

Local health and well-being priorities 2011/12 for Bracknell Forest JSNA 2010

Executive Summary

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1 Executive Summary

1.1 Introduction

The changes that have occurred since the 2009 Joint Strategic Needs Assessment (JSNA) required a major reframing of this statutory needs assessment. The white paper 'Equity and Excellence' (Department of Health, 2010) required GP consortia to become the new commissioners of local health services and in Berkshire East this will be implemented in shadow form from April 2011. The Marmot report was published in 2010 and now provides the strongest evidence for tackling health inequalities, arising from the wider determinants of health.

Clear health and social care outcomes have yet to be finalised nationally but commissioners will be monitored on their performance by Care Quality Commission (CQC), Monitor and the new Health Watch panels. This document therefore aims to provide information likely to be relevant to health and wellbeing commissioners in; public health, in the new consortia and in our three unitary authorities.

JSNA is a rolling programme and will become the responsibility of local authorities in 2011. This JSNA is not just a 'health' needs assessment it is also a 'well-being' assessment and includes contributions from all key leads in the unitary authorities whose work tackles the wider determinants of health. It includes issues of importance to local people provided by partners.

The JSNA should be used to select the key health and wellbeing priorities overseen by the future Health and Wellbeing board. A separate equalities impact assessment is not required as the whole document explores how different health and well being outcomes arise according to; age, gender, ethnicity, deprivation, disability or sexual orientation - where such information is available.

The document is structured into thirteen chapters. Chapter three contains demographic, mortality and life expectancy data. Chapters four and five contain data relevant to significant causes of morbidity and mortality and long term conditions; local Health and Wellbeing boards will need to commission a range of interventions for that are preventative and/or improve clinical quality and patient outcomes.

Chapter six describes elective and emergency admissions for a selection of the Health Resources Group 4 categories that are used to cost delivery in secondary care. This is an important section for commissioners who are aiming to reduce secondary care costs through preventative approaches

Chapter seven addresses the first stage in the lifecourse as suggested by Marmot; it portrays key issues for children's health and makes recommendations in line with Marmots delivery plan outline.

Chapter eight describes inequalities in education and lifelong learning, employment and support for vulnerable groups.

Chapters nine, ten and eleven contain data important to local authority colleagues dealing with fair employment, healthy standard of living and sustainable community strategies.

Chapter twelve describes a range of indicators which are priorities for ill health prevention.

The final chapter, thirteen describes the third arm of public health – health protection which underpins patient safety issues all providers and public health teams have to address in core business.

The executive summary highlights key findings for each chapter. Wherever possible recommendations are underpinned by either the National Institute for Health and Clinical Excellence (NICE) public health or clinical guidance or research into cost effective interventions to help shape detailed commissioning plans.

1.2 The prioritisation process for commissioning following the JSNA

It is important that the public and partners understand that the JSNA predominantly provides information to support commissioners who will develop detailed project plans in the coming months. This document supports items 3- 4 and 6-7 of the prioritisation framework agreed across Berkshire with the SHA.

1. Net accumulated savings to the PCT over four years
2. Pay back criteria
3. Evidence base for improving clinical outcomes
4. Evidence base for this intervention to demonstrate cost effectiveness
5. Evidence base that this project/intervention can be delivered
6. Safety - reduction in morbidity
7. Safety – reduction in mortality
8. Does the project/intervention deliver against statutory, NHS national strategy and priorities and vital sign targets?

1.3 Bracknell Forest Health and Well-being priorities

Table 1.3-1 Bracknell Forest priorities

Marmot Theme A: Giving every child the best start in life
<ul style="list-style-type: none"> • Access to a midwife/doctor by 8-10 weeks to ensure antenatal care pathway is implemented and outcomes of referrals are known • Commission a clinical guideline 110 compliant maternity service for vulnerable mothers • Improve joint commissioning of children’s services to address the need for early intervention programmes which are under threat due to area based grant loss • Improving common assessment framework liaison with maternity services • Reducing paediatric admissions • Implement Maternity Matters policy and Association of Directors of Children’s Services report into Safeguarding
Marmot Theme B: Enabling children, young people and adults to maximise their capabilities
<ul style="list-style-type: none"> • Commission life course early interventions to improve outcomes and reduce child protection, health, education, social care and criminal justice system costs e.g. evidence based parenting programmes and family intervention projects, domestic abuse services and violent crime prevention
Marmot Theme C: Fair employment and good work for all
<ul style="list-style-type: none"> • Develop a public mental health strategy which includes increasing access to employment and volunteering for young people and people with mental health problems • Enabling people with learning disability to gain employment
Marmot Theme D: Ensuring a healthy standard of living for all
<ul style="list-style-type: none"> • Improve dementia assessment and management • Developing a young stroke patients self help group and strengthening advice from the stroke association for expert patient programmes and post stroke reviews

- Health trainer development for new entrants
- Increase physical activity in children, young people and adults
- Tackle priority people with long term conditions due to the ageing population

Marmot Theme E: Create and develop healthy and sustainable places and communities

- Improving air quality and asthma management through environmental and behavioural interventions
- Reduce domestic abuse, sexual abuse and violent crime

Marmot Theme F: Strengthen the role and impact of ill health prevention

- Improve Asthma management in adults and Cardiovascular Disease in those aged under 75 years
- Chlamydia screening to increase
- Implement NICE guidance for Chronic Obstructive Pulmonary Disease and weight management
- Reduce colorectal cancer mortality (males and females) by a range of public health and clinical improvements
- Develop a public mental health strategy as defined by the Royal College of Psychiatrists, 2010
- Develop site specific musculoskeletal care pathway revisions (consortia)
- Reducing admissions e.g. Accident and Emergency, paediatric, diabetes, cardiology, musculoskeletal
- Prostate cancer incidence and mortality rates are higher and require further clinical management
- Continue to develop smoking cessation and tobacco and substance misuse priorities in the Health Profiles

1.3.1 Key findings for chapter 3 - demography, mortality and life expectancy

- The General Practice (GP) registered population of Berkshire East was 424,125 (Open Exeter, July 2010)
- The General Practice (GP) registered population of Bracknell Forest was 107,320, which is some 7,000 less than the local authority resident estimates
- There are significant differences between estimated resident and GP registered populations; shown below (see Chapter 3 for further details)

Table 1.3-2 difference in resident and registered populations by locality

Population	Bracknell Forest	Slough	Windsor, Ascot and Maidenhead	Berkshire East
Registered	107,897	139,658	176,570	424,125
Resident	115,000	128,300	143,900	387,200
Difference	-7,103	11,358	32,670	36,925

- New registrations totalled 4,947 in 2009 predominantly from Asia and European accession eight countries
- Life expectancy for all areas is now greater than the England rate for women and for males in Bracknell Forest . Within each local area targets should be set to reduce the inequalities between the most and least affluent areas
- In Bracknell Forest the gap is 4.4 years for males and 1.7 years for females. NB. quintile three results from the Association of Public Health Observatories (APHO) are anomalous for both males and females. This unusual result is being investigated but may reflect mobility in those areas in the intervening years since the deprivation indices were calculated in 2007 or the prevalence of care homes and the secure hospital in those areas.
- Key mortality indicators are summarised in the locality priority tables

1.3.2 Key findings for Chapter 4 – significant causes of morbidity and mortality

Specific cancers and coronary heart disease outcomes are listed in the locality summaries. Mental health and progress towards developing a dementia strategy are described. The main finding is the need for a public mental health strategy built on the recommendations for evidence based interventions across the life course.

Effective interventions are listed for; improving maternal health and health of the family, to reduce violence and abuse. To reduce the risk of suicide, to promote the well being of those who become unemployed and to help those in later years maintain mental health

1.3.3 Key findings for Chapter 5 – long term conditions

Work on improving clinical outcomes for heart failure and stroke is described. Priorities identified from the national diabetes strategy are listed. Chronic obstructive pulmonary disease (COPD) prevalence is underreported and new NICE guidelines will need to be adopted in all practices to improve case management. Those long term conditions that are significantly above the England average are listed in the locality priorities. For Bracknell Forest asthma was the only condition with a prevalence rate above the England average.

1.3.4 Key findings for Chapter 6 – elective and emergency admissions

The top ten emergency admissions have been tracked over the last three years and have shaped annual priorities. Disease specific admissions can be found in the previous chapters.

Work on improving clinical outcomes for heart failure and atrial fibrillation has dominated the GP consortia work streams in 2009/10. Action to improve diabetes outcomes is described in the national diabetes audit.

Paediatric admissions are listed this year and opportunities exist to reduce these linked to pathway improvements for children, the Marmot report and the Healthy Child Programme.

1.3.5 Key findings for Chapter 7 – Marmot theme A, children

Over a third of children are living in poverty levels above the national benchmark in wards across Berkshire East (the higher the figure the greater the poverty level) and others have been identified with poverty levels above the Southeast regional level (14.9%). In the current financial climate this indicator provides a rapid view of changing need and should be used to monitor the priority areas for early intervention work as the Free School Meal Entitlement (FSME) indicator significantly underestimates need.

Improvements are required in maternity services to support vulnerable mothers using new NICE guidance and to continue to reduce smoking during pregnancy. Work on improving breastfeeding rates at 6-8 weeks is part of the Staying Healthy workstream. Specifically

- Ensuring the maternity and early years workforce capacity meets local needs and caseloads are reduced to national benchmark levels
- High risk expectant mothers have access to a dedicated midwife skilled in domestic abuse, substance misuse, migrant health and working with mothers under the age of 20 years - as outlined in NICE CG110 and the accompanying costing template
- Increase breast feeding peer education and Baby Friendly compliant providers.

- Improve smoking cessation in maternity by offering group approaches, telephone support and family programmes

The joint commissioning of the healthy child programme (0-4 and 5-19) is a priority to

- Ensure consistency of universal as well as targeted support to parents
- Monitor outcomes of the two year check
- Ensure immunisation coverage rates are achieved
- Improve coordination of local physical activity and healthy eating interventions linked to Change4life to ensure a reduction in childhood obesity and an increase in physical activity rates
- Ensure evidence based tobacco control programmes are in place to reduce the numbers of young people experimenting with tobacco
- Continue to commission sexual health drop in facilities to reduce teenage pregnancy and support young people to audit and support services to meet the You're Welcome standards
- Improve outcomes for attention deficit hyperactivity disorder (ADHD) and autistic spectrum patients

Rising levels of referrals into and initial assessments in social care in all three areas are in common with national rates. This is unsustainable and places unnecessary pressures on early years, social care and community nursing staff who wish to be freed up to deliver their core work). A pilot triage service is underway in Slough and learning from this will be shared. In Bracknell a recent OFSTED analysis of common assessment framework (CAF) reviews has identified this as good practice but more could be done to improve communication with maternity services (reflecting whole system workforce pressures).

Child and Adolescent Mental Health Services (CAMHS) and emotional health and well being services have received national acclaim. Despite this national acclaim CAMHS services at tier 2 are under threat from the reduction in the area based grant and reducing GP referrals remains challenging. Reducing the backlog of young people on attention deficit hyperactivity disorder (ADHD) medication is a priority to reduce waiting lists. In the Slough model CAMHS services at tier 2 will remain in place through direct purchasing from schools and this model of funding should be promoted.

Progress towards reducing teenage pregnancy has been effective to date but will be strengthened in future through links with sexual health drop in services. Funding threats due to loss of the area based grant at the end of March may need to be addressed through the awaited health premium.

The indicator NI70 (unintentional injury) has been analysed and found to be dominated by respiratory conditions, which say more about how seasonal trends in infections in winter and summer drive increased attendance at Accident and Emergency. Previously this had been thought to reflect safeguarding need and was of concern to the three local safeguarding boards

Analysis of speech and language services show a fall in use as these services are increasingly being commissioned directly by local authorities to support speaking and listening development through children's centres and schools. Joint commissioning of all children's services is required to understand the economies of scale and deliver the early years improvements that Marmot notes are so critical for well being in later life

1.3.6 Key findings for Chapter 8 – Marmot theme B, maximising capabilities

The educational gaps identified in the early years and for a range of vulnerable groups are identified. The gap in performance for special educational needs (SEN) children and their peers was amongst the smallest in all three localities; monitoring rates of persistent absentees from school is important as they are at increased risk of becoming looked after or entry into the criminal justice system

The readiness for school indicator is marked by the early years foundation stage indicator which shows a gap between children eligible for free schools meals and the remainder (the narrower the gap the better). Performance in Bracknell Forest for this indicator was in the best 5% at 28.6%

In Bracknell Forest at KS2 English and Maths the gap between Special Educational Needs pupils and the remainder was in the worst 10% at 55.6%. For GCSE for five or more A*-C it was average both for FSME pupils and their peers. For BME groups very small variations were recorded.

Childhood autism was extensively analysed in the 2009 JSNA. A brief summary of the future growth in *adults with autism* is reported as a section as this is now legally required as part of the JSNA.

Safeguarding adults reports from each of the three areas show that financial abuse remains the highest category predominantly for older people with dementia and the emerging Berkshire East strategy should address this.

Very little can be reported regarding personalisation as localities in Berkshire East have undertaken pilots with very small numbers. Diversity of individual requests for support mean that these will need to be tracked over time to establish trends.

1.3.7 Key findings for Chapter 9 – Marmot theme C, fair employment

The results of the Berkshire Economic review (2010) highlights the rise in Job Seekers Allowance claimants by 117% in the year to June 2010 which indicates that the recession hit Berkshire more than the rest of the Southeast (which averaged a rise of 81%) and the rest of the UK (63%). In that report continuing issues remain;

the numbers of young people not in education training or employment (NEET) and youth unemployment. NEET are monitored through Job Centre Plus and the Connexions service; which has been reduced due to area based grant reductions e.g. a drop-in centre in Maidenhead for young people will close and services will be targeted at the most vulnerable rather than Connexions workers being available to all.

The employment of young people across Berkshire East and the numbers of young people not in education, employment or training in Bracknell Forest remain a priority. Interventions to get young offenders into employment have been successful compared to peer areas. However, good practice in developing voluntary schemes need to be strengthened to enable young people to gain skills for entry to the workplace.

Examples of work to help those with mental health problems get back into work are shown and include a progress report on the Increasing Access to Psychological Therapies (IAPT) service now operating across Berkshire East. Evidence based priorities for commissioning include; improving readiness to work. Improving access to psychological therapies is an example of such a programme and is backed by NICE guidance – it is a significant component of the Staying Healthy work stream and is beginning to show an impact for individuals and the social care sector. The service is not yet accessible by all as a telephone interview of 40 minutes to an hour requires an advocate according to local general practitioners. The roll out of the service to the areas of greatest need has been dependent on training enough counsellors. In addition an active market for counselling exists in some areas and therefore not all GPs use the service. Self referral is now being tested

- 711 (14%) patients have entered therapy against an annual target of 4,892
- In 2010/11 financial quarter 1 (Q1) the recovery rate for the service was 54% (national target is 50%).
- 25 patients have come off statutory sick pay and benefits against an annual target of 93 (27%).
- The service provides a tailored Cognitive Behavioural Therapy (CBT) program to patients with COPD who are attending Pulmonary Rehabilitation.

A key recommendation of this needs assessment is to extend the IAPT service to young people and to follow up; job retention, progress in the labour market, the net effect of income and specific health outcomes which have not been a priority for research to date.

The No City Left Behind report (Work Foundation 2010) shows how Bracknell and Reading are best placed in the Southeast to recover from the recession due to the mix of industries, the lack of dependency on public sector jobs and the knowledge economy of the population. This section highlights how the private sector will need to grow to compensate for the public sector losses which will impact on the available

spend on housing, food, entertainment in their local areas. These are described as the induced effects of recession whereas the indirect effects are the impacts on services that used to be commissioned by the public sector and the direct effects are the public sector job losses.

1.3.8 Key findings for Chapter 10 – Marmot theme D, healthy standard of living

The labour survey data which is available on a monthly basis at ward level is the most up to date indicator of changing need for targeting services. The 2007 health and disability data called the Index of Multiple Deprivation has not been updated in recent years and may not reflect current circumstances.

A new report on the impact of fuel prices on fuel poverty shows that providing grants addresses only 1% of need. There is also news that grants for home insulation and heating improvements via Warm Front will be reduced by a third in 2012. The report suggests valuable alternative public health strategies.

1.3.9 Key findings for Chapter 11 – Marmot theme E, sustainable places and communities

Increasing access to green places is associated with improved health and well being. Reward schemes trialled by Natural England with local businesses are showing improved outcomes in terms of increased activity levels within populations.

Bracknell has a priority for air quality improvements, work with planning and environmental health teams to evaluate the impact of this work is a priority.

Serious crime rates have been mapped as have domestic abuse rates, which together with sexual abuse remain priorities for all three localities.

Local evaluations of a range of life course interventions to reduce crime are shown in this chapter. Some have a strong evidence base and should be considered as contributing to the life course recommendations made in the Royal College of Psychiatrists on improving public mental health.

1.3.10 Key findings for Chapter 12 – Marmot theme F, ill health prevention

A range of screening priorities are reported for each of the antenatal, newborn, adult screening programmes. New quality standards will be introduced in April 2011 and outcomes of referrals will be monitored. Priorities include

- All women can access the antenatal screening programmes to identify blood disorders and fetal anomalies early in the pregnancy
- All antenatal and newborn, adult and cancer screening programmes will be monitored in accordance with new QA requirements from April 2011.

- Cancer screening uptake and outcomes differ in each locality and ensuring equity of access to breast screening for older women (as well as the extension for younger women) will be important
- Improving registrations of diabetes patients is a priority to ensure access to diabetic retinopathy screening
- Immunisations that are below national cover rates include Measles, Mumps, Rubella 2nd Dose (MMR2) and Diphtheria, Tetanus and Pertussis (DTP)

A range of dental access and oral health priorities for tackling health inequalities are described. A social marketing campaign will be launched across the area to reduce the use of emergency access especially among children.

Specific recommendations for improving tobacco control and reducing the harm of alcohol are described

1.3.11 Key findings for Chapter 13 – Marmot theme G, health protection

Improvements in Chlamydia screening are linked to work with sexual health teams across the area.

The underreporting of sexual health data must be resolved to ensure that joint delivery and planning can be improved

1.3.12 Additional recommendations for improving health outcomes

- Increase recovery and employment rates from the IAPT programme - for people with long term conditions and for young people who are not in education, training or employment
- Reduce risk factors for entry into the criminal justice system and domestic abuse
- Reduce adult obesity and increase physical activity through the Lets Get Moving programme
- Develop motivational interviewing and brief alcohol advice for staff delivering the HealthCheck programme
- Improve the percentage of people in whom Hba1C is controlled (a measure of diabetes control) as this outcome is in the lowest quartile in the UK.
- Develop a first language expert patient programme for diabetes which can be rolled out across Berkshire East to address new entrant needs. Four practices in Slough and one practice in Bracknell Forest have the highest volume of registrations and are a priority for the development of expert patient programmes for South Asians

- Improve tobacco control in line with the Audit Commission recommendations (2010) and the Smoke Free Futures national policy. i.e. stopping the inflow of young smokers, improving smoking cessation (within the lowest quartile nationally – World Class Commissioning panel report 2010) and promoting smoke free homes
- Infant mortality remains above the Southeast rate but is not statistically significant. The Marmot report notes that a quarter of infant deaths could be saved by addressing the causes of low birth weight
- Domestic violence rates remain the highest in Berkshire. Risk factors include controlling behaviour, mental health problems, alcohol and substance misuse. A range of evidence based mental health interventions have been identified under the mental health theme Bracknell Forest has also worked on bullying in particular cyber bullying.
- Vitamin D levels have been monitored since 2007. A population based approach has been agreed with the prescribing committee and increasing awareness of how to store enough vitamin D during the summer months and how to access over the counter vitamin D supplements in the otherwise well general population remains a priority. On average 1,000 tests are being performed each year and agreement has been made to stop unnecessary testing and refer non pregnant adults to collect over the counter treatments. In 2010 care pathways have been agreed for children and expectant mothers from high risk groups. High risk groups are defined as people with melanin rich skin from the following origins; South Asian, African, Caribbean, Middle Eastern. These groups (if they wear clothing which prevents skin exposure to sunlight in the summer months) will not build up sufficient body stores to last through the winter months

1.4 Monitoring Marmot theme A – Give every child the best start in life

The Marmot strategic review of health inequalities (Department of Health 2009) placed emphasis on evidence of association between prenatal and early years experiences and long term health and wellbeing. The report makes a strong case for intensive investment to reduce the social gradient in access to positive early childhood experience in its priority objectives;

- To reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills.
- To ensure high quality maternity services, parenting programmes, childcare and early years education - to meet need across the social gradient.
- To build the resilience and well-being of young children across the social gradient

The outcomes Marmot suggests should be monitored are:

- Improved birth outcomes (e.g. mother's age, gestational age, birth weight and infant death)
- Aspirational targets for child development
- Improvement in the cognitive, linguistic, emotional, behavioural and physical outcomes for children aged 2–3 across the gradient
- Readiness for school at five years (e.g. physical, emotional, behavioural and cognitive)
- Added value of school at seven years (e.g. physical, emotional, behavioural and cognitive)

Birth outcomes are reported nationally and locally via a range of NHS providers. Early years providers monitor child development and the 2 year check has been piloted in Slough children's centres. This needs to be fully commissioned across the area.

School readiness is monitored by the early years foundation stage results and schools monitor added value indicators.

1.5 Monitoring Theme B – enabling all children, young people and adults to maximise their capabilities

Marmot stressed the importance of improving lifelong learning across the social gradient. The settings and delivery mechanisms likely to support this include;

- Schools offering full service models – all three localities have >85% in place.
- Extended Personal Social Health & Economic education (PSHE) to include leisure and cultural activity – PSHE certification for teachers has been allied to the healthy schools programme and will be affected by the withdrawal of the area based grant unless a commitment is made by schools to sustain this through their schools premium
- Work experience and apprenticeships across the gradient

The outcome measures listed in theme B include:

- Reductions in truancy and in school gradients
- Educational attainment, social and emotional development and physical and mental health at 7, 11, 13 & 15 years
- Reduction in numbers not in employment, education or training at ages under 19 and 19–21
- Increase in skills across the life course (e.g. educational and vocational attainment, subjective assessments of life skills and adult education)
- Increased community participation rates
- Reduction in mental health, problem drug use, offending and antisocial behaviour rates

The educational attainment levels for vulnerable groups as well as universal results for each locality are summarised on Oneplace (December 2009). Individual locality reports show more detail and the latest results are due imminently. Connexions data has been the source of not in education training or employment (NEET) information to date. Local Drug and alcohol agencies report to the National Drug Treatment Agency regarding the numbers of problem drug users and antisocial behaviour data is collected by Thames Valley Police. Mental health data is obtained from national surveys and locally via a range of agencies commissioned by the local authorities and the PCT.

1.6 Monitoring Theme C – Fair employment and good work for all

Chapter nine summarises a range of local projects for monitoring outcomes.

For theme C the outcome indicators listed in Marmot include:

- Psychosocial outcomes (e.g. sickness absence, stress at work, stress-control imbalance). Opportunities for progression (e.g. upward occupational mobility)
- Equality monitoring framework indicators
- Employee health outcomes
- Change in employment rates before and after the statutory pensionable age.
- Reduction in the numbers of those affected in the poverty trap and other benefit-related cliff edges

The Berkshire Observatory produces monthly reports of employment trends.

The Directorate of Work and Pensions produce child poverty data at ward level and NOMIS reports the full range of claimant types at ward level.

1.7 Monitoring Theme D – Ensure a healthy standard of living for all

Chapter 10 focuses on tackling educational opportunities to enable vulnerable people to attain qualifications and work opportunities. Ward counts in Bracknell indicate that for disability claimants Hanworth and Harmons Water now top traditionally deprived wards such as Old Bracknell, Wildridings and Central and Priestwood and Garth.

Marmot recommends the following outcomes for Theme D

- Reduction in adverse health outcomes attributable to living on low incomes
- Changes in benefit structures
- Reduced levels of unemployment and economic inactivity
- Reduced adverse health outcomes associated with unemployment, insecure work or attributable to living on low incomes

NOMIS data is the most up to date summary of benefits claimants in a local area

Employment data is found in monthly reports by the Berkshire Observatory

1.8 Monitoring Theme E – Create and develop healthy sustainable places and communities

Chapter 11 focuses on recommendations for consideration in local sustainable community plans

Marmot recommends the following outcomes for Theme E:

- Improved fitness levels across the social gradient.
- Reduction in car travel
- Health benefits associated with healthy eating across the social gradient
- Fuel poverty outcomes. Carbon footprints
- Reduced gradients in ill health associated with social isolation and adverse impacts of travel e.g. pollution, and accidents.
- Improved well-being of local residents affected by regeneration.
- Reduced gradients in ill health associated with social isolation and area deprivation

Annual school and sport survey data is available by year group on the Department for Education website.

Car travel is reported through travel plans in each local authority.

Fuel poverty and accident outcomes are reported as part of existing national indicators New national measures are awaited from the national review of outcomes.

1.9 Monitoring Theme F – Strengthen the role and impact of ill health prevention

Chapter 12 describes the findings for this theme for which the following outcomes are cited in Marmot::

- Improved disease specific outcomes (incidence, prevalence, mortality).
- Reduction in preventable and avoidable death and disability
- Reduction in adverse health outcomes of problem drug use and the social and economic cost of drug-related crime
- Reduction in preventable and avoidable death and disability across the social gradient.
- Reduction in levels of obesity and diseases associated with obesity across the social gradient

Sources of data include the core dataset as well as the Health Protection Agency (HPA), the Department for Education, the National Drug Treatment Agency, local smoking cessation provider data, tobacco and alcohol profiles.

1.10 Funding the changes

Reliance on allocations and the as yet undefined health premium will not be sufficient to manage in a negative funding environment. Outline strategic quality, innovation, productivity and prevention (QIPP) plans are in place to reduce acute care costs through improved action on care pathways, reductions in unnecessary prescribing costs etc. Detailed quality, innovation, productivity and prevention (QIPP) programmes need to be developed over the next quarter.

The current budget for NHS Berkshire East (NHSBE) is £500m, the vast majority of which is spent in secondary and tertiary care which GP consortia will now manage in shadow form. In addition management cost reductions required by government are being absorbed in all sectors and will be confirmed following the comprehensive spending review.

A number of funding streams have ceased in year in local authorities and this has placed pressure to redesign services to deliver those functions in other ways as many were early intervention work streams.

The Transforming Community Services (TCS) planned merger in Berkshire of Berkshire Mental Health Care Trust, Berkshire West and Berkshire East community health services provides an opportunity to rationalize services and refocus them on the priorities. The combined value of that merger is £90m and it will be subject to Monitor approval.

1.11 References

Detailed references are also shown in each chapter for each Marmot theme

Autistic Society (2010). Autism Act (2009) and adult autism strategy available at <http://www.autism.org.uk/autismact2009>

Berkshire East (2009) JSNA available at www.berkshireeast-pct.nhs.uk/links.asp?fldID=427&fldSubAreaNum=1

Berkshire Economic Observatory commentary (October 2010) available at <http://www.berkshireobservatory.org/Berkshire-Economic-Commentary/Berkshire-Economic-Commentary-2010/October-2010/>

Department of Education (2010). The Munro report of child protection; part one a systems analysis available at <http://www.education.gov.uk/munroreview/downloads/TheMunroReviewofChildProtection-Part%20one.pdf>

Department of Health White Paper 'Equity and Excellence' (2010) available at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

Direct Government (2010). Common Performance Assessment Statistics for each local authority available at <http://oneplace.audit-commission.gov.uk/Pages/default.aspx>

Health protection Agency (HPA) available at <http://www.hpa.org.uk/>

Kennedy I. (2010) Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119445

Marmot (2010) Fairer Lives Fairer Society - Strategic Review of Health Inequalities in England post 2010 available at www.marmotreview.org

National Drug Treatment Agency via <http://www.nta.nhs.uk/>

NHS Berkshire East (NHSBE) Core Dataset – see Appendix 3

NOMIS (2010) Labour market statistics available at www.nomisweb.org.uk

Royal College of Psychiatrists (2010). No health without public mental health, the case for action. Position statement PS4/2010 available at <http://www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf>

Shelter (2010) Housing league tables available at http://localhousingwatch.org.uk/all_the_housing_data.php

SEPHO (2010) Drug and alcohol profiles, Health Profiles and Tobacco Profiles available via www.sepho.org.uk

The Work Foundation (2010). No city left behind available at <http://www.theworkfoundation.com/research/publications/publicationdetail.aspx?oltemId=256>

The Fuel Poverty Advisory Group (June 2010). Eighth annual report available at http://www.decc.gov.uk/en/content/cms/what_we_do/consumers/fuel_poverty/fpag/fpag.aspx

World Class Commissioning panel report 2010 – available from NHS Berkshire East

2 Appendices

2.1 Appendix 1 – Governance structure

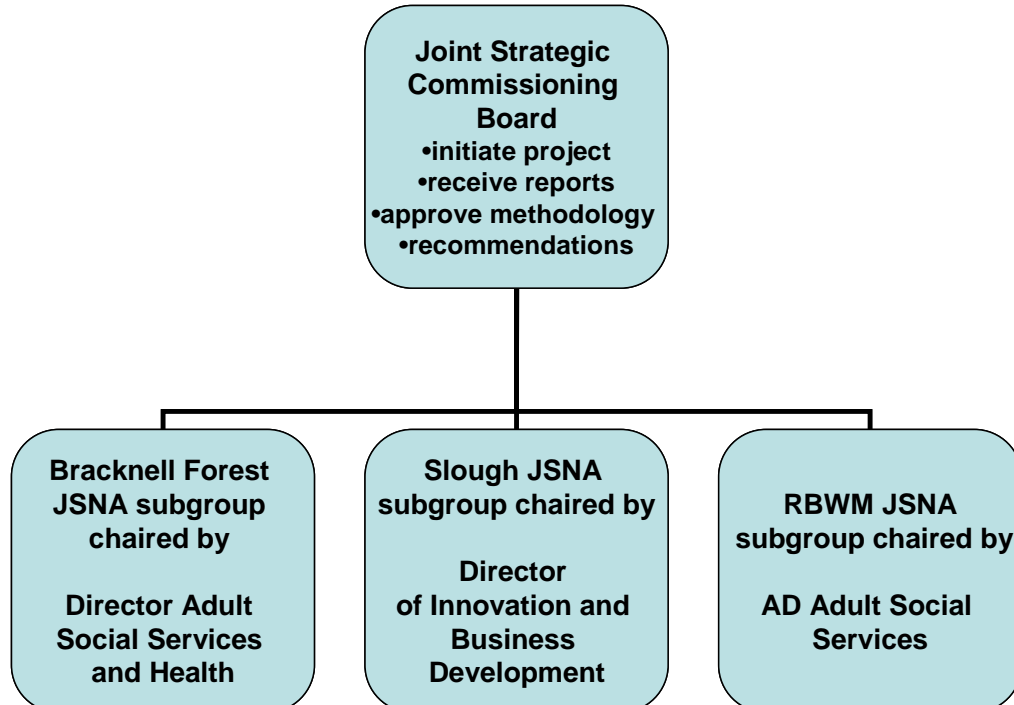
Reporting structure across the three Berkshire East localities

Research into the Marmot report, determinants of health, indicators and outcomes was led by Assistant Director of Public Health, supported by the PCT information team. The outline report structure was disseminated to all three groups at the start of the project

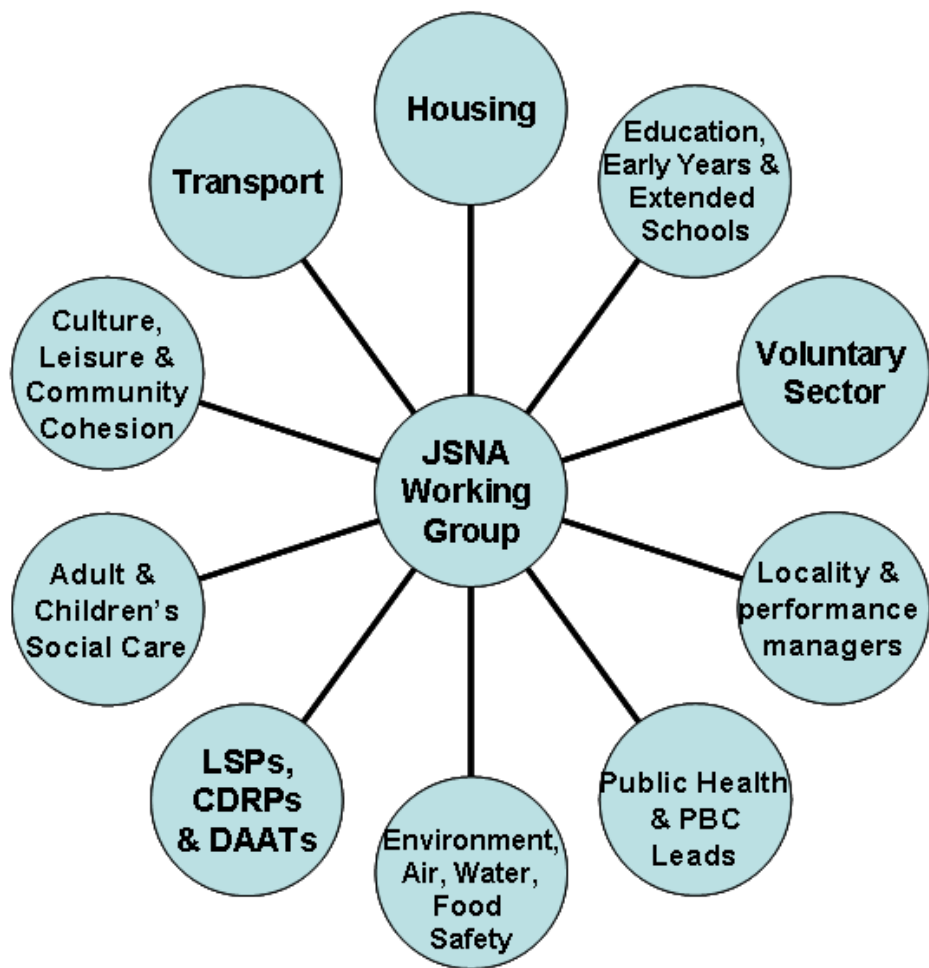
Locality lead officers were appointed to coordinate all data and reports centrally from the chapter leads in each locality. Chapter leads were selected for each Marmot theme.

Public health led the data collection in chapters three and nine and oversaw the structure of the whole document. The content of the remaining chapters was developed through iterative reports from the working groups.

Methodology and content was agreed with JSNA subgroups, supported by information analysts in the PCT and in all three localities



The typical JSNA subgroup structure involves members across a wide range of divisions from the local authority and the primary care trust. The figure overleaf illustrates typical sector representation.



2.2 Appendix 2 – 2010 Health profiles for Bracknell Forest

Health Profile 2010

Bracknell Forest

updated 28 July 2010

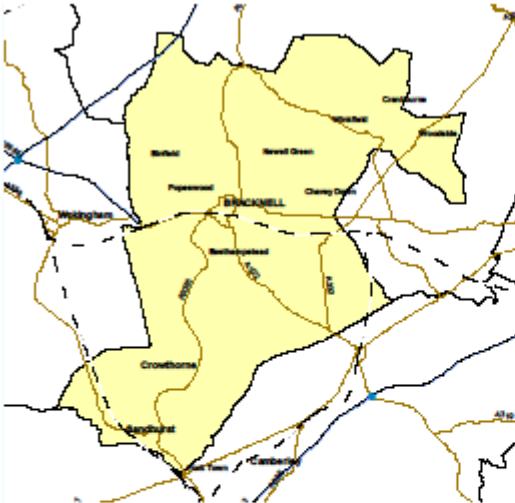
This profile gives a picture of health in this area. It is designed to help local government and health services improve people's health and reduce health inequalities.

Health Profiles are produced every year by the Association of Public Health Observatories.

Visit the Health Profiles website to:




- see profiles for other areas
- use interactive maps
- find more detailed information

www.healthprofiles.info



Based on Ordnance Survey material. © Crown Copyright. All rights reserved. DH 100020290 2010. Other map data © Collins Bartholomew.

Population 114,700
Mid-2008 population estimate
Source: National Statistics website: www.statistics.gov.uk



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Bracknell Forest at a glance

- The health of people in Bracknell Forest is generally similar to the England average. Deprivation levels are low and life expectancy is high.
- There are health inequalities between areas within Bracknell Forest. Life expectancy for men from the most deprived areas is over 4 years lower than for those from the least deprived areas.
- Over the last 10 years the death rate from all causes and the early death rate from heart disease and stroke have fallen and are below the average for England. The early death rate from cancer has also fallen but remains similar to the England average.
- The percentage of children who spend at least 3 hours each week on school sport is low compared to the England average. The teenage pregnancy rate is better than average. Over 2,500 children in Bracknell Forest are living in low income households.
- While the rate of hospital stays for alcohol related harm is lower than the England average, there were over 1,300 hospital stays in 2008/09. There are over 110 smoking related deaths in Bracknell Forest each year.
- Local priorities include: crime, road injuries and deaths, deaths from all causes, smoking, physical activity in children, child obesity, fuel poverty, help for people not in education or employment and helping those with long term conditions achieve independent living.
- Further details about health in this area are available in the Joint Strategic Needs Assessment which can be found at www.berkshireeast-pct.nhs.uk

2.3 Appendix 3 – Core data set

To be made available separately. due to the size of the dataset

2.4 Appendix 4 – PCT expenditure per 100,000 population across all programmes with cluster, regional and national data for comparison, 2008/09

Programme Budgeting Category		Berkshire East PCT	Cluster average	Host SHA average	National Average
01	Infectious Diseases	1,960,964	2,138,097	1,620,532	2,345,644
02	Cancers and Tumours	7,093,069	9,051,082	8,050,476	9,454,913
03	Disorders of Blood	1,865,815	1,855,924	2,040,100	1,950,212
04	Endocrine, Nutritional and Metabolic	4,228,783	4,393,004	3,806,822	4,338,387
05	Mental Health Disorders	19,169,275	20,135,482	17,778,775	19,120,974
06	Problems of Learning Disability	7,087,122	5,515,332	5,986,825	5,611,091
07	Neurological	7,396,059	7,016,117	6,923,758	6,764,049
08	Problems of Vision	2,815,819	3,225,275	3,242,748	3,295,434
09	Problems of Hearing	761,193	866,593	705,465	815,757
10	Problems of Circulation	11,425,327	13,273,764	11,824,456	12,993,584
11	Problems of the Respiratory System	6,086,570	8,296,346	6,940,320	7,796,769
12	Dental Problems	5,724,706	6,398,425	6,006,867	6,243,572
13	Problems of Gastro Intestinal System	7,021,707	7,769,909	6,976,783	7,788,606
14	Problems of the Skin	3,137,245	3,485,083	3,114,606	3,234,375
15	Problems of Musculo Skeletal System	6,966,104	7,624,385	8,508,360	7,967,578
16	Problems due to Trauma and Injuries	5,684,565	5,908,899	6,241,311	6,354,135
17	Problems of Genito Urinary System	8,545,877	7,461,684	7,802,362	7,377,513
18	Maternity and Reproductive Health	6,865,008	6,296,424	5,589,460	6,044,223
19	Conditions of Neonates	2,039,759	1,776,482	2,152,971	1,722,642
20	Adverse effects and poisoning	1,449,537	1,789,460	1,743,452	1,831,307
21	Healthy Individuals	2,252,358	3,926,949	3,007,013	3,573,795
22	Social Care Needs	2,645,740	3,666,542	4,002,136	3,658,443
23	Other	25,964,408	21,987,285	27,088,910	22,770,618

Source: Department of Health, 2008/09

NB The above programme budget costs are derived from secondary and tertiary care costs – outpatient costs are not included as specialities are not recorded.

2.5 Appendix 5 – NHS Berkshire East Health and Well-being priorities

Clinical outcomes and patient education
<ul style="list-style-type: none"> • Continue to drive improvements in cardiovascular and stroke care pathways • Implement recommendations in the National Diabetes audit including improving coverage of diabetic retinopathy screening • Jointly recommission maternity and children’s services to meet demand and ensure standards set in Maternity Matters and the Healthy Child Programme are met • Extend acute stroke care improvements to develop community care improvements • Implement quality improvements in smoking cessation and support tobacco control priorities • Improve reporting of sexual health outcomes including Chlamydia screening
Cost effectiveness
<ul style="list-style-type: none"> • Use the Royal College of Psychiatrists, 2010 public mental health guidance to commission cost effective life course interventions. • Commission a clinical guideline 110 (CG110) compliant maternity service for vulnerable mothers
Morbidity
<ul style="list-style-type: none"> • Reduce Cardiovascular Disease admission rates overall and from the most deprived areas • Ageing population and impact on long term conditions • Reduce emergency dental access through an oral health strategy
Mortality
<ul style="list-style-type: none"> • All age, all cause mortality • Cardiovascular Disease mortality in under 75 years
Statutory/national policy/vital signs
<ul style="list-style-type: none"> • Use the Royal College of Psychiatrists, 2010 public mental health

guidance to commission cost effective life course interventions.

- Commission a clinical guideline 110 (CG110) compliant maternity service for vulnerable mothers

Fit with Marmot, PCT strategic plan and local community priorities

- Implement all four strategic work streams and quality, innovation, productivity and prevention (QIPP) plans
- Work with local crime reduction teams to commission life course early interventions to reduce child protection, health, education, social care and criminal justice system costs e.g. Family Nurse Partnership, Family Intervention projects, domestic abuse services and violent crime prevention
- Develop a public mental health strategy as defined by the Royal College of Psychiatrists, 2010
- Improve joint recommissioning of children's services to address the need for early intervention programmes which are under threat due to area based grant loss, improve standards and optimise workforce capacity
- Implement a bone health strategy to reduce falls and fractures