

**Berkshire East**  
Primary Care Trust



## Public Health Working Group

### Annual Report 2007-2008



## PUBLIC HEALTH WORKING GROUP - ANNUAL REPORT

### 1 INTRODUCTION

- 1.1 The need for developing closer working between all agencies involved in the Public Health agenda was identified at a joint Primary Care Trust/Bracknell Forest Borough Council (BFBC/PCT) conference held on 18 November 2005 in Bracknell Sports Centre. The conference looked at the local issues relating to the Public Health Agenda in its widest sense. Regard was given to some key definitions to help with the wider understanding and to ensure that all recognised that health goes far wider than the illness perspective.

"Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."  
(World Health Organisation 1948)

"Public Health is the science and art of preventing disease, prolonging life and promoting health through organised efforts of society."  
(Sir Donald Acheson)

- 1.2 It was recognised through the discussion that many organisations, agencies and individuals have a key role when it came to ensuring a healthy population. The Public Health Working Group was set up in response to the work undertaken and the outcomes arising from that day.

### 2 LOOKING BACK

- 2.1 **The first meeting of the Working Group took place on 10 October 2006. The Group has since met quarterly and has a core membership of key representatives of the PCT and BFBC. Others are invited according to need. The operation of the Group is set out in Appendix 2 of the report.**

- 2.2 The focus of activity so far has been to establish itself as an effective group, to draw out and to share information in order to develop better understanding. An early task was to undertake a comprehensive audit of current activity across both organisations in 5 topic areas in relation to schools, communities, primary care and the workplace as follows:

- 1 Tobacco
- 2 Physical Activity
- 3 Healthy Eating
- 4 Accidents
- 5 Stress

- 2.3 The audit information collected provide a baseline of key activity that provides a baseline upon which to effect better networking and promote wider understanding when it comes to establishing service work plans.

- 2.4 In addition the Group has received reports/presentations on the following:

- (a) Draft Obesity Prevention Strategy
- (b) Smoke-Free Bracknell Forest
- (c) Healthy Eating and Physical Activity Strategy
- (d) Indicators of Health Need

- (e) School Obesity Data
- (f) Planning and Transport Policy
- (g) Alcohol Harm Reduction Strategy
- (h) Children and Young People's Plan

2.5 The Group also ran a workshop involving both not only BFBC and the PCT, but also the voluntary sector and Members, and covered the following topics:

- (a) Scope of the public health agenda by considering national drivers and local priorities in relation to the Government White Paper "Choosing Health".
- (b) Identify vulnerable groups and areas of disadvantage in the community.
- (c) Identify activities, projects and programmes that contribute to public health in terms of health improvements, health protection and health services, building on the audit of current activities.
- (d) Inform the formulation of the public health group's programmed activities.

### **3 LOOKING FORWARD**

3.1 **The future work of the Public Health Working Group is set out in Appendix 3 (Public Health working Group – Workplan 2008-2009) and Annex 1 (Integrated Performance Management Exception Report).**

### **4 PUBLIC HEALTH HIGHLIGHTS**

4.1 **The work of the Public Health Working Group is measured against the priority issues of the health and wellbeing strategy. Outlined below are some key highlights of public health initiatives in the last 12 months.**

#### **Children and Young People**

4.2 The Council delivers in partnership the commitments in the children and young people's plan relating to the health of children and young people in particular settings. A priority for children and young people is to understand the benefits of healthy eating and physical activity. In addition healthy eating is a priority issue and a priority action is to ensure that school meals achieve national nutritional standards in partnership with the PCT. The school meals catering provided in the Borough has built an increase in the provision of healthy menu options.

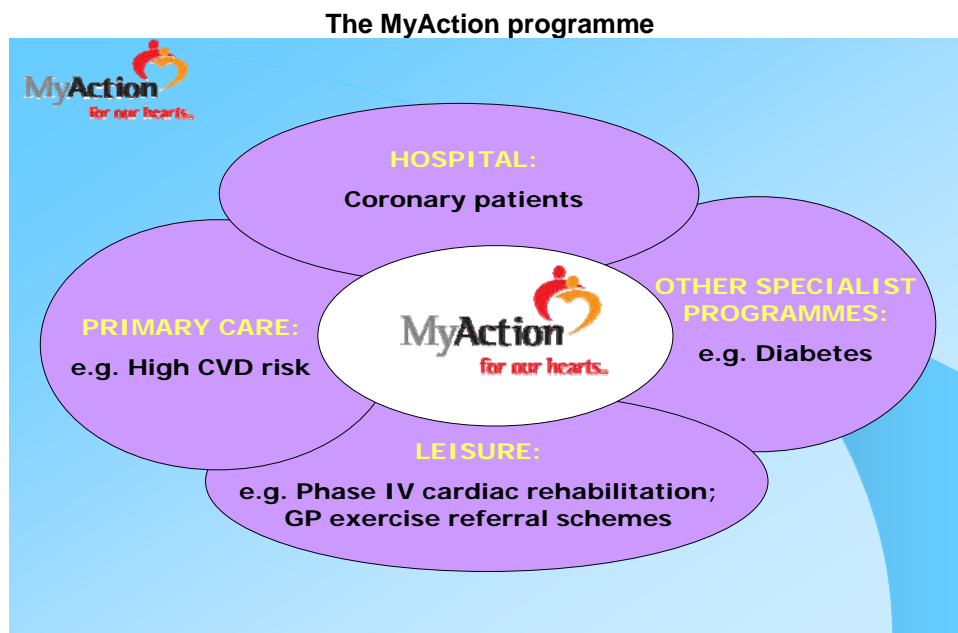
4.3 School meals catering is provided under a range of arrangements by schools in BFBC. 28 primary schools have signed up to the contract arranged by the Council through Caterhouse which commenced on 1 August 2006. The remaining 3 primary and all 6 secondary schools make their own arrangements with other contractors or with in house provision.

4.4 The Caterhouse contract was awarded at a time of change in the school meals market. New national nutritional guidelines were being introduced that had the effect of increasing costs and generally lowering demand which coupled with a shortage of interested contractors due to high risks and limited scope for profit making made for a difficult tendering exercise. As a result of these factors, the new contract awarded with Caterhouse was estimated to cost more than the previous contract.

- 4.5 Incentives have been built into the Caterhouse contract so that as meal take-up increases, and losses reduced on the contract, schools share in the improvement, with the possibility of over time moving from a net cost service to one that generates income to schools.
- 4.6 The projected number of meals to be sold in the first year of the contract was estimated to be 438,670 based on data supplied by the previous contractor. The final number sold was 444,592 which represents an increase of 1.3%. Considering the 14% increase in meal price and the introduction of more healthy meal menus, this is considered an excellent performance.
- 4.7 Feedback from schools during this first year of the contract indicates a higher level of satisfaction with Caterhouse compared to the previous contractor, with many favourable comments being made about the menu and quality of the food.

**5 OLDER PEOPLE**

- 5.1 As set out in section 6 of the Health and Wellbeing Strategy, the proportion of older people is set to increase in the Borough. One of the older people's commissioning strategy priorities is to improve the prevention and early intervention for improved health, independence and wellbeing. Arising from the priority action is the plan to establish MyAction programme in Berkshire East.



**Background**

- 5.2 The purpose of the MyAction programme is to reduce risk factors for cardiac disease, atherosclerosis, stroke and diabetes. Patients with angina (stable or unstable) or Joint British Societies (JBS2) total risk scores >20% over 10 years will receive support from a multidisciplinary team based at Coopers Hill. Referrals to the programme will be via the rapid access chest pain clinic at Wexham and via local GPs. A complex scoring scheme based on the bid criteria has been used to identify the target practices which serve the most deprived areas where life expectancy is lower than the mean for Bracknell Forest as a whole.

## **The service**

- 5.3 The establishment of this service is a key priority for the PCT and BFBC. The quality assurance during the start-up phase will be provided by Bromley MyTime and the Imperial research team. During this phase the service will contribute to the research programme at Imperial headed by Professor Wood.
- 5.4 Blood pressure, lipids and glucose levels will be monitored when clients and their partners attend the 8-12 week programme. The client's partner or family will also be recruited to the programme as it is common to find that they share the same lifestyle risks.
- 5.5 Couples or families will work with the team to negotiate their own achievable goals based on their wishes and an in-depth analysis of their risk factors. Specific goals for healthy eating and physical activity will be set and once the couples reach their targets they will be referred on to existing provision (Activate or other physical activity or weight management programmes) operating within the Borough.
- 5.6 The multidisciplinary team will include a specialist cardiac nurse manager (who will have a key prescribing role), a leisure lead, a dietician and a dedicated administrator. They will liaise closely with the GP lead for cardiology in the area and with the cardiologists at Wexham Park.

## **Results from the Euroaction pilot which this programme aims to replicate:**

- Control of central obesity
- Blood pressure and blood lipid control
- Blood glucose control in patients with diabetes
- Optimum use of a range of therapies
- An integrated cardiology and diabetes service sited within the community
- Support for smoking cessation and alcohol harm reduction

## **The future**

- 5.7 Subject to the same outcomes being achieved as in the Euroaction programme, it is expected that the service will be a key priority for practice-based commissioning and will form an integral part of the Right Care Right Place provision in Bracknell Forest. For further information about the programme go to:

[www.berkshireeast-pct.nhs.uk](http://www.berkshireeast-pct.nhs.uk)  
[www.bracknell-forest.gov.uk](http://www.bracknell-forest.gov.uk)

Dr Angela Snowling  
Consultant in Public Health  
Berkshire East Primary Care Trust  
11 April 2008

## **6 HEALTHY EATING**

- 6.1 As set out in the health and wellbeing strategy, poor diet is a significant factor in the development of a number of diseases including coronary heart disease, diabetes and some cancers. To promote education and awareness around the health benefits of good

nutrition and diet in the Borough's food establishments, the catering for health award was developed by the PCT and BFBC.

- 6.2 During the year more than 35 caterers from across Bracknell Forest were presented with safe food and catering for health awards. Seven caterers won gold awards in the Berkshire Safe Food Awards in October 2007 at a ceremony held at South Hill Park Arts Centre organised by the Council's environmental health team. Ten caterers were awarded silver and 22 bronze.
- 6.3 There were 4 caterers who also won the Catering for Health Award. The awards are open to any catering business in Berkshire including restaurants, takeaways, canteens, schools, pubs, sandwich shops and mobile caterers. Bracknell Forest's winners were assessed by the Council's environmental health officers during routine inspections without any advance warning.
- 6.4 They were assessed under categories of food hygiene training, their food safety systems, confidence in management and adequacy of their food handling practices and facilities. The Catering for Health Award is assessed jointly with the PCT and recognises healthy menu choices.
- 6.5 All winners are encouraged to display their certificates in prominent customer view. The awards remain valid until the premises' next routine inspection - in most cases this is between 18 months and 2 years. However, if standards are found to have fallen, the award can be withdrawn.

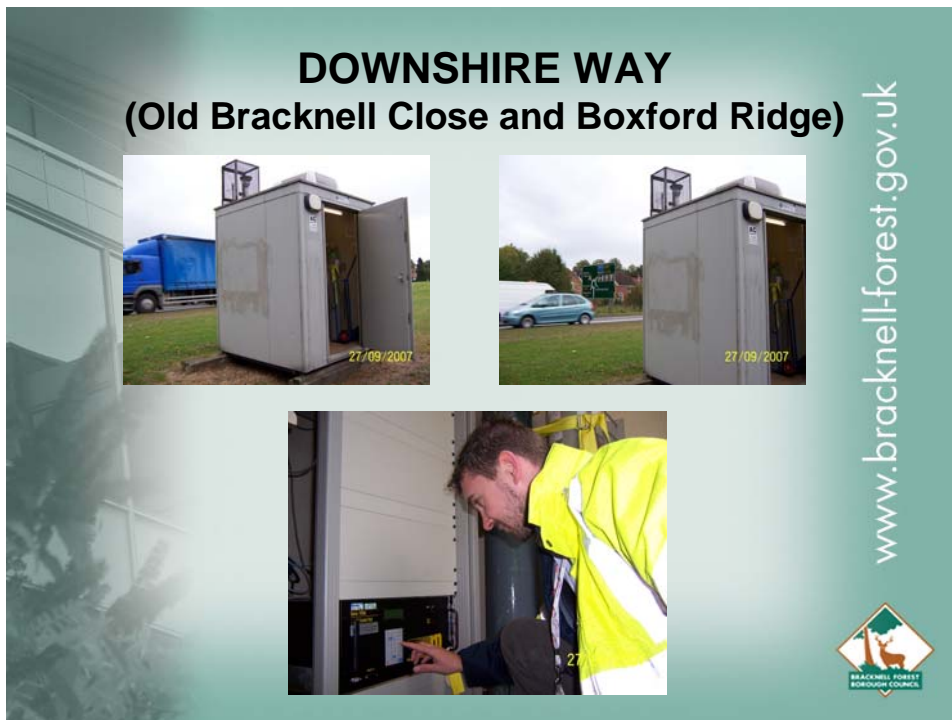


## **7 ENVIRONMENT**

- 7.1 The UK Government published its strategic policy framework for air quality management in 1995, establishing national strategies and policies on air quality which culminated in the Environment Act 1995. The air quality strategy provides a framework for local air quality control through air quality management and air quality standards. The air quality

data is used to inform the Council's policies in relation to its Local Transport Plan. By way of example, the data has informed the impact on air quality in relation to the RAF Staff College redevelopment, Peacock Farm and the town centre regeneration.

- 7.2 The Council collects comprehensive air quality data on the Borough from air quality stations, lamppost monitors and diffusion tubes at specific locations throughout the Borough. Every 3 years, the Council is required to carry out an air quality review and assessment of air quality in its area. The last review was carried out in April 2006 and concluded that the Council is not required to carry out a detailed review and assessment for carbon monoxide, benzene, I, B butadiene, lead, PM<sub>10</sub> or sulphur dioxide. The review required Bracknell Forest Borough Council to carry out monitoring for nitrogen dioxide.
- 7.3 To monitor for nitrogen dioxide, the Council currently has 2 air quality continuous stations, one at Fox Hill School, urban background location, and the other off Downshire Way (Old Bracknell Close and Boxford Ridge). The Council has 2 lamppost monitors, one placed in Elizabeth Close to monitor Bagshot Road and another located at the roundabout junction between Binfield Road and Millennium Way in Bracknell. Bagshot Road/Downshire Way are the Borough's busiest transport routes. Binfield Road/Millennium Way is the transport route likely to be the preferred route for material to arrive for the regeneration of the town centre. In addition these stations are supported by a network of 77 nitrogen dioxide tubes distributed at 27 locations throughout the Borough.
- 7.4 The standard for nitrogen dioxide until 2010 is an annual mean concentration of 40ugm<sup>-3</sup>, and one-hour mean concentration 200ugm<sup>-3</sup> not to be exceeded more than 18 times per year. To monitor progress, the Council is required to submit an annual progress report to the Department for Environment, Food and Rural Affairs (DEFRA). Based on the 2006 air quality review, the 2007 report has concluded that the Council is not breaching the current air quality standards, but must continue to monitor for nitrogen dioxide. The 2007 data will be reviewed in 2008 and a conclusion drawn as to whether an air quality management area is thought to be needed.



## **8 PHYSICAL ACTIVITY**

- 8.1 The benefits of a physically active lifestyle include improved heart health, reduced cholesterol, reduced levels of stress, weight maintenance, improved self-esteem, prevention of osteoporosis and improved mental health. A priority action is to increase the levels of physical activity within the Borough through the promotion of physical activity initiatives, the layout, location and mix of uses in new development and through the maintenance of formal and informal recreational facilities. A campaign launched by the Council's Leisure Section during the year – Be 3x30 is one of the initiatives designed to meet this priority as set out in the health and wellbeing strategy.
- 8.2 This campaign is was launched to help Bracknell Forest residents to be active and get more out of life. “Be 3x30” is designed to encourage residents to take part in the nationally recommended amount of exercise – 30 minutes per day on at least 3 days per week.
- 8.3 Borough residents are already among the most active in the country – with 24% of adults taking part in the minimum recommended amount of moderate intensity sport and physical activity. The national average was 21%.
- 8.4 But the Council wants to help residents do a bit more and enjoy the health and wellbeing benefits it brings. These include:
- Better body shape and appearance
  - Better health – including a reduced risk of heart disease and some cancers
  - More energy
  - Improved sleep
  - Reduced stress and anxiety
  - Better concentration
  - A sense of achievement
  - Enjoyment – why not take part with family or friends
- 8.5 As long as participants raise their pulse rate, breathe a bit harder and raise a sweat, there are countless ways they can take exercise for 30 minutes on 3 days per week. The Borough Council's leisure facilities provide plenty of opportunities to exercise with swimming, aerobics, badminton, squash and 5-a-side soccer amongst the many activities on offer. However it is not just about going to the local sports centre. A kick-about at the recreation ground, a brisk walk round the ramblers route, mountain biking round the woods or a jog round the park are all excellent forms of exercise.
- 8.6 For residents who wish to lead an active and healthy lifestyle, there is always plenty to do at Bracknell Forest Borough Council's facilities at Bracknell Leisure Centre, Coral Reef Waterworld, Edgbarrow & Sandhurst Sports Centres, Downshire Golf Complex and The Look Out Discovery. For informal activity, the Countryside Service manages parks and open spaces across the Borough which are ideal for walking, jogging and cycling.
- 8.7 Cllr Iain McCracken, Executive Member for Leisure, Corporate Services and Public Protection, said: "This campaign is about encouraging residents to lead better and healthier lives. As we all start to think about the summer and enjoying lighter evenings, why not find out about how Be 3 x 30 can help you get the most out of life?"



## **9 TOBACCO**

- 9.1 A comprehensive ban on smoking in all enclosed public places and workplaces, including vehicles, came into effect on 1 July 2007. Through the Smokefree Berkshire Partnership and the BE PCT, Slough BC and Windsor & Maidenhead BC work was done to raise awareness of smokefree legislation and smoking cessation services to companies in East Berkshire.
- 9.2 BFBC worked hard to prepare all local employers about how to comply with smokefree legislation. This has also included comprehensive work internally to prepare the Council as an employer, building owner and enforcement agency.
- 9.3 Mailshots, a smokefree newsletter and smokefree roadshows throughout the Borough were used to inform and raise awareness amongst local businesses and the general public. There is extensive advice and information about the smokefree requirements on the Council's website at <http://www.bracknell-forest.gov.uk/smokefree>.
- 9.4 The Environmental Health's Commercial Team liaised with both the Licensing and Trading Standards Teams to achieve a consistent approach to enforcement of the smokefree legislation and ensure that it was in accordance with our existing enforcement policy. A week of roadshows was organised at prominent community venues around the Borough. All businesses were contacted in advance of the roadshows to advise that

officers would be on hand with PCT members to offer advice and information on compliance as well as information about smoking cessation services.

- 9.5 Before the legislation came into force on 1 July 2007, approximately 518 visits were carried out to premises to advise what the changes in legislation would mean for the businesses involved. The main issues revolved around the need to display signage. Officers gave out appropriate signage to businesses free of charge. Most businesses welcome the changes in legislation and were keen to comply. The type of business mostly affected were those in the leisure sector, eg: cafés and bars. Advice was offered on proposals for these venues to erect smoking shelters for use by patrons. This process continues to be part of the support for business through the involvement of environmental health in the planning process.

## **10 SUBSTANCE AND ALCOHOL MISUSE**

- 10.1 The Council works with the PCT to promote prevention and support initiatives including educational awareness of the harmful effects of substances and alcohol misuse. This includes work through the DATT and Healthy Schools initiatives. An initiative was established to alleviate the social consequences of substance and alcohol misuse is the New Hope Initiative.
- 10.2 Domestic violence affects one in 4 women and one in 6 men in their lifetime. At its extreme, domestic violence can result in murder with one woman every 3 days and 30 men a year being killed by a current or former partner. In Bracknell Forest, Police are called to an average of 130 domestic-related incidents every month. Christmas should be a time of festivities and joy, however for many families it can be a particularly difficult time, but in an abusive family it can be particularly worse with the added stresses of debit increase, stress and alcohol.
- 10.3 Nationally it is estimated that approximately 45% of perpetrators who assault their partners does so under the influence of alcohol<sup>1</sup>. Even though alcohol does not directly cause domestic violence, there is a definite relationship between the two. Alcohol can trigger arguments between partners and since arguments can trigger further drinking, a cycle of violence and alcohol misuse frequently characterises intimate partner violence.
- 10.4 Both the perpetrator and the survivor of domestic violence may use alcohol and drugs; however the reasons for using substances will vary. The perpetrator often uses alcohol as an excuse for their violence, however many perpetrators are sober when they are violent or do not drink at all. For survivors, substance use is often a way of surviving, or they may turn to alcohol as a symptom of post-traumatic stress and associated psychiatric disorders. Women experiencing domestic violence are 15 times more likely to misuse alcohol and 9 times more likely to misuse drugs.

## **11 JOINT STRATEGIC NEEDS ASSESSMENT**

- 11.1 The purpose of a Joint Strategic Needs Assessment (JSNA) is to assess the current and future health and wellbeing 'needs' of the local population, in this case Bracknell Forest. Coming to a conclusion is work that will inform the local commissioning (design and purchasing) of health and social services by local councils and NHS organisations. The duty to produce a Joint Strategic Needs Assessment was introduced into law with the Local Government and Public Involvement in Health Act, 2007, and came into effect on 1 April 2008. In Bracknell Forest, the duty lies with BFBC and the PCT. Recent reports,

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<sup>1</sup> British Crime Survey 2001/02, Flood, Page and Taylor, 2003

'needs assessments', surveys, consultations and any other data which could identify particular areas for improvement, are being used to inform the local position.

- 11.2 The needs identified cover a very wide range of issues which can impact upon health and wellbeing, including education, housing, lifestyles and health and social services. Some of the recurring issues involved the rising elderly population; improving services for vulnerable adults, such as those with mental health issues, and children, such as those in care or with learning disabilities; preventing a widespread obesity 'epidemic'; and promoting healthier lifestyles and transport.
- 11.3 The JSNA process will highlight the importance of sharing knowledge and expertise between public services, and involving users and patients in developing and improving services. It is anticipated that the JSNA will be continually updated, with all new consultations, surveys and other data incorporated to make sure that at any moment in time it is clear what the major needs of the local population are. The current report will also serve as a starting point for future needs assessments and public consultations, as well as its main role in suggesting where and how services can be improved in Bracknell.
- 11.4 The JSNA report will be available on the PCT and BFBC websites:

[www.berkshireeast-pct.nhs.uk](http://www.berkshireeast-pct.nhs.uk)  
[www.bracknell-forest.gov.uk](http://www.bracknell-forest.gov.uk)

### **Background to the Public Health Working Group**

The “Choosing Health” White Paper describes the key principles for supporting the public to make healthier and more informed choices for health improvement. It describes Local Authorities as “Leaders for Health Improvement” and anticipates multi-sectoral partnership working – particularly through local strategic partnerships (and local area agreements) – to deliver its priorities for health improvement. This initiative is intended to build on these principles and establish a new partnership that intends to create a bridge between strategy and action.

In November 2005, Bracknell Forest’s Environment and Leisure Department, with support from Bracknell Primary Care Trust, held a conference entitled “Demystifying Public Health”. The purpose of this conference was to build on the partnership between Bracknell Forest Borough Council and the Primary Care Trust. It was also important to stress to all attendees that within Bracknell Forest the range of activity that should form part of the public health agenda was very broad, and to highlight that all sectors of the community have a role in public health.

The main tenet of the conference was to “seize the opportunity” presented by the White Paper to create a stronger focus on the benefits of preventative positive interventions and support which facilitated general good health and well being in our community. The long term benefits of this are both social and economic.

### **Determinants of Health and Levels of Need**

The determinants of health and levels of need are those that are set out in the Health and Wellbeing Strategy – Bracknell Forest Borough Council - October 2007.

### **Accountability and Communication**

The Bracknell Forest Public Health Working group is accountable to its partner organisations and specifically to the Health and Social Care partnership board and through this to the Local Strategic Partnership.

### **Strategic Links and Regular Reports**

The Bracknell Public Health Group links with and reports appropriately to:

- Children & Young People’s Partnership (via Change for Children Project Team)
- Bracknell’s Forest’s practice-based commissioning group/groups
- The Board of Berkshire East Primary Care Trust (via Director of Public Health for East Berkshire)

### **Bracknell Forest Choosing Health Implementation Group**

The Choosing Healthy Living (CHL) Implementation Group is accountable to its partner agencies and to the Children’s Trust Executive and the Health & Social Care Partnership Board and specifically through the Bracknell Forest Public Health Group

### **Public Health Working Groups Objectives**

- a) To oversee delivery of Choosing Health and other agreed public health objectives for Bracknell Forest, including high-level performance monitoring.

- b) To ensure the implementation of the public health strategy for Bracknell Forest with and on behalf of partners.
- c) To lead on development and monitoring of public health activities and outcomes as part of the Bracknell Forest Local Area Agreement. This will ensure that there is operational progress from other sub-groups, work streams and partners.
- d) To promote the development of public health expertise and capacity in partners.
- e) To produce an annual report on the state of public health in the Bracknell Forest area.

### **Measuring Success**

The Board approved the formation of a partnership between Berkshire East - PCT and Bracknell Forest Borough Council - of the "Public Health Working Group" at the meeting of 20 March 2006. Since its formation, the group has also taken ownership of the Health and Wellbeing Strategy adopted by the Council in October 2007. In future therefore the priorities of the group will now be measured against the priorities in the Health and Wellbeing Strategy.

### **Membership**

This is a multi- agency group with representation from health, local authority, education, leisure, environmental health and extended services, all working to improving the health and wellbeing of the population of Bracknell Forest as set out in the Bracknell Forest Health Strategy.

### **List of Members**

PCT: Don Sinclair, Director of Public Health  
 Mary Purnell, Director of Modernisation  
 Angela Snowling, Consultant in Public Health, locality lead for Bracknell, BEPCT

BFBC: Vincent Paliczka, Director of Environment, Culture & Communities  
 Steve Loudoun, Chief Environment and Public Protection Officer  
 Victor Nicholls, Assistant Chief Executive  
 David Steeds, Head of Environmental Health  
 Sandra Maxwell, Integrated Children's Officer  
 Lynn Lidster, Head of Commissioning, SS&H  
 Clare Dorning, Head of Housing & Strategy Needs, SS&H  
 Caroline Baker, Health Improvement Officer, BFBC  
 Mira Haynes, Head of Wellbeing & Long Term Care, SS&H

### **Operation of the group**

The Group shall appoint a chairman and secretary who will agree the agenda of the group.

- a) The meetings will rotate between the Primary Care Trust and Bracknell Forest Council.
- b) The Authority hosting the meeting will provide secretarial assistance for the meeting.
- c) The group will meet at 3-monthly intervals.
- d) The group will endeavour to work by consensus so that all members of the group are committed to implementing the group's decisions.

*Priority three: promoting health and achievement:*



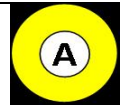
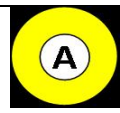
**To improve health and well being within the Borough by:**



- Developing and implementing a comprehensive health strategy for the Borough, with partners which identifies clear priorities and actions to address local health inequalities, and to improve health and wellbeing
- Working with health partners to secure more outpatient and diagnostic facilities in the Borough
- Focusing on prevention, for example by increasing the number of adults participating in at least 30 minutes of moderate exercise per week
- Producing an annual report on public health
- Implementing and monitoring the ban on smoking in public spaces
- Working with the health partners to improve mental health services for children and young people



## PUBLIC HEALTH WORKING GROUP – WORK PLAN 2008/2009




TOPIC	ACTION	LEAD OFFICER/ORGANISATION	DEADLINE	PROGRESS
Exception Report	Coordinate the population of the exception report produced by the Public Health Working Group	David Steeds	2 June 2008 15 September 2008 1 December 2008 2 March 2009	
Annual Public Health Report	Produce annual public health report	David Steeds	2 June 2009	
Terms of Reference	Review TOR	tbc	tbc	
National Indicators	Track relevant national indicators	Members of PHWG	2 March 2009	
Choosing Health Implementation Group	To feed work of CHIG up to the Public Health Working Group	Chair of choosing Health Implementation Group	March 2009	
Bracknell Forest Practice Based Commissioning Group	To link and report to the Commissioning Group	Relevant members of the PHWG	Ongoing 2009	
The Board of East Berkshire Primary Care Trust	To link and report to the East Berkshire Primary Care Trust	Relevant members of the PHWG	Ongoing 2009	
Children and Young People's Partnerships	To link and report to the Children and Young Peoples Partnership	Members of the PHWG	Ongoing	
Working Group	To scrutinise one piece of work/strategy per annum	Members of the PHWG	March 2009	
Health and Wellbeing Strategy	Review relevance of HWBS	Members of PHWG	January 2009	
To invite representatives from other organisations/groups to present on key public health initiatives	Assume 4 per annum	Chair of Public Health Working Group	March 2009	


**Integrated Performance Management Exception Report  
Position at March 2008  
Performance measures dependent on partnership working**


Priority Issue	Priority Action	National Indicator	Future/Action Plan	RAG	Lead (from CYP)
<b>Children and Young People</b>	The health impact of early development and education will affect outcomes later in life. Priority areas for the health and wellbeing of children and young people are identified in the Bracknell Forest Children and Young People's Plan prepared by the Bracknell Forest Children and Young People's Strategic Partnership.	NI 55 Obesity among primary school age children in reception year.	Childhood obesity data from the 2006-7 NCMP round analysed locally. Local targets set for breastfeeding uptake in line with pct vital signs Breastfeeding peer education to be embedded in commissioning plan for maternity services.		Dr Angela Snowling
	CYP1 The Council will deliver in partnership the commitments in the Children and Young People's Plan relating to the health of children and young people, in particular set as priorities.	NI 56 Obesity among primary school age children in Year 6.	Childhood obesity data from the 2006-7 NCMP round analysed locally as per attached report. Targets set for both childhood obesity and national child measurement programme set to 2010, now LAA target.		Dr Angela Snowling
	To enjoy good physical and emotional health and live a healthy lifestyle so that:				
	1. All children and young people in Bracknell Forest have improved mental health and emotional wellbeing. 2. Parents and carers make health choices for their child during pregnancy and throughout childhood. 3. Children and young people understand the benefits of healthy eating and physical activity.	NI 53 Prevalence of breastfeeding at 6-8 weeks from birth.	Work underway in children's centres to increase uptake. Maternity services data being collated by HV service. Baselines for 07 awaited.		Dr Angela Snowling (Aruna Bowda)
	NI 52 Take up of school lunches	Children entitled to free school meals is 6.2% as of the census day in January 2007. Around 1 in 3 children take a school meal		David Eagle	

Priority Issue	Priority Action	National Indicator	Future/Action Plan	RAG	Lead (from CYP)
			<p>in Bracknell including free and paid meals. Sale of school meals in 2006/2007 of the Council-administered contract which includes 27 primary and one special school increased by 1.3%. As ECSL reported at a school forum on 20 September 2007, "Considering the 14% increase in meal prices and the introduction of more healthy menus, this is considered an excellent performance".</p> <p>A strategic approach to ensure time allocated to lunchtimes might enable increased uptake.</p>		
		<p>NI 198 Children travelling to school – mode of travel</p>	<p>All schools to have school travel plans in place by 2010. 32/45 71% schools have school travel plans in place as at 31 March 2008. WOW scheme - Walk on Wednesday or Walk Once a Week - with the incentive of free passes to Coral Reef is under way as is a new Berkshire-wide reward and recognition programme.</p>		<p>Sue Cuthbert</p>
		<p>Existing LAA target and NI 50 emotional health of children</p>	<p>Number of schools achieving national healthy schools status. As reported at Nov CHL. 19 schools have signed up. 23 schools with the new award but aiming for 27 by December. SEAL status to be reported separately but is an indicator for healthy schools.</p>		<p>Sue Pike, Gillian Gyenes and Maggie Wade</p>



Priority Issue	Priority Action	National Indicator	Future/Action Plan	RAG	Lead (from CYP)
			<p>CAMHS            Develop a comprehensive child and adolescent mental health service with:</p> <ul style="list-style-type: none"> <li>a) Improved access to all services that support CAMHS and</li> <li>b) A workforce at all levels that has the skills and knowledge to support the mental health and wellbeing of all children and young people.</li> </ul> <p>Good progress being made against the CAMHS Strategy "We all have a part to play". Progress is being made in developing the specification for Tier 3 CAMHS. The service will be put out to tender, with new arrangements being in place from April 2009. Currently discussions are taking place about the interface between Tier 2 and Tier 3 services. Action plans yet to be clarified.</p>		Sandra Maxwell
			<p>Healthy Schools            All Bracknell Forest schools promote positive emotional health and wellbeing. As at end September 2007, 23 schools (60%) have achieved National Healthy Schools Standards and a number of schools are working towards it. The National PE and School Sport Programme continues to support the training of school staff to deliver high quality PE</p>		Sandra Maxwell


Priority Issue	Priority Action	National Indicator	Future/Action Plan	RAG	Lead (from CYP)
			and sport. Action plans yet to be clarified.		
			Teenage Pregnancy Young people have a good understanding of sexual health and contraception. Bracknell Forest has achieved a decrease in under-18 conception rates of 40.7% since 1988. This result means that BF is currently 3rd best in the country. The local authority is rated as a Green authority by the government which means they are on track to meet this target. Action plans yet to be clarified.		Sandra Maxwell
			Health of Looked After Children Children and young people looked after are healthy. Initial performance indicators suggest that in all areas there have been improvements to date this year. The OC2 submission is provisionally showing a year on year increase in the number of health assessments/dental checks completed for children and young people (87%) compared to previous year. Action plans yet to be clarified.		Sandra Maxwell
<b>Older People</b>	As set out in Section 6 of the Health and Wellbeing Strategy, the proportion of older people is set to increase in the Borough.  OP1 The Council will work with Berkshire East PCT to implement the Older People's	NI 119 Self-reported measure of people's overall health and wellbeing DH DSO. NI 121 Mortality rate from all circulatory diseases at	Establish MyAction programme in Berkshire East. This is an SHA monitored preventative cardiology programme which aims to target 250 at risk patients and their partners in the		Dr Angela Snowling



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	<p>Commissioning Strategy 2007-2011. This contains the following priorities:</p> <ul style="list-style-type: none"> <li>Better prevention and early intervention for improved health, independence and wellbeing</li> <li>More choice and a stronger local voice for individuals and communities</li> <li>Tackling inequalities and improving access to services</li> <li>More support for people with long-term needs.</li> </ul>	<p>ages under 75 DH DSO. NI 123 16+ current smoking rate prevalence PSA 18. NI 124 People with a long-term condition supported to be independent and in control of their condition DH DSO.</p>	<p>most deprived areas. Target practices are defined through the bid criteria and at risk patients identified by their cardiology scores. Funding for 15 months aim to sustain this through PBC if evaluations are successful.</p> <p>All staff trained by Imperial in April and due to be in part in mid-May. Venue confirmed at Coopers Hill. This is now among the top priorities for PCT.</p>		
		<p>NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information DH DSO.</p>	Action plans yet to be clarified.		
		<p>NI 137 Healthy life expectancy at age 65 PSA 17</p>	Action plans yet to be clarified.		
		<p>NI 139 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently PSA17.</p>	Action plans yet to be clarified.		
			<p>The Council will work with Berkshire East PCT to implement the Older People's commissioning strategy 2007-2011. The Council has produced an Older People's Commissioning Strategy and a purchasing plan</p>		Lynne Lidster

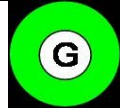

Priority Issue	Priority Action	National Indicator	Future/Action Plan	RAG	Lead (from CYP)
			and is working with Berkshire East PCT on a joint commissioning protocol.		
			The Council will prepare and implement an Older People's Strategy. The Older People's Strategy has been produced and a purchasing plan is being launched as part of the implementation		Lynne Lidster (Victor N)
<b>Mental Health and Wellbeing</b>	Mental health can have a wide ranging impact on people's lives. Stressful circumstances, meeting people, feel worried, anxious and unable to copy, are damaging to health. Low self-esteem, social isolation and lack of control of balance between work and home life are contributing health factors to individual health. The Bracknell Forest Mental Health Strategy seeks to improve the quality of mental health services for people who use them, their families and carers and the wider community of Bracknell Forest.	NI 119 Self reported measures of people's overall health and wellbeing DH DSO	Action plans yet to be clarified.		
		NI 137 Healthy life expectancy at age 65 PSA	Action plans yet to be clarified.		
		NI 150 Adults in contact with secondary mental health services in employment PSA 16	Action plans yet to be clarified.		
<b>Lifelong Learning</b>	Increase the number of lowest skilled adults, non-employed and wider employed adults to access learning, training and employability skills by focusing on: (a) 50+ age group (b) those not in employment, education or training (c) carers (d) lone parents (d) adults with mental health problems, disabilities and learning difficulties	NI 161 Learners achieving a Level 1 qualification in literacy PSA 2	Action plans yet to be clarified.		
		NI 162 Learners achieving an Entry Level 3 qualification in numeracy PSA 2	Action plans yet to be clarified.		
<b>Community Cohesion</b>	The Council will work to support an active and thriving community section and to create the conditions for stronger, cohesive communities	NI 1 % of people who believe people from different backgrounds get	Action plans yet to be clarified.		Mary Purnell and Victor Nicholls





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	(Ref H&WBS October 2007). <u>Access to housing</u> CC1 Work with partners to ensure that all new developments contain a mix of housing in accordance with the Council's policies. CC2 The Council will increase the number of homes that meet the Decent Homes Standard. CC3 Increase the number of affordable homes built in the Borough in accordance with the Local Area Agreement. CC4 Design new housing to meet the specific needs of the Borough's population.	on well together in their local area PSA 21 NI 4 % of people who feel they can influence decisions in their locality PSA 21 NI 32 Repeat incidents of domestic violence PSA 23 NI 38 Drug-related (Class A) offending rate PSA 25 NI 41 Perceptions of drunk or rowdy behaviour as a problem PSA 25	Action plans yet to be clarified. Action plans yet to be clarified. Action plans yet to be clarified. Action plans yet to be clarified.		
	<u>Fear of crime</u> CC5 The Council will work to reduce the fear of crime through safety initiatives, through the design and layout of new development and through development in Bracknell Town Centre. <u>Community/recreational facilities</u> CC6 Improve community cohesion through culture and sport in accordance with the targets set out in the Local Area Agreement.	NI 42 Perceptions of drug use or drug dealing as a problem PSA 25	Action plans yet to be clarified.		
<b>Environment</b>	Maintaining and improving a good quality built and natural environment. Further improve the standard of open spaces and the visual environment within the Borough. Develop a new parks and open space strategy. Develop strategy in relation to nutrition in partnership with Berkshire East PCT, eg: 'Catering for Health' and 'Safe Food' awards. Reduce the effect of noise, contamination and air quality on health and wellbeing including through awareness and promoting such as 'Noise Action Day'.	NI 184 Food establishments in the area which are broadly compliant with food hygiene law NI 187 Tackling fuel poverty – people receiving income based benefits living in homes with a low energy efficiency rating Defra DSO	Action plans yet to be clarified. Across the Borough there are approximately 6,000 on benefits, however only 50% of those are in private households. There are approximately 1,150 very low SAP-rated properties according to the NI indicator of 30 which is extremely low. Those in fuel poverty are another set of criteria which we do not currently have figures on, but it is estimated at approximately		Maria Griffin Hazel Hill

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			10% across the Borough (approximately 4,000) with pockets of Priestwood and Wildridings the worst areas. A compiled list of those who are most vulnerable under a number of criteria is in The WISH List. These have been targeted under a DEFRA bid to improve conditions and inform about grants.		
		N1194			
		Air Quality Strategy	Detailed Assessment and Progress Report is in process of going through consultation phase. Sending to DEFRA the beginning of May 08.		Frank Goodall
		NI 198 Children travelling to school – mode of travel	All schools to have school travel plans in place by 2010. 32/45 71% schools have school travel plans in place as at 31 March 2008. WOW scheme - Walk on Wednesday or Walk Once a Week - with the incentive of free passes to Coral Reef is underway as is a new Berkshire-wide reward and recognition programme		Sue Cuthbert
		NI 167 Congestion – average journey time per mile during the morning peak PSA 5	Action plans yet to be clarified.		Sue Cuthbert / Jon Trewin
	Number of sites for which sufficient detailed information is available to decide whether remediation of the land is necessary as a percentage of all sites of potential concern.	Existing indicator	Action plans yet to be clarified.		David Steeds
<b>Physical</b>	The benefits of a physically active lifestyle	NI 8 Adult participation in	<ul style="list-style-type: none"> <li>Activities will continue to be</li> </ul>		Chris Vaal

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<b>Activity</b>	include improved heart health, reduced cholesterol, reduced levels of stress, weight maintenance, improved self esteem, prevention of osteoporosis and improved mental health. Priorities are:  PA1 To increase the levels of physical activity within the Borough through the promotion of physical activity initiatives, the layout, location and mix of uses in new development and through the provision and maintenance of formal and informal recreational facilities.	sport	provided in normal facility programme. <ul style="list-style-type: none"> <li>Activities will continue to be promoted through the 'Be' campaign.</li> <li>Activity programme constantly reviewed.</li> <li>Focused awareness programme to commence early in 2008.</li> </ul>		
	PA2 Increase the percentage of 5-16 year olds who spend at least 2 hours a week on high quality PE and School Sports to 85% by 2008.  PA3 Increase the number of schools participating in the Healthy Schools Programme (healthy eating and physical activity form 50% of the assessment criteria).  PA4 Increase the percentage of adults participating in at least 30 minutes of moderate sport or activity on 3 or more days a week (national recommendation).  PA5 Deliver GP referrals to sports and fitness facilities (in partnership with the PCT)  PA6 Reduce the percentage of journeys to school made by car.  PA7 Improve access to leisure facilities and in particular to: <ul style="list-style-type: none"> <li>develop opportunities for vulnerable groups to access 'mainstream' facilities</li> <li>increase membership of the 'leisure</li> </ul>	NI 175 Access to services and facilities by public transport, walking and cycling	Action plans yet to be clarified.		Sue Cuthbert / Jon Trewin

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	saver' scheme				
<b>Tobacco</b>	<p>Tobacco control action focuses on preventing the initiation of smoking, smoking cessation and promoting smokefree environments.</p> <p>T1 To promote smoking awareness and cessation initiatives delivered by the PCT.</p> <p>T2 To implement and enforce new provisions in relations to smoking in work or public spaces.</p>	Existing LAA target NI 123 16+ current smoking rate prevalence PSA 18	Numbers of quitters achieved per quarter. Current PCT performance exceeds PCT targets. 2008-09 plans are to target priority groups with higher smoking rate to reduce smoking related health inequalities, eg pregnant smokers, smokers with COPD, smokers with mental health problems and smokers living in the most deprived wards in the Borough. Targets set for LAA to 2010. 484 quitters per year required.		Dr Sadhana Bose
<b>Healthy Eating</b>	<p>Poor diet is a significant factor in the development of a number of diseases including coronary heart disease, diabetes and some cancers.</p> <p>HE1 To promote education and awareness around the health benefits of good nutrition and diet.</p> <p>HE2 To ensure that school means achieve national nutritional standards (in partnership with the PCT).</p>	Existing LAA target	Catering for health award. Current performance exceeds planned targets (as per Q2) 8 awards given versus 5 planned. Brief update on progress of the project/actions to meet the target, including details of any remedial work necessary: Catering for Health and Safe Food awards presentation took place on 1.10.07		Jacqui Copp/ Maria Griffin
		Local obesity strategy target	Food Awareness Week In 2007 35 out of 42 schools took the packs giving a 70% uptake, although there was a lack of secondary schools taking the packs. The target school was Great Hollands. Planning to commence at January CHL meeting for 2007.		Jacqui Copp/ Maria Griffin
	X/Y nurseries to have polices that promote	Local target within the	Smiling for Life Award		Sam Ford

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	sugar-free snacks	obesity strategy			
<b>Safety</b>	Public health and safety initiatives to reduce accidents will include:	NI 47 People killed or seriously injured in road traffic accidents DfT DSO	Action yet to be clarified.		
	S1 To promote road safety initiatives	NI 48 Children killed or seriously injured in road traffic accidents DfT DSO	Action yet to be clarified.		
	S2 To promote drink driving initiatives	NI 69 Children who have experienced bullying DCSF DSO	Action yet to be clarified.		
	S3 To promote the development of safe access to the built environment for all				
	S4 To promote initiatives that reduce the risks of falls and injuries for Older People				
	S5 To promote home safety initiatives				
	S6 To promote safety in the workplace				
<b>Substance and Alcohol Misuse</b>	SM1 work with Berkshire East PCT to promote prevention and support initiatives including educational awareness of the harmful effects of substance and alcohol misuse. This will include work through the DAAT and Health Schools Initiative. Partnership working through the Local Safeguarding Children Board will be important.	NI 115 Substance misuse by young people PSA 14			Gillian Hunt
		NI 38 Drug-related (Class A) offending rate PSA 25			
		NI 40 Drug users in effective treatment PSA 25			
			The Drug and Alcohol Action Team (DAAT) are required to undertake an annual audit in terms of reducing the harm caused by the illegal use of drugs. This audit has been completed for 2007-08 and the findings from this audit have been used to inform the refresh of the Harm Reduction Strategy.		Jillian Hunt
			Work is ongoing to develop a joint commissioning framework in respect of alcohol services.		Jillian Hunt

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			Substance misuse forms an integral part of the work undertaken as part of the healthy schools programme and this forms part of the Young People's Substance Misuse Plan. Progress against this plan is reported quarterly to GOSE.		Jillian Hunt
			One of the objectives common to the Adult Treatment Plan, Harm Reduction Strategy and Young People's Treatment Plan is the development of a clear communications strategy for the DAAT which will place such emphasis on education and reducing the harm caused by the use of drugs and alcohol.		Jillian Hunt
<b>Housing</b>	Priority action plan to be developed	NI 147 Care leavers in suitable accommodation PSA 16	Action plan yet to be developed		
		NI 155 Number of affordable homes delivered (gross) PSA 20			
		Existing indicator - to implement a programme of inspection to ensure 70% of private sector housing occupied by vulnerable households meet the Decent Homes Standards by 2010.	Future action to be revised		David Steeds
<b>Joint Strategic Needs Assessment (JSNA)</b>	Under the Local Government and Public Involvement in Health Act, 2007, it is the joint duty of each local authority and corresponding Primary Care Trust to produce a 'Joint Strategic Needs Assessment'. This duty starts on 1 April 2008.	N/A – legal duty under Local Government and Public Involvement in Health Act	Major actions outstanding / in process: <ul style="list-style-type: none"> <li>produce written JSNA report for each locality (end Apr 2008)</li> </ul>		Dr Tom Porter

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	<p>The purpose of the JSNA is to assess the current and future health and wellbeing needs of the local population, to inform local commissioning including the Local Area Agreement (LAA) and Sustainable Community Strategy (SCS).</p> <p>In East Berkshire the JSNA is being co-ordinated across all three localities. A separate report will be produced for each locality. Actions completed to date include:</p> <ul style="list-style-type: none"> <li>• identify partners in each organisation</li> <li>• collate 'core dataset' of quantitative data</li> <li>• collate qualitative data identifying need, from reports, needs assessments, strategies etc. for each locality</li> <li>• produce a draft list of needs for each locality</li> </ul>		<ul style="list-style-type: none"> <li>• liaise with locality and East Berks commissioning leads to ensure process is embedded in all future work (end May 2008)</li> <li>• identify areas for future development of JSNA process (end May 2008)</li> <li>• hand over ongoing development of JSNA process to joint commissioning co-ordinator (new post jointly appointed by PCT and 3 LAs) (end May 2008)</li> </ul>		



No commentary necessary



Report on future/action plan



Report on future action plan