Joint Strategic Needs Assessment
for
West Berkshire
Unitary Authority Area
2009

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Throughout this document the following terms are used:

“West Berkshire” refers to the area covered by West Berkshire Council.

“Berkshire West” refers to the area covered by NHS Berkshire West, i.e. the combined areas of West Berkshire, Reading and Wokingham Unitary Authorities.

“Berkshire” is used to describe the area covered by NHS Berkshire West and NHS Berkshire East combined, which comprises the six Unitary Authority areas of West Berkshire, Reading, Wokingham, Bracknell Forest, Windsor and Maidenhead, and Slough.
Executive Summary

An overview of West Berkshire
West Berkshire has a population of 150,700, a total expected to increase by 11% by 2026 to 169,900. The largest population increases are expected in the older age groups, with those aged 65 or over almost doubling over the next twenty years. By contrast, the population aged 0 to 14 years is expected to increase by only 2% by 2011.

The number of live births in West Berkshire in 2007 was 1928, a rate of 89.4 births per 1000 women aged15-44. The projected trends show that this is likely to rise to 98.9 per 1000 by 2011, the highest rise in Berkshire (3.1.1).

West Berkshire is ranked 330 out of the 354 local authorities in England, where 1 is the most deprived. This shows that overall the area is substantially more affluent than most of England, but the process of averaging masks internal variations. West Berkshire has by far the most dispersed population of all the unitary authorities in Berkshire.

In West Berkshire, there are a number of small pockets of relatively deprived population, either in general terms or in specific ways, such as geographical distance to services. Areas showing the most deprivation are mainly clustered in and near Newbury, but some deprivation in specific domains occurs elsewhere. Forty-three percent of the population of West Berkshire live in rural settings. The index of deprivation identifies a number of areas within West Berkshire that are affected by rural isolation. The Child Well-Being Index 2009 places ten Super Output Areas below the 50th centile nationally (3.1.2).

The 2001 census recorded that 2.6% of the population of West Berkshire were from ethnic minority groups. In 2006, the Office for National Statistics estimated the non-white population at 9%; this includes non-white British people. Twelve percent of the children attending schools in West Berkshire have English as a second language (3.1.3).

Social and Environmental Context
Performance in schools in West Berkshire is consistently good compared to England averages (3.2.2). A quarter of property in West Berkshire is rented, compared to 31% in England as a whole. Seventy-four percent of households are owner-occupied, 12.5% rented from registered social landlords and 12.5% rented from a private landlord. The condition of housing stock in West Berkshire is better than the national average: only 4% of the housing stock was deemed unfit in 2001, compared to 7% nationally. In the 2001 census, about 4.5% of households were overcrowded. A ward level analysis of fuel poverty shows it to be most frequent in Newbury and the rural parish of Compton, with fuel poverty scores ranging from 18% to 23% (3.2.3). West Berkshire has less reported crime than surrounding authorities; however the borough has a higher crime rate than other rural authorities (3.2.5). Proportionately, West Berkshire has more people in paid employment than the average for the region or nation. According to the annual population survey in 2008, unemployment was 3.1%, comparing favourably to the south east average of 4.2% and the national average of 5.4%. Ninety-one percent of men of working age are economically active, compared to 83% across the UK. Eighty-two percent of women are economically active (3.2.6).

Lifestyle risk factors
An estimated 20% of adults in West Berkshire are current smokers. This compares with 24% across the South Central/South East region and 25% nationally. Seventy-five percent of the children and young people who completed a recent local survey had never smoked a cigarette. This figure is the same as the national average for this question, and slightly higher than the proportion stating that they have never had
a cigarette in the previous survey. A survey carried out in 2007 in five schools in the district indicated that the proportion of children and young people in West Berkshire who smoke had fallen to 5.7% in 2007 compared to 9% in 2006 (3.3.1). There are about four thousand alcohol-dependent people in West Berkshire and about 23,000 whose drinking is at increasing risk and high risk levels. Nineteen percent of local young people said they had never had an alcoholic drink, which is lower than the national average of 25%. Thirty-seven percent said that they had never been drunk, compared to 35% nationally. However, the West Berkshire smoking and drinking survey 2007 indicated that alcohol consumption by young people may be increasing (3.2.2). In 2007/08, there were about 230 problematic drug users in West Berkshire, mostly of opiates; three-quarters are male (3.3.3).

About 22% of adults in West Berkshire are obese, which translates to over 24,000 people and is similar to the regional and national average. The childhood obesity prevalence in West Berkshire is now significantly lower than the national average. The TellUs 3 survey reported that 44% of the children and young people responding had spent at least 30 minutes per day engaged in physical activity on six or seven days over the previous week. This is statistically significantly higher than the 36% who reported this level of activity nationally (3.3.4).

**Burden of ill health**

The age-standardised death rates for England for both men and women are falling. West Berkshire has a lower rate, which is falling in line the national trend for men, and falling more steeply than the national trend for women.

There were 1,100 deaths in West Berkshire in 2007, giving an all-age, all-cause mortality rate of 511 deaths per 100,000. This compares with a rate of 528 per 100,000 in the South East region and 579 per 100,000 for England and Wales. The male rate in West Berkshire is 592 per 100,000, which compares with 625 per 100,000 in the South East region and 693 per 100,000 nationally. The female rate is 449 per 100,000, which compares with 449 per 100,000 in the South East region and 491 per 100,000 nationally (3.4.1).

Socioeconomically deprived people in West Berkshire have a shorter life expectancy than wealthier people. Life expectancy in the most deprived fifth of areas is three years less than that in the least deprived areas for men, and four years for women. An estimated 5000 people have type 1 or 2 diabetes in West Berkshire. In Berkshire West PCT, 10% of deaths are attributable to diabetes, the third lowest figure in England (3.4.2).

There are about 160 deaths each year from coronary heart disease in West Berkshire, about 5,100 in the South Central region and 77,600 in England. Thirty-two percent of these deaths in West Berkshire occur in those aged under 75 years. This compares with 30% across the South Central/South East region and 32% in England (3.4.3).

Models predict that 22% of the population served by Berkshire West PCT are expected to have hypertension, compared to the 11% that were actually recorded by GP practices as being hypertensive in 2006. This suggests that many cases remain undetected. Similarly, the recorded prevalence of coronary heart disease in West Berkshire was 2.6% in 2007/08, lower than the expected prevalence of 3.8%. There may be as many as 900 people with coronary heart disease in West Berkshire who do not appear on disease registers, either because of incomplete recording or under-diagnosis. They are likely to be missing out on preventative care. A disproportionate number of these people are likely to be from deprived or ethnic minority populations. In West Berkshire, the rate of admission for coronary heart disease in the Asian population (1.2 per 1000) is lower than the rate for the white population (5.7 per 1000). The prevalence of coronary heart disease in Asian people is about twice that in the white population, so these rates suggest that patients from the Asian community are not accessing services equitably.
The mortality rate from coronary heart disease in the under 75 population in West Berkshire is falling, in line with national and regional trends. The rate is consistently lower than for the South East and England as a whole.

There were 108 deaths in West Berkshire in 2007 from stroke, compared with 7,167 in the South East region and 46,512 in England and Wales. Twelve percent were in people under the age of 75, compared to 15% in the South East and 17% in England and Wales. This gives a standardised rate of 44 per 100,000, compared to 43 per 100,000 for the South East and 47 per 100,000 for England and Wales. The trend in stroke mortality rate has been downward in West Berkshire since 1996 (3.4.4).

There are about 330 deaths from cancer each year in West Berkshire, out of 20,000 occurring in the South East and over 135,000 in England and Wales. Although the age-standardised mortality rate for cancer in the under 75s in West Berkshire has been below the national average and the average for the South East for many years, the latest three-year rolling averages indicate a slight upward trend absent from the national figures. Indeed, the latest rate is above the average for the South East region (3.4.5).

Based on figures for 2005-07, the age-standardised mortality rate in West Berkshire for respiratory diseases is 80 per 100,000 for men and 51 per 100,000 for women. Mortality from chronic obstructive airways disease is steadily falling in West Berkshire and there is a relatively low admission rate for this disease for residents of the borough (3.4.6).

The directly age-standardised suicide rate for West Berkshire is 7.7 per 100,000, similar to that of England and Wales (8 per 100,000), but above the average for the statistical neighbour group. These rates are however based on very small numbers.

There are on average 190 emergency admissions per year of West Berkshire residents for mental health conditions. For the past three years, the most common reasons for these admissions were mental and behavioural disorders due to the use of alcohol (on average 47 per annum), mental disorders not otherwise specified (33 per annum) and depressive episodes (13 per annum) (3.4.9).

Of 208 young offenders assessed by the Youth Offending Team in 2008/9, one third had mental health issues which significantly impacted on the likelihood of them re-offending.

West Berkshire has a lower rate of under-18 conceptions than England and the South East. Rates have continued to reduce steadily to reach 19.8 per 1000 in 2007, the second lowest in the South East of England. (3.4.10). This is a reduction of 36% over the baseline year of 1998, the second largest decrease in the South East of England and much faster than the national decrease over the same period of 10%. Uptake of Chlamydia screening among 15 to 24 year olds has so far been low.

There will be about 3500 falls in people aged over 75 years in West Berkshire this year. About 1500 of these people will fall more than once. About 700 will attend A&E or a minor injury unit, and about 700 will contact the ambulance service. About 250 will have sustained a fracture and about 80 will have fractured a hip (3.4.11).

Demand for adult social care is continuing to increase with a 12% increase in client base over the past year.
Population groups
Obesity increases risk to the mother and baby. In 2007, at the Royal Berkshire Hospital, 11% of mothers were overweight when first assessed, and a further 4% were obese. About 1,900 5 to 15 year olds have a mental disorder, with prevalence lower in the younger age groups and in girls than in boys, although girls begin to overtake boys during adolescence. The prevalence of mental health problems in children and adolescents appears to be rising.

There is no information on the numbers of West Berkshire children living with a disability, but South East estimates suggest this may be between 4% and 15% of children (4.1).

About 515 West Berkshire residents have severe and profound learning disabilities, and about 3,725 have a mild/moderate learning disability (4.4). In West Berkshire, each child has an average of 1.1 teeth that show signs of decay, the average for England being 1.5 (3.4.8).

HIV infections have increased since the late 1990s, particularly infections acquired abroad. Most HIV infections were acquired by heterosexual transmission, although numbers among men who have sex with men have also increased. There have been increased HIV diagnoses through antenatal HIV testing, reflecting an increased burden of HIV infection in the community (3.4.7).

According to the 2001 Census, 12,000 West Berkshire residents (8.4% of the population) provide unpaid care to family, friends or neighbours. This is slightly lower than the regional or national average. Nearly 2,000 people provide unpaid care of more than 50 hours per week (5.2.10).
2: Introduction

This Joint Strategic Needs Assessment (JSNA) is the outcome of a process conducted jointly by NHS Berkshire West and West Berkshire Council to understand the current and future health, care and well-being needs of the people of West Berkshire. The assessment aims to inform service planning and commissioning to ensure that services meet those needs. The JSNA also informs the Local Area Agreement (LAA) targets and priorities and the delivery plan for the Sustainable Community Strategy for the next three to five years.

A local JSNA was published in July 2008, comprising a summary document covering Berkshire West and comparative information about Reading, West Berkshire and Wokingham, the three unitary authority areas within its boundaries. In addition, three locality reports were produced covering the three unitary authority areas.

This document is a refreshed version of the 2008 JSNA, with new content added, and the whole document has been framed in the context of the commissioning strategic approach (see figure). The work was undertaken by a technical group, led by NHS Berkshire West’s Head of Public Health Intelligence and with membership from all three local authorities. The result is a set of three updated and re-presented locality documents.

The Health Needs Assessment will support PCTs in strategic planning processes

PCT deliverables

- Socio-demographic analysis of the population
- Epidemiological analysis of the population’s health status
- Identified current and future health and well-being needs and priorities
- Information on current service offering and future service planning taking into account evidence of effectiveness (soft and hard)
- Clear recommendations on priorities for investment

- Establishes direction and sets priorities based on
  - Health needs assessment
  - Projections for activity by disease area and setting of care
  - Long term quality, health outcome and service objectives
  - Forecasted volumes and costs
  - Requirements for capacity reconfiguration

- Review and analyse past performance and activity levels
- Translates priorities into action
  - Establishes actions for the next 12-18 months
- Define current service objectives, activity levels, financial plans
- Develop capacity required for next year aligned with long-term
- Target setting and performance tracking
However, the presentation of local data is just the first stage in a process as shown in the Figure below.

**What we want to achieve...**

Data driven assessment of the health needs of the population leading to agreed commissioning priorities that will improve health outcomes

- Demonstrates effective partnership working with local authorities
- Demonstrates effective stakeholder engagement with local communities
- Demonstrates how proposals for meeting needs take account of all the evidence available
- Demonstrates how identified needs inform strategic priorities

**Joint Strategic Needs Assessment, or simply Health Needs Assessment (HNA), includes the whole value chain**

WHAT MAKES FOR A GOOD HNA:

- All local authorities have actively contributed to the production of the needs assessment
- Local people should recognise the description of their community
- Soft, local intelligence as well as harder, scientific knowledge has been used to agree proposals for meeting the needs identified
- A simple, clear process has been used to determine priorities

NHS Berkshire West

NHS Berkshire West intends to align the refreshed JSNA with the commissioning cycle for 2010.
3: An overview of West Berkshire

3.1 Demographic profile
This is a brief description of factors with an impact on the health, well-being, safety and development of the people of West Berkshire, presented where applicable in terms of where we are now, where we would like to be and some measure of the gaps that need to be bridged, along with other factors related to the gaps.

3.1.1 Population
The characteristics of the local population are a major consideration for all service providers, as often funding is related to the number of local residents and different age groups require different services. In a highly mobile, modern society analyses of the local population are uncertain and become obsolete more rapidly.

Where are we now?
The 2001 Census showed West Berkshire to have a population of just under 144,500. The latest mid-2007 population estimates produced by the Office for National Statistics are that the local population has since risen to 150,700. It is expected to increase by a further 11% by 2026 to 169,900 (Office for National Statistics 2008).

The largest population increases are expected in the older age groups, with those aged 65 or over almost doubling over the next 20 years. Compared with 2001, the number of people aged 65-84 is expected to increase by 80% by 2025 and the number of people aged over 85 is projected to rise by 110%. This will mean approximately 33,000 people aged 65 or over living in West Berkshire by 2025.

In the shorter term, the number of older people is rising faster than was expected. Based on 2003 population projections, the increase in the over-65 population was expected to be an 11.8% increase in over 65’s from 19,500 in 2003 to 21,800 in 2009. The updated estimate released last year shows a larger increase of 14.9% to 22,400 in 2009. This has important implications for the development of services. 65% of Adult Services’ clients are aged 65 and over, and 42% of these are aged 85 and over.

Original projections based on 2003 estimates showed a 27% rise in over 85’s between 2003 and 2009, but this was revised in 2006 to a 32% rise between 2003 and 2009. As clients over the age of 85 tend to have the higher cost/more complex cases, the revised estimates have challenged previous assumptions.

By contrast, the population aged 0 to 14 years is expected to increase by only 2% by 2011. The number of live births in West Berkshire in 2007 was 1,928, a general fertility rate of 89.4 births per 1000 females age 15-44. The projected trend shows that this is likely to rise to 98.9 per 1000 by 2011, the highest rise in Berkshire.

A little over half of West Berkshire’s population live in settlements on the western Reading fringe and along the Kennet Valley. The largest urban area in the district is Newbury/Thatcham, where a third of West Berkshire residents live. Just under a fifth of people live in the suburban area to the west of Reading. Other significant towns in the district are Hungerford, with about 5,000 residents, and Theale, with a population of about 2,500.

The wards with the largest concentrations of people over the age of 64 years are Aldermaston, Hungerford, Mortimer, Pangbourne, St John’s, Speen and Westwood. The electoral wards with the greatest number of people aged 0 to 19 years are Calcot, Birch Copse, Bucklebury, Greenham and Thatcham North.

Where would we like to be?
We need to ensure that current services reflect the size and distribution of the population and are delivered efficiently and effectively. We also need to ensure that planning for the capacity and placement of future services is informed by the predicted changes in population.

**Gaps**
Counting the population size in an area and modelling changes for the future is a complex process because it is influenced by many external economic and environmental factors. Ensuring we have the most accurate figures will remain challenging.

Using *resident* population figures to plan service capacity should be done in context. For some services the most accessible delivery point geographically is on the other side of an administrative boundary. For example, some services are delivered on the basis of the population *registered* with GPs in West Berkshire; this does not include some residents and includes some non-residents.

**Related topic areas**
Data supplement, socio-economic variation, migration, ethnicity, housing, education.

### 3.1.2 Socio-economic variation
There is a strong association between health and well-being, and deprivation. Poorer people often suffer worse health outcomes, are less likely to adopt healthier lifestyles and may not access services as appropriately.

**Where are we now?**
Using the index of Multiple Deprivation (IMD) based on the Lower Super Output Areas (LSOA) averages, West Berkshire is ranked 330 out of the 354 local authorities in England, where 1 is the most deprived (DCLG, 2007). This shows that overall the area is substantially more affluent than most of England, but the process of averaging masks the internal variations.

Within West Berkshire, there are a number of small pockets of relatively deprived population, either in general terms or in specific ways, such as geographical distance to services. Areas showing the most deprivation are mainly clustered in and near Newbury, but some deprivation in specific domains occurs elsewhere. The Nightingales estate in Greenham is ranked as the most deprived area in West Berkshire. Greenham is a particularly deprived locality in terms of income and education, ranked respectively in the 18th and 9th centile nationally on the IMD. Similarly Clay Hill, Speen and Thatcham North are all educationally deprived. Relative deprivation has important consequences.
Figure 1: The ten most deprived super output areas in the district.

<table>
<thead>
<tr>
<th>SOA – Ward</th>
<th>Deprivation theme</th>
<th>National Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Nightingales and Equine Way - Greenham</td>
<td>Income</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>Employment</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Crime</td>
<td>38%</td>
</tr>
<tr>
<td>Park Ave and The Henrys - Thatcham North</td>
<td>Income</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>Employment</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>20%</td>
</tr>
<tr>
<td>Royal Ave - Calcot</td>
<td>Income</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>17%</td>
</tr>
<tr>
<td>Newport / Shaw Road (Victoria)</td>
<td>Income</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>34%</td>
</tr>
<tr>
<td>Brummell Road - Speen</td>
<td>Income</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>26%</td>
</tr>
<tr>
<td>Walton Way - Clay Hill</td>
<td>Education</td>
<td>24%</td>
</tr>
<tr>
<td>Gaywood Drive - Clay Hill</td>
<td>Income</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>20%</td>
</tr>
<tr>
<td>Town Centre (Victoria)</td>
<td>Income</td>
<td>38%</td>
</tr>
<tr>
<td></td>
<td>Health</td>
<td>42%</td>
</tr>
<tr>
<td>Underwood - Calcot</td>
<td>Education</td>
<td>33%</td>
</tr>
<tr>
<td>Aldermaston Village and Soke - Aldermaston</td>
<td>Barriers to housing / services</td>
<td>12%</td>
</tr>
</tbody>
</table>

The areas highlighted in yellow in the map below are the ten most geographically isolated rural wards. The areas shaded in red are the most deprived areas in West Berkshire as measured by the IMD. The areas shaded in yellow are the ten most deprived SOAs as measured by the access to housing and services domain of the IMD.

Map 1: deprivation and rural isolation in West Berkshire
The map below highlights the areas with the most severe health deprivation. The darker the colour, the more deprived the area, with the ten most deprived super output areas being shown in yellow.

**Map 2: Health Deprivation from the IMD**

![Map showing health deprivation](image)

The Child Well-Being Index is an index of some of the major domains of a child’s life that affect his or her well-being. Although not comprehensive, it gives a good indication of the major factors impacting on a child’s life; it includes variables that are outside the normal definition of deprivation, so it is best regarded as an index of well-being. (Source [www.westberks.gov.uk/research](http://www.westberks.gov.uk/research))

West Berkshire has ten SOAs that are overall ranked below the 50th centile nationally. The table below gives the wards in which these SOAs are and a description of the area to which the SOA relates:

**Figure 2: West Berkshire SOAs – national percentile on child poverty**

<table>
<thead>
<tr>
<th>Ward</th>
<th>Area</th>
<th>National Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenham</td>
<td>The Nightingales / Equine Way</td>
<td>22%</td>
</tr>
<tr>
<td>Thatcham North</td>
<td>Park Ave / The Henrys</td>
<td>33%</td>
</tr>
<tr>
<td>Lambourn Valley</td>
<td>Nr Mill Lane</td>
<td>35%</td>
</tr>
<tr>
<td>Clay Hill</td>
<td>Gaywood Drive</td>
<td>35%</td>
</tr>
<tr>
<td>Aldermaston</td>
<td>Aldermaston Village and Soke</td>
<td>39%</td>
</tr>
<tr>
<td>Speen</td>
<td>Brummell Road</td>
<td>42%</td>
</tr>
<tr>
<td>Calcot</td>
<td>Royal Ave</td>
<td>43%</td>
</tr>
<tr>
<td>Clay Hill</td>
<td>Walton Way</td>
<td>44%</td>
</tr>
<tr>
<td>Victoria</td>
<td>Town Centre</td>
<td>46%</td>
</tr>
<tr>
<td>Kintbury</td>
<td>Enborne</td>
<td>49%</td>
</tr>
</tbody>
</table>

The aim is to deliver current service provision in a way that encourages access and uptake by people who are in any way disadvantaged. Planning for future services needs
to take into account the rural nature of the district that can result in pockets of isolation. It is easy to miss small pockets of deprivation when looking at data made up of a number of indicators.

Where would we like to be?
We need to ensure that:
- Areas of need are properly identified.
- Current services are being delivered in ways that encourage take up and are accessible to disadvantaged people.
- Planning for future services takes into account the needs of people from different socio-economic backgrounds.
- We are providing innovative ways to allow people to recognise cycles of poor behavioural choice, and evolve away from negative learned behaviours.

Gaps
Averaging over mainly affluent West Berkshire means that small pockets of deprivation are less visible. However, comparing at very small areas is difficult because of small number effects. More sophisticated intelligence, both soft and hard, is required to enable targeted interventions.

The current economic climate will affect the poorest disproportionately. This should be anticipated in public service planning. Less predictable is the possibility of new groups of people facing unexpected financial challenge that could impact on their health, for example, retired older people.

Related topic areas
Housing, rurality, children and young people, older people, ethnicity.

3.1.3 Migration, ethnicity, religion and culture
Internal and international migration into West Berkshire is changing the borough’s population. There has been an increase in international migration, changing the ethnic make-up of the population. Small groups from ethnic minorities can have specific health and well-being needs or be struggling financially. Religious beliefs have an effect upon behaviour with a bearing on health and well-being. Some of these can be protective, such as abstinence from alcohol or unsafe sexual behaviour, but there are others with a negative effect.

West Berkshire currently supports 14 unaccompanied asylum-seeking young people, 14% of the total care population. The needs of this group of young people are often complex and place particular demands on the service.

Where are we now?
The most accurate picture of the number of people from different ethnic backgrounds in the UK is the census, which takes place every 10 years. The last census, in 2001, recorded that 2.6% of the population of West Berkshire were from ethnic minority groups. In 2006, the Office for National Statistics (ONS) has estimated the non-white population at 9%; this includes non-white British people. 12% of the children attending schools in West Berkshire have English as a second language.

ONS experimental statistics at Middle Super Output Area show some detail of the population change in the borough, with nine MSOAs showing net outward migration, particularly of younger people. Conversely, six MSOAs show increases in both people aged 1-14 and 25-44, suggesting net inward migration of young migrant families. It is unclear whether these are internal or international migrants.
Where would we like to be?
Current services should be delivered accessibly and in a way that encourages take-up by minority groups, including those distinguished by ethnicity and/or beliefs. Planning for future services should take into account the needs of people from different backgrounds, and predicted trends in migration.

Gaps
Some migrants remain very mobile as they follow work opportunities, making it difficult to maintain a complete picture of how the borough is changing. For example, there were 390 national insurance registrations in 2006/7 of Polish people in the borough, but this does not tell us if they remained in West Berkshire, and if so for how long.

Although the recording of nationality by GPs is improving, registrations with GPs are collated at practice level, which means that this information needs to be analysed at a smaller level of aggregation. NHS Berkshire West is currently investigating the feasibility of more sophisticated tools for collating information recorded at GP practices.

Related topic areas
A summary of the main findings of a needs assessment of BME (Black and Minority Ethnic) groups is attached as Appendix 3 of this document.

Other related areas: transport, housing, education.

3.1.4 Rurality
The challenges to health and well-being are different in rural or urban areas, largely because of access to services. Only 3 of the 271 most deprived LSOAs in the South East are rural, corresponding to only 1.1% of the most deprived areas in the region. Furthermore, only 19% of the households earning less than 60% of the median income in the South East are in rural areas. However, some deprivation may be masked by this approach to analysis.

Where are we now?
43% of the population of West Berkshire live in rural settings, though 16% of these are in rural-town environment. 18% live in villages and the other 9% (around 12,500 people) are dispersed in the countryside.

West Berkshire has by far the most dispersed population of all the unitary authorities in Berkshire. Its population density is 206 people per km², compared to 637 km² for Berkshire as a whole. Low population density may have financial implications for public services, because it is often more expensive to serve dispersed populations than concentrated ones.

The index of deprivation identifies a number of areas within West Berkshire that are affected by rural isolation. Access to local services and facilities is poor across much of the Downlands area to the West and North of the district; the only centres for services in these areas are Lambourn and Hungerford.

Where would we like to be?
Providing the right services, in the right places, in ways that recognise the differences in living environments for different communities in West Berkshire.

Gaps
For health, well-being and sustainability, encouragement of more walking, cycling, and use of public transport is a national priority. Developments should recognise that the
practical requirements for the urban areas are different from those in the rural communities.

Related topic areas
Deprivation, education, children and young people, transport, housing, environment, employment.

3.2 Social and Environmental Context

3.2.1 West Berkshire Sustainable Community Strategy
The West Berkshire Partnership has identified these priorities for 2009/10:
- Tackling the economic recession
- Supporting targeted areas and communities
- Tackling harmful impacts of alcohol on people and communities

3.2.2 Education
The provision of good quality education is essential to help each child to achieve his or her full potential in life, but also to ensure the future sustainability, stability and prosperity of the borough.

Where are we now?
Performance in schools in West Berkshire is consistently good compared to England averages. For instance, performance at Key Stage 2 in West Berkshire schools is consistently higher than the national average. Achievement at GCSE is almost universally above the national average in West Berkshire schools. Most schools have seen a substantial improvement on the proportion of pupils achieving 5 or more GCSEs at grade A*-C including English and Maths since 2001, with West Berkshire as a whole seeing a rise of 8%. 64% of young people achieved five or more grades A* to C in 2008, a significant increase over previous years. 99.4% of young people achieved at least one pass at GCSE by the age of sixteen. 95% of pupils achieved 5 A*-G including English and Maths compared to 87% nationally.

At Key Stage 1, the proportion of children of Asian, black or mixed ethnicity achieving the expected level was similar to the proportion of white children. This remains true of Asian children, while black children's results lag at Key Stage 2 and they achieve less well at GCSE. Students attending special schools also achieve well and many gain recognised qualifications including GCSEs where appropriate. Students attending pupil referral units also achieve well and nearly all gain more than one GCSE qualification.

Where would we like to be?
Skill levels amongst the adult workforce are relatively low, and provision of more opportunities is an important priority.

Related topic areas
See deprivation, ethnicity, housing, transport,

3.2.3 Housing
The minimum housing standard is secure accommodation, protective from the elements, with heating, lighting, sanitation and freedom from hazards.

Where are we now?
25% of property in West Berkshire is rented, compared to 31% in England as a whole. 74% of households are owner-occupied, 12.5% rented from registered social landlords and 12.5% rented from a private landlord. A small quantity is being purchased under a shared purchase scheme.
There are a high number of local people who either need a home of their own or require more suitable accommodation. The most frequent requirement is for one-bedroom accommodation, as more single people look for their first property.

The most frequent causes of homelessness in the district are people having to leave the homes of family or friends (31%), the loss of rented accommodation not related to rent arrears (15%), the breakdown of relationships (11%) and mortgage repossessions (11%). Since 2003 there has been an 87% reduction in the number of homelessness acceptances by the Council.

Housing stock in West Berkshire is better than the national average: only 4% of the housing stock was deemed unfit in 2001, compared to 7% nationally (West Berkshire Stock Condition Survey, 2001). In the 2001 census, about 4.5% of households were overcrowded. Over 99% of singly occupied dwellings now have the five basic amenities (a kitchen sink, a bath or shower in a bathroom, a wash hand-basin, a cold water supply to each of these and an internal toilet).

A ward level analysis of fuel poverty within the district shows it to be most frequent in Newbury and the rural parish of Compton, with fuel poverty scores ranging from 18% to 23%. Tackling fuel poverty in rural areas is difficult, as many households do not have access to gas, the cheapest fuel for heating homes, and people in rural areas are less likely to claim benefits to which they are entitled. This also prevents them from accessing energy efficiency grants such as Warm Front.

The Housing and Environment Forum, created in 2006 in West Berkshire, has evolved and become the new Housing Partnership, with strong representation from the public, private and voluntary sector.

Where would we like to be?
West Berkshire needs 500 new homes per year, including affordable accommodation.

Gaps
Falling house prices and increased difficulty accessing lending is discouraging developers from building new housing. In the past six months, 257 new homes have been completed against a target of 700 per year.

Related topic areas
Trauma, deprivation.

3.2.4 Transport
Where are we now?
The transport network in West Berkshire is made up of the M4 motorway, the trunk road network, the local road network, cycle ways, footpaths, railways, the Kennet and Avon Canal and the Rivers Kennet and Thames. Although links to and from the area are good, the largely rural nature of West Berkshire makes accessibility less satisfactory.

There are few urban areas in the district. Access to local services and facilities is difficult across much of the Downlands area to the West and North of the district, with the only centres for services in these areas being Lambourn in the North West and Hungerford in the West.

The Greener Partnership now has responsibility for ensuring measurable increases in access to services and facilities by public transport, walking and cycling, and for maintaining the number of bus services running on time.
There is a relatively high level of car ownership and usage in West Berkshire. The proportion of households without access to a vehicle is 13%, compared to 20% of households in the South East and 25% nationally. West Berkshire also has a lower proportion of households with one car (40%), compared to England and Wales (44%) or the South East (43%). Households in West Berkshire are more likely to be owners of several cars. 46% of households in the district have two or more cars, compared to 38% of households in the South East and 29% of households nationally.

There have been dramatic reductions in injuries resulting from road traffic accidents in recent years, in the number of children killed and seriously injured on the roads and in the number of slight injuries. In 2007, 105 people were killed or seriously injured in West Berkshire, 7 of whom were children. There were a further 681 casualties. The proportion of injuries to pedal cyclists and motor cyclists has increased by 6% and 7% respectively.

Where would we like to be?
We need to:
- Where practical, reduce the reliance on motor vehicles
- Ensure that transport remains efficient and effective, and empowers people by providing access to services, employment and leisure opportunities
- Further encourage forms of transport that promote safe and regular exercise
- Reduce road accidents.

Gaps
The economic downturn may lead to more people choosing a motor cycle or a bicycle as a means of transport. The road traffic accident statistics indicate that there is more work needed to ensure the safety of these groups of road users.

3.2.5 Crime
Where are we now?
West Berkshire has less reported crime than surrounding authorities; however the borough does have a higher crime rate than other rural authorities. Between autumn 2005 and summer 2007, there was a steady increase in crime levels, particularly domestic burglary, thefts from vehicles, low level violent crime and criminal damage. By the end of 2008/9, there had been good progress made in this area, particularly in reducing serious acquisitive crime, serious violent crime, serious sexual offences and assaults with less serious injury. At the end of 2008/9, total reported crime had increased by 3%, although this followed a 12% reduction in the previous year. Crime levels are now lower than in 2006/7. The number of young people who offended and received a formal outcome from the police or courts decreased from 392 in 2007/08 to 344 in 2008/09, with offending by boys peaking at aged 16, and by girls at 14 years.

One of the main areas for offending is Newbury town centre, where the peak time for offending is between 9.00pm and midnight on Fridays and between 9.00pm and 3.00am on Saturdays and Sundays.

Crime and anti-social behaviour are important quality of life issues. The results of the West Berkshire Community Safety survey 2008 showed that 87% of people feel safe outside during the day in their local area. After dark fewer residents feel safe.

The strong relationship between offending and poor lifestyle choices, such as alcohol consumption or the abuse of other substances make this an important area for partnership working.

Where would we like to be?
There is potential to reduce crime through appropriate alcohol and drug interventions.

3.2.6 Employment

Where are we now?
The 2007 mid-year population estimate shows there are 93,800 people of working age in West Berkshire, 62% of the population. Proportionately, West Berkshire has more people in paid employment than the average for the region or nation. The self-employment rate is 10.3%. According to the annual population survey in 2008, unemployment was 3.1%, comparing favourably to the South East average of 4.2% and the national average of 5.4%. 91% of males of working age are economically active, compared to 83% across the UK. 82% of women are economically active.

In February 2009, there were 2,042 people claiming Job Seekers Allowance in West Berkshire. This is a significantly lower proportion than in the South East and the country as a whole.

The recession is impacting the ability of young people with whom the Youth Offending Team (YOT) are working to obtain full-time education, training and employment; only 55% were in full-time education, training or employment in the first quarter of 2009/10, as opposed to 71% during 2008/09.

Where would we like to be?
Improving opportunities for and access to training and development for all, but especially those facing social exclusion, discrimination and labour market disadvantage, will help instil a commitment to lifelong learning in both individuals and employers and support people to play an active part in the economy.

Distance learning will become more important and widespread.

There is an increasing need to bring local employers and training providers together, so that the necessary skills are available in the local labour market to support a vibrant local economy.

Gaps
To engage the future workforce we need to increase the range of training opportunities available for West Berkshire young people, especially once they leave statutory education at 16. In particular we need provision at level 1 and 2, the style of which will be attractive to young people who have not succeeded in traditional classroom environments.

Studies of previous recessions have shown falls in the number of employment and work-based training opportunities for young people. The current economic downturn has hit West Berkshire young people particularly severely, with an increase of 158% in the number leaving work in the first four months of 2009 compared to an average increase of 31% in the other Berkshire authorities. This can be attributed to the emphasis in the local economy on retail, hospitality and catering, and increases the challenge in managing the implementation of the new national programme of 14 -19 diplomas aimed at providing a wider choice of learning opportunities and qualifications for young people in this age group.

There are differences between the achievement of boys and girls which are similar to national statistics. Boys do not achieve as well in English, especially in writing. Girls do not achieve as well in mathematics and able girls particularly do not achieve as well in mathematics and science.
Recent national reports highlight a gap in achievement between white and ethnic minority children. An analysis of Department of Children, Schools and Families (DCSF) data by Bristol University show that 57% of white pupils achieve five good GCSEs compared with 79% of Chinese, 71% of Indian, 56% of Bangladeshi, 51% of Pakistani, 50% of black African and 44% of black Caribbean pupils. Local data given above show similar trends (section 3.2.2).

Several explanations have been put forward to explain these differences, however researchers from Bristol University have recently argued that aspirations and values instilled in pupils by their families and wider communities may be the primary cause.

A key step in driving economic prosperity is tackling the basic skills deficiencies and other barriers preventing individuals from achieving their full potential. Flexible learning and working practices will also be needed if the district’s economy is to realise its full potential.

3.2.7 Air, water, land, food and sanitation

Where are we now?

Since 1997, all local authorities in the UK have been carrying out a review and assessment of air quality. The review ensures that national air quality objectives are achieved.

Air quality in West Berkshire is generally good. Existing sources of air pollutants in West Berkshire include the M4 motorway, other principal roads such as the A4, A34 and A339, local roads and to a lesser extent industrial and domestic sources.

Water quality in West Berkshire is also good. OFWAT found that in 2003, 88% of river length in the district was considered as of good biological quality, a slight fall from 95% in 2000, but far in excess of the national average of 54%.

Where would we like to be?

The successful encouragement of healthy activities such as walking and cycling in the countryside has an environmental impact, as people drive to points from which to walk, and can cause environmental erosion as well as leaving rubbish behind. Partners need to consider the encouragement of more healthy lifestyles within the context of maintaining the environment.

Commuting to work also has an environmental impact. Again the balance of environmental risks should be considered by partners.

Related topic areas

Exercise, obesity, employment.

3.2.8 Physical environment

Where are we now?

Nearly three quarters of West Berkshire is made up of the Berkshire and Marlborough Downs, a gently rolling, chalk landscape. This area is classified as part of the North Wessex Downs Area of Outstanding Natural Beauty and is a great place for walking.

The amount of gas consumed in West Berkshire is similar to the national average: 20,700 kWh per household, compared to 20,100 kWh nationally. However, households in West Berkshire use 24% more electricity than average for the UK. Consumption of water is also greater in West Berkshire. Data from OFWAT shows that the average person in the UK uses 154 litres a day compared to 162 litres in West Berkshire.
Nearly 23% of West Berkshire’s household waste was recycled and composted during 2007. This increased to 32% in 2008/9 and compares favourably with national rate of 34%.

Where would we like to be?
We want to help local people to adopt behaviour that promotes healthy sustainable living, with raised awareness of the need to protect and enjoy the diverse environment of West Berkshire.

Gaps
West Berkshire faces tough national targets to increase recycling and composting and to send less waste to landfill. The engagement of the population will be key to achieving these targets, which could be part of a holistic approach to living healthy and sustainable lives.

3.2.9 Flooding

Flooding is an issue of increasing concern nationally and globally, believed to be increasing as a result of climate change.

A number of watercourses, recognised as main rivers by the Environment Agency, flow through West Berkshire. The most important of these are the Rivers Kennet, Lambourn and Pang and the Foudry Brook. The River Thames flows on the North-Eastern boundary of West Berkshire.

The landscape of West Berkshire shows a contrast between the higher downlands in the North-West of the district and the low-lying floodplains of the rivers, principally the Kennet and the Pang. The Kennet’s floodplain, which dominates much of the South of West Berkshire, is limited on either side by steep slopes, rising to the county boundary with Hampshire to the South and up to the Berkshire Downs to the North.

The risk of flooding within West Berkshire is widespread, arising not only from rivers, particularly to the towns of Hungerford, Newbury and Thatcham, but also from surface water and groundwater flooding. The events of the summer of 2007 were a timely reminder of the impacts that flooding can have upon the local community. That flooding resulted from heavy rainfall preceded by a prolonged period of wet weather which had already fully saturated the ground. As a consequence little absorption occurred during the storm and there was a high rate of run-off. Most areas were subject to flash flooding lasting for between half an hour and three hours, but a number of areas suffered for considerably longer causing major damage to property.

The worst areas affected were in the Kennet, Lambourn and Pang valleys where flooding was caused primarily by water running off surrounding rural areas through residential areas, as opposed to rivers over-topping their banks. Only 18 West Berkshire parishes avoided flooding.

There has been a pattern of flooding over recent years, notably in 2000, 2002 and 2005, but none as severe as the event of July 2007. It is generally accepted that rainfall patterns are changing, with an increased propensity for shorter, sharper storms. These intense rainstorms lead to a greater risk of flash flooding and, where the rainfall is sustained, to greater catchment-wide flooding through the sheer volume of water. These erratic weather conditions mean that widespread flooding, as experienced in 2007, is likely to recur if no action is taken to prevent it.

The main health risks arising from flooding are drowning, accidents caused by flowing water (such as falls), stress associated with the event and its aftermath, and carbon
monoxide poisoning due to the increased use of fuel-powered equipment within the home. Infectious illness arising from flooding is rare in this country. Following the 2007 floods, the Health Protection Agency found no evidence of increased outbreaks of illness due to the floods.

3.3 Lifestyle risk factors

3.3.1 Tobacco
Smoking has long been known to be a major risk factor in many diseases, particularly coronary heart disease and cancer. The seriously addictive nature of tobacco smoking is shown by the number of people who still smoke despite major efforts to discourage and re-educate the public, including legislation banning smoking from enclosed public places.

The TellUs3 survey in 2008 reported that 75% of those children and young people who completed the survey had never smoked a cigarette. This figure is the same as the national average for this question, and slightly higher than the proportion stating that they have never had a cigarette in the TellUs2 Survey in 2007 (73%). A survey carried out in 2007 in 5 schools in the district indicated that the proportion of children and young people in West Berkshire who smoke had fallen to 5.7% in 2007 compared to 9% in 2006. 75% of the children and young people responding said that the information and advice they received about smoking is good enough, statistically significantly better than the 70% who said this nationally, however the survey is based upon small numbers.

Where are we now?
An estimated 20% of adults in West Berkshire are current smokers. This compares with 24% across the South Central/South East region and 25% nationally.

The Berkshire West Stop Smoking Service provides help and support to smokers who wish to stop smoking, offering a wide range of services, designed to be easily accessible to all. All services are provided free of charge, including, where appropriate, up to 12 weeks’ supply of nicotine replacement therapy (prescription charges may apply).

Services include specialist one-to-one advice, stop smoking groups, pregnancy stop smoking clinics and supported distance learning. Some of the advisors have specialist skills in dealing with young people, mental health patients and pregnant women and are able to communicate in a wide variety of languages.

Across Berkshire West, 4037 people using the service set a quit date, and 2323 (58%) quit during 2008/09.

Where would we like to be?
Smoking remains the largest preventable cause of premature death and avoidable morbidity. Public health efforts to drive down smoking prevalence will continue, working closely with statutory partners.

Gaps
Some immigrant groups are believed to be heavy smokers, and it may be possible to target them.

3.3.2 Alcohol misuse
Alcohol is the third most important of 26 risk factors for ill-health in the EU, ahead of obesity and behind only tobacco and high blood pressure. Alcohol misuse causes liver disease, high blood pressure, stroke and mental illness, as well as foetal alcohol

The National Alcohol Harm Reduction Strategy for England highlights the £6.4 billion cost of working days lost to alcohol-related illness and reduced employment.

Women from managerial/professional households are likely to drink more regularly and more heavily than women from routine/manual households. Alcohol affects women differently from men; there are a number of diseases of specific concern to women, including cancer, digestive problems and coronary heart disease.

Excess drinking can cause impaired performance at work, a higher incidence of unsafe sex, disproportionate vulnerability to attack and increased mental health and social problems.

The West Berkshire Youth Offending Team (YOT) found that 31% of the young people that they worked with in 2007-8 had committed their offences directly as a result of misusing alcohol. Alcohol was linked especially to offences of violence, public order and criminal damage.

Where are we now?
The admissions rate to hospitals for alcohol-related conditions, most of which are long-term medical conditions, has risen dramatically over the past few years.

The South East has lower rates of binge-drinking than several other regions, especially for men, but higher rates than London. An estimated 15.4% of people in West Berkshire population are binge drinkers. There were 888 alcohol-related admissions of West Berkshire residents per 100,000 population in 2007/08.

National estimates of drinking behaviour applied to the local population suggest that there are about 4,000 alcohol-dependent people in West Berkshire and about 23,000 whose drinking is at increasing risk and high risk levels.

19% of TellUs survey respondents said they had never had an alcoholic drink, which is lower than the national average of 25%. 37% said that they had never been drunk, compared to 35% nationally. However, the West Berkshire Smoking and Drinking survey 2007 indicated that alcohol consumption by young people may be increasing. 59% of 11 to 17 year olds said that they drink alcohol, similar to the 2006 result of 56%. 32% said that they had drunk alcohol in the last seven days, a slight rise on the 2006 figure of 28%.

Where would we like to be?
Alcohol and substance misuse is one of the initiatives forming part of the Well-being and Prevention goal laid out in the strategic plan of NHS Berkshire West.

NHS Berkshire West has begun commissioning alcohol services across a range of settings including general practice, and is re-tendering for the Tier 3 Drugs and Alcohol service. New Alcohol Tier 2 community intervention services have been commissioned during 2009. The services are intended to contribute to the decrease in numbers of high risk and dependent drinkers across Berkshire West.

To minimise harm and cost to society, Alcohol Workplace Policies should be introduced for all public and private sector employers, and should include annual alcohol awareness training for all. Training could be cost effectively integrated into health and safety policies and become an annual statutory requirement.
Related topic areas
Crime, diabetes, obesity, employment, transport.

3.3.3 Drug misuse
Where are we now?
The West Berkshire Drug and Alcohol Action Team (DAAT) is responsible for the local implementation of the ten-year National Drugs Strategy Tackling Drugs (1998, amended in 2002). The DAAT receives funding from the Government to commission treatment, advice and information services in West Berkshire.

In 2007/08, there were about 230 problematic drug users in the area, mostly of opiates, and three-quarters were male. 189 were receiving effective treatment, a number which continues to increase as agencies work together to make it easier for people to access treatment.

In 2007/08 there were no drug-related deaths in the area.

Where would we like to be?
Treatment providers need to work closely with the Police, Probation Service, Primary Care Trust, Employment and Education to make sure that those needing help can get it quickly and that their other support needs are met.

Gaps
The multi-agency collaboration and joint planning to address crime and substance misuse in West Berkshire needs to continue and develop further. We need appropriate housing and associated support for ex-offenders, young people, those misusing substances and other vulnerable individuals within the community.

3.3.4 Obesity, diet and physical activity
Obesity develops from an accumulation of excess body fat, which occurs when energy intake from food and drink consumption is greater than energy expenditure through the body’s metabolism and physical activity. However, the underlying causes of obesity are more complex than this, and relate to a wide variety of societal and behavioural factors.

In adults, obesity is commonly defined as a body mass index of 30 or more. For children in the UK, the British 1990 growth charts are used to define weight status. There has been a rapid increase in the prevalence of overweight and obesity in recent years, with the proportion of adults in England with a healthy body mass index of 18.5 to 24.9 decreasing between 1993 and 2007 from 41% to 34% among men and 50% to 42% among women. 24% of British adults are obese (HSE 2007). 10% of boys and 9% of girls in Reception year (aged 4-5 years) and 20% of boys and 17% of girls in Year 6 (aged 10-11 years) are obese according to the British 1990 population monitoring definition of obesity (at or over the 95th centile) (NCMP 2007/08). By 2050, the prevalence of obesity is predicted to be 60% of men, 50% of women and 25% of children (Foresight 2007).

Obesity is associated with health problems such as type 2 diabetes, cardiovascular disease and cancer. NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year (Foresight 2007). These factors combine to make the prevention of obesity a major public health challenge.

Where are we now?
The obesity estimate for adults in West Berkshire is 22%, which translates to over 24,000 people.
The childhood obesity prevalence in West Berkshire is significantly lower than national average. We have set targets to reduce the local prevalence from 16.1% in 2008/09 to 15.9% in 2010/11, and have set up a Local Area Agreement (LAA) childhood obesity strategy and action group.

The TellUs 3 survey reported that 44% of the children and young people responding had spent at least 30 minutes per day engaged in physical activity on six or seven days over the previous week. This is statistically significantly higher than the 36% who reported this level of activity nationally.

Where would we like to be?

Adults
NHS Berkshire West is piloting the Eat4Health programme, an add-on part of Exercise on Referral; clients will get the benefit of healthy eating messages in addition to physical activity in leisure centres. Also being implemented is the Activity for Health Exercise Referral programme, which includes cardiac rehabilitation, and the Activ8 programme in West Berkshire, which provides opportunities for adults with obesity, coronary heart disease and/or diabetes. It will be important to evaluate these initiatives and build on those that prove to be successful.

Weight management programmes are being piloted in West Berkshire both in primary care and dietetic services and will be evaluated.

Children
NHS Berkshire West has successfully established School Nutrition Action Groups (SNAGs) in some schools. The Healthy Schools initiatives include physical activity and healthy eating. The Playbuilder scheme in West Berkshire is increasing play areas for young people, and Activity for Health and the Activ8 programme for young people are also being implemented. NHS Berkshire West has also implemented (Mind, Exercise, Nutrition, Do It! (MEND): a fun course for families with children aged 7 to 13 whose weight is above the healthy range for their age and height. It runs twice a week after school in two-hour sessions over 10 weeks. West Berkshire’s Trading Standards in collaboration with the Food Standards Agency is delivering various healthy eating and eating on-a-budget initiatives in primary schools.

Gaps
There is limited funding for adult weight management. There is also no sustained funding for the children’s weight management programmes such as MEND and SNAGs. SNAGs could be implemented in all the primary and secondary schools in West Berkshire.

Related topic areas
Transport, education, environment, diabetes, heart disease, stroke, mental health,
3.4 Burden of ill health

3.4.1 All cause mortality

The age-standardised mortality rate for all causes of death is a good indicator of the general health of a population.

Figure 3 Age-standardised mortality rate for all causes of death (illustrates an applied linear trend)

Where are we now?

The age-standardised death rates for England for both men and women are falling. West Berkshire has a lower rate which is falling in line with the national trend for men, and falling more steeply than the national trend for women.

There were 1100 deaths in West Berkshire in 2007, giving an all-age, all-cause mortality rate of 511 deaths per 100,000. This compares with a rate of 528 per 100,000 in the South East region and 579 per 100,000 for England and Wales (Figure 3). The male rate in West Berkshire is 592 per 100,000, which compares with 625 per 100,000 in the South East region and 693 per 100,000 nationally. The female rate is 449 per 100,000, which compares with 449 per 100,000 in the South East region and 491 per 100,000 nationally.

Despite the borough’s relative affluence, socio-economically deprived people in West Berkshire have a shorter life expectancy than wealthier people. Life expectancy in the most deprived fifth of areas is three years less than that in the least deprived areas for men, and four years for women. Figure four shows that the single biggest contributor to the inequality in life expectancy is coronary heart disease. The risk of most conditions contributing to inequalities can be reduced by health lifestyles such as reducing smoking, and obesity and increasing physical activity.
Figure 4 below, shows the years of life that would be gained if the most deprived quintile of West Berkshire Unitary Authority area had the same mortality rate as the least deprived quintile, for each cause of death, showing that the greatest gains would be in reducing Coronary heart disease in both men and women.

**Figure 4: Causes of death contributing to health inequalities**

Where would we like to be?
Reducing health inequalities is a public health priority. Efforts targeted at pockets of deprivation, using local intelligence about communities, can lead to significant gains in life expectancy.

Gaps
Premature mortality affects all ages; the focus in young adults will be on accidents and suicides and the focus in older adults will be on the risk factors and behaviours that cause cardiovascular disease and cancers.

Related topic areas
Smoking, alcohol, obesity, exercise, transport.

3.4.2 Diabetes
The number of people diagnosed with diabetes in the United Kingdom has increased from 1.4 million in 1996 to 2.5 million in 2008, with a projected figure of 4 million by 2025. Most of these people will have type 2 diabetes: the prevalence of which is rising
because of the ageing population and the rapidly increasing number of overweight and obese people.

Where are we now?
An estimated 5000 people (3.5% of the population) have type 1 or 2 diabetes in West Berkshire. Across England about 12% of deaths among those aged 20 to 79 years are because of diabetes. In NHS Berkshire West 10% of deaths are attributable to diabetes, the third lowest figure in England.

Where would we like to be?
The prevalence of diabetes is increasing, especially among young people, and is linked to the prevalence of obesity. Maintaining low prevalence rates of diabetes and identifying and treating people with diabetes effectively remain public health priorities.

Related topic areas
Obesity

3.4.3 Coronary heart disease
Coronary heart disease is the single most common cause of death in the United Kingdom, causing around 94,000 deaths each year. It is also the most common cause of premature death (death before the age of 75), causing almost 31,000 premature deaths in 2006. Around one in five men and one in seven women die from the disease. Much of this is preventable and the Government is committed to reducing the death rate from coronary heart disease, stroke and related diseases in people under 75 by at least 40%, to 83.8 deaths per 100,000, by 2010.

Given the importance of coronary heart disease as a cause of death, local services are responding by establishing evidence based treatments including primary angioplasty for acute myocardial infarction, and preventative approaches to adult risk factors such as smoking and obesity.

Where are we now?
There are about 160 deaths each year from coronary heart disease in West Berkshire, about 5,100 in the South Central SHA region and 77,600 in England. 32% of these occur in those aged under 75 years. This compares with 30% across the South Central/South East region and 32% in England.

Using age distribution, sex, ethnicity and deprivation, models predict that 22% of the population served by NHS Berkshire West would have hypertension, compared to the 11% that were actually recorded by GP practices as being hypertensive in 2006. This suggests that many cases remain undetected. GPs can opportunistically take blood pressure readings, but as hypertension is usually asymptomatic, many people do not present to a doctor.
Figure 5 shows that the mortality rate from coronary heart disease in the under 75 population in West Berkshire is falling, in line with national and regional trends. The rate is consistently lower than for the South East and England as a whole.

**Figure 5: Age Standardised Mortality rate for CHD in people aged under 75.**

Where would we like to be?
Implementation of the new vascular checks (Health Checks) programme is a priority for NHS Berkshire West.

**Coronary heart disease health equity audit**
A coronary heart disease health equity audit was carried out for the NHS Berkshire West coronary heart disease Local Implementation Team in April 2009, to inform and support work to reduce health inequalities and implement the coronary heart disease National Service Framework locally. This report is in final stages of editing and will available as an appendix to the JSNA document set.

**Key findings**

**Coronary heart disease prevalence**
According to Quality and Outcomes Framework data, the prevalence of coronary heart disease in West Berkshire was 2.6% in 2007/08, lower than the expected prevalence of 3.8%. This means that there may be as many as 900 people with coronary heart disease in West Berkshire who do not appear on disease registers, either because of incomplete recording or under-diagnosis. A disproportionate number of these people are likely to be from deprived or ethnic minority populations.

**Coronary heart disease admissions**
In NHS Berkshire West, as elsewhere, coronary heart disease admissions and mortality rates are higher in men compared to women. The majority of admissions are in people over the age of 55 years and in particular in the over 75 age group. The highest rate of admissions for coronary heart disease is from the most deprived quintile, reflecting a higher level of need. However, admissions are lower than expected in the third and fourth quintiles, suggesting a possible inequity of access to services. In West Berkshire, the rate of admission in the Asian population (1.2 per 1000) is lower than the rate for the white population (5.7 per 1000). The prevalence of coronary heart disease in Asian
people is about twice that in the white population, so these rates suggest that patients from the Asian community are not accessing services equitably.

**Coronary heart disease mortality**
Coronary heart disease mortality is strongly related to deprivation, with the most deprived areas having a 50% greater risk of death from coronary heart disease than the least deprived areas. Within West Berkshire, the directly standardised mortality rates for coronary heart disease are highest in Theale, Victoria, Burghfield and Speen, though insufficient events occur at ward level for any statistical significance to be attached to such variations.

**Statin prescribing**
Although there are differences in statin prescribing between practices, statins are generally being prescribed according to identified need in primary care, and statin prescribing is increasing year on year. Statin prescribing will increase further if coronary heart disease is diagnosed more frequently.

**Recommendations**
The following are identified as priorities in the CHD Health Equity Audit:

- Work with primary care to improve diagnostic and recording methods for coronary heart disease, focusing on those GP practices with particularly low prevalence and those with significant deprived and ethnic minority populations.
- Use a social marketing approach to raise awareness of coronary heart disease in ethnic minority and deprived populations.
- Establish a working group to address the issue of coronary heart disease and other vascular diseases in ethnic minority groups, including access to secondary care in an emergency.
- Work with medicines management to continue increasing statin prescribing in those practices where rates appear low.
- Obtain more detailed information on local prevalence by age, sex, ethnic group and deprivation through the MiQuest audit.
- Ensure that data collection is part of the service specification when new services are introduced or services redesigned.
- Explore ways of taking forward an equity audit of smoking cessation services.

**3.4.4 Stroke**
The risk factors for stroke which are susceptible to change include high blood pressure, cigarette smoking, high blood cholesterol, poor diet, physical inactivity, obesity and alcohol and drug misuse. Controlling other medical conditions, such as diabetes mellitus, carotid or other artery disease, atrial fibrillation and other heart disease, will also reduce the risk of stroke.

**Where are we now?**
There were 108 deaths in West Berkshire in 2007 from strokes, compared with 7167 in the South East region and 46,512 in England and Wales. 12% were in people under the age of 75, compared to 15% in the South East and 17% in England and Wales. This gives a standardised rate of 44 per 100,000, compared to 43 per 100,000 for the South East and 47 per 100,000 for England and Wales.

The trend in stroke mortality rate has been downward in West Berkshire since 1996. Identifying those at risk and treating the conditions listed above can significantly reduce the numbers of strokes and this was set out in a national stroke strategy published in December 2007.

There were 114 residents of West Berkshire admitted with the primary diagnosis of ICD 10 I63 (cerebral infarction (stroke)) in 2008/09. In 2006/7 there were 139 inpatient
spells which led to 47 deaths within 30 days of admission due to ICD10 I61 to I64 (all strokes). This is similar to the number calculated by application of national rates of hospital survival (NCHOD).

Since 1998/99, there has been a general improvement in survival following admission, with the age-standardised mortality rate falling from 30,900 per 100,000 patients admitted for stroke in 1998/99 to 28,800 per 100,000 in 2006/7. However, this remains higher than both the England rate (22,800 per 100,000) and the rate for the South East region (21,800 per 100,000).

Where would we like to be?
Whilst there is a definite improvement in survival rates from strokes, stroke survivors are often more dependent than they were before the event.

Amongst a number of fast-track analyses being undertaken by NHS Berkshire West is a specific project on stroke rehabilitation. As well as the specific outputs of the project related to stroke, completing the fast-track segment will provide NHS Berkshire West with a set of options about community stroke rehabilitation.

Related topics
Diabetes, obesity, drug and alcohol misuse, smoking.

3.4.5 Cancer
Where are we now?
There are about 330 deaths from cancer each year in West Berkshire, out of 20,000 occurring in the South East and over 135,000 in England and Wales (NCHOD 2005-07). Although the age-standardised mortality rate for cancer in the under 75s in West Berkshire has been below the national average and the average for the South East for many years, the latest three-year rolling averages indicate a slight upward trend which is absent from the national figures. Indeed, the latest rate is above the average for the South East region.

Breast cancer in 50-69 year olds may be part of the explanation for this upward trend, because there has been a rise in recent years although the small numbers involved make interpretation difficult. A further reason for this rise may be lung cancer mortality amongst those under 75 years.

Figure 6: Age standardised mortality rate for all cancers in persons under 75
Where would we like to be?
We need to ensure that people are properly informed of the risk factors for cancers and how to avoid the development of these diseases, and that we monitor as effectively as possible the information relating to the effects of cancers in West Berkshire.

Gaps
There is further analysis of the figures to be carried out by NHS Berkshire West as part of the rolling program to support JSNA. With individual cancers, specific age groups and small area analysis it is difficult to establish statistically significant differences that may merit further study.

Related topic areas
Smoking, obesity, environment.

3.4.6 Respiratory disease
Where are we now?
Based on figures for 2005-07, the age-standardised mortality rate in West Berkshire for respiratory diseases is 80 per 100,000 for men and 51 per 100,000 for women. Mortality from chronic obstructive airways disease is steadily falling in West Berkshire and there is a relatively low admission rate for this disease for residents of the borough. The prevalence of asthma in Berkshire is estimated at 6%, meaning that over 8000 people will have the condition in the district. There were 102 hospital admissions of West Berkshire residents in 2007/08 with the primary diagnosis of asthma, Asthma is generally well-managed in primary care, so this figure represents the most severe cases.

Where would we like to be?
We need to ensure that asthma is properly diagnosed and managed in all sectors of the community, minimising disruption to schooling, work and other normal activities.

Gaps
There were 214 emergency admissions from West Berkshire in 2007/08 with the diagnosis “Abnormalities of breathing” (ICD 10 R06). This has been among the ten most frequent emergencies for the area for the last three years. About half of the cases are in people under the age of 20. These could be undiagnosed asthma and some of the admissions might have been preventable.

Related topic areas
Air quality, health inequalities.

3.4.7 Infectious diseases
Immunisation
Background
The childhood immunisation programme in the UK has resulted in a dramatic decrease in the incidence of once common childhood diseases and of the serious complications and deaths caused by these infections. Since the introduction of the Meningitis C vaccine in 1999 laboratory confirmed cases of cases of group C meningitis have fallen by over 90% in all age groups immunised and by around two thirds in other age groups as a result of reduced carriage of the bacteria and indirect protection. Conversely there has been a dramatic rise in measles cases in England over the past 2 years and a risk of an epidemic as the result of lower immunisation rates over the previous 10 years. The World Health Organisation recommends that at least 95% of children should complete routine immunisations to achieve herd immunity and protect them and susceptible

individuals in the population from vaccine preventable diseases. The Department of Health have made this a Vital Signs Target to be achieved by all PCTs by March 2011.

**Figure 7 Vital signs targets for immunisation coverage, NHS Berkshire West**

<table>
<thead>
<tr>
<th>Age reached in measurement period</th>
<th>Immunisation</th>
<th>2008-2009</th>
<th>2009-2010</th>
<th>2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
<td>Diphtheria/Tetanus/Pertussis/Polio/DTaP/IPV/Hib</td>
<td>87%</td>
<td>91%</td>
<td>95%</td>
</tr>
<tr>
<td>2 years</td>
<td>Haemophilus Influenza B/Meningitis C Booster (Hib/Men C)</td>
<td>87%</td>
<td>91%</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>First Measles/Mumps/Rubella MMR 1</td>
<td>90%</td>
<td>93%</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal Booster (PCV)</td>
<td>90%</td>
<td>93%</td>
<td>95%</td>
</tr>
<tr>
<td>5 years</td>
<td>DTaP/IPV Booster (Pre-School Booster)</td>
<td>85%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>Second Measles/Mumps/Rubella MMR 2</td>
<td>81%</td>
<td>90%</td>
<td>95%</td>
</tr>
</tbody>
</table>

**Current Position**

In Berkshire West routine immunisations are offered to all children under 5 years through their GP surgeries. The nationally published coverage data (COVER data) for 2008-2009, used to measure performance against the target, is set out in the table below. This indicates that immunisation coverage in West Berkshire is

- Significantly below the 95% target
- Equal to or higher than the Berkshire West average for all immunisations
- Below the average for South Central Strategic Health Authority for all immunisations except the DTaP/IPV booster at 5 years
- Close to national average for England for most immunisations

**Figure 8 Immunisation coverage in West Berkshire 2008-2009 compared to Berkshire West, South Central SHA and England. (Registered GP practice is used as a proxy for residence to calculate Local Authority level data)**

<table>
<thead>
<tr>
<th></th>
<th>1 Year Old Cohort: Children reaching their 1st birthday during 2008-2009</th>
<th>2 Year Old Cohort: Children reaching their 2nd birthday during 2008-2009</th>
<th>5 Year Old Cohort: Children reaching their 5th birthday during 2008-2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DTaP/IPV/Hib</td>
<td>PCV</td>
<td>Hib/MenC</td>
</tr>
<tr>
<td>Populations</td>
<td>% Cover</td>
<td>Populations</td>
<td>% Cover</td>
</tr>
<tr>
<td>West Berkshire</td>
<td>1898</td>
<td>90</td>
<td>1781</td>
</tr>
<tr>
<td>Berkshire West</td>
<td>6577</td>
<td>90</td>
<td>6099</td>
</tr>
<tr>
<td>South Central</td>
<td>52,500</td>
<td>95</td>
<td>50,600</td>
</tr>
<tr>
<td>England</td>
<td>654,200</td>
<td>92</td>
<td>631,300</td>
</tr>
</tbody>
</table>

The COVER data is produced from the Child Health Information System which collates information provided by GP surgeries and from the child health records of children moving into the area. An alternative source of data is the quarterly reports run directly from the GP clinical systems that measure performance against the immunisation payment thresholds in the GP contract. These sources are not directly comparable and the payment data in this form can not be used for national reporting. This is because it measures coverage of a smaller number of immunisations, coverage of DTaP/IPV/Hib is...
measured at 2 years rather than 1 year and the population numbers may differ. Even with these limitations this data suggests that coverage is higher than that shown by the COVER data. The table below shows that immunisation coverage in West Berkshire is reaching 96% for DTaP/IPV/Hib immunisations and around 90% in three others.

**Figure 9 Immunisation coverage in West Berkshire 2008-2009 compared to Berkshire West indicated by GP payment data. (Registered GP practice is used as a proxy for residence to calculate Local Authority level data)**

<table>
<thead>
<tr>
<th>Population</th>
<th>DTaP/IPV/Hib</th>
<th>Men C</th>
<th>MMR</th>
<th>Population</th>
<th>DTaP/IPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Berkshire</td>
<td>1402</td>
<td>97</td>
<td>94</td>
<td>91</td>
<td>1333</td>
</tr>
<tr>
<td>Berkshire West</td>
<td>6200</td>
<td>96</td>
<td>93</td>
<td>91</td>
<td>5828</td>
</tr>
</tbody>
</table>

Future Plans
Firstly, work on ensuring the data held on the Child Health Information System (CHIS) is robust will be continued. This will include regular interrogation of GP clinical systems which will provide more complete information to be fed into the CHIS and also ensuring populations are up to date and do not include children that have moved out of the area. Secondly, action needs to be taken to improve uptake of immunisation in order to reach the 95% targets for all immunisations. This will include working directly with GP practices to identify local issues, active follow-up of children late with immunisations and targeting of vulnerable groups. There will be a focus on those areas and practices where uptake is particularly low. The gap between the practices with the highest and lowest coverage in Wokingham is about 10% for most immunisations. Increasing uptake in vulnerable groups such as traveller communities will also be addressed. This will need to involve working with partners in children’s services and reviewing the range of settings in which the immunisation programme is promoted and delivered.

**Pneumonia**
There were 284 emergency admissions in 2007/8 due to pneumonia – organism unspecified. This is usually among the top three emergency admissions each year. Pneumonia is often associated with other illnesses and a depressed immune system.

**3.4.8 Dental health**

*Where are we now?*
Levels of tooth decay at five years of age show wide variation in the three unitary authorities. In West Berkshire, each child has an average of 1.1 teeth that show signs of decay, the average for England being 1.5.

*Where would we like to be?*
First, we want to reduce of risks of future dental diseases. We are tackling the determinants of disease and working with all sectors to ensure consistent messages and approaches centring on the primary causes of problems. Second, we wish to ensure that the needs of the resident population are met though efficient and effective care provision. Past levels of tooth decay are among the best indicators of future disease.

*Gaps*
There is little understanding of the prevalence of dental disease in adults, their perceived needs or issues that they may have in accessing care. The needs assessment study that will commence in April 2010 and the work on understanding
patient flows will help ensure that those patients who are in need of care are able to access it and to receive care of the right quality.

The work on barriers to care will also deal with issues faced by children. The current survey of 12 year old children will help quantify the level of untreated disease and will help improve the commissioning process. We have few data on the performance of the different elements of the dental sector and the recently improved contract between the salaried dental services and NHS Berkshire West will help address this shortfall.

**Related topic areas**

**Early Years work**

### 3.4.9 Mental Health

**Where are we now?**

Just over one in ten people suffer from a mental health disorder. One in a hundred people in West Berkshire suffers from a phobia severe enough that they seek help, which is a similar prevalence to the borough’s statistical neighbours.

**Figure 10 Estimated numbers aged 16-64 with mental health disorders, West Berkshire, 2006**

<table>
<thead>
<tr>
<th>West Berkshire 2006</th>
<th>Rate per 1000 population</th>
<th>Estimated number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any neurotic disorder</td>
<td>120.4</td>
<td>12879</td>
</tr>
<tr>
<td>All phobias</td>
<td>10.0</td>
<td>1067</td>
</tr>
<tr>
<td>Depressive episode</td>
<td>16.9</td>
<td>1809</td>
</tr>
<tr>
<td>Generalised anxiety disorder</td>
<td>32.4</td>
<td>3469</td>
</tr>
<tr>
<td>Mixed anxiety depression</td>
<td>66.7</td>
<td>7134</td>
</tr>
<tr>
<td>Obsessive compulsive disorder</td>
<td>6.3</td>
<td>669</td>
</tr>
<tr>
<td>Panic disorder</td>
<td>6.4</td>
<td>689</td>
</tr>
</tbody>
</table>

The directly age-standardised suicide rate for West Berkshire is 7.7 per 100,000, similar to that of England and Wales (8 per 100,000), but above the average for the statistical neighbour group. These rates are however based on very small numbers.

There are on average 190 emergency admissions per year of West Berkshire residents for mental health conditions. For the past three years, the commonest reasons for these admissions were mental and behavioural disorders due to the use of alcohol (47 average emergency admissions per year), mental disorders not otherwise specified (average 33 emergency admissions per year) and depressive episodes (average 13 per year).

Of 208 young offenders assessed by the YOT 2008-9, one third had mental health issues which significantly impacted on the likelihood of them re-offending.

**Related topic areas**

**Alcohol.**

### 3.4.10 Sexual health

**Where are we now?**

West Berkshire has consistently maintained a significantly lower rate of under-18 conceptions than England and the South East. Rates have continued to reduce steadily to reach 19.8 per 1000 in 2007, the second lowest in the South East of England. This is a reduction of 36% over the baseline year of 1998, the second largest decrease in the South East of England and much faster than the national decrease over the same period of 10%. Uptake of Chlamydia screening among 15-24 year olds has so far been low.

Based upon figures from 2003 to 2005, the five wards with the most teenage conceptions were Calcot, Clay Hill, Birch Copse, Thatcham and Greenham. The number
of events is small and the wards with the highest rates are likely to change from year to year.

39% of respondents to the 2008 TellUs 3 survey said that they needed better information on sex and relationships. This is not statistically significantly higher than the 37% who said this nationally.

Gaps
West Berkshire Council is working with service providers to ensure sex and relationships education is available outside school to vulnerable young people not able to access mainstream services, such as those excluded from school, looked after or young offenders.

NHS Berkshire West consulted widely with local young people in 2009 about the development of contraceptive services, to ensure they are young-person friendly and therefore easily accessed.

Related topic areas
Mental health, alcohol.

3.4.11 Falls in older people
Based upon estimates produced by the SHA, derived from UK figures and applied to West Berkshire, there will be about 3500 falls in people aged over 75 in West Berkshire this year. About 1500 of these people will fall more than once. About 700 will attend A&E or a minor injury unit, and about 700 will contact the ambulance service. About 250 will have sustained a fracture and about 80 will have fractured a hip. These figures are set to rise due to the increasing population of older people in West Berkshire in the coming years.

Fall prevention initiatives can reduce these figures by 15% to 30%. Based on figures produced by the SHA, potential savings to the NHS would be £0.5m to £1.0m per annum. The level of reduction will vary according to the age group involved and the type of initiative that is put in place. Guidance on good practice is provided by NHS South Central as part of Collaborative Solutions – 20 Key Principles for Falls Management and Prevention.

There were 432 emergency admissions because of fractures in 2008/9, 171 of which were because of fractured femur, one of the commonest causes of emergency admission.

Where would we like to be?
NHS Berkshire West will use the Department of Health’s Commissioning Guidelines for Falls Prevention to reduce the local impact of falls by disseminating the toolkit and identifying action with provider services and local partners. This will improve links between health and social care relating to falls, particularly in the elderly. When an individual presents having fallen at home, it could be a prompt to assess their living environment, which may prevent more serious falls at a later date.

Gaps
Identify objectives for each of four levels of action:

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2 Consultation Project with Young People in Berkshire West on Health Needs and Health Service Design June – August 2009
3 Presentation by Carl Petrokofsky at Falls Prevention Group, May 2009)
- Level four: prevention of frailty in older people through exercise, diet, weight management, sensible alcohol consumption and smoking cessation
- Level three: early intervention through an integrated falls care pathway
- Level two: respond to the first fracture to prevent further fractures
- Level one: improve outcomes following a hip fracture through improved and integrated interventions.

*Related topic areas*
Smoking alcohol, obesity, housing.
4: Population groups

4.1 The health of mothers and children in Berkshire West

This summary relates to West Berkshire, but is derived from a Berkshire West wide health needs assessment. It brings together information on the health of mothers and children, many of which are reflected as priorities in the Strategic Plan for NHS Berkshire West, and in Local Area Agreements and Children and Young People’s Plans.

4.1.1 Children’s health
The health of children is important for their well-being, learning and development today and as the basis for their health in the future. Improving the health of women before, during and after pregnancy gives children the best start. Good maternal health includes healthy lifestyle choices, well controlled underlying medical conditions, positive wellbeing and mental health, and high quality healthcare before, during and after pregnancy and at the time of birth. Good child health includes promoting health for the future, managing minor health issues, and control of long-term conditions. Immunisation and screening are important for protecting child health. Specific services are needed to maximise opportunities for children with special or complex needs.

Children’s health and achievements are strongly linked to their life opportunities, depending on the social and economic status of their families and communities. Children’s deaths, injury and health problems are greater in less privileged communities and tackling health and social equalities are important in improving their health and well-being.

The TellUs3 Survey was conducted in spring 2008, but only 11 schools with 552 pupils took part. The survey reported that 32% of children and young people in West Berkshire consider themselves to be very healthy and 57% quite healthy, slightly above the national average. 44% had done 30 minutes of sports or other activities per day over 6 days or more in the last week. A quarter of children and young people in West Berkshire report eating 5 or more portions of fruit and vegetables a day, while 43% eat 3 or 4 portions. 77% of children and young people felt very or quite safe from being hurt by other people around their local area. 72% thought that their local area was a very or fairly good place to live in. 47% thought that the area would be a better place to live in if there were better parks and play areas, and the same percentage thought it would be better if it was cleaner and had less litter. 15% said when they leave school they wanted to get a job at 16, higher than the national average of 13%. 39% said that they needed more or better information on sex and relationships, similar to the national average of 37%.

There were about 39,500 children and young people under the age of 20 in West Berkshire in 2007. The proportion of under-15-year-olds in West Berkshire from BME groups about 5.4% for girls and 5.8% for boys. 3% of pupils are known or believed to have a first language other than English.

Deprivation is one of the most powerful determinants of health and particular attention should be given to improving outcomes for socio-economically deprived children. In 2007, 7% of children in primary schools and 5% at secondary school in West Berkshire were eligible for free school meals. In 2006/7, 0.17% of children were permanently excluded from schools in West Berkshire. Permanent exclusions were 0.12% for the South East and England. Following sharp rises in the two years to 2007, the school exclusion rate in West Berkshire has reduced and is back in line with the average for similar areas. The number of permanent exclusions in the academic year 2008/9 dropped dramatically to three.
In 2007/8, there were 115 children looked after by social services in West Berkshire, a rate of 32 per 10,000. 70 children were on the child protection register, or 19 per 100,000.

4.1.2 Maternal health

Smoking in pregnancy is associated with adverse foetal outcomes, including an increased risk of miscarriage, stillbirth and low birth weight. The prevalence of smoking in pregnancy is falling locally and there are dedicated stop smoking services for pregnant women.

Obesity increases risk to the mother and baby. In 2007 at the Royal Berkshire Hospital (RBH) 11% of mothers were overweight when first assessed and a further 4% were obese. Support for weight management in pregnancy is being developed locally.

Breastfeeding is associated with healthier outcomes both for the baby and the mother. Babies who are breastfed have a more desirable pattern of growth, a decreased risk of infection and are less likely to develop obesity, insulin-dependent diabetes and atopic disease in later life.

Pregnancy risk varies by ethnic group; women from BME groups have overall less favourable outcomes. The proportion of mothers from Poland giving birth at the RBH rose from 0.2% in 2004 to 2.3% in 2007. Further investigation is required to establish if babies born to Polish women are at higher risk of any specific adverse outcomes.

Teenage mothers and their babies have higher risks in pregnancy and delivery, with greater postnatal depression, and ongoing social disadvantage. In 2004 to 2006, the under-18 conception rate in West Berkshire was below the England and South East averages. However Reading’s teenage conception rate has been consistently higher than the national and regional rates in recent years, and is therefore a particularly high priority for local partners. It may be necessary to carry out a cross boundary analysis to establish needs on the West Berkshire/Reading boundary.

4.1.3 Child deaths

The death of a child is a great loss to family, friends and communities. In the UK, child deaths are fortunately rare and the numbers are falling, but more can be done to further reduce some causes of child death.

The causes of child deaths vary with age. About half of deaths occur in the first year of life (infant deaths), and of these, around two thirds are in the first month of life. Infant deaths are most commonly due to prematurity, congenital anomalies, birth events, Sudden Unexpected Death in Infancy (SUDI), infection, or injury. Nationally, the infant mortality rate has decreased from 13.8 to 4.8 deaths per 1,000 live births from 1976 to 2007. In Berkshire West for 2005-07, there were 83 infant deaths, with an infant mortality rate of 4.7 per 1000 live births, which was similar to England and the South East. Of these, 71% occurred within 28 days of birth, and 60% occurred in the first 7 days of life. There were 94 stillbirths, with a stillbirth rate of 5.3 per 1000 total births which was similar to England and the South East. Rates for West Berkshire were not significantly different from England or the South East.

In children aged 1-14 years, medical conditions such as cancers and infections are the main causes of death. Among 15-19 year-olds, there is a very small number of deaths, including those caused by external injury including trauma (most commonly road traffic accidents) and suicide.

The Berkshire Child Death Overview Panel was established in April 2008, as a new statutory requirement, to carry out multi-agency review of all deaths of children under 18.
years, and to identify local public health and safety concerns. Trends and causes of child deaths across Berkshire have been reviewed by the Panel for 2002-2007.

4.1.4 Childhood disability
Variable definitions of disability and the lack of comprehensive, up-to-date and accessible data sources limit the value of what is available. Estimates of the prevalence of disability in children range from 3 to 18% nationally and from 4 to 15% for South East England, depending on the definition used. Without better data, it is difficult to assess how the needs of disabled children can be met. Recording functional impairments as well as type of disability is important in planning services to meet the needs of disabled children.

The Department of Health estimated in 2001 that there were 59,000 children with a disability in South East England, around 4% of the total child population. Of these, 19,000 had a severe disability. In the Thames Valley, information has been collected on children born with congenital anomalies, cerebral palsy, and vision or hearing loss since 1984. The 4Child database has registered 316 children aged 0 to 18 years with cerebral palsy born between 1984 and 2002 in Berkshire. There were 155 children born with vision loss, and 165 born with sensorineural hearing loss between 1984 and 2002 in Berkshire.

4.1.5 Children and young people’s mental health
Mental health problems in children and young people may be defined as "abnormalities of emotions, behaviour or social relationships sufficiently marked or prolonged to cause suffering or risk to optimal development in the child or distress or disturbance in the family or community". The emotional well-being and mental health of children is vital to their learning and development, but also an area of concern. Mental health promotion for all children is important, and some children will need specialist support.

About 1,900 5-15 year olds have a mental disorder, with prevalence lower in the younger age groups and in girls than in boys, although girls begin to overtake boys during adolescence. The prevalence of mental health problems in children and adolescents appears to be rising.

Information on service use can be used as a proxy indicator for measuring the burden of mental health disorder, although identification of problems, severity and access to services affect this. In Berkshire in 2007/8, there were 1489 new presentations to child and adolescent mental health services; 41% were for emotional disorders and 17% for hyperkinetic disorders.

4.2 Black and minority ethnic groups in West Berkshire
Local agencies undertook a health needs assessment for BME groups in Berkshire West which is the first step of a longer process. The next step will target groups for involvement in consultation and priority setting. At this stage only a few general recommendations can be made and the findings from future work will be published in due course.

The health status of people belonging to BME groups tends to be worse than for white British people. Preventable diseases and avoidable mortality are more common in people from BME groups, a problem compounded by socio-economic deprivation and unemployment. We need to improve ethnic monitoring of health-related experiences to enable effective analysis of health data for each ethnic group. Until then it is very difficult to reliably report evidence of any inequalities in health amongst different ethnic groups locally.
New initiatives aimed at vascular prevention should target BME groups, particularly South Asian groups and black Caribbean people. As well as BME groups, we need more insight into the health needs of Gypsies, Roma people and Travellers. We need to include immigrants from the countries which recently joined the EU in services for new entrants. Specific areas for study include the mental health needs of BME groups, drug and alcohol misuse and the challenge of meeting the needs of local “hidden” communities such as the Nepalese and Portuguese communities.

4.3 People with mental health problems

The commissioning strategy for mental health services has the following strategic goals:

- Better health and well-being for all
  People with mental health problems can frequently experience poorer physical health than the rest of the population, and physical illness and disability can be associated with mental health problems. Services commissioned for people with mental health problems should address health inequalities and promote health and well-being; opportunities to work, participate in leisure activities and develop and maintain relationships are integral to quality of life and recovery from mental health problems. In addition, inadequate housing can compound mental illness, while good quality supported housing can be instrumental in the recovery of people with longer term mental health problems.

- Better care for all
  Services directly provided by West Berkshire Council, as well as those commissioned by the NHS and the Council will be of good quality. The safety of people with mental health problems will be promoted through effective understanding and implementation of safeguarding adults procedures. This will be achieved by monitoring performance locally, having established robust Service Level Agreements and making use of external performance assessment undertaken by the Healthcare Commission and Commission for Social Care Inspection. This work will be undertaken in partnership between the local Mental Health Services, the Care Quality Team within West Berkshire Council and the NHS Commissioning Directorate. Guidance published by the National Institute of Clinical Effectiveness will inform the development of treatment provided for specific conditions. The development of choice and control is at the centre of health and social care policy, and the Mental Health Commissioning Strategy provides a framework for its implementation locally. Innovative approaches and new ways of thinking about service provision, informed by the views of service users and their families, will be crucial to our success in the development of personalised services.

- Better value for all
  Resources will be used in an informed way, effectively using information about the needs of service users, while improving our information systems themselves. We will monitor our use of resources in a robust way, ensuring that local services represent value for money when measured against national comparisons. We will work in partnership with providers, providing a clear long-term direction for the development of services.

4.4 People with learning disabilities

About 515 West Berkshire residents have severe and profound learning disabilities, and about 3,725 have a mild/moderate learning disability.

The commissioning strategy for people with learning disabilities has three aims:
Better health and well-being for all: this includes the reduction of health inequalities, development of work opportunities and availability of supported housing. People with a learning disability can frequently experience poorer physical health than the rest of the population, and some people have a significant physical disability or other complex needs alongside their learning disability. Services commissioned for people with a learning disability should address health inequalities and promote health and well-being. In addition health services for the whole population should be as accessible as possible to people with learning disabilities, particularly those over 60. Opportunities to work, access to training, participation in leisure activities and developing and maintaining relationships are integral to quality of life for everyone and should be available to people with a learning disability, ideally within their own communities. Training for all professionals working with people with learning disabilities should reflect these priorities.

Better care for all – which will be achieved by ensuring that services are of good quality, based on evidence of effectiveness and enable people to have choice and control via personalised services. We aim to ensure that services directly provided by West Berkshire Council, as well as those commissioned by the NHS Berkshire West and the Council, will be of good quality. The personal safety of people with a learning disability will be promoted through effective understanding and implementation of safeguarding adults procedures. The Learning Disability Service and the Council's Care Quality Team will work together to ensure that services are monitored in line with Service Level Agreements or contracts. This work will be informed by external performance assessments undertaken by the Healthcare Commission and Commission for Social Care Inspection. The development of choice and control is at the centre of current health and social care policy, and the Commissioning Strategy provides a framework for its local development.

Better Value for all – which will ensure that resources are used in an informed way, and that organisations work in partnership to achieve best value. Commissioning will continue to improve our use of resources, making sure that we use information about the needs of service users effectively, while improving our information systems themselves. We will measure the value for money that we achieve locally, against national comparisons, and take action to improve this when required. We will improve our partnership work with providers of commissioned services, the local business and voluntary sector to provide a clear long-term direction for the development of services. Commissioners also aim to develop innovative and locally appropriate approaches which increase inclusion and combat stigma.

### 4.5 Sexual health services in Berkshire West

A recent needs assessment has provided us with an overview of existing services and an analysis of available information on the sexual health of people in Berkshire West, together with views from service providers, in order to identify gaps in current service provision and priorities for action to improve services.

Detailed results are presented in the report, from which the following conclusions have been drawn:

- Sexually transmitted infections (STIs) have increased in Berkshire West, particularly Chlamydia among young people, and infections in men who have sex with men (MSM), although overall rates of gonorrhoea infection have fallen.
- HIV infections have increased since the late 1990s, particularly infections acquired abroad. Most HIV infections were acquired by heterosexual transmission, although
numbers among MSM have also increased. There have been increased HIV diagnoses through antenatal HIV testing, reflecting an increased burden of HIV infection in the community. The percentage uptake of HIV test at first STI screen has increased and was almost 90%.

- Uptake of three doses of hepatitis B immunisation among homosexual and bisexual men attending (Genito-urinary medicine (GUM) clinics is poor.
- Waiting times in specialist GUM services have improved significantly. Almost two-thirds of GUM clinic attendees were people under the age of 30 years. Postcode analysis showed that the attendance rates are higher among residents living closer to the service, although the extent to which this is related to need is not clear.
- Reading has a relatively high conception rate and little decline in recent years.
- Rates of termination of pregnancy are highest in those aged 18-24 years. There was a reduction in terminations particularly among 20-24 year olds in 2007 compared with 2006. In 2007 there were 236 terminations in girls aged under 19, of which 12% were repeat terminations.
- Uptake of Chlamydia screening among 15-24 year olds has so far been low.
- Analysis of primary care provision of contraception shows that there is variable provision of long-acting reversible contraception (LARC), with some practices providing little choice of contraceptive method. The majority of provision is still the oral contraceptive pill. The commonest LARC method used is progesterone injection, which is the least cost-effective. There is significant provision of emergency hormonal contraceptive (EHC) through a community pharmacy scheme.
- The Specialist Family Planning Service has shown an increase in LARC use in 2006-7, but routine activity data is not available.
- School-based services provide mostly health promotion and condom distribution to younger year groups. Uptake of these services varies widely. The activity data from 2007-8 shows users were from year 9 and above (age 13/14+) up to age 18. Anecdotally the younger year groups tend to attend in groups for advice on health issues like diet, alcohol and drugs, though younger boys also take condoms.
- College-based services provide more sexual health and contraception provision. Resources to support these services are limited and better co-ordination is needed.

In addition, the questionnaire survey of providers highlighted concerns about access to services particularly for young people, high risk groups, and those in more rural areas, the availability of training for staff, and the sustainability of school-based services.

A number of recommendations for action were made which have been taken forward by the sexual health Local Implementation Group. Action so far includes:

- Improved monitoring of services activity through contracts with providers
- Initiatives to increase the uptake of LARC, including through primary care and outreach services and after termination of pregnancy;
- A review of services for young people and consultation with young people on their needs and wishes for service provision
- The development of a new service specification for young peoples services in schools, colleges and community settings, to be re commissioned from April 2010;
- Renewed focus on the implementation of teenage pregnancy strategies, particularly in Reading;
- Implementation of a new C-card condom distribution scheme for young people
- An action plan to improve the uptake of Chlamydia screening;
- Plans to implement ‘You’re Welcome’ standards in a number of services;
- A review of the service needs of people from high risk groups
- Plans to provide training in sexual health for non-specialist staff in Local Authorities and other organisations across Berkshire West

Progress on social marketing and rebranding of young peoples services
5 Service Provision

This section is work in progress. Early work has established that available information is in many different formats, and collating and providing this in a consistent and informative manner requires further work.

5.1 School Provision

There are 8 infant schools, 7 junior schools, 51 primary (infant and junior schools combined), 2 community nursery schools and children centres, 10 secondary schools, 2 community special schools and 2 pupil referral units supported by West Berkshire Council as the Local Education Authority (LEA).

14 of the primary schools are voluntary aided, 21 are voluntary controlled and the rest are community schools. The 10 secondary schools are co-educational comprehensive schools, 6 are community schools, 3 are foundation schools and 1 is a voluntary aided school. All secondary schools are designated as specialist schools with specialist college status: these include 3 specialising in technology and 1 in each of science and maths, sports, business and enterprise, arts and performing arts.

All West Berkshire secondary schools provide for pupils with special educational needs, but 5 schools have specially resourced units for children who require a higher level of support. These resources are for pupils with an autistic spectrum disorder, hearing impairment, physical difficulties and specific literacy difficulties. West Berkshire also maintains two special schools which cater for children with significant or complex learning difficulties, who may have additional needs due to a physical disability, sensory impairment or autism. These special schools and resources may offer places to pupils from other authorities, and children from West Berkshire may occasionally require a placement in a special school out of the area.

Of the population of West Berkshire schools, 2% require specialist educational provision in primary and secondary schools through a statement of special educational needs. About 11% of pupils have a specialist educational need. Provision is organised over the whole district, not within local areas.

Education after age 16 years is provided in sixth forms and Newbury College.

5.2 Social Care

5.2.1 Children’s social care

Where are we now?

West Berkshire Social Care Services support about 1600 young people. About 100 of these young people are in care (31.0 per 10,000 population aged under 18) and 60 are subject to a child protection plan (17.5 per 10,000 population aged under 18). The local figures are set alongside comparator and regional averages in the table below.
5.2.2 Children who need communication aids

This section relates to children with complex communication needs who are supported in the community and educated in either specialist or mainstream schools. Children are assessed for a communication aid either at the ACE Centre in Oxford or the Wolfson Centre in London.

In December 2007, there were 6 pre-school children in Berkshire West who either had a communication aid already or would require assessment within the next 18 months. There are 16 school-age users of communication aids, along with 5 more who required in-depth assessment. Small numbers of the existing users had high technology devices or were expected to need such devices shortly.

Scope estimates that 0.4% to 1% of the population would benefit from a communication aid. Based on this, between 340 and 850 people under 19 years in NHS Berkshire West would benefit from Augmentative and Alternative Communication technology (AAC). Comparing this to the observed figures above indicates a large unmet need.

Figure 12: The number of children who would benefit from AAC based on Scope estimated prevalence (data on children aged 10-14 were not included in the original data).

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Population</th>
<th>0.4%</th>
<th>1.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Berkshire</td>
<td>9400</td>
<td>38</td>
<td>94</td>
</tr>
<tr>
<td>Reading</td>
<td>9500</td>
<td>38</td>
<td>95</td>
</tr>
<tr>
<td>Wokingham</td>
<td>9500</td>
<td>38</td>
<td>95</td>
</tr>
<tr>
<td>NHS Berkshire West</td>
<td>28400</td>
<td>114</td>
<td>284</td>
</tr>
<tr>
<td>Age 5-9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Berkshire</td>
<td>9200</td>
<td>37</td>
<td>92</td>
</tr>
<tr>
<td>Reading</td>
<td>7200</td>
<td>29</td>
<td>72</td>
</tr>
<tr>
<td>Wokingham</td>
<td>9600</td>
<td>38</td>
<td>96</td>
</tr>
<tr>
<td>NHS Berkshire West</td>
<td>26000</td>
<td>104</td>
<td>260</td>
</tr>
<tr>
<td>Age 15-19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Berkshire</td>
<td>10,600</td>
<td>42</td>
<td>106</td>
</tr>
<tr>
<td>Reading</td>
<td>9,200</td>
<td>37</td>
<td>92</td>
</tr>
<tr>
<td>Wokingham</td>
<td>10,900</td>
<td>44</td>
<td>109</td>
</tr>
<tr>
<td>NHS Berkshire West</td>
<td>30700</td>
<td>123</td>
<td>307</td>
</tr>
</tbody>
</table>

Source: based upon a business case December 2007

5.2.3 Visually and hearing impaired

During 2008, there were no new registrations of either blind or partially sighted children in Berkshire West. The numbers on the existing register for all ages are shown in Figure 13 and Figure 14 below.

**Figure 13 Number of Blind people registered with councils by age group at 31st March 2008**

<table>
<thead>
<tr>
<th>Total registered</th>
<th>Number of Blind people registered who are aged:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 to 4</td>
</tr>
<tr>
<td>SOUTH EAST</td>
<td>25495</td>
</tr>
<tr>
<td>Reading</td>
<td>480</td>
</tr>
<tr>
<td>West Berkshire</td>
<td>325</td>
</tr>
<tr>
<td>Wokingham</td>
<td>285</td>
</tr>
<tr>
<td>NHS berkshire West</td>
<td>1090</td>
</tr>
</tbody>
</table>

**Figure 14: Number of partially sighted people registered with councils by age group at 31st March 2008**

<table>
<thead>
<tr>
<th>Total number of registered people</th>
<th>Number of Partially Sighted people registered who are aged:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 to 4</td>
</tr>
<tr>
<td>SOUTH EAST</td>
<td>27190</td>
</tr>
<tr>
<td>Reading</td>
<td>490</td>
</tr>
<tr>
<td>West Berkshire</td>
<td>370</td>
</tr>
<tr>
<td>Wokingham</td>
<td>270</td>
</tr>
</tbody>
</table>

Figure 15 shows the number of people registered as blind or partially sighted who have additional disabilities. There are no children in this category in Berkshire West.

**Figure 15 Number of blind and partially sighted people with additional disabilities**

<table>
<thead>
<tr>
<th>Number of Blind people registered who have additional disabilities, by age group at 31 March 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Berkshire</td>
</tr>
<tr>
<td>Reading</td>
</tr>
<tr>
<td>Wokingham</td>
</tr>
<tr>
<td>NHS berkshire West</td>
</tr>
<tr>
<td>Reading</td>
</tr>
<tr>
<td>West Berkshire</td>
</tr>
<tr>
<td>Reading</td>
</tr>
<tr>
<td>Wokingham</td>
</tr>
<tr>
<td>NHS berkshire West</td>
</tr>
</tbody>
</table>
5.2.4 Children’s services mapping

The number of West Berkshire children receiving short-break services was 515 in 2008/09 and the future demand for this service is predicted to rise to 654 in 09/10 and 880 in 2010/11.

5.2.5 Children in Care Council

Local authorities are required by law to have a Children in Care Council. West Berkshire Council’s approach to this requirement includes a pledge about what it will do for children in care. A group called R:vue (Reaching Views, Understanding Everyone) developed the pledge, gathering views from children in care on their experiences and how West Berkshire Council could improve them. The Pledge has five key areas: my family, my accommodation, my social worker, my life, and my education and future plans. For each of these, there is a list of bullet points about what children in care want and need, and a column containing the pledge from the Council. Using this format, the Council Executive approved the Pledge, which the Lead Member for Children and Young People then presented to the young people at a meeting of R:vue. The Children and Young People’s Directorate has established a working group to ensure the Pledge is delivered.

5.2.6 Surveys of Children and Young People

Free Time Survey

West Berkshire Council has a statutory duty to provide sufficient educational and leisure time recreational activities for young people in the district. The needs and views of young people are central to carrying out this duty.

In 2008, the questionnaire was sent to all secondary schools in West Berkshire; 1,003 completed questionnaires were received. Some key highlights were:

- 70% of children and young people rated their local area a very or fairly good place to live
- Friends, shops and feeling safe are the most important things which make an area a good place to live.
- Street cleanliness, shops, crime and road safety are in most need of improvement in young people’s opinions
- Around a half of young people do not feel well-informed about activities and opportunities in their local area.

Aiming High

In 2008, as part of the Aiming High initiative, West Berkshire undertook an extensive consultation exercise with disabled young people in the area and their parents and carers. Parents and carers praised the quality of services provided, but felt that they would benefit from additional support. In some cases, this was simply identifying what was already available, and indicated the need for a comprehensive information resource on services and support in the area. Other respondents identified the need for new resources or support, such as home sitting and befriending schemes. Young people highlighted physical barriers to participation in mainstream activities, most noticeably horse-riding and swimming. Provision of equipment such as hoists at local venues would allow greater participation.

TellUs3

The TellUs3 survey took place in spring 2008. Its purpose was to obtain the views of children and young people within Local Authority schools on issues that affect them, covering the five Every Child Matters outcomes. TellUs3 follows the TellUs2 survey, completed in spring 2007. Schools from each school phase were nominated by Ofsted
to participate in the survey, with an anticipated sample size of 900 from each local authority.

West Berkshire’s results were mostly positive, though as only 2% of the local school population participated, the results must be treated as indicative rather than representative.

**Being healthy:** The majority of respondents said that they are healthy and feel happy about their lives and friends and that they can speak to a parent or friend if they are worried about something. 43% of pupils say that they eat 3 - 4 portions of fruit per day and 44% say that they have spent 6 or 7 days per week doing at least 30 minutes sports or other activities; this is significantly higher than the national average. Although 75% say they have never smoked, only 19% have never had an alcoholic drink, which is lower than the national average; 37% say they have never been drunk. In years 8 and 10, 85% report never having taken drugs, and 87% to 92% say that in the last 4 weeks they had not taken cannabis, solvents or other drugs. 70% or more of pupils thought that the information and advice they receive on eating healthily, alcohol, smoking and drugs is good enough. However, 39% thought they needed better information and advice on sex and relationships. The 5 issues that pupils worry about most are exams, their future, friendships, getting into trouble and their bodies.

**Staying safe:** West Berkshire’s children’s views on their safety were similar to the views of children nationally. About half felt quite safe from being hurt from other people around the local area and on public transport, and the same proportion felt very safe going to and from school and in school. 54% of pupils said they had never been bullied in school but 26% had been bullied once or more in the last year, and 26% stated that their schools did not deal with this issue very well. 75% had never been bullied elsewhere, which included on their journey to and from school.

**Enjoying and achieving:** Pupils have mixed views about schools and local amenities. Overall 39% thought the activities in their area were fairly good, and 23% were undecided either way. Two-thirds have participated in a group activity led by an adult outside school lessons in the last four weeks. In that period, 80% said they had been to a local park or playground, 63% to a sports club or class and 54% to a cinema or theatre. The most frequently mentioned place that they would like to visit but did not at present was a music concert or gig, closely followed by cinema/theatre or gym.

44% said that they enjoy school and learn a lot at school most of the time and 50% said they try their best at school most of the time. Most pupils also felt it is easy to get help with their work at school when they need it. When asked what might help them do better in school, the majority of pupils (80%) said more fun/interesting lessons. The next top priorities were a quieter/better behaved class or group and smaller classes/groups. Figures for both of these were higher than the national average.

**Making a positive contribution:** 40% of pupils from years 8 and 10 said that their views about the local areas were not listened to very much; this is only marginally higher than the national average. 46% felt a fair amount of their views were listened to in the running of their schools. West Berkshire pupils are also above the national average when it comes to helping out in the local community, with 64% stating they have helped a charity, local voluntary group, neighbour or someone else in the community in the last year.

**Achieving economic well-being:** The majority of children thought that the local area was either fairly good or very good to live in. However, their views of parks and play areas was not so positive, with only 7% saying they were good and 38% fairly good. Better parks and play areas was one of the key priorities which children felt would do the most
to improve the local area and make it a better place to live in. The other top priorities were cleanliness and litter reduction, and better activities for children and young people, followed by better sports clubs or centres, and better shops.

Children in West Berkshire seem positive about their future, with 51% of pupils in year 8 and 10 hoping to go to university, and 35% hoping to get a job when they leave school. They also expressed a need to have more information and help to plan their futures.

When asked what could be done to make their lives better the top five choices were:
- More places where I can go to spend time with my friends
- More help to plan my future
- More help to do better at school
- Better school lessons
- More organised activities and things to do.

5.2.7 Children and young people’s plan refresh and annual conference
Each year the Children and Young Peoples Trust’s Plan is refreshed. This involves consultation on the priorities with children and young people using focus groups and questionnaires. The Trust holds an annual conference. This year, young people were involved at every stage of the conference. Business students from Newbury College helped plan the day and, along with other young people, took part in the workshop sessions with professionals working for children and young people in the district.

Where would we like to be?
Children’s Services aspire to the early identification of difficulties within families so that we can intervene and prevent them getting worse. In the longer term, this should reduce the number of young people in care and subject to a child protection plan; these are the children most likely to suffer negative outcomes, as well as being financially costly for the service.

Regular multi-agency meetings (Locality Networks) were set up in early 2008 as a mechanism for achieving this. Families discussed at these meetings are identified by a variety of professionals as having significant issues but currently falling below the threshold for intervention by any one agency. The Locality Networks supported a total of 77 families in 2008/9. Their impact is being evaluated and the results used to develop and improve the service.

The service has made some progress in reducing its numbers of looked-after children (36.1 per 10,000 in 2005/6). The number of children and young people subject to a child protection plan has not reduced; indeed, it has increased, locally and nationally, since the publicity surrounding the death of Baby P. The looked-after children in West Berkshire are supported by a multi-agency group of professionals called the Life Chances Team. The team develops corporate strategy in relation to young people in the care system, as well as addressing the needs of particular individuals.

Since 2005, West Berkshire has been operating the Strengthening Families model of child protection conference. Developed in-house, but based on a model from Minnesota, this approach seeks to create more effective partnerships between families and professionals. The framework has generated much interest and was the subject of a conference attended by 12 different local authorities in 2008.

5.2.8 Youth Offending Team
Feedback from service users, and acting on that feedback, is a critical element of the YOT’s quality assurance process. To obtain this feedback, the YOT consults with children and young people as follows:
• ask all parents worked with on a formal basis for feedback on the service received
• ask all victims of youth crime involving young people in the YOT for feedback on services provided by the YOT, particularly restorative interventions.
• inform all young people of the complaints process at the start of the intervention. The end-of-intervention questionnaire also includes a question for young people and parents as to whether they understood how to complain about the service.
• involve young people and parents in reviews of their interventions, and record their views on the service, although this information is not aggregated.
• invite all young people who have a mentor for literacy/educational support to complete a questionnaire at the end of the mentoring relationship.
• invite all young people with whom the YOT has worked, and their parents, to complete a confidential questionnaire.

Feedback from questionnaires, complaints and via consultations is invaluable in terms of providing information to inform planning and service delivery. Clearly, feedback from service users is only of value if it is listened to and creates change as appropriate.

The feedback shows how young people and parents value the positive support of the YOT in understanding the impact of their offending and helping them change. Following up on negative feedback in questionnaires has also been helpful to clarify the reason for dissatisfaction. For example, some young people do not believe that possession of cannabis should be illegal, and therefore cannot see YOT intervention as relevant to them.

5.2.9 Adult Social Care
Nationally, the demands on Adult Social Care are increasing year on year due to:

- Increased life expectancy: In the 1940’s, average life expectancy was 66 for men and 71 for women, today it is 77 for men and 82 for women.
- We are an aging society: there are now more people over the age of 65 than under the age of 18.
- People with disabilities are living longer, for example, life expectancy for people with Down’s Syndrome has almost doubled in recent years
- The demand for services is increasing: by 2026, expect over 1.7 million more adults to have a need for care and support. This is at least double the number of people who received care and support last year.
- Economic Impact: there are currently around 4 people of working age for every retired person. By 2059, this will almost halve.
- Social change and rising expectations: there have been huge social changes in terms of what we value and what we want from public services, people want more independence, choice and control and our system needs to reflect these demands.

Locally, this is reflected in West Berkshire by an increase of 15% in the number of referrals to social care between September 2008 and September 2009 and a 12% increase in client base demonstrating the appropriateness of the referrals.

West Berkshire Council Adult Social Care provided services as shown in figures 16 and 17 below during 2008-09.
Figure 16: Adult Social Care Services provided to 18-64 year olds by West Berkshire Council in 2008-09

<table>
<thead>
<tr>
<th>Adults aged 18-64</th>
<th>Total Clients</th>
<th>Community Based Services</th>
<th>Residential Care</th>
<th>Nursing Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Disability</td>
<td>594</td>
<td>587</td>
<td>&lt;5</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Mental Health</td>
<td>571</td>
<td>563</td>
<td>11</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>386</td>
<td>298</td>
<td>106</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Other Vulnerable People</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>9</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1567</strong></td>
<td><strong>1464</strong></td>
<td><strong>121</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

Source: RAP P1 2008-09

Figure 17: Adult Social Care Services provided to adults aged 65 and over by West Berkshire Council in 2008-09

<table>
<thead>
<tr>
<th>Adults aged 65 and over</th>
<th>Total Clients</th>
<th>Community Based Services</th>
<th>Residential Care</th>
<th>Nursing Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Disability</td>
<td>2888</td>
<td>2673</td>
<td>166</td>
<td>153</td>
</tr>
<tr>
<td>Mental Health</td>
<td>268</td>
<td>202</td>
<td>52</td>
<td>30</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>44</td>
<td>29</td>
<td>22</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Other Vulnerable People</td>
<td>73</td>
<td>67</td>
<td>5</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3276</strong></td>
<td><strong>2974</strong></td>
<td><strong>245</strong></td>
<td><strong>187</strong></td>
</tr>
</tbody>
</table>

Source: RAP P1 2008-09

Using the latest population estimates, projected service provision for the next five years for older people is as shown in figure 18, based on current demand levels:

Figure 18: Estimated demand for adult services 2008-2012

<table>
<thead>
<tr>
<th>Adults aged 65 and over</th>
<th>Total* (Distinct Client Count)</th>
<th>Community Based Services</th>
<th>Residential Care</th>
<th>Nursing Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>3276</td>
<td>2974</td>
<td>245</td>
<td>187</td>
</tr>
<tr>
<td>2009</td>
<td>3382</td>
<td>3070</td>
<td>253</td>
<td>193</td>
</tr>
<tr>
<td>2010</td>
<td>3487</td>
<td>3166</td>
<td>261</td>
<td>199</td>
</tr>
<tr>
<td>2011</td>
<td>3608</td>
<td>3276</td>
<td>270</td>
<td>206</td>
</tr>
<tr>
<td>2012</td>
<td>3759</td>
<td>3413</td>
<td>281</td>
<td>215</td>
</tr>
</tbody>
</table>

*NB: Total clients will not match the sum of service types as some clients received more than one type of service during the year.

The numbers of people aged 18-64 predicted to have a learning disability up to 2025 is shown in Figure 19 below:

Figure 19: People predicted to have a learning disability, projected to 2025

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged 18-24</td>
<td>281</td>
<td>296</td>
<td>284</td>
<td>267</td>
<td>277</td>
</tr>
<tr>
<td>People aged 25-34</td>
<td>448</td>
<td>441</td>
<td>476</td>
<td>496</td>
<td>483</td>
</tr>
<tr>
<td>People aged 35-44</td>
<td>611</td>
<td>600</td>
<td>553</td>
<td>544</td>
<td>588</td>
</tr>
<tr>
<td>People aged 45-54</td>
<td>500</td>
<td>529</td>
<td>572</td>
<td>564</td>
<td>524</td>
</tr>
<tr>
<td>People aged 55-64</td>
<td>423</td>
<td>419</td>
<td>416</td>
<td>462</td>
<td>498</td>
</tr>
<tr>
<td>Total population aged 18-64</td>
<td>2,263</td>
<td>2,285</td>
<td>2,300</td>
<td>2,333</td>
<td>2,370</td>
</tr>
</tbody>
</table>

Source: PANSI
The increase in people with Autistic Spectrum Disorder cases is shown in Figure 20 below:

**Figure 20: People aged 18-24, 25-34, 35-44, 45-54 and 55-64 predicted to have autistic spectrum disorders, projected to 2025**

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged 18-24</td>
<td>103</td>
<td>109</td>
<td>105</td>
<td>99</td>
<td>103</td>
</tr>
<tr>
<td>People aged 25-34</td>
<td>180</td>
<td>177</td>
<td>191</td>
<td>199</td>
<td>194</td>
</tr>
<tr>
<td>People aged 35-44</td>
<td>250</td>
<td>245</td>
<td>225</td>
<td>221</td>
<td>238</td>
</tr>
<tr>
<td>People aged 45-54</td>
<td>216</td>
<td>228</td>
<td>245</td>
<td>240</td>
<td>222</td>
</tr>
<tr>
<td>People aged 55-64</td>
<td>187</td>
<td>185</td>
<td>183</td>
<td>203</td>
<td>219</td>
</tr>
<tr>
<td>Total population aged 18-64</td>
<td>936</td>
<td>944</td>
<td>949</td>
<td>962</td>
<td>976</td>
</tr>
</tbody>
</table>

The number of older people living alone with a limiting long term illness is projected to increase as seen in figure 21 below. This reflects the social care agenda of promoting independence and the trend towards people living for longer with more complex needs.

**Figure 21: People aged 65 and over with a limiting long-term illness, living alone, projected to 2025**

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2010</th>
<th>2018</th>
<th>2020</th>
<th>2028</th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged 65-69</td>
<td>395</td>
<td>438</td>
<td>537</td>
<td>481</td>
<td>518</td>
</tr>
<tr>
<td>People aged 70-74</td>
<td>495</td>
<td>514</td>
<td>621</td>
<td>766</td>
<td>689</td>
</tr>
<tr>
<td>People aged 75-79</td>
<td>710</td>
<td>726</td>
<td>792</td>
<td>957</td>
<td>1188</td>
</tr>
<tr>
<td>People aged 80-84</td>
<td>822</td>
<td>875</td>
<td>891</td>
<td>1113</td>
<td>1352</td>
</tr>
<tr>
<td>People aged 85 and over</td>
<td>999</td>
<td>1070</td>
<td>1284</td>
<td>1534</td>
<td>1891</td>
</tr>
</tbody>
</table>

Source: POPPI

**5.2.10 Dementia**

Dementia is a term used to describe a group of illnesses that cause progressive decline in memory, reasoning, communication skills and the ability to carry out daily activities. The main types of dementia are Alzheimer’s disease, vascular dementia, mixtures of these and rarer causes including dementia associated with Parkinson’s Disease. Dementia can affect people of working age as well as older adults and people with learning disabilities are particularly at risk.

Dementia not only has impact on those with the disorder but also has profound effects on family members who provide the majority of care. The carers are often old and frail themselves and the high levels of care required will decrease their own quality of life. Dementia is a terminal disorder giving increasingly profound problems but people may live with their dementia for 7-12 years after diagnosis.

While there is a great deal that can be done to support and help people with dementia, currently the problem is under diagnosed and sometimes only in the later stages of the illness.

The National Strategy for Dementia has identified three main areas for action:

- Raising awareness and understanding of dementia
- Ensuring early diagnosis and support
- Developing services to enable sufferers to live well with Dementia
An action plan to address the objectives in the strategy has been devised and will include the development of a Joint Commissioning Strategy to support planned development of services in all areas of NHS Berkshire West.

The number of people affected by dementia is predicted to rise steadily over coming years as the proportion of the population aged over 65 increases. The main increase is expected in the number of people aged over 85 affected by dementia.

**Figure 22 Persons aged 30-64 predicted to develop early onset dementia, West Berkshire, 2009 to 2030**

People aged 30-39, 40-49, 50-59 and 60-64 predicted to have early onset dementia, by gender, projected to 2030

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males aged 30-39 predicted to have early onset dementia</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Males aged 40-49 predicted to have early onset dementia</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Males aged 50-59 predicted to have early onset dementia</td>
<td>11</td>
<td>13</td>
<td>14</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Males aged 60-64 predicted to have early onset dementia</td>
<td>9</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Total males aged 30-64 predicted to have early onset dementia</td>
<td>24</td>
<td>24</td>
<td>26</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
<td>Females aged 30-39 predicted to have early onset dementia</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Females aged 40-49 predicted to have early onset dementia</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Females aged 50-59 predicted to have early onset dementia</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Females aged 60-64 predicted to have early onset dementia</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Total females aged 30-64 predicted to have early onset dementia</td>
<td>17</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>19</td>
</tr>
</tbody>
</table>

Source: PANSI accessed December 2009
Figures 22 and 23 above show the predicted rise in dementia by age groups for West Berkshire. They suggest that whilst early onset dementia will remain fairly constant, there will be dramatic rises in the numbers of people aged 80-84 and 85 and over, with more than double the number of cases by 2030. These rises will have a major impact on service provision and the numbers of people who will find themselves in the position of becoming carers.

5.2.11 Carers
According to the 2001 Census, 12,000 West Berkshire residents (8.4% of the population) provide unpaid care to family, friends or neighbours. This is slightly lower than the regional or national average. Nearly 2,000 people provide unpaid care of more than 50 hours per week.

5.3 Health Services

5.3.1 Commissioning context
The National Programme Budget project was launched by the Department of Health in 2002. Since then, PCTs and hospitals have been collecting information on how much they spend on programmes of care, rather than just recording how much was spent on primary care staff and salaries, drugs or different types and amounts of hospital procedures. This type of information makes it easier to identify how money is being used and whether it is being spent in accordance with policy objectives. It also allows PCTs to compare their spending patterns.

As part of the National Programme Budget project, PCTs have been collecting data on expenditure on 20 different disease areas, as well as public health programmes, social care and ‘other’, a miscellaneous category which covers General Medical Services, NHS staff training and other spending programmes. The latest data covers the financial years 2004/5, 2005/6 and 2006/7.

Figure 20 shows the overall distribution of spending by PCTs across England for a number of spending categories and how this has changed over a three-year period. The figure shows that the miscellaneous category “other” is substantial and that this
increased by £2 billion in 2006/07. Mental health disorders remain the second largest group in terms of cost to the NHS, with increases in spending over the last three years. Circulatory problems cost the NHS £6 billion and this is also rising, though not as fast as mental health spending. The fourth highest category is cancers and tumours, which have cost the NHS £4 billion annually for the latest two years.

NHS Berkshire West’s spending pattern is slightly different from this, with cancer and tumours being our highest spend, followed by mental health and then circulatory diseases.

The need, age, cost and distance from allocation target adjusted spend for NHS Berkshire West for 2006/07 was £93 per head of population on the secondary care treatment of cancer and tumours, which ranks 20th of the 152 primary care organisations in England. The same analysis indicates NHS Berkshire West spent £168 per head of population on mental health, ranking 65th of 152, and £103 per head of population on circulatory problems including heart disease, 129th of 152.

**Figure 24: Total spending by PCTs on programmes**

![Diagram showing total spending by PCTs on programmes, 2004/5 to 2006/7.](image)

It should be noted that the apparent very large increase in spending on dental health between 2005/6 and 2006/7 is due to a change in the way that funding is allocated and does not reflect such a significant increase in spending on dentistry overall.

“Other” is largely made up of expenditure on primary care services.
5.3.2 Emergency admissions

The top twenty causes of emergency admissions of West Berkshire residents are listed below for the years 2006 to 2008. The codes on the left hand side refer to the international classification of diseases (ICD) version 10, which are used to code all the episodes of care at hospitals in the United Kingdom.

The rankings are similar from year to year. The top three diagnoses in the list indicate that the patients had symptoms with an unclear underlying cause. Pain in the chest, for example, could be indicative of a range of clinical problems, from indigestion to acute myocardial infarction or heart attack.

**Figure 25**

*Top 10 Emergency Admissions Berkshire West Residents: 2006/7 to 2008/9*

<table>
<thead>
<tr>
<th>ICD10</th>
<th>Name</th>
<th>rank</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>M79</td>
<td>Other soft tissue disorders, not elsewhere classified</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>383</td>
<td></td>
</tr>
<tr>
<td>R07</td>
<td>Pain in throat and chest</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>276</td>
<td></td>
</tr>
<tr>
<td>R10</td>
<td>Abdominal and pelvic pain</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>329</td>
<td></td>
</tr>
<tr>
<td>J18</td>
<td>Pneumonia, organism unspecified</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>284</td>
<td></td>
</tr>
<tr>
<td>N39</td>
<td>Other disorders of urinary system</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>242</td>
<td></td>
</tr>
<tr>
<td>R06</td>
<td>Abnormalities of breathing</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>214</td>
<td></td>
</tr>
<tr>
<td>S72</td>
<td>Fracture of femur</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>171</td>
<td></td>
</tr>
<tr>
<td>J44</td>
<td>Other chronic obstructive pulmonary disease</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>152</td>
<td></td>
</tr>
<tr>
<td>I48</td>
<td>Atrial fibrillation and flutter</td>
<td>9</td>
<td>16</td>
<td>13</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>S52</td>
<td>Fracture of forearm</td>
<td>10</td>
<td>10</td>
<td>11</td>
<td>148</td>
<td></td>
</tr>
<tr>
<td>J22</td>
<td>Unspecified acute lower respiratory infection</td>
<td>11</td>
<td>12</td>
<td>8</td>
<td>171</td>
<td></td>
</tr>
<tr>
<td>S82</td>
<td>Fracture of lower leg, including ankle</td>
<td>12</td>
<td>13</td>
<td>18</td>
<td>113</td>
<td></td>
</tr>
<tr>
<td>L03</td>
<td>Cellulitis</td>
<td>13</td>
<td>17</td>
<td>12</td>
<td>140</td>
<td></td>
</tr>
<tr>
<td>J22</td>
<td>Unspecified acute lower respiratory infection</td>
<td>14</td>
<td>6</td>
<td>7</td>
<td>189</td>
<td></td>
</tr>
<tr>
<td>K52</td>
<td>Other noninfective gastroenteritis and colitis</td>
<td>15</td>
<td>11</td>
<td>16</td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>J45</td>
<td>Asthma</td>
<td>16</td>
<td>18</td>
<td>21</td>
<td>102</td>
<td></td>
</tr>
<tr>
<td>R55</td>
<td>Syncope and collapse</td>
<td>17</td>
<td>20</td>
<td>29</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>I80</td>
<td>Phlebitis and thrombophlebitis</td>
<td>18</td>
<td>19</td>
<td>14</td>
<td>125</td>
<td></td>
</tr>
<tr>
<td>I21</td>
<td>Acute myocardial infarction</td>
<td>19</td>
<td>14</td>
<td>19</td>
<td>111</td>
<td></td>
</tr>
<tr>
<td>I63</td>
<td>Cerebral infarction</td>
<td>20</td>
<td>27</td>
<td>17</td>
<td>114</td>
<td></td>
</tr>
</tbody>
</table>

Many of these admissions will be for older people. Figure 22 below shows the number of admissions for selected causes in each of the unitary authorities in Berkshire West.
### Figure 26: Admissions for selected causes, people aged 65 and over, 2006/7 to 2008/9, by local authority, Berkshire West

<table>
<thead>
<tr>
<th>Condition</th>
<th>West Berkshire</th>
<th>Reading</th>
<th>Wokingham</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHD</td>
<td>309</td>
<td>362</td>
<td>348</td>
</tr>
<tr>
<td>Head injury</td>
<td>28</td>
<td>32</td>
<td>26</td>
</tr>
<tr>
<td>Stroke</td>
<td>193</td>
<td>162</td>
<td>204</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>124</td>
<td>108</td>
<td>132</td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>0</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>31</td>
<td>24</td>
<td>22</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>53</td>
<td>49</td>
<td>61</td>
</tr>
<tr>
<td>COPD</td>
<td>15</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>Motor neuron disease</td>
<td>7</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Parkinson's disease</td>
<td>16</td>
<td>32</td>
<td>22</td>
</tr>
<tr>
<td>Myasthenia gravis</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Primary disorders of muscles</td>
<td>0</td>
<td>0</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Cerebral palsy</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Huntington's disease</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unspecified dementia</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Brain injury</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>0</td>
</tr>
<tr>
<td>Alzheimers</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>7</td>
</tr>
<tr>
<td>Senility</td>
<td>79</td>
<td>71</td>
<td>85</td>
</tr>
</tbody>
</table>

### 5.3.3 Secondary care, general and acute services

The predominant provider of acute services for people across NHS Berkshire West is the Royal Berkshire Foundation Trust (Figure 23). However there are important flows of patients to other hospitals, which for some parts of the area are more accessible. These include Oxford Radcliffe Hospitals, Swindon and Marlborough NHS Trust and Basingstoke and North Hampshire NHS Trust.

#### Figure 27: Percentage of admissions by Provider Trust

<table>
<thead>
<tr>
<th>Percentage of admissions of NHS Berkshire West Patients by Provider Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider</td>
</tr>
<tr>
<td>Royal Berkshire NHS Foundation Trust</td>
</tr>
<tr>
<td>Oxford Radcliffe Hospital NHS Trust</td>
</tr>
<tr>
<td>Basingstoke and North Hampshire NHS Foundation Trust</td>
</tr>
<tr>
<td>Swindon and Marlborough NHS Trust</td>
</tr>
<tr>
<td>Heatherwood and Wexham Park Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>Nuffield Orthopaedic Centre NHS Trust</td>
</tr>
<tr>
<td>Frimley Park Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td>Ramsay ISTC</td>
</tr>
<tr>
<td>University College ofLondon Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>Southampton University Hospitals NHS Trust</td>
</tr>
<tr>
<td>Guy's and St Thomas NHS Foundation Trust</td>
</tr>
</tbody>
</table>
Local provision
The West Berkshire Community Hospital in Thatcham provides a number of key services including a minor injuries unit open between 0800 and 2200 daily, a phlebotomy service and inpatient wards. There is a 30-bed rehabilitation ward which is used by people with long-term neurological conditions. This unit is nurse-led, with medical support provided by local GPs. The other ward is for medical and palliative care and has 29 beds. It is also nurse-led, supported by local GPs and a palliative care consultant. The hospital has Rainbow Trust suites supported by the Newbury and District Cancer Care Trust, specifically designed to accommodate terminally ill patients and their relatives.

5.3.4 Primary and community-based services
There are 11 GP practices in West Berkshire, with a registered population of about 112,000. Some people living in West Berkshire are registered with practices outside the district boundary. List sizes vary from 6,500 to over 18,000, the average list size being around 10,200. On average, there is one GP for every 1850 people.

5.3.5 Pharmaceutical
NHS Berkshire West is currently undertaking a pharmaceutical needs assessment, the first since the PCT reorganisation in 2006. It will be closely connected to the JSNA process, and will provide an analysis of future needs in West Berkshire.

5.4 New developments: South Central PCT Alliance
The nine PCTs in South Central share many common and urgent challenges:
- To achieve the vision for improved patient services identified in the Next Stage Review and PCT strategic plans
- To improve rapidly commissioning capacity and capability and achieve World Class Commissioning competencies, particularly those relating to clinical input and commercial skills
- To manage significant in-year and medium/long-term financial pressures.

The PCT Alliance comprises the chief executives of the South Central PCTs and representation from South Central SHA. It has been working on collaborative projects for 18 months and has also been working through a World Class Commissioning Collaborative Programme to achieve world class commissioning competencies.

When the Alliance met in December 2008, it agreed to do more, faster, to improve commissioning and confirmed that in some areas this was best achieved collaboratively. It now has an ambitious programme to extend more collaborative working arrangements. The chief executives are committed to collaboration, believing that it will help ensure each PCT operates strongly and delivers the right outcomes for local communities. This is likely to require substantial changes to the way the PCTs currently do their business. The vision and objectives have been set and many of the principles of this change have been agreed, but much of the detailed work remains to be done.

5.5 User perspective on care
This section collates views and opinion of residents and patients which have been received by the partner organisations through surveys and other means.

2007/8 West Berkshire Council Annual Satisfaction Survey
Overall, residents view West Berkshire as being a pleasant and attractive place to live. The 2007/08 annual resident survey asked residents what most needs improving in their area. Nearly half of people cite as their chief priority the provision of activities for teenagers. Crime is another key and growing concern in the district despite West Berkshire having a relatively low crime rate, which suggests that methods of tackling this
issue should focus more on reassurance and reducing fear of crime. Crime is of concern throughout the district but levels of crime are cited as a concern by three-quarters of residents in the east of the district, significantly higher than elsewhere.

Congestion, affordable housing, the state of the road and pavement, and public transport are also cited as significant issues for residents in the district.

Community Safety Survey 2008
The results of the Community Safety Survey 2008 showed that the majority of people, 87%, feel safe outside during the day in their local area. This perception changes after dark, when almost a third of residents sampled did not feel safe.

The most commonly perceived anti-social behaviour problems in West Berkshire are speeding vehicles, teenagers hanging around and inconsiderate parking. Teenagers hanging around on the streets was seen by just over half of West Berkshire residents as being either a very or fairly big problem in their area, a problem overshadowed only by the perception that parents are failing to take responsibility for their children (62%). The next most commonly mentioned issue is people not treating each other with respect. Around 31% of people see drug use and drunken behaviour as an issue in their area, which is similar to the level recorded the previous year.

Public Perception Base Line Survey 2008 wave 2: What do people in Berkshire West think of the NHS?
In the second round of this survey, 76% of respondents expressed satisfaction with local service provision, an increase of 8% since the previous survey.

91% of Berkshire West patients who visited a GP in the previous year were satisfied with their visit, an increase of 4% since the previous survey. This figure is above the overall satisfaction rates across the South Central area. Some people felt that their GP was not easily accessible. There were mixed responses to the effectiveness of the current appointment booking system, with 23% of respondents reporting that it was difficult to make a GP appointment; this was 3% less than in the previous survey. Most of those who find it difficult to make an appointment with their GP would like general practices to open later in the evening and on Saturdays. The NHS Berkshire West Patient Advice and Liaison Service (PALS) feedback confirms this.

Concerns were raised during consultations about access to primary care services for transient populations, housebound patients, rural communities and other hard to reach groups.

Public engagement by NHS Berkshire West
Public engagement activities across NHS Berkshire West are led and co-ordinated through a number of teams. Feedback is received through:

Ongoing web based engagement
NHS Berkshire West Health Network membership
Road shows across the patch
Local focus groups
Feedback from our PALS (Patient Advice and Liaison Service) and complaints services
Community feedback from our three Local Involvement Networks (LINks).

Quarterly ICM public perception polling is employed to help build a clearer picture of what patients, members of public, local partners and clinicians think about the local NHS and what their expectations are for the future.
During a typical quarter 1 April 09 to 30 June 09, the following activities were carried out:

**PALS**
PALS received 994 calls. Call volumes have increased by 41.5% since October 2006. PALS were asked to join the Dental Access Clinic project group to explore options for service redesign. The team has also joined the endodontic task group which is looking at improving patient access to root canal treatment. PALS promoted their service to the public at a wide variety of community events, for example a Reading Borough Council fun day at Dee Park which was well attended by local residents.

**Compliments and Complaints**
There were 21 formal complaints during this quarter. This was the first quarter of the new national complaints process being implemented. 110 compliments were recorded from Berkshire West patients in the quarter.

**Public and Patient Engagement**
The wider team took part in a very successful CHOICE campaign, meeting 5053 people within a week. The campaign covered diverse locations across Berkshire West. Evaluation by Bell Pottinger showed our interactions with the public lasted on average twice as long as that of other PCTs in the area. Health Network membership increased by 47 people in the quarter, to 283 members. The Engagement Team is exploring ways to better involve young people in having their say about health services, and have been involved in several face to face sessions with young people. The Engagement Team gave information back to the public about how their feedback had influenced the SHA wide Assisted Conception policy. Due to public feedback across the SHA area, the planned policy was changed so that couples with a diagnosed cause for infertility will not have to wait for treatment. The Engagement Team have set up mini PIPs (Patient Information Point) along with PIP volunteers in 3 GP surgeries in West Berkshire. The aim is to ensure that even more patients have access to a wide range of up to date information on health conditions and local services. We have 17 volunteers for the PIP following a recruitment drive, enabling West Berkshire Hospital to have two extra PIP sessions a week. The Chief Executive attended the Patient Panel AGM. The Engagement Team has further developed positive relationships with the three LINks. The Partnership Development Fund awarded funding to twelve community groups at the Fund Committee meeting held on 1 April. The Engagement Team worked in partnership with Reading Borough Council to consult with carers about their needs. The aim of this was to feed carers’ views into the joint commissioning priorities for carers’ services.

**Local Involvement networks (LINks)**
LINks are networks of individuals and groups, established by local authorities, which influence planning and monitoring of health and social care services. The role of a LINk is to encourage and support more people to get involved in shaping local care services, from helping to decide what services should be commissioned, to influencing the way they are run.

LINks actively canvass every section of the community for their views and experiences of local care services. LINks are informed of all consultations and engagement exercises at the outset, in order to strengthen and expand the communication with, and involvement of, the public of West Berkshire. They are a mechanism for monitoring and
reviewing local care services and for holding them to account. LINks will bring together all local groups and will inform those who commission, run and scrutinise local care services about what local people have recommended to help improve services.

West Berkshire LINks elected their Board in March 2009, with Help and Care as the host. Help and Care is also hosting the Wokingham LINks.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A &amp; E</td>
<td>Accident and Emergency</td>
</tr>
<tr>
<td>ACS conditions</td>
<td>Ambulatory Care Sensitive conditions. These are defined as long-term health conditions that can often be managed with timely and effective treatment in the community without hospitalisation, implying that a proportion of ACS admissions could be prevented.</td>
</tr>
<tr>
<td>Acute Hospital</td>
<td>A hospital that provides urgent or planned treatments or operations, and outpatient appointments</td>
</tr>
<tr>
<td>Admission</td>
<td>A term used to describe when someone requires a stay in hospital.</td>
</tr>
<tr>
<td>AF</td>
<td>Atrial Fibrillation is a cardiac arrhythmia (abnormal heart rhythm) that involves the two upper chambers (atria) of the heart.</td>
</tr>
<tr>
<td>Alcohol relatedAttributable Crimes</td>
<td>These figures are estimates based on applying a national alcohol-related proportion to total crime figures so they may simply indicate high crime figures rather than crimes where alcohol actually was a factor.</td>
</tr>
<tr>
<td>Annual Extract of Deaths</td>
<td>Data from the Office of National Statistics based on death registrations and provided to Public Health Intelligence team's for every death occurring in the geographical area.</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>Medications used to treat depression</td>
</tr>
<tr>
<td>APCCD</td>
<td>Admitted Patient Care Commissioning Dataset. The dataset that contains all the demographic and clinical information about patients admitted to hospital.</td>
</tr>
<tr>
<td>APHO</td>
<td>Association of Public Health Observatories</td>
</tr>
<tr>
<td>AS</td>
<td>Age Standardisation: A statistical method used so that disease and death rates of populations with different age profiles can be compared meaningfully, since we know that people are more likely to become ill and die as they get older. There are 2 commonly used variations – direct and indirect.</td>
</tr>
<tr>
<td>ASC</td>
<td>Adult Social Care</td>
</tr>
<tr>
<td>Asylum Seekers</td>
<td>People who have fled their home country, who have applied for asylum and are awaiting a decision to grant them refugee status.</td>
</tr>
<tr>
<td>Audit Commission</td>
<td>The Audit Commission is an independent body responsible for ensuring that public money is used economically, efficiently and effectively.</td>
</tr>
<tr>
<td>BCS</td>
<td>British Crime Survey. The British Crime Survey is a very important source of information about levels of crime and public attitudes to crime and other Home Office issues. The results play an important role in informing Home Office policy.</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>Binge drinking is defined as “consuming 8 or more units on a single occasion for men and 6 or more units for women”. Has been described as 5/4 binge drinking: five or more drinks in a row on a single occasion for a man or four or more drinks for a woman.</td>
</tr>
<tr>
<td>BME</td>
<td>Black and Minority Ethnic: Defined by ONS as including White Irish, White other (including White asylum seekers, refugees, Gypsies and Travellers), mixed (White &amp; Black Caribbean, White &amp; Black African, White &amp; Asian, any other mixed background), Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background), Black or Black British (Caribbean, African or any other Black background), Chinese, and any other ethnic group.</td>
</tr>
<tr>
<td>BMI (Body Mass Index)</td>
<td>An estimation of body fat based on height and weight. BMI can be used to determine if people are at a healthy weight, overweight, or obese. To figure out BMI, use the following formula: Weight in kg ÷ (Height in metres X Height in metres). A body mass index (BMI) of 18.5 up to 24.9 refers to a healthy weight, a BMI of 25 up to 29.9 refers to overweight and a BMI of 30 or higher refers to obese.</td>
</tr>
<tr>
<td>CABG</td>
<td>Coronary Artery Bypass Graft</td>
</tr>
<tr>
<td>CAMH</td>
<td>Child and Adolescent Mental Health</td>
</tr>
<tr>
<td>CCHI</td>
<td>Compendium of Clinical and Health Indicators</td>
</tr>
<tr>
<td>CDAD</td>
<td>Clostridium Difficile Associated Disease</td>
</tr>
<tr>
<td>CDRP</td>
<td>Crime and Disorder Reduction Partnerships - The 1998 Crime and Disorder Act established partnerships between the police, local authorities, probation service, health authorities, the voluntary sector, and local residents and businesses. These partnerships are working to reduce crime and disorder.</td>
</tr>
<tr>
<td>Census</td>
<td>A national survey of the population of the UK undertaken every ten years. The last Census was in 2001.</td>
</tr>
<tr>
<td>CHD</td>
<td>Coronary Heart Disease. Heart disease caused by poor circulation of the blood to the heart muscle because the blood vessels have become blocked. Consequences include chest pains (angina) and heart attack (myocardial infarction).</td>
</tr>
<tr>
<td>Child Protection Plan</td>
<td>If a child's name is added to the child protection register, a child protection plan is drawn up to make sure the child is kept safe and to help the family.</td>
</tr>
<tr>
<td>Child Protection Register</td>
<td>The child protection register is a confidential list of children and young people in an area that are believed to be in need of protection.</td>
</tr>
</tbody>
</table>
Chlamydia: A common sexually transmitted infection which many people do not know they have because they often don't have any symptoms. Left untreated, Chlamydia can cause infertility in women. A sexually transmitted infection caused by the bacterium Chlamydia trachomatis. Infection may not cause symptoms and long term consequences can include infertility. Effective testing and treatment are available.

CIPFA: Chartered Institute of Public Finance and Accountancy

Circulatory Disease: Diseases of the circulatory (blood) system including heart disease and stroke.

CKD: Chronic Kidney Disease

Clostridium difficile (or C. difficile) – C Diff: A bacterium that can cause an infection of the gut and is an important cause of hospital associated diarrhoea.

Commission for Social Care Inspection: Body which regulates, inspects and reviews all adult social care services in the public, private and voluntary sectors in England. Replaced by Care Quality Commission

Commissioning a patient-led NHS: This document builds on the NHS Improvement Plan and Creating a Patient-Led NHS. Its focus is on creating a step-change in the way services are commissioned by front-line staff, to reflect patient choices. Effective commissioning is a pre-requisite for making these choices real. It does so in the overall context of improving the health of the whole population.

Commissioning Framework for Health and Well Being: A DH framework for commissioners of services to enable improvement in the health, well being and independence of the population living in an area. This document describes JSNAs.

Community Care Act: National Health Service and Community Care Act 1990.

Community services: Services provided by the council in peoples' homes eg homecare, direct payments, day care

Confidence Interval: The range of values within which we are confident that the true population value lies. Usually expressed as 95% or 99% confidence interval dependant on the precision applied.

COPD: Chronic Obstructive Pulmonary Disease. Lung disease characterised by coughing, wheezing, breathlessness and fatigue. Most often associated with smoking. A chronic condition frequently requiring health and/or social service input.

Correlation: In statistics, correlation, also called correlation coefficient, indicates the strength and direction of a linear relationship between two variables.

Coterminous Areas: Areas that have the same boundaries.

CQC: Care Quality Commission: Successor to Healthcare Commission, Commission for Social Care Inspection and the Mental Health Commission

CVD: Cardiovascular Disease: refers to conditions that involve the heart or blood vessels. They include CHD (about 50%) and stroke (about 25%), and all other diseases of the circulatory system.

DAAT: Drug and Alcohol Action Teams

DASR: Directly Age Standardised Rate – See ASMR. Rates that are standardised for differences in population age structure by direct population weighting. These are used to compare morbidity, mortality etc by geographical area

Decent Homes: A home that meets the Decent Homes Standard. This means housing is in a reasonable state of repair, has reasonably modern facilities and services, and provides a reasonable degree of thermal comfort. As a minimum all council homes will have to meet these standards by 2010 to comply with Government requirements.

Dementia: Dementia is the loss (usually gradual) of mental abilities such as thinking, remembering and reasoning. There are many different types of dementia, each with their own causes.

Deprivation Quintiles: Deprivation quintiles divide areas in fifths according to some measure of deprivation, and can be used to analyse variations in health between deprived and affluent sections of the population regardless of where they live.

Determinants of Health: The range of personal, social, economic and environmental factors which determine the health status of individuals or populations. They include health behaviours and lifestyles, income, social and economic status, education, employment, working conditions, access to health services, housing and living conditions and the wider physical environment.

DH: Department of Health

DH TCNST: Department of Health Tobacco Control National Support Team

Diabetes: A condition in which the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. It can lead to serious complications or damage to organs, particularly if the condition is not well controlled.

Diabetic Retinopathy: People with diabetes are at risk of vascular problems including eye problems as a complication of diabetes. Diabetic retinopathy is caused by damage to the blood vessels in the retina. Over time, diabetic retinopathy can cause vision loss.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diastolic blood</td>
<td>Blood pressure (strictly speaking: vascular pressure) refers to the force exerted by circulating blood on the walls of blood vessels. The diastolic arterial pressure is the lowest pressure (at the resting phase of the cardiac cycle)</td>
</tr>
<tr>
<td>pressure</td>
<td></td>
</tr>
<tr>
<td>Direct Payments</td>
<td>Direct payments create more flexibility in the provision of social services. Giving money in place of social care services means people have greater choice of provider for their care.</td>
</tr>
<tr>
<td>DMFT</td>
<td>Diseased, Missing, Filled Teeth</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DSR</td>
<td>Directly Standardised Rate – see DASR The direct method of age standardisation</td>
</tr>
<tr>
<td>DwSI</td>
<td>Dentist with a Specialist Interest</td>
</tr>
<tr>
<td>EAL</td>
<td>English as an Additional Language</td>
</tr>
<tr>
<td>Early Learning</td>
<td>Foundation stage curriculum (3 to 5 years) has 6 areas of learning.</td>
</tr>
<tr>
<td>Economically Active</td>
<td>Collective description of people, including full time students, who are working or looking for work and are available to start work within 2 weeks.</td>
</tr>
<tr>
<td>EET</td>
<td>Employment, Education or Training</td>
</tr>
<tr>
<td>EHC</td>
<td>Emergency Hormonal Contraception. Available over the counter from pharmacies</td>
</tr>
<tr>
<td>Elective Admission</td>
<td>A patient admitted to hospital for a planned clinical intervention, involving at least an overnight stay.</td>
</tr>
<tr>
<td>Electoral ward</td>
<td>An electoral ward is a division of an administrative area used to elect councillors to serve on councils of the administrative areas. A geographical area which is an administrative subdivision of a local authority (q.v.), representing the level at which councillors are elected. Electoral wards are the key building blocks of UK administrative geography.</td>
</tr>
<tr>
<td>Emergency (non-elective) Admission</td>
<td>An unplanned admission to hospital at short notice because of clinical need or because alternative care is not available.</td>
</tr>
<tr>
<td>ePACT</td>
<td>Electronic Prescribing Analysis and Cost : NHS only (nww) website of the Prescription Processing Division run by the NHS Business Services Authority. Contains quarterly figures including costs for drugs prescribed by GP/practice. (Registered users only)</td>
</tr>
<tr>
<td>Fasting Glucose</td>
<td>A measurement of the blood glucose in the morning prior to the ingestion of any food for the prior 12 hours.</td>
</tr>
<tr>
<td>FCE</td>
<td>Finished Consultant Episode. An episode of secondary (hospital care) that is described by a single record in the Hospital Episode Statistics database.</td>
</tr>
<tr>
<td>Fixed Term</td>
<td>A fixed period Exclusion means that a pupil is not allowed into school or Exclusion onto school grounds for a set number of days.</td>
</tr>
<tr>
<td>FNC</td>
<td>Free Nursing Care</td>
</tr>
<tr>
<td>FSM</td>
<td>Free School Meals</td>
</tr>
<tr>
<td>GCSE</td>
<td>General Certificate in Secondary Education</td>
</tr>
<tr>
<td>GFRS</td>
<td>Grant Funded Services return</td>
</tr>
<tr>
<td>GHS</td>
<td>General Household Survey : Continuous national survey carried out by the Social Survey Division of the ONS (q.v.)</td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td>Is a common sexually transmitted infection which if not treated early it can lead to some very serious health problems.</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>GPSI</td>
<td>GP with Specialist Interest</td>
</tr>
<tr>
<td>GUM</td>
<td>Genito-Urinary Medicine. The branch of medicine that deals with the male and female sexual organs and the urinary system (the system in the body that produces, stores and gets rid of urine). GUM clinics are specialist services to care for people with sexually transmitted infections</td>
</tr>
<tr>
<td>GUM Clinic</td>
<td>Genitourinary Medicine clinics, sometimes known as Sexual Health clinics for all aspects of sexual health. You receive free, confidential advice and treatment.</td>
</tr>
<tr>
<td>HCAI</td>
<td>Healthcare Associated Infection: Infections that are associated with admission to hospital or as a result of healthcare interventions in other healthcare facilities, to a patient or healthcare professional.</td>
</tr>
<tr>
<td>Health Inequalities</td>
<td>Variations in health identified by indicators such as infant mortality rate, life expectancy which are associated with socio-economic status and other determinants.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Is an infection of the liver caused by a virus. It can be transmitted by sexual contact, shared needles, or contaminated blood products and is much easier to get than HIV, and can cause permanent liver disease and cancer. Most people have no obvious symptoms, and there is no known cure.</td>
</tr>
<tr>
<td>Herd Immunity</td>
<td>Resistance of a population to spread of an infectious organism due to the immunity of a high proportion of the population.</td>
</tr>
<tr>
<td>HES</td>
<td>Hospital Episode Statistics: A data warehouse containing details of all admissions to, and treatments in NHS hospitals in England.</td>
</tr>
<tr>
<td>HH1 - Local Authority Home Help Return</td>
<td>Annual Department of Health statutory return for home help and home care services for adults</td>
</tr>
</tbody>
</table>

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HIV
Human Immunodeficiency Virus is a retrovirus that can lead to acquired immunodeficiency syndrome (AIDS). stands for Human Immunodeficiency Virus and is a virus that can damage the body's defence system so that it cannot fight off certain infections. If someone with HIV goes on to get certain serious illnesses, this condition is called AIDS which stands for Acquired Immune Deficiency Syndrome.

HNA
Health Needs Assessment

HOSC
Health Overview and Scrutiny Committee

Housing Option Service
The Housing Options Service delivers a range of services to people with housing accommodation needs, including those who are homeless or threatened with homelessness. We assess the client's needs for rehousing, give advice to clients on the options available, arrange temporary accommodation for homeless people in line with Government legislation, and allocate permanent housing.

HPA
Health Protection Agency: National agency to provide health protection specialist advice and leadership.

HPV
Human Papillomavirus: The name for a group of related viruses, some of which occur on the cervix and are risk factors for cervical cancer.

HRBS
Health Related Behaviour Survey

HRG
Healthcare Resource Groups

HSE
Health Survey for England, also Health and Safety Executive. The Health Survey for England (HSE) is a series of annual surveys about the health of people in England, beginning in 1991. Each year the Health Survey for England focuses on a different demographic group and looks at such health indicators as cardio-vascular disease, physical activity, eating habits, oral health, accidents and asthma

ICD 10
International Classification of Diseases, version 10 (International Statistical Classification of Diseases and Related Health Problems)

IDOPI
Income Deprivation Affecting Older People

IMD
Indices of Multiple Deprivation: This is calculated by scoring different dimensions of deprivation – income deprivation, employment deprivation, health deprivation and disability, education, skills and training deprivation, barriers to housing and services. A higher score implies greater deprivation. (For more information see the website for Communities and Local Government http://www.communities.gov.uk)

Immunisation
Protection of susceptible individuals from communicable disease by administration of a living modified agent, a suspension of killed organisms or an inactivated toxin.

Incidence
Rate of occurrence of new cases of disease (within a given population over a given time period)

Income Deprived Households
Households receiving income related benefits or support from the National Asylum Support Service.

Inequalities
A lack of equality or fair treatment in the sharing of wealth or opportunities between different groups in society

Infant Mortality Rate
Mortality of those aged less than one year. The number of deaths of infants under age 1 per 1,000 live births in a given year.

In-patient
A person who has been admitted to hospital.

IOTN
Index of Orthodontic Need

IPF Nearest
Local authorities use the IPF Nearest Neighbour groupings for comparison, Neighbour which are produced for the Audit Commission by the Chartered Institute of Public Finance and Accountancy (CIPFA).

IUD
Intrauterine Device: Contraceptive device

JAR
Joint Area Review – a three year programme running to December 2008 in each local authority. Each local authority will have one review over the three years.

KC53
Cervical Cancer screening programme (Cytology) uptake reporting.

KC60
The routine surveillance of sexually transmitted infections (STIs) in England & Wales is carried out through the collection of statutory KC60 returns.

KC63
Breast Cancer screening programme uptake reporting.

Key Stage 1
National Curriculum benchmark of skills, knowledge & understanding: Children aged 5–7

Key Stage 2
National Curriculum benchmark of skills, knowledge & understanding: Children aged 7–11

Key Stage 3
National Curriculum benchmark of skills, knowledge & understanding: Children aged 11–14

Key Stage 4
National Curriculum benchmark of skills, knowledge & understanding: Children aged 14

Local Authority: In most of England outside the major towns and cities, there are two levels of local government - county and district – run by their respective councils, and responsible for different types of local services. District councils can be borough councils or city councils. There is a system of Unitary Authorities (UAs) which combine the functions of county and district councils. There are six UAs in Berkshire.

LAA
Local Area Agreement – LAAs set out the priorities for a local area agreed between central government and a local area (the local authority and Local Strategic Partnership) and other key partners at the local level.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>LARC</td>
<td>Long Acting Reversible Contraceptives. An example of Depot (injection based) forms of contraception.</td>
</tr>
<tr>
<td>LBW</td>
<td>Low Birth Weight, less than 2,500g</td>
</tr>
<tr>
<td>LDP</td>
<td>Local Delivery Plan</td>
</tr>
<tr>
<td>LE</td>
<td>Life Expectancy: LE is a statistical measure of the average length of survival of a living thing. It is often calculated separately for differing gender and geographic location. Life expectancy is a population age adjusted average age at death. A population with a life expectancy of 80 years is healthier (or at least has lower mortality) than a population with one of 70 years.</td>
</tr>
<tr>
<td>LEAP</td>
<td>Learning, Education and Achievement Partnership, also Local Environment Agency Plan</td>
</tr>
<tr>
<td>LIP</td>
<td>Local Implementation Plan</td>
</tr>
<tr>
<td>LLTI</td>
<td>Limiting Long Term Illness: A self reported assessment of limiting long-term illness, health problem or disability limiting daily activities or ability to work, including problems due to old age. Part of the decennial census</td>
</tr>
<tr>
<td>Local Development Frameworks</td>
<td>The Government has introduced a new plan system to manage how development takes place in towns and the countryside. Together with the Regional Spatial Strategy it will determine planning system will help to shape the community</td>
</tr>
<tr>
<td>Localities</td>
<td>Practice Based Commissioners come together either under a locality or consortia arrangement, with devolved indicative practice budgets, to achieve the best health outcomes for the populations they represent. The Locality Groups are not a legal entity but are able to work together to submit a business plan on behalf of the group rather than on an individual practice basis.</td>
</tr>
<tr>
<td>Locality</td>
<td>A particular neighbourhood, place, or district</td>
</tr>
<tr>
<td>LRF</td>
<td>Local Resilience Forum: Sits at the apex of local civil protection arrangements in local government, providing vision, leadership and cabinet responsibility to all responders.</td>
</tr>
<tr>
<td>Malignant Melanoma</td>
<td>The most dangerous form of skin cancer, a malignancy of the melanocyte, the cell that produces pigment in the skin.</td>
</tr>
<tr>
<td>MH</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Morbidity</td>
<td>The extent of disease in a population.</td>
</tr>
<tr>
<td>Mortality</td>
<td>The incidence of death in a population.</td>
</tr>
<tr>
<td>MRSA</td>
<td>Methicillin Resistant Staphylococcus Aureus. Varieties of the bacteria Staphylococcus Aureus that have developed resistance to methicillin/meticillin (a type of Penicillin) and some other antibiotics which are used to treat infections</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
</tr>
<tr>
<td>MSOA</td>
<td>Middle Super Output Area</td>
</tr>
<tr>
<td>Mycobacterium</td>
<td>A member of a family of bacteria (Mycobacteriaceae) which includes germs known to cause serious diseases in mammals, principally tuberculosis and leprosy</td>
</tr>
<tr>
<td>National Census</td>
<td>A census is a survey of all households in the country. It provides essential information from national to neighbourhood level for government, business, and the community. There has been a census almost every 10 years since 1841. The most recent census was in 2001</td>
</tr>
<tr>
<td>National Curriculum</td>
<td>The National Curriculum is a framework used by all maintained schools to ensure that teaching and learning is balanced and consistent.</td>
</tr>
<tr>
<td>National Sexual Health and HIV Strategy</td>
<td>The national Strategy for sexual health and HIV. It is a Strategy that will modernise sexual health and HIV services in this country. It addresses the rising prevalence of sexually transmitted infections (STIs) and of HIV. Produced by the Department of Health.</td>
</tr>
<tr>
<td>NCHOD</td>
<td>National Clinical and Health Outcomes Development: Organisation which produces the Compendium of Clinical and Health indicators – regularly updated sets of national and local health statistics.</td>
</tr>
<tr>
<td>NCMP</td>
<td>National Child Measurement Programme: A programme established in 2005 in order to weigh and measure children in Reception year (aged 4-5 years) and Year 6 (aged 1011 years) to assess overweight and obese levels.</td>
</tr>
<tr>
<td>NCSP</td>
<td>National Chlamydia Screening Programme - A plan to begin implementing a national screening programme for chlamydia was included in the Department of Health's National Strategy for Sexual Health and HIV.</td>
</tr>
<tr>
<td>NEET</td>
<td>Not in Employment, Education or Training</td>
</tr>
<tr>
<td>NFER</td>
<td>National Foundation for Educational Research</td>
</tr>
<tr>
<td>NFER Statistical Neighbours</td>
<td>The NFER Statistical Neighbours are the ones that both Education and Children's social care have to use. More information on them can be found at <a href="http://www.dfes.gov.uk/rsgateway/DB/STA/1000712/index.shtml">http://www.dfes.gov.uk/rsgateway/DB/STA/1000712/index.shtml</a></td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>NHSBSA</td>
<td>NHS Business Services Authority</td>
</tr>
<tr>
<td>NICE</td>
<td>National Institute of Clinical Excellence</td>
</tr>
<tr>
<td>NPCCC</td>
<td>National Primary Care Contracting Collaborative</td>
</tr>
</tbody>
</table>
Joint Strategic Needs Assessment, 2009, West Berkshire

NRT Nicotine replacement therapy (NRT) is the use of various forms of nicotine delivery methods intended to replace nicotine obtained from smoking or other tobacco usage.

NSF National Service Framework: NSFs are strategies for improving specific areas of care. They set National Standards, identify key interventions and put in place agreed time scales for implementation, to ensure equity and consistency of approach.

OAC Output Area Classification: An ONS tool which segments each Census Output Area (OA; approx 124 households) into one of 7 Super-groups, 21 groups and 52 subgroups. The classification was created from 41 Census variables and classifies every output area in the UK based of its value for those variables.

Obesity Obesity is a condition in which the natural energy reserve is increased to a point where it is associated with certain health conditions or increased mortality. Body mass index (BMI), is a simple and widely used method for estimating body fat. A BMI over 30 is obese.

OHN Our Healthier Nation –sets out the proposed ‘Contract for health’ as a partnership between the Government, local organisations and individuals. Published in 1999.

ONS Office of National Statistics: The Office for National Statistics (ONS) is the government department that provides UK statistical and registration services.

ONS Cluster The cluster analysis method places each area in a group with the other areas to which it is most similar in terms of the forty-two Census variables selected. This enables similar areas to be classified according to their particular combination of characteristics. The classification consists of two parts: a hierarchical classification of superfamilies, groups, and subgroups, and an overlapping classification of “corresponding areas”.

OPCS Office of Population, Census and Surveys (former name for ONS)

OPCS 4 NHS Procedure Coding scheme, for classifying hospital based care procedures.

Out of Area Care provided to residents or registered patients of Berkshire PCT Placements outside of Berkshire PCT.

PANSI Projecting Adult Needs & Service Information : Online information and database system provided by care services improvement partnership . www.pansi.org.uk (See poppi)

PBB Programme Based Budgeting – In 2002, the Department initiated the National Programme Budget Project. The aim of the project is to develop a source of information, which can be used by all bodies, to give a greater understanding of where the money is going and what we are getting for the money we invest in the NHS.

PBC Programme Based Categories

PbC Practice-based Commissioning: A government policy which devolves responsibility for commissioning services from PCTs to local clinicians. Under PBC, GP practices are given a commissioning budget which they use to provide services. The PCT acts as their agent in procurement of these services.

PCT Primary Care Trust: an NHS statutory body that is responsible for the planning and securing of health services and improving the health of their local population.

PCTDS Primary Care Trust Dental Services

PLD People with Learning Difficulties

PMC Pseudomembranous Colitis

Pneumococcal Infection Pneumococcal disease is caused by the bacterium Streptococcus pneumoniae. This infection can cause a range of illnesses including: pneumonia (infection of the lungs), otitis media (infection of the middle ear), and meningitis (infection of the membranes around the brain). The pneumococcal vaccine protects against pneumococcal infection.

POPPI Projecting Older People Population Information : Online information and database system, provided by care services improvement partnership (CSIP). www.poppi.org.uk (See pansi)

Prevalence Any death under the age of 75 years.

Primary care Health care provided in the community (not at hospital) including GP practices.

Primary care Health care provided in the community (not at hospital) including GP practices.

Prison Health Care Delivery Joint guidance between the Department of Health and HM Prison Service to achieve the mainstreaming and integration of prison health within the Plan NHS and the Prison Service by April 2006.

PSA Public Service Agreement : High level national targets set by Government for public services

PSD People with physical and Sensory Disabilities

Pupil Level Annual School Census The Census is the Department's largest and most complex data collection exercise. The Census collects information from every school in England under Section 29 of the Education Act 1996 and Section 42 of the Schools Standards and Framework Act. The provision by schools of individual pupil records is a statutory requirement under Section 537A of the Education Act 1996. Local Authorities, other government departments, external agencies and educational researchers all use this information.

QMAS The Quality Management and Analysis System, known as QMAS, is a national IT system which gives GP practices and Primary Care Trusts objective evidence and feedback on the quality of care delivered to patients.
QOF

The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results.

Quartile

A quarter of a distribution i.e., the first, second and third quartile points of 100 are 25, 50 and 75

RAP

Referrals, Assessments & Packages return: Annual Department of Health statutory return for referrals, assessments and packages of care

RAPC

Referrals, Assessments, Packages of care and Carers

RCA

Root Cause Analysis: A retrospective review of a patient safety incident undertaken in order to identify what, how and why it happened. The analysis is then used to identify areas for change, recommendations and sustainable solutions, to help minimise the recurrence of the incident in the future.

READ Codes

A coded classification of clinical terms designed to enable clinicians to make effective use of computer systems

Registered population

The registered population is the population that the PCT are responsible for to provide health care. Everyone registered with a GP practice are included in the registered population count.

Registered Social Landlord

Shared ownership property is a home that has been built, usually by a Registered Social Landlord (a housing association) specifically to sell on a shared ownership basis.

Resident population

The resident population is the population physically living within a given area.

SAS

Annual Social Care return - Self Assessment

Scatter Plot

A graphical method of displaying the distribution of two different factors.

Secondary care

Health care provided in a hospital setting at a general hospital rather than a specialist hospital (when it is known as tertiary care).

Sedentary Occupations

Non-active jobs, such as those that require people to be at desks.

SHA

Strategic Health Authority

SMR

Standardised Mortality Ratio: A method of presenting mortality rates using indirect age standardisation (q.v.), which applies the rates for a standard population (normally England and Wales) to the subject population to give an expected number of events against which the observed number of events is compared giving a ratio which is normally multiplied by 100.

SOA

Super Output Area. Standard geographical areas created for statistical purposes, to provide continuity of areas. Two levels; Middle and Lower.

SOPHID

Survey of Prevalent HIV Infections data

SR1

Annual Department of Health statutory return for residential and Nursing care

SRR

Supported Residents Return

SRR

Standardised Registration Ratio: A variety of indirect age standardisation (q.v.) which is used primarily for cancer incidence data.

SSEN

The term ‘special educational needs’ (SEN) has a legal definition, referring to children who have learning difficulties or disabilities that make it harder for them to learn or access education than most children of the same age.

STI

Sexually Transmitted Infection

Synthetic Estimates for Lifestyle Factors

The National Centre for Social Research (NatCen) was commissioned by the Department of Health/Health and Social Care Information Centre, to produce model-based estimates and confidence intervals for a range of healthy lifestyle variables at ward level. The outcome measure for the estimates were generated from data collected in the Health Survey for England (HSIE). They are available for smoking, binge drinking, obesity and consumption of 5 or more portions of fruit and vegetables, the expected prevalence of a behaviour for any ward or Primary Care Organisation, given the characteristics of that area. The synthetic estimates are not estimated counts of the number of people or prevalence of a behaviour e.g. smoking in a ward or PCO. They are the expected prevalence of a behaviour for any ward or PCO, given the characteristics of that area (demographic and social characteristics).

Syphilis

Is a sexually transmitted infection that can spread without either partner knowing. The first signs are often painless sores or rashes followed by flu-like symptoms. Left untreated, it can lead to heart disease or brain damage.

Systolic blood pressure

Blood pressure (strictly speaking: vascular pressure) refers to the force exerted by circulating blood on the walls of blood vessels. The systolic arterial pressure is defined as the peak pressure in the arteries, which occurs near the beginning of the cardiac cycle.

TAG

Technology Appraisal Guidance – these are produced by NICE.

TB

Tuberculosis. An infection caused by a species of mycobacterium (q.v.) which still remains a major worldwide health problem. Deaths from this disease have declined since the 1950’s, but there has been a recent increase in tuberculosis incidence. It is transmitted from person to person by an aerosol of organisms suspended in tiny droplets that are inhaled.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>TIA</td>
<td>Transient Ischaemic Attack – causes symptoms similar to a stroke - but symptoms last less than 24 hours. The most common cause is due to a tiny blood clot.</td>
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<tr>
<td>ToP</td>
<td>Termination of Pregnancy</td>
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<tr>
<td>Total Period</td>
<td>The average number of live births that would occur per woman resident in an area if women experienced that area’s current age-specific fertility rates throughout their childbearing life span.</td>
</tr>
<tr>
<td>Fertility Rate</td>
<td></td>
</tr>
<tr>
<td>TPU</td>
<td>Teen Pregnancy Unit: National strategy unit for teenage pregnancy. Part of Department of Children, Schools and Families (DCSF)</td>
</tr>
<tr>
<td>UDA</td>
<td>Units of Dental Activity – Courses of treatment are divided into three bands depending on the complexity and length of treatment with Band 3 attracting the most UDAs.</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Claimant count unemployment rates (proportion of working age people claiming Job Seekers Allowance).</td>
</tr>
<tr>
<td>UNICEF BFI</td>
<td>United Nations Children’s Fund - Baby Friendly Initiative – The Baby Friendly Initiative is a global programme of UNICEF and the World Health Organization which works with the health services to improve practice so that parents are enabled and supported to make informed choices about how they feed and care for their babies.</td>
</tr>
<tr>
<td>UWP</td>
<td>Unified Weighted Population</td>
</tr>
<tr>
<td>VLBW</td>
<td>Very Low Birth Weight, less than 1,500g</td>
</tr>
<tr>
<td>w cc</td>
<td>With Comorbidities and Complications (HRGs)</td>
</tr>
<tr>
<td>w/o cc</td>
<td>Without Comorbidities and Complications (HRGs)</td>
</tr>
<tr>
<td>Ward</td>
<td>Strictly electoral ward, an administrative area that is laid down in statute. Berkshire covers 126 wards.</td>
</tr>
<tr>
<td>Weighted Capitation Population</td>
<td>The unified weighted population is used to allocate resources and budgets in the NHS and is a modified registered population.</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>WIC</td>
<td>Walk in Centre</td>
</tr>
<tr>
<td>Young People Plan</td>
<td>Children’s Services with the help of the children and young people of the city. It sets out the vision, priorities and actions.</td>
</tr>
<tr>
<td>YP</td>
<td>Young Person</td>
</tr>
<tr>
<td>YPLL (or PYLL, YLL)</td>
<td>Years of Potential Life Lost. A measure of premature mortality (q.v.). As a method, it is an alternative to death rates that gives more weight to deaths that occur among younger people. It uses a reference life expectancy (usually 75) to calculate a person’s YPLL at death. Deaths over this age are rated zero.</td>
</tr>
</tbody>
</table>