete.

In 2012, 65.5% of people aged 16 or over in West Berkshire were classified as being overweight or obese. This was similar to the England and deprivation decile figures of 63.8% and 61.5% respectively. 18.5% of West Berkshire's population aged 16 or over were classified as obese, compared to 22.9% in England. (Active People Survey)

On 31/3/2014, 7,416 patients in Newbury & District CCG were on the GP Obesity Register. This was 8.0% of the population aged 16 or over and was significantly higher than the Comparator CCG Group. In contrast, the obesity prevalence in North & West Reading CCG was significantly lower than its comparator group at 7.7%. Both CCG's had a significantly lower prevalence of obesity compared with the national level of 9.4%.

Source: Health & Social Care Information Centre, Quality Outcomes Framework (2014)

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

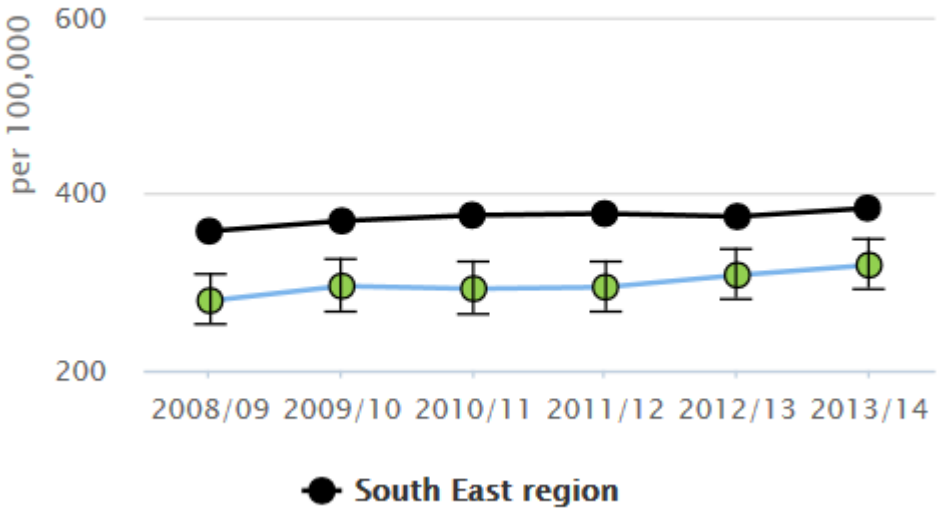
The percentage of people who were physically inactive in West Berkshire went from 26.3% in 2013 to 24.4% in 2014. Both these figures are similar to the South East and England averages

Adult and alcohol
Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.

There are a variety of measures related to health and alcohol consumption. The PHE alcohol profiles contain data on the following indicators: months of life lost due to alcohol, alcohol related and alcohol specific mortality, mortality due to chronic liver disease, a variety of hospital admission data due to different causes and all related to alcohol and numbers in treatment for alcohol problems.

West Berkshire compares favourably with other LAs in the South east for hospital admissions and is in the top quartile for 12 of the 16 indicators. For alcohol specific hospital admissions in the under 18s the rate has gone up slightly from 17.9/100,000 for the 3 year pooled period 2010/11 to 2012/13 to 20.6/100,000 for the period 2011/12 to 2013/14. This remains lower than the South East and England averages.

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



Alcohol related mortality is similar or slightly better than the South east rates.

Smoking in adults

Smoking prevalence in West Berkshire has decreased in 2012 from 2013 from 18.8% to 15.4%. Prevalence in routine and manual groups has gone from 31% in 2012 to 25.9% in 2013. The quit rate (the number of successful 4 week quitters out of the total number of smokers times 100,000) for West Berkshire residents was 3,190 (13th out of 19 LAs in the South East)

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

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

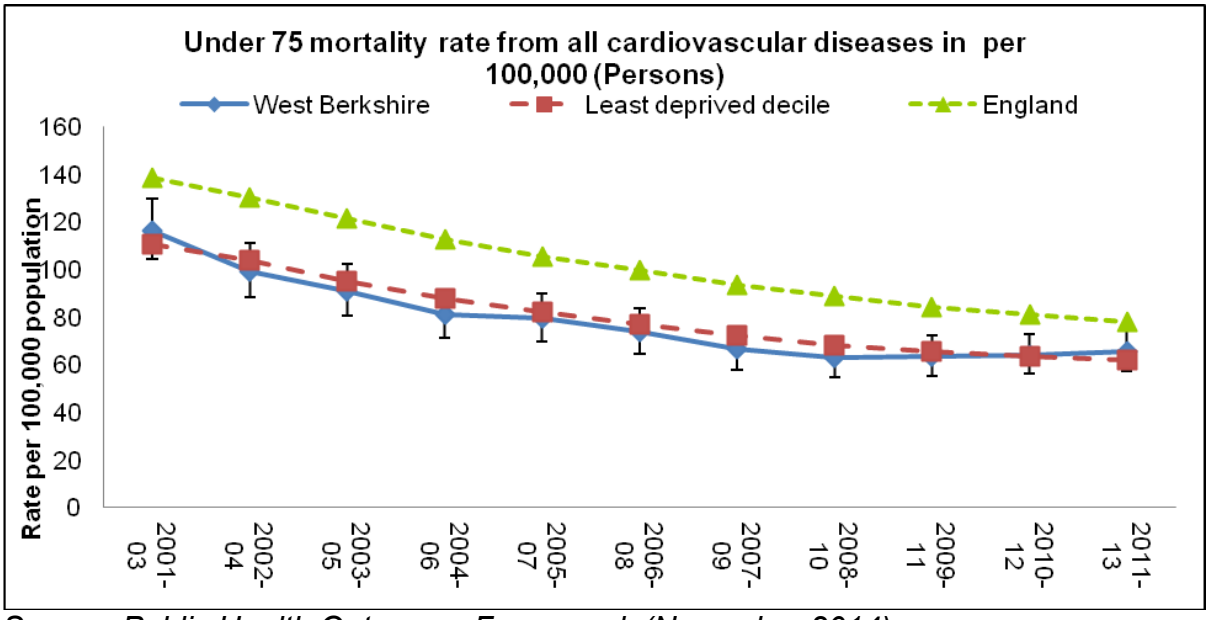
	Period	Local value	Eng. value	Eng. worst	Eng. best
Smoking Prevalence (IHS)	2013	15.39	18.45	29.4	10.5
Successful quitters at 4 weeks	2013/14	3189.51	3524.14	1251	8946
Smoking status at time of delivery	2013/14	8.66	11.99	27.5	1.9
Low birth weight of term babies	2012	1.63	2.80	5.0	1.5
Lung cancer registrations	2009-11	58.27	75.47	144.2	42.1
Deaths from lung cancer	2011-13	47.94	60.19	111.6	32.3
Deaths from chronic obstructive pulmonary disease	2011-13	41.50	51.47	101.0	26.8
Smoking attributable mortality	2011-13	242.38	288.66	471.6	186.6
Smoking attributable deaths from heart disease	2011-13	28.84	32.67	65.5	20.6
Smoking attributable deaths from stroke	2011-13	8.20	10.96	21.5	7.2
Smoking attributable hospital admissions	2012-13	1109.99	1687.60	2884	906
Cost per capita of smoking attributable hospital admissions	2010/11	27.31	36.92	61.7	15.6
Indicative tobacco sales figures (£ millions)	2013	36.40	15446.14	440.2	13.2

Circulatory diseases
Cardiovascular disease (CVD) includes coronary heart disease, myocardial infarction (MI), hypertension, stroke, atrial fibrillation, chronic kidney disease (CKD).
Data on prevalence of CVD conditions The Quality Outcome Framework measures the recorded prevalence of different conditions and is based on the number of people on GP registers at the end of March. A recorded prevalence rate for West Berkshire has been estimated by using the data from GPs in the Local Authority boundary. The following prevalences were recorded in March 2014:

Atrial fibrillation - 1.5% (Eng = 1.6%)
Coronary Heart Disease - 2.5% (Eng = 3.3%)
Stroke or TIA - 1.4% (Eng = 1.7%)
Heart failure - 0.5% (Eng = 0.7%)
Hypertension - 12.9% (Eng = 13.7%)

Hypertension is the most prevalent cardiovascular condition in West Berkshire (12.9%), followed by Coronary Heart Disease (2.5%). This mirrors the national picture.

The under 75 mortality rate for cardiovascular disease in England has steadily decreased since 2001. In 2011/13, 78.2 per 100,000 people aged under 75 died from a cardiovascular disease, compared with 138.7 in 2001/03. In West Berkshire in 2011-13, there were 252 premature deaths from cardiovascular diseases. This is a rate of 66 per 100,000 people aged under 75, which is significantly better than the national rate and similar to the deprivation decile rate.



Source: Public Health Outcomes Framework (November 2014)

The rate of under 75 mortality from all CVD in males in West Berkshire has slightly increased over the last 2 years from 87.9 per 100,000 in 2009-11 to 95.1 per 100,000 in 2011-13. This is 182 deaths. This rate is considerably higher than the females which was 36.5 per 100,000 in 2011-13.

The under 75s mortality rate from CVD considered preventable in West Berkshire in 2011-13 for all persons was 47.3 per 100,000. This has gone up slightly from 37.9 in 2008-2010. In males the rate has risen to 75.3 in 2011-13 which is above the South east rate of 64.5.

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

The National Diabetes Audit (NDA) provides information on diabetes care across England and Wales. This includes an analysis of the National Health & Care Excellence (NICE) recommended care processes, which are the annual checks for the effectiveness of diabetes treatment that all diabetes patients should receive (for example: blood pressure, body mass index, smoking, cholesterol and foot surveillance). In 2012/13, North & West Reading CCG completed all eight of the NICE care processes for 63.7% of their registered diabetes patients, compared with 67.8% in Newbury & District CCG. These are both higher than the national completion rate of 59.9%.

In 2010-12, there was an average of 25 deaths from diabetes in West Berkshire each year (7.2 per 100,000 population). 5 of these were for people aged under 75 (1.3 per 100,000 population). These rates are not significantly different to the national figures.

Source: Health & Social Care Information Centre; NHS Indicator Portal

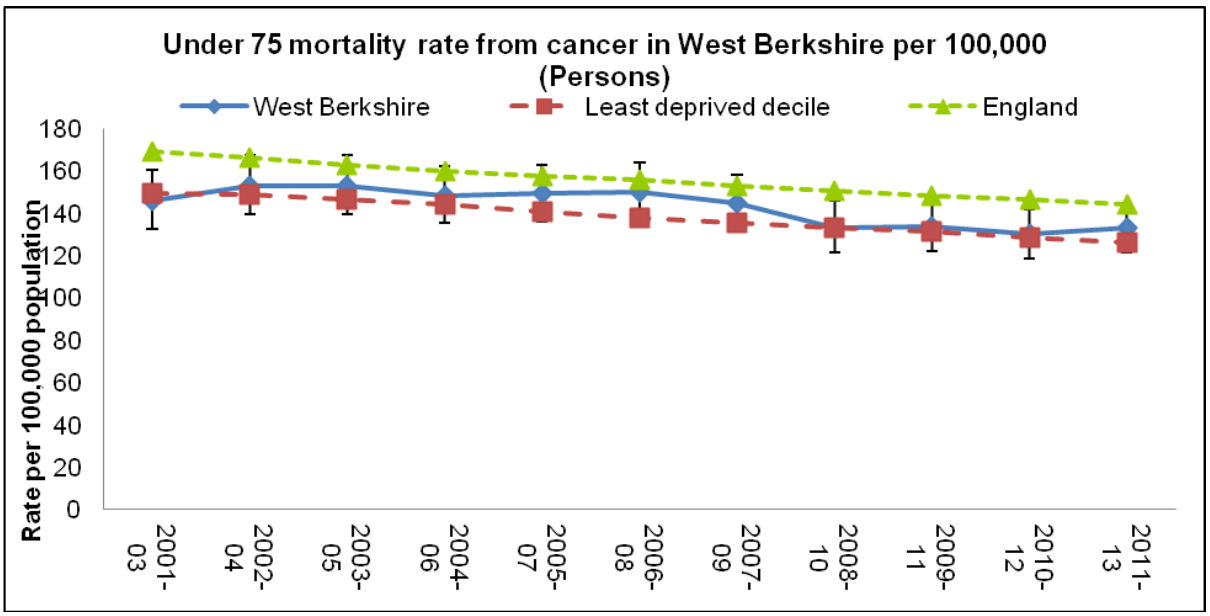
Cancer
Cancer incidence is the number of people who are diagnosed with cancer during a given time period. As the number of people diagnosed with cancer in an area will be influenced by the age and gender of the population these factors are controlled for through standardisation and presented as a rate per 100,000. This allows for a more direct comparison between areas which have different population structures. The rates of different cancer incidences is:

Breast cancer – 168 per100,000 with an increase over the past seventeen years.
Prostate cancer – 110 per 100,000 with a very slight increase over the past seventeen years.
Colorectal cancer – 78 per100,000 remaining constant over the past seventeen years.
Lung cancer – 62 per 100,000 with a very slight decrease over the past seventeen years.
Bladder cancer – 24 per 100,000 with a slight decrease over the past seventeen years.
Malignant melanoma – 15 per 100,000 with a slight decrease over the past seventeen years

Approximately 568 in every 100,000 people in West Berkshire will be diagnosed with cancer every year. The rate of diagnosis is slightly higher than the England average and has seen a slight increase over the past seventeen years.

Source: Public Health Outcomes Framework (November 2014)

The mortality rate from cancer in West Berkshire is lower than England and similar to LAs in the same the deprivation decile. The rate has not decreased since 2008-10 (133 per 100,000)



Public Health Outcomes Framework 2014

The under 75s mortality rate from cancer for females has not decreased since 2008-10 and the 2011-13 rate is 125.2 per 100,000.

The under 75s mortality rate from cancer considered preventable shows a similar picture with no decrease since 2008-10. Rate in 2011-13 is 76.7 per 100,000

One year cancer survival is 69% in Newbury and District CCG and 68% in North and West Reading CCG. This is similar to the England average of 68%.

Conclusion The updates to the JSNA chapters presented in this paper account for only a proportion of all the chapters contained within the needs assessment. The updates include demography, children 0-5, children 5-19 and adults. The remaining chapters: more on children and adults, vulnerable groups and wider determinants will be presented at the next Health and Wellbeing Board.

The merging of the JSNA and the District Profile will enable the sections on the wider determinants of health to give a more detailed and robust picture of the needs of the district. The timescale for this work to be completed is February 2016.

2. Equalities

2.1 This item is not relevant to equality.

Appendices

Appendix A – Update from the 2015 Index of Multiple Deprivation for West Berkshire
Appendix B – Summary (Will follow within a supplement pack)