Joint Strategic Needs Assessment for Wokingham Unitary Authority Area

July 2009
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1 EXECUTIVE SUMMARY

1.1 About Wokingham Borough
Wokingham borough is a local government district in Berkshire named after its main town. The borough is governed by Wokingham Borough Council which has been a unitary authority since 1998. It has an estimated population of 156,600 people, covers an area of 179 square kilometres and is ranked the second most affluent local authority area in England and Wales. Wokingham is a predominantly wealthy area with high levels of employment and economic activity, good economic prospects and high average earnings. (3.1)

Compared with the United Kingdom, Wokingham borough has a higher proportion of people aged 35 to 54 and slightly more school-age children. There are fewer people aged over 65 years than average for England, with about 13% of the population in this age group; this is expected to rise to nearly 20% by 2029. (3.2.2)

The 2001 census reported that 91% of the borough’s population was white, with the remaining 9% of residents describing themselves as being from black or minority ethnic (BME) groups. The proportion of the population from BME groups is lower than average for England. (3.2.3)

The proportion of households living in owner-occupied properties is higher than average for England. The proportion of council homes classified as non-decent in 2008/09 was 16%, substantially higher than the national figure of 4.2%. Over half of households in Wokingham borough own two or more cars, compared with 30% for England and Wales. Levels of crime in Wokingham are low by national standards. (3.3.4)

1.2 Lifestyle risk factors
An estimated 15% of adults in Wokingham are current smokers. This is low compared with other affluent communities and compares with 24% across the South Central/South East region and 25% nationally. (5.1)

The national estimates of drinking behaviour applied to the Wokingham population suggest that there may be almost 8000 people who are alcohol-dependent and 28,000 people whose drinking places them at increased risk. (5.1.2)

The prevalence of obesity in the UK has more than doubled in the last 25 years and is now worryingly high in Wokingham: the estimated prevalence of obesity among adults in the borough is 19.4%, or more than 24,000 people. 17% of children aged 4-5 years are overweight and 8% are obese. Although these figures are slightly lower than the England figures, they are rising and pose a substantial threat to the future health of these children. 20% of children aged 10 to 11 years were overweight and 10% obese. 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. These factors combine to make the prevention and management of obesity a major public health challenge. (5.1.3)

In a recent local survey, 92% of local residents indicated they were in good or fairly good health. 52% said they ate three or four portions of fruit and vegetables on most days, and 34% said they ate five or more portions on most days. Most said that they undertook about thirty minutes of moderate exercise at least twice a week. (8.1)

1.3 Burden of ill health
Wokingham’s affluence means that its residents have lower than average mortality rates. There were 953 deaths in Wokingham in 2007, giving a mortality rate of 451 per 100,000.
This compares with 528 per 100,000 across the South East region and 579 per 100,000 for England and Wales.

However, this figure masks important differences in life expectancy between different socioeconomic groups. Only 1.1% of Wokingham’s population live in one of the most deprived 40% of areas in England, but this group suffer poor outcomes: life expectancy for the most deprived Wokingham men is 6 years less than that in the least deprived areas. The difference for women is 2.3 years. (6.1.1)

Differing risks of death from coronary heart disease, stroke and other cardiovascular diseases together underlie much of the difference in life expectancy for both men and women. These are conditions that can be prevented by a healthy lifestyle including not smoking, taking regular physical activity, following a healthy diet and maintaining a normal weight. (6.1.1)

There are around 150 deaths each year from coronary heart disease in Wokingham, 31% of which occur in those aged under 75 years. This compares with 30% across the South Central/South East region and 32% in England. Coronary heart disease mortality in Berkshire West is strongly related to deprivation, with the most deprived areas having a 50% greater death rate from the disease than the least deprived areas. (6.1.3)

Using age distribution, sex, ethnicity and deprivation, models predict that 22% of the population served by Berkshire West PCT 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. The analysis also suggests that as many as a thousand people in Wokingham with coronary heart disease do not appear on primary care disease registers, either because of under-diagnosis or under-recording. They are likely to be missing out on preventative care. The pattern of admissions of people with coronary heart disease suggests that deprived people and Asians experience barriers in accessing care. (6.1.3)

Diabetes is another important public health problem in Wokingham. An estimated 5,500 people (3.5% of the population) have type 1 or 2 diabetes in Wokingham and an estimated 11.6% of deaths among those aged 20 to 79 years are attributable to diabetes. The aging population, coupled with an increasing number of overweight and obese people, is fuelling a worryingly brisk increase in the prevalence of diabetes. (6.1.2)

There are around 110 deaths each year in Wokingham from strokes, compared with 7,425 in the South East region and 48,461 in England and Wales. 14% of these strokes are in people under the age of 75 years, compared to 15% in the South East and 17% in England and Wales. This gives a standardised rate of 49 per 100,000, compared to 46 per 100,000 for the South East region and 50 per 100,000 for England and Wales. The trend in stroke mortality rate has been downward in Wokingham since 1996, in line with national and South East region rates. (6.1.4)

There are around 270 deaths from cancer each year in Wokingham, out of 20,000 occurring across the South East and over 135,000 in England and Wales. The age-standardised death rate for cancer is 147 per 100,000, compared to 165 per 100,000 for the South East and 176 per 100,000 for England and Wales. (6.1.5)

Around 150 (56%) of the deaths from cancer are in people under the age of 75 years. The rate for under 75 year olds in Wokingham is 98 per 100,000 based on 2005-07 data. The rate for both males and females has remained below, and reduced in line with, national trends over the period 1993 to 2007. (6.1.5)

There are on average 175 emergency admissions per year of Wokingham 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, mental
disorders not otherwise specified and bipolar affective disorder. (6.1.10)

The directly standardised suicide rate for England and Wales is 8 per 100,000; for
Wokingham the rate is lower, at 4.4 per 100,000. These rates compare well with
Wokingham’s immediate statistical neighbours, but they are based on very small numbers
and need to be treated with caution. (6.1.10)

Sexually transmitted infections 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. (6.1.13)

HIV infections have increased since the late 1990s, particularly infections acquired abroad.
Most HIV infections were acquired by heterosexual transmission, although numbers among
MSMs have also increased. There have been increased HIV diagnoses through antenatal
HIV testing, reflecting an increased burden of HIV infection in the community. (6.1.13)

There will be about 3,300 falls in people aged over 75 in Wokingham this year. Around
1,400 of these people will fall more than once. Around 650 will attend A&E or a minor injury
unit and a similar number will contact the ambulance service. Over 230 will have sustained a
fracture and around 70 will have fractured a hip. These figures are set to rise due to the
increasing population of older people in Wokingham in the coming years. (6.1.14)

1.4 Health and well-being of children and young people
In 2007 the proportion of mothers who were smokers at the time of delivery was 6.4% in
Wokingham, much less than the national average of 14.4%. (7.1.2)

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.
(7.1.2)

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
infections and are less likely to develop obesity, insulin-dependent diabetes and atopic
disease in later life. The breastfeeding initiation rate in 2007/08 was 72% in Wokingham,
slightly higher than the national average of 70%. The proportion of mothers initiating
breastfeeding increased with rising maternal age, with the lowest rates in teenage mothers.
(7.1.2)

Teenage mothers and their babies have higher risks in pregnancy and delivery with greater
postnatal depression and ongoing social disadvantage. In 2004-2006, the under-18
conception rate in Wokingham was lower than the England and South East averages.
(7.1.2)

About 1,990 5-15 year olds in Wokingham have a mental health disorder, with prevalence
lower in the younger age groups and lower in girls than in boys; although girls begin to
overtake boys during adolescence. (7.1.6)

The 2008 schools’ census reported that 2,819 young people in Wokingham had special
educational needs and 790 had a special educational needs statement (7.1.5). There is no
information on the numbers of children locally living with a disability, but South East
estimates suggest this may be between 4% and 15% of children. (7.1.6)

In Wokingham, each child has an average of 1.1 teeth that show signs of decay, the
average for England being 1.5. (6.1.9)
2 INTRODUCTION

2.1 What is the JSNA?
Under the Local Government and Public Involvement in Health Act 2007, local authorities and PCTs have a duty to undertake a Joint Strategic Needs Assessment (JSNA). The JSNA identifies the current and future health and well-being needs of a local population and is used to inform the priorities and targets set by Local Area Agreements (LAA). It also leads to agreed commissioning priorities that will improve outcomes and reduce health inequalities.

A local JSNA was published in July 2008, comprising a summary document covering Berkshire West and comparative information about the three unitary authority areas within its boundaries. In addition, three locality reports were produced covering the three unitary authority areas. This document has been refreshed and new content added and the whole document has been framed explicitly in the context of the commissioning strategic approach (see figure section 2.3). The work was undertaken by a technical group, led by the PCT’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.

2.2 Other Key Assessments

2.2.1 PCT Strategic Planning Process
The JSNA process fits into the strategic approach to commissioning shown below.

<table>
<thead>
<tr>
<th>Health Needs Assessment (HNA)</th>
<th>PCT deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Socio-demographic analysis of the population</td>
</tr>
<tr>
<td></td>
<td>• Epidemiological analysis of the population’s health status</td>
</tr>
<tr>
<td></td>
<td>• Identified current and future health and wellbeing needs and priorities</td>
</tr>
<tr>
<td></td>
<td>• Information on current service offering and future service planning taking into account evidence of effectiveness (soft and hard)</td>
</tr>
<tr>
<td></td>
<td>• Clear recommendations on priorities for investment</td>
</tr>
<tr>
<td>Strategic Commissioning Plan (SCP)</td>
<td>• Establishes direction and sets priorities based on</td>
</tr>
<tr>
<td></td>
<td>– Health needs assessment</td>
</tr>
<tr>
<td></td>
<td>– Projections for activity by disease area and setting of care</td>
</tr>
<tr>
<td></td>
<td>– Long term quality, health outcome and service objectives</td>
</tr>
<tr>
<td></td>
<td>– Forecasted volumes and costs</td>
</tr>
<tr>
<td>Operating plan</td>
<td>• Requirements for capacity reconfiguration</td>
</tr>
</tbody>
</table>

• 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 next figure.
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

The PCT intends to align the refreshed JSNA with the commissioning cycle for 2010, as proposed in the figure below. The core dataset will not need updating for at least two years, though significant new content, including needs assessments completed during this period, will feed into the process so that the JSNA remains live and continuous.

### Next steps

<table>
<thead>
<tr>
<th>Phase 0</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>JSNA core dataset refreshed</td>
<td>Publish draft 2009 JSNA and consult with local authority partners</td>
<td>Prepare detailed specification for HNA process for 2010/11 including governance structure</td>
<td>Integrate lessons learned from 2009/10 process</td>
</tr>
<tr>
<td>Community engagement and assessment of evidence</td>
<td>Prepare ‘proposal for discussion’ for 2010/11 process and present to local authority partners</td>
<td>Identify and agree resources required for 2010/11</td>
<td>Assess ‘fit for purpose’ against WCC competencies</td>
</tr>
<tr>
<td>Recommendations on priorities for investment</td>
<td>Refine proposal for 2010/11 process and agree with local authority partners</td>
<td>Agree work streams for 2010/11</td>
<td>Begin launching analytic products</td>
</tr>
<tr>
<td>Review process</td>
<td>Start aligning 2010/11 process to SCP/LAA cycles</td>
<td>Commence building or buying health intelligence product suite and linking this to information systems owned by strategic partners</td>
<td></td>
</tr>
</tbody>
</table>
2.2.2 Wokingham Borough Council 20 year vision
The Council’s vision statement: “A great place to live and work, where residents feel valued and the Council promotes economic growth with good quality of life and opportunity for all.”

Underpinning the vision are eight key priorities:

- Sound finances & value for money
- Excellent children’s services and skills for all
- Better health for all and support for vulnerable people
- A cleaner and greener local environment
- Keeping the borough moving
- Sustainable, quality development
- Safer and stronger communities
- Keeping the customer satisfied

2.2.3 Wokingham Borough Sustainable Community Strategy 2002 – 2012
The Sustainable Community Strategy is a 10 year vision for the continuing success of the borough as an excellent place to live and work. It is being reviewed in 2009/10 to see whether the priorities in the previous 10 year strategy are still correct.

The Sustainable Community Strategy sets out four Community Ambitions to ensure the sustained vitality and viability of the borough:

- Balancing economic prosperity with a sustainable quality of life
- Being a community where everyone feels safe, welcome and respected
- Supporting and caring for people who need help
- Being a healthy and well-educated community.

2.2.4 Wokingham Borough Local Area Agreement (LAA) 2008-2011
Delivery of the priorities and actions identified in the Sustainable Community Strategy is being supported by the three-year LAA for Wokingham Borough. The LAA identifies actions needed to achieve the community ambitions. The local priorities identified for the LAA will form the work programme of the Wokingham Borough Strategic Partnership for the next three years. All partner organisations have agreed to these priorities and will work jointly to ensure the borough remains one of the best places to live and work in the country.

The LAA priorities for each of the four community ambitions are shown below:

Balancing economic prosperity with a sustainable quality of life:
1. Sustaining economic prosperity
2. Environmental sustainability
3. Supporting culture
4. Keeping the borough moving
5. Supporting the third sector
6. Affordable housing
7. Neighbourhood services / community facilities to meet community needs

Being a community where everyone feels safe, welcome and respected:
8. Reducing crime and anti-social behaviour
9. Community empowerment

Being a healthy and well educated community:
10. Educational attainment
11. Reducing health inequalities
12. Reducing obesity
13. Reducing the harm caused by alcohol
Supporting and caring for people that need help:
14. Protecting children in care
15. Supporting vulnerable children and their families
16. Supporting and engaging our ageing population

3 ABOUT WOKINGHAM BOROUGH

3.1 Introduction
Wokingham borough is a local government district in Berkshire named after its main town. The borough is governed by Wokingham Borough Council, which has been a unitary authority since 1998. It covers an area of 179 square kilometres and is ranked the second most affluent local authority area in England and Wales. Wokingham borough is a predominantly wealthy area with high levels of economic activity, good economic prospects and high average earnings.

| Area of the Borough: 17,892 hectares | 69.1 sq. miles | 178.97 sq. kilometres |
| Population: 150,229 (2001 census) | Latest estimate 156,600 (Mid 2007 population estimate from ONS) |
| Population density: 8.4 people per hectare |
| Number of households: 57,272 (2001 census) |
| Average household size: 2.55 |

The town of Wokingham is a traditional market town situated between Reading and Bracknell. Other large settlements in Wokingham borough include Earley, Woodley, Twyford, Shinfield and Winnersh. The borough comprises 25 wards, which are grouped into neighbourhood areas.

Neighbourhood working aims to:
- improve service delivery through a better understanding of residents’ priorities and more effective joined up working with partners
- narrow the gap between our most disadvantaged neighbourhoods and the rest of the borough
- empower residents to have a greater voice and influence over key decisions which affect their lives
- improve civic pride and engagement with BME and other community groups.

3.2 Wokingham Borough demographic profile

3.2.1 Population

1 Source: Indices of Multiple Deprivation 2007 – Department of Communities and Local Government (DCLG)
2 Source: Borough Profile, Wokingham Borough Council
The estimated population of Wokingham borough is 156,600\(^3\), an increase of 12% in the last twenty years. The latest Office for National Statistics (ONS) population projections for Wokingham Borough are shown below\(^4\):

<table>
<thead>
<tr>
<th>Year:</th>
<th>2011</th>
<th>2016</th>
<th>2021</th>
<th>2026</th>
<th>2031</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>159,800</td>
<td>165,000</td>
<td>170,300</td>
<td>175,400</td>
<td>179,600</td>
</tr>
</tbody>
</table>

### 3.2.2 Age Profile

About 25% of the local population of Wokingham borough are aged less than 20 years old and about 55% are between 20 and 59 years old. About 13% of the population are aged 65 years and over; this is expected to rise to nearly 20% by 2029.

Compared with the United Kingdom, Wokingham borough has a higher proportion of people aged 35 to 54 and slightly more school-age children. There are fewer people aged over 65 years.\(^5\)

The Department of Health (DH) also provide age projections for Wokingham borough compared with England. The results of these comparisons are shown below\(^7\).

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### 3.2.3 Ethnicity

91% of the borough’s population is white (based on the 2001 census), with the remaining 9% of residents describing themselves as being from BME groups. The proportion of the population from BME groups is lower than average for England.

#### Figure 5

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All people</td>
<td>150,229</td>
<td>800,118</td>
<td>49,138,831</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>British</td>
<td>89.81%</td>
<td>87.0%</td>
<td></td>
</tr>
<tr>
<td>Irish</td>
<td>0.97</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other White</td>
<td>3.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>0.32</td>
<td>1.6% (all mixed)</td>
<td>0.47</td>
</tr>
<tr>
<td>White and Black African</td>
<td>0.09</td>
<td></td>
<td>0.16</td>
</tr>
<tr>
<td>White and Asian</td>
<td>0.42</td>
<td></td>
<td>0.37</td>
</tr>
<tr>
<td>Other Mixed</td>
<td>0.32</td>
<td></td>
<td>0.31</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>1.96</td>
<td>3.6</td>
<td>2.09</td>
</tr>
<tr>
<td>Indian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pakistani</td>
<td>0.79</td>
<td>2.9</td>
<td>1.44</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0.04</td>
<td>0.7</td>
<td>0.56</td>
</tr>
<tr>
<td>Other Asian</td>
<td>0.3</td>
<td></td>
<td>0.48</td>
</tr>
<tr>
<td>Black or Black British</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>0.47</td>
<td>1.1</td>
<td>1.14</td>
</tr>
<tr>
<td>Black African</td>
<td>0.35</td>
<td>0.8</td>
<td>0.97</td>
</tr>
<tr>
<td>Other Black</td>
<td>0.07</td>
<td>0.1</td>
<td>0.19</td>
</tr>
<tr>
<td>Chinese or other Ethnic group</td>
<td>0.5</td>
<td>0.4</td>
<td>0.45</td>
</tr>
<tr>
<td>Chinese</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Ethnic Group</td>
<td>0.49</td>
<td>0.5</td>
<td>0.44</td>
</tr>
</tbody>
</table>

*Source: 2001 Census, Key Statistics 06, Office for National Statistics*
3.2.4 **Households**
Household projections are produced by the Department for Communities and Local Government. By 2011, there will be about 61,000 households in the borough.

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2016</th>
<th>2021</th>
<th>2026</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>61,000</td>
<td>63,000</td>
<td>65,000</td>
<td>67,000</td>
</tr>
</tbody>
</table>

The 2001 census reported that 23% of Wokingham borough households consisted of one person and 4% were lone parent households with dependent children.

3.2.5 **Areas of deprivation**
Wokingham borough was ranked as the second most affluent local authority area in England in the Indices of Multiple Deprivation 2007. [http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/](http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/)

3.2.6 **Rurality**
The Department for Environment, Food and Rural Affairs (DEFRA) has updated their Rural Definition and Local Authority Classification in April 2009. According to this, Wokingham Borough is classified as a “large urban” local authority.

The majority of the Borough’s residents live in Woodley, Earley and Wokingham town, while about one third of the population lives in smaller settlements in rural areas.

3.3 **Social and Environmental Context**

3.3.1 **Education**
A good education is essential for ensuring that each child achieves their full potential in life, along with the future sustainability, stability and prosperity of the Borough.

Map 2 Schools and surgeries

Wokingham borough provides the following facilities:

1 early excellence centre
71 private, voluntary and independent early years providers
374 childminders
25,000 pupils in Wokingham maintained schools
53 maintained infant, junior and primary, 9 secondary and 2 special schools
30 after school clubs

It also contains 12 independent schools.

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9 Source: Revised (Feb 2008) projections of households for the English Regions, DCLG
Where are we now?
Performance in schools in Wokingham is generally higher than the national average. The Borough’s Key Stage 2 and 3 results are in the top quartile of all education authorities.

3.3.2 Employment
82% of the borough’s working age population are in employment, compared to 79% in the South East region. In 2007, 66,400 employee jobs were recorded within the borough, of which 87% were in the service sector. A significant proportion of service sector jobs in Wokingham are related to finance, IT or other businesses. The borough has high economic activity rates for both men and women, rates which are greater than those of neighbouring districts and the South East.

3.3.3 Unemployment
Wokingham has had below average unemployment for many years, but Jobseekers Allowance claimant count figures have risen sharply since the end of 2008. However, claimant numbers remain below those in the South East region or England as a whole.

Figure 7 Jobseekers claimants, Wokingham

3.3.4 Housing and Development
Where are we now?
Wokingham borough faces pressure for development as a result of its desirable location (including its proximity to London), its excellent schools and the quality of the local environment. Key workers in the borough need affordable housing. There is also a Berkshire-wide need for additional traveller pitches.

Based on the 2001 census, 84% of households are owner-occupied and 16% are rental households. Within Wokingham borough, 90% of housing stock consists of houses and bungalows, compared to 81% across the South East and 80% in England.

The Land Registry reported that the average price of a house in Wokingham borough in September 2008 was £279,598, which is a fall of 3.2% compared to a year earlier.\(^{11}\)

The proportion of council homes classified as non-decent in 2008/09 was 16%, compared with 22% in 2007/8. Wokingham’s figure is substantially higher than the national one of 4.2%.

**Where would we like to be?**

We are aiming to foster sustainable, quality housing development and to support the economy through investment in community facilities and infrastructure. This will include:

- appropriate and affordable housing
- vibrant, sustainable town centres
- more investment in infrastructure
- enhanced business sustainability
- contributing to skills development in the local economy

### 3.3.5 Transport

**Where are we now?**

Over half of households in Wokingham borough own two or more cars, compared with 30% for England and Wales. Traffic congestion and the state of our roads are important issues for residents.

The borough is a net exporter of labour, with about 35,000 residents living and working inside its boundaries, and about 45,000 residents travelling outside of the borough to work. Increasingly complex commuting patterns add further pressures to our already crowded roads.

The attraction of the area and the demand for new housing is causing increasing pressure on local infrastructure, such as schools, roads, medical facilities, shopping and leisure amenities.

**Where would we like to be?**

We are aiming to provide flexible solutions to transport congestion, to improve safety and to offer choice. We will do this by:

- working closely with schools and businesses to improve home to school or work journeys
- investing in the road network
- improving road safety

\(^{11}\) Source: House Price Index, Land Registry – September 2008
3.3.6 Crime and anti-social behaviour

Where are we now?

Crime and Disorder

The map shows the crime and disorder rankings for each Lower Super Output Area (LSOA) level, of which there are 32,482 in the country. These rankings are based on the rate of recorded crime for four major crime types: burglary, theft, criminal damage and violence.

Map 3

There were eight areas in Wokingham borough that were ranked among those with the highest rates of crime and disorder nationally. The area with the most crime and disorder was Rainbow Park in Winnersh, which was ranked at 2,558; only 7.9% of areas in the country have more crime and disorder than Rainbow Park. Hurst East had the second highest rate of reported crime and disorder in Wokingham borough. It was ranked at 4,084, with 12.6% of areas reporting worse figures. Crowthorne North had the least reported crime and disorder in Wokingham Borough. It was ranked at 32,134, with 99% of areas reporting worse figures.

Notes:
(1) The IMD data ranks all 32,482 lower super output areas in England according to a number of deprivation indicators. In the data above, 1 is most deprived and 32482 is least deprived.

This chart shows the proportions of serious acquisitive crime reported in Wokingham borough which fall into five categories: domestic burglary, theft from motor vehicle, theft of motor vehicle and robbery offences (business and property). Domestic burglary was the most common category, accounting for 45% of all serious acquisitive crime, followed by theft from motor vehicle at 40%. Serious acquisitive crime increased in 2008/09 by about 9% compared with the same period in the previous year.

This chart shows the proportions of serious violent and sexual offences reported in Wokingham borough which fall into various categories. The number of serious violent crimes increased by 9% in 2008/09 compared to the previous year. This is an increase of two incidents because of deaths caused by driving offences; other categories showed no change.
4. LIFESTYLE RISK FACTORS

4.1 Introduction
Personal behaviour and lifestyle have important implications for future health. The diseases most likely to cause disability and premature death are linked to lifestyle factors such as smoking, obesity, an unhealthy diet and lack of physical activity. Less healthy lifestyles tend to be more common among poorer people and are one of the reasons for their worse health outcomes. By improving lifestyles, especially those of disadvantaged people, we can continue our progress in extending the length of healthy life and reducing socioeconomic inequalities in health.

4.2 Tobacco misuse
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.

Where are we now?
An estimated 15% of adults in Wokingham are current smokers, amongst the lowest of its ONS statistical neighbours. 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, 4,037 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.

4.3 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 syndrome in babies born to women who misuse alcohol during pregnancy (BWPCT Public Health Report: 2007/08).

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.

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. The estimated prevalence of binge drinking in Wokingham is 15%, about the average of its ONS statistical neighbours.

The rate of alcohol related admissions to hospital for Wokingham was 840 per 100,000 in 2007/08, less than the South East average of 1,264 per 100,000. The rate has increased from 321 per 100,000 in 2002/3. The bulk of these admissions are of people with long-term alcohol-related illness.

The national estimates of drinking behaviour applied directly to the local authority population in Wokingham suggest that there may be almost 8,000 people who are alcohol dependent and 28,000 people whose drinking places them at increased risk.

Where would we like to be?
Alcohol and substance misuse is one of the 15 initiatives forming part of the goal Well-being and Prevention 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.

Gaps
There is a need for change in how we deliver advice and care for people who misuse alcohol. Currently dependent drinkers are referred to the specialist Tier 3 substance misuse service, which is being re-tendered to increase provision for alcohol misuse. Current provision is based in Reading so access for people from outlying areas of Wokingham is difficult.

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.

4.4 Drug misuse
The latest (2009) APHO profiles indicate the crude rate of drug misuse per 1,000 population aged 15-64 in 2006/07, and show:

Figure 11 Drug Misuse as reported in the local health profiles

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Rate per 1000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Berkshire</td>
<td>489</td>
<td>4.9%</td>
</tr>
<tr>
<td>Reading</td>
<td>1208</td>
<td>12.0%</td>
</tr>
<tr>
<td>Wokingham</td>
<td>359</td>
<td>3.4%</td>
</tr>
<tr>
<td>England</td>
<td></td>
<td>9.8%</td>
</tr>
</tbody>
</table>
These match the figures in the current DAAT (2007/8) profiles.

This data does little to address the complexity of the issues involved in the treatment of drug problems across the South East. Information from the report Substance Misuse and Drug Treatment in the South East 2007/08 shows the differences in these problems across the three local authority areas in Berkshire West. The levels of completeness in data reporting are very high in all the Berkshire West DAATs.

Levels of drug-related deaths between 2003 and 2007 were low in all three LA areas compared to the South East average. They are very low for West Berkshire and Wokingham. The levels of hospital admissions due to drug misuse in people aged 18 and over, calculated over the period 2004/5 to 2006/7, were significantly below the South East average in all three local authority areas. The problems are being well managed in the primary care and community setting.

The level of hospital admissions due to drug misuse in young people aged 17 or younger, for the same period, was lower than the South East average in West Berkshire and significantly lower in Wokingham, but significantly higher in Reading. These differences reflect the different problems facing these areas rather than any differences in effectiveness of interventions.

The Wokingham DAAT area has the lowest rate of “all persons in treatment” across the South East DAATs. In 2007/8 95% of the young people (0-17) in treatment, (21, out of 22), and 47% of the over 18s were new triages. Less than 10% of referrals to DAAT in Wokingham are self referrals. Although Wokingham has a relatively low number of drug users compared to other unitary authority areas in the South East, a relatively high proportion of these are injecting drug users. Wokingham also has relatively low levels of opiate and crack cocaine use, and the lowest proportion of young people aged 10-17 in treatment. 55% of young clients cited alcohol as either primary, secondary or third drug. In adults, 39% of discharges were successful, 10% treatment completed drug free, 26% treatment completed and 3% referred on. In young people 36% had a successful discharge within the time period and 23% of the discharges were drug free.

Although low rates are recorded in Wokingham drug misuse remains a serious issue for the borough. The preference for injecting may indicate a specialised problem; the use of alcohol indicates the possibility of more people progressing to a more severe problem, which must be considered with proximity of large urban areas of Wokingham to the Reading boundary.

4.5 Obesity and diet

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 (BMI) 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 (≥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 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.

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 estimated prevalence of obesity among adults in Wokingham is 19.4%, or more than 24,000 people.

NHS Berkshire West is piloting the Eat4Health programme which is 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. Weight management pilot programmes have also been run by dietetics services and GPs.

Research conducted in 2006 showed that in Wokingham, 17% of children aged 4-5 years were overweight and 8% were obese; this is slightly lower than the England figure of 9.5% obese. 20% of children aged 10-11 years were overweight and 10% obese. The government has set national targets to halt the year-on-year rise in obesity among children under 11 in the context of a broader strategy to tackle obesity in the population as a whole. Local targets have been formulated to reduce the prevalence in the coming years from 12.7% in 2008/9 to 12.5% by 2010/11 through the setting up a Local Area Agreement (LAA) childhood obesity strategy and action group.

A number of initiatives are in place to promote physical activity and healthy eating, including healthy schools initiatives, a family information service, sports unlimited, play parks, street games, school travel plans (food and fitness), and a sport partnership development that provides integrated, local advisory and preventative services working towards reducing childhood obesity.

Where would we like to be?
Adult obesity: commissioning weight management programmes across Wokingham both at primary care Tier 1 and Tier 2 levels, for example through a weight management Local Enhanced Service in primary care, Eat4Health and specialist weight management programmes.

Childhood obesity: NHS Berkshire West has conducted School Nutrition Action Groups (SNAGs) among the West Berkshire schools successfully; plans are in place to extend this programme to primary and secondary schools in Wokingham.

Gaps
Sustainable funding is needed for adult and children’s weight management services.

Lack of enthusiasm, inadequate referrals and support for the children’s weight management programmes (Mind, Exercise, Nutrition, Do it (MEND) & Mini-MEND)

Gaps in capacity and funding towards healthy eating and school nutrition networks.

Related topic areas
Continue to work with transport department, schools and sport/exercise/culture to develop safe activity pathways, more school-based and after-school physical activity programme, improve built environment and plan cook and eat sessions.

NHS Berkshire West is organising three training events/workshops for primary care health professionals to deliver clear, consistent messages on weight management, the obesity care pathway and appropriate referrals.
4.6 Physical activity
Where are we now?
Two telephone surveys provide data on physical activity in Wokingham. Active People Survey 1 provided data between October 2005 and October 2006, and was followed by Active People Survey 2 between October 2007 and October 2008.

Figure 12

From the data received:
- Participation was unchanged between the two surveys. Participation is defined as taking part on at least 12 days in the last four weeks in moderate intensity sport or active recreation for at least 30 minutes continuously in any one session. Active recreation includes recreational walking and cycling.
- Volunteering is also unchanged between the two surveys. Volunteering is defined as volunteering to support sport for at least one hour a week.
- Club membership has increased by 2.6%. Club membership is defined as being a member of a club in the last four weeks so that you can participate in sport or recreational activity.
- Receiving tuition has fallen by 3.1% between the two surveys. Receiving tuition is defined as having received tuition from an instructor or coach to improve your performance in any sport or recreational activity in the last 12 months.
- Organised competition has fallen by 1.6% between the two surveys. Organised competition is defined as having taken part in any organised competition in any sport or recreational activity in the last 12 months.
- Satisfaction has fallen by 1.2% between the two surveys. Satisfaction is the percentage of adults who are very or fairly satisfied with sports provision in their local area.

4.7 Summary of key findings
Great progress is being made in reducing the harm to the public’s health caused by tobacco smoking. The challenge for the next generation is obesity, a public health threat of comparable gravity but which is likely to prove harder to overcome.

5. BURDEN OF ILL HEALTH

5.1 All cause mortality
Where are we now?
The age-standardised mortality rate for all causes of death is a good indicator of the general health of a population. Wokingham has a lower mortality rate for both men and women than England. There were 953 deaths in Wokingham in 2007, giving a mortality rate of 451 deaths per 100,000. This compares with 528 per 100,000 across the South East region and 579 per 100,000 for England and Wales.
Wokingham has important differences in life expectancy between different socioeconomic groups. Only 1.1% of Wokingham’s population live in one of the most deprived 40% of areas in England, but this group suffer poor outcomes: life expectancy for the most deprived Wokingham men is six years less than that in the least deprived areas. The difference for women is 2.3 years (APHO health profile 2009). Within an area with such small numbers of deprived people, statistics can easily hide small pockets of need.

Figure 12 below indicates the extent to which these differences relate to different diseases. Coronary heart disease, stroke and other cardiovascular diseases together form a significant part of the difference for both men and women. The risk of these conditions can be reduced by a healthy lifestyle including not smoking, taking regular physical activity following a healthy diet and not becoming obese.

Where would we like to be?
Reducing health inequalities is a public health priority. Efforts targeted at pockets of deprivation and 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 on the risk factors and behaviours that cause cardiovascular disease and cancers.

Related topic areas
Smoking, alcohol, obesity, exercise, transport.
5.2 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 have type 2 diabetes: the prevalence of which is rising because of the aging population and the rapidly increasing numbers of overweight and obese people.

Where are we now?
An estimated 5,500 people (3.5% of the population) have type 1 or 2 diabetes in Wokingham.
An estimated 11.6% of deaths among those aged 20-79 years are attributable to diabetes. Berkshire West PCT has the third lowest figure in England for deaths attributable to diabetes, with a figure of 10%, which translates to 95 deaths in Wokingham for 2007.

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
5.3 Circulatory diseases

Where are we now?
There are around 150 deaths each year from coronary heart disease in Wokingham, 5,100 in the South Central SHA region and 77,600 in England. 31% 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 Berkshire West PCT 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.

Where would we like to be?
Implementation of the new vascular checks, or health check, programme is a priority for NHS Berkshire West.

Related topic areas
Coronary Heart Disease Health Equity Audit
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.

A coronary heart disease health equity audit was carried out for the NHS Berkshire West CHD Local Implementation Team in April 2009 to inform and support work to reduce health inequalities and implement the CHD 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
Prevalence of coronary heart disease according to quality and outcomes framework data in Wokingham was 2.5% in 2007/08, lower than the expected prevalence of 3.6%. There may be as many as 1,000 people with coronary heart disease in Wokingham 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 populations.

Coronary heart disease admissions
In NHS Berkshire West, as elsewhere, coronary heart disease admissions and mortality rates are higher in men than in 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 percentage of admissions for coronary heart disease are from the most deprived quintile, appropriately reflecting a higher level of need, however admissions are lower than expected in the third and fourth quintiles, indicating inequity of access to services. Admission rates amongst the Asian population (7.4 per 1000 population) are slightly higher than the rates for the white population (6.4 per 1000 population) in Wokingham. These rates are however lower than we would expect; the prevalence of coronary heart disease in Asian populations is about twice that in the white population, so these data suggest possible barriers to services for patients from the Asian community.

Coronary heart disease mortality
Coronary heart disease mortality in Berkshire West is strongly related to deprivation, with the most deprived areas having a 50% greater death rate from the disease than the least
deprived areas. In Wokingham, directly standardised mortality rates are high in Evendons, Swallowfield, Winnersh, South Lake and Finchampsted South, but the differences are not statistically significant.

**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.

### 5.4 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 are around 110 deaths each year in Wokingham from stroke, compared with 7,425 in the South East region and 48,461 in England and Wales. 14% were in people under the age of 75, compared to 15% in the south east and 17% in England and Wales, based on data for 2005-07. This gives a standardised rate of 49 per 100,000, compared to 46 per 100,000 for the South East region and 50 per 100,000 for England and Wales.

The trend in stroke mortality rate has been downward in Wokingham since 1996, in line with national and South East region rates. 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 an average of 86 residents of Wokingham admitted as an emergency with the primary diagnosis of ICD 10 I63 Cerebral Infarction (Stroke) between 2006/7 and 2008/9 (local analysis), making this the 22nd most frequent non-mental health cause of emergency admission in Wokingham.

In 2006/7 there were 120 inpatient spells which led to 37 deaths within 30 days of admission due to ICD10 I61 to I64) (all strokes). The number of deaths was slightly above what would be expected by applying the national rate of hospital survival to the Wokingham population (NCHOD).

Since 1998/99, there has been a general improvement in survival following admission, with the age-standardised mortality rate falling from 35,500 per 100,000 people admitted for stroke in 1998/99 to 30,000 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 the PCT with a set of options about community stroke rehabilitation.

**Related topics**
Diabetes, obesity, drug and alcohol misuse, smoking.
5.5 Cancer

Where are we now?
There are around 270 deaths from cancer each year in Wokingham, out of 20,000 occurring across the South East and over 135,000 in England and Wales (NCHOD 2005-07)). The age-standardised death rate for cancer is 147 per 100,000, compared to 165 per 100,000 for the South East and 176 per 100,000 for England and Wales.

Around 150 (56%) of the deaths from cancer are in people under the age of 75 years. The rate for under 75 year olds in Wokingham is 98 per 100,000 based on 2005-07 data. The rate for both males and females has remained below, and reduced in line with, national trends over the period 1993 -2007.

Where would we like to be?
We should:
- ensure that people are properly informed of the risk factors for cancers and how to avoid their development
- monitor as effectively as possible the information relating to the effects of cancers in Wokingham
- implement national screening programmes for breast, cervical and bowel cancer.

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

5.6 Respiratory diseases

Where are we now?
Based upon figures for 2005-07, the age-standardised mortality rate in Wokingham for respiratory diseases is 76 per 100,000 for men and 73 per 100,000 for women, compared to 85 per 100,000 and 68 per 100,000 respectively across Berkshire (local Annual District Deaths Extract).

Allowing for small number fluctuations, the mortality rate for chronic obstructive pulmonary disease (COPD) has been gradually falling in Wokingham, from 20 per 100,000 in 1993 to 18 per 100,000 in 2007.

The prevalence of asthma across Berkshire is estimated at 6%, meaning that over 9000 people will have the condition in Wokingham.

There were 97 emergency hospital admissions of Wokingham residents in 2007/08 with the primary diagnosis of asthma. It was the fifteenth most common cause of emergency admission in 2005/6, and the twenty-first most common cause in 2006/7.

Asthma is generally managed well in primary care. The figures above represent the most severe cases and suggest that the number of acute events occurring in Wokingham might be falling.

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 171 emergency admissions from Wokingham in 2007/08 with the diagnosis "Abnormalities of breathing" (ICD 10 R06). This has been the sixth most frequent cause of emergency admission in two of the last three years. About half of the admissions are in people under the age of 20. These could be undiagnosed asthma and the admissions might have been preventable.

Related topic areas
Air quality, health inequalities.

5.7 Infectious diseases

Where are we now?
NHS Berkshire West is working towards the following national immunisation targets for children:

- aged 1 immunised for DTaP/IPV/Hib - 91%
- aged 2 immunised for PCV - 93%
- aged 2 immunised for Hib/MenC - 91%
- aged 2 immunised for MMR - 93%
- aged 5 immunised for DTaP/IPV - 90%
- aged 5 immunised for MMR - 90%
- girls aged around 12-13 years immunised for human papilloma virus vaccine - 90%
- aged 13 to 18 immunised with a booster dose of tetanus, diphtheria and polio - 90%

Where are we now?
Data for 2007/08 using experimental populations indicates that the current coverage of one year olds:

- DTaP/IPV/Hib is 87% across the NHS Berkshire West area.
- MenC in this age group is 85%
- PCV is 78%

Figures are collated by GP practice making it impossible to extract definitive coverage for Wokingham, due to cross boundary registrations.

NHS Berkshire West is working with GP practices to increase recorded rates of childhood immunisation.

5.8 Seasonal Flu and Pandemic Flu
Seasonal flu can cause significant ill-health and numbers of deaths. All older people, and others at increased risk due to long-term health conditions, should be offered seasonal flu vaccine every year through their GP practice. In Berkshire West around 76% of people aged 65 and over have received the vaccine for the last few years.

Vaccination has been introduced for influenza A H1N1 (swine flu) which is at pandemic level in 2009. It will be important to ensure a wide take-up of the vaccine to help protect those for whom the consequences are serious, such as pregnant women.

5.9 Pneumonia
There were 263 emergency admissions in 2007/8 due to pneumonia – organism unspecified. This has consistently been the fourth highest reason for emergency admissions of Wokingham residents for the last three years. Pneumonia is often associated with other illnesses and a depressed immune system.

Related topic areas
Trauma, housing

5.10 Dental health
Where are we now?
Levels of tooth decay at five years of age show wide variation in the three unitary authorities. In Wokingham, 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 the 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 through 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 clinical disease levels 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 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 that children have. 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 the PCT will help address this shortfall.

5.11 Mental health
There are on average 175 emergency admissions per year of Wokingham 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 (average 29 emergency admissions per year), mental disorders not otherwise specified (average 23 emergency admissions per year) and bipolar affective disorder (average 19 per annum).

The directly standardised suicide rate for England and Wales is 8 per 100,000; for Wokingham the rate is lower, at 4.4 per 100,000 (based upon data for 2005-7). These rates compare well with Wokingham’s immediate statistical neighbours, but they are based on very small numbers (e.g. 8 deaths in 2007) and need to be treated with caution.

5.12 Autism
Where are we now?
Wokingham Borough has an ASSIST (autism spectrum service for information, support and training) team. It is also known as Home School Liaison ASC - autistic spectrum condition. The team oversee the development of local ASC services and work with children and young people with ASC and their families, as well as with practitioners who work with people with ASC.

It provides:
- Information, support, advice and signposting to other services
- Resources such as symbols, photographs and timetables
- Direct work to address issues within home or school environments
- Support to leisure providers to include children with ASC
- Coordination of the National Autistic Society Early Bird and Early Bird Plus Programmes.

Early Bird Programmes
The Early Bird Programme is overseen by the National Autistic Society. It is for families with a child with ASC who is pre-school age. Early Bird Plus is for families with children aged from four to eight years.
Early Bird is a three month course, combining group training sessions and individual home visits. Video feedback can also be used to help parents and carers link theoretical ideas with actual practice. The programme aims to:
- Support families during the period between diagnosis and school
- Empower parents and carers
- Help families understand their child’s autism
- Structure interactions in which communication can develop
- Pre-empt problem behaviours and handle those that occur.

5.13 Dementia

Where are we now?

Dementia Home Care Service Pilot Consultation
In 2006, a proposal was made to set up a specialist dementia pilot scheme as part of the in-house home care service. This followed on from the successful introduction of the Start service and formed the final phase of the modernisation of the in-house domiciliary care service. The proposal was accepted and in February 2007 the service was launched with support from a multi-agency steering group which included representatives from the Intermediate Care Team and the Older Person’s Mental Health Service. The initial cohort consisted of those with the most challenging behaviours where other agencies had experienced difficulties or where there was the danger of an admission to residential or hospital care.

Later in 2007, questionnaires were sent out to the service users, their carers, staff on the pilot project and health and social care professionals who had referred individuals to the pilot project. Analysis of the questionnaires revealed overwhelming support for the pilot and a clear conclusion from the professionals involved that a large number of individuals had been supported to remain at home who would otherwise have been in institutional care. A financial analysis concluded that a significant saving had been made to the health and social care economy.

The conclusion, therefore, is a recommendation that there be a roll-out of a specialist dementia service to the remaining in-house long-term support teams.

The Pilot Scheme – feedback
Questionnaires were sent to staff who had formed the pilot team, as well as professionals who had either referred individuals or worked with the team. In addition feedback was sought from Service Users and/or their carers. Where appropriate, assistance was offered by the Senior Home Care Assistants to fill out the forms. Overall the feedback was very positive.

5.14 Sexual health

Where are we now?
In the years 1998 to 2007 there have been on average 64 teenage pregnancies per annum in Wokingham, with half to three quarters resulting in a termination. The under-18 conception rate per 1000 females aged 17-19 has consistently been significantly lower than the England rate and that in the South East.

Everyday conversations, everyday is a report published in 2008 by the Department of Children Schools and Families (DCSF) as part of its teenage pregnancy strategy. The report highlighted the problem that playground myths form the foundation of many teenagers’ knowledge of sex. The report also found that young people are more likely to defer starting a sexual relationship, and more likely to use contraception when they do become active, if their parents are confident in sexual discussions, though many parents are reluctant to talk on the subject through embarrassment or fear that the discussion will lead to experimentation.
Sexual health Services in Berkshire West

A recent needs assessment has provided 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 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 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 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

5.15 Falls in older people

Where are we now?
Based upon estimates produced by the SHA\(^1\), derived from UK figures and applied to Wokingham, there will be about 3,300 falls in people aged over 75 in Wokingham this year. Around 1,400 of these people will fall more than once. Around 650 will attend A&E or minor injury unit, and a similar number will contact the ambulance service. Over 230 will have sustained a fracture and around 70 will have fractured a hip. These figures are set to rise due to the increasing population of older people in Wokingham in the coming years.

Evidence\(^2\) has shown that falls prevention initiatives are able to 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.

The total number of emergency admissions due to fractures in 2008/9 was 536, which included 135 fractures of the forearm, 132 fractured femurs and 87 fractures of the lower leg (including ankle).

Where would we like to be?
Better links developed 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:
- Level four: prevention of frailty in older people through exercise, diet, weight management, sensible alcohol consumption and stopping smoking
- 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.

5.16 Brain injury

Acquired brain injury refers to any form of brain injury that has occurred since birth. This includes traumatic brain injury, which is the result of a severe blow or jolt to the head and is commonly caused by road traffic incidents, falls and assaults. Other common causes of acquired brain injury are strokes (including haemorrhages caused by ruptured aneurysms), viral infections (e.g. encephalitis and meningitis), brain tumours, and hypoxic/anoxic injuries.
Traumatic brain injury
- Each year an estimated one million people attend hospital A&E in the UK following head injury. Many more head injuries go unreported and are not assessed by medical professionals.
- Of these, around 135,000 people are admitted to hospital due to the seriousness of their injury
- It is estimated that across the UK there are around 500,000 people aged 16–74 living with long-term disabilities as a result of traumatic brain injury
- Approximately 85% of traumatic brain injuries are classified as minor, 10% as moderate and 5% as severe
- Men are two to three times more likely to have a traumatic brain injury than women
- Life expectancy for brain injury survivors is normal, so over time, what may seem like a low volume problem becomes a high volume one

Where are we now?
Headway is a charity set up to give help and support to people affected by brain injury. It does this through local groups and branches, and national work on policies, standards, training, advocacy and advice.

6. HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE

6.1 Introduction
Our approach to improving the health and well-being of children and young people in Wokingham draws on the local Children’s and Young People’s Plan. This is the statutory strategic plan for all services which directly affect children and young people in the area, showing how the local authority and all relevant partners will integrate provision to improve well-being and focus on specific challenges and priorities. The plan drives better local integration of children's services, helps strengthen local partnership arrangements and describes what improvements will be achieved in the local area and when these improvements will be delivered. The plan helps take forward local work initiated as part of the Government’s Every Child Matters programme, which aims to give all children the support they need to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being.

Our vision for all children and young people in Wokingham borough builds on this. We aim to ensure that they can:
- Be healthy: maintain healthy lifestyles that promote good physical, emotional and spiritual well-being
- Stay safe: live in a safe, secure and tolerant community where they are protected from harm, abuse, harassment and neglect
- Enjoy and achieve: achieve their full potential, with appropriate opportunities for learning and participation in a range of leisure sporting and cultural activities within the borough
- Make a positive contribution: contribute to their local community, are enabled to have their voice heard and are valued as responsible citizens
- Achieve economic well-being: are able to grow up in a loving, stable environment.

In striving to achieve our vision we have adopted a number of principles that will guide the development of our policies and services. These will:
- Take the young person at his or her starting point, be appropriate to his or her stage of development and involve him or her in decision making
- Be inclusive and sensitive to individual needs and aspirations
- Focus on high quality services that fit together cohesively
- Be based on evidence, the outcomes of research and experience of best practice
- Provide fair access and equal treatment
- Maximise access to external funding and resources
Be family orientated, supportive and respectful of young people and their families.

This summary relates to Wokingham, but is derived from a Berkshire West document.

6.2 The Health of Mothers and Children in Berkshire West 2009

This needs assessment brings together information on the health of mothers and children in current national policy. Many of these are reflected as priorities in the Strategic Plan for NHS Berkshire West, and in LAAs and Children and Young People’s Plans.

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 well-being 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.

There were estimated to be 40,300 children and young people under 20 years in Wokingham in 2007. For children up to 15 years, the proportion from BME groups is estimated to be at 10.1% girls and 10% boys. Data from the school survey shows as in January 2008, 7% of pupils in Wokingham were known or believed to have a first language other than English, compared to 20% in Reading and 3% in West Berkshire.

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, 4% of children in primary schools and 5% at secondary school in Wokingham were eligible for free school meals. In 2006/7, 0.14% of children were permanently excluded from schools in Wokingham. Permanent exclusions were 0.12% for the South East and England. In 2007/8, there were 70 children looked after by social services in Wokingham, a rate of 20 per 10,000. In 2007, there were 45 children on the child protection register in Wokingham, a rate of 12 per 100,000.

6.3 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. In 2007, the proportion of mothers who were smokers at the time of delivery was 6.4% in Wokingham, much less than the national average of 14.4%.

Obesity increases risk to the mother and baby. In 2007, at the 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 infections and are less likely to develop obesity, insulin-dependent diabetes and atopic disease in later life. The breastfeeding initiation rate in 2007-2008 was 72% in Wokingham, slightly higher than the national average of 70%. The percentage of mothers initiating breastfeeding increased with rising maternal age, with the lowest rates in teenage mothers.
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 Royal Berkshire Hospital 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 2004-2006, the under-18 conception rate in Wokingham was lower than the England and South East averages.

6.4 Child deaths and infant mortality

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. The rate for Wokingham was 3.2 per 1,000 in 2005-7, lower than England and 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, a significant proportion of deaths are due to 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.

6.5 Childhood Disability

Aims for every child and young person in Wokingham District with learning difficulties and disabilities (LDD):

- Respected and welcomed in all communities and settings and by all services across the district
- Overcome barriers to inclusion, recognising that a few children with highly complex needs may not be able to have all their needs met locally

Aims for provision across Wokingham District:

- All settings and services are inclusive and welcoming to children and young people with learning difficulties and disabilities, and have the knowledge, skills and understanding to overcome the barriers to their inclusion for most children
- Provide locally for most specialists, complex needs

Key actions to secure these aims focus on:

- Reviewing and implementing revisions to special educational needs policy, practice and funding formula to increase efficiency by reducing reliance on statements
Developing outreach services from special schools and specialist resource bases to support the inclusion of children with LDD in mainstream settings
- Supporting mainstream schools and early year settings to meet the needs of children with LDD
- Developing a co-located service for disabled children and their families
- Increasing provision and improving the quality of services in the district for meeting the needs of children and young people with autistic spectrum disorder and supporting their families (including through Wokingham autistic spectrum partnership)
- Developing robust quality assurance for placements of all children and young people with learning difficulties and disabilities, in and out of borough
- Supporting learners with LDD to develop skills which help them progress to further learning and employment
- Increasing the range of high quality learning available to those with LDD
- Supporting the social and health needs of children and young people with LDD and their siblings and parents, including through respite care and direct payments
- Securing a funding commitment from all agencies to staff effective services for all diagnosis, crisis intervention and ongoing support for children with LDD and their families
- Developing an annual health check for all 16+ young people with LDD
- Establishing friendly accessible health services for children and young people with severe sensory difficulties and disabilities
- Developing new procedures for meeting the needs of children and young people with LDD attending hospital.

Source: CYPP 2006-2009

Nationally and locally, information on disability in children is incomplete. Differences in 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 between 4 and 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.

Priority Areas:
Aiming High for Disabled Children promises action in three priority areas to improve outcomes: access and empowerment, responsive services and timely support, and improving quality and capacity.

Locally addressed key areas:
In seeking to transform the full range of services, the Government has identified five areas that must be addressed locally and included in the Transformation Plan (Core Offer):

1. Information about services must be easily accessible
2. Transparency: eligibility criteria for services must be clear and available to service users
3. Participation: services must fully involve children and their families in developing the support services they receive
4. Assessment must be integrated and coordinated across service areas so that families are not asked the same questions about their needs by different agencies
5. Feedback: services must gather feedback to inform how services are developed in the future.

Services will measure and report on performance against a new national indicator based on parental perception of service quality in these five key areas.

**Priority Groups:**
1. Children and young people with autistic spectrum disorder
2. Children and young people aged at least eleven years with physical impairment
3. Children and young people where challenging behaviour is associated with other impairment (e.g. severe learning disability)
4. Severely disabled young people aged at least 14 years.

**Young people with Special Educational Needs (SEN) in Wokingham Borough:** The 2008 schools’ census reported that 2,819 young people had SEN and 790 had an SEN statement. Such children constitute 16% of the school population in Wokingham borough. The four commonest disabilities were autistic spectrum disorder (233), moderate learning difficulties (189), speech, language or communication needs (133) and behaviour, emotional and social difficulties (127).

### 6.6 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 1,990 5-15 year olds have a mental disorder, with prevalence lower in the younger age groups and lower 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 services access affect this. In Berkshire in 2007/8, there were 1,489 new presentations to child and adolescent mental health services; 41% were for emotional disorders and 17% for hyperkinetic disorders.

### 6.7 Teenage conception

**Aims for every teenage parent in Wokingham District within priority group:**
- Experience of ante-natal and post-natal services tailored to their needs which lead to good physical and mental health, social and educational outcomes for themselves and their children
- Continuation of or re-engagement with their education and training, and achievement of outcomes in line with their peers.

**Aims for provision across Wokingham District:**
- Ante-natal and post-natal services that are tailored to the needs of young parents and which support them in helping their children thrive and develop and in continuing or re-engaging with their education and training to meet their full potential
- Opportunity for teenage parents to participate in social groups to develop social skills
- Appropriate childcare available for all teenage parents to be engaged in education or work based learning
- Provision of accommodation with support in a safe environment for all under-18 lone parents
Coordinated packages of care provided for every teenage parent
Accessible sexual health advice and treatment for all teenage parents
Professionals working in support of teenage parents are able to identify those suffering domestic violence, then refer and support them appropriately.

Key Actions to secure these aims focus on:
- Providing specialist ante- and post-natal support for teenage parents, including a teenage pregnancy health visitor to support teenage parents
- Developing a social group for teenage parents in a deprived area
- Developing an accessible and relevant parenting programme for teenage parents
- Providing housing floating support to teenage parents, particularly those in temporary accommodation, and surgeries for young parents within the young parents’ hostel and in temporary accommodation
- Developing interagency meetings to discuss service development in relation to cases
- Improving joint working between Connexions, Health and Housing, including clarification of the core and intensive services to be provided to teenage parents and development of a common data set and collection to provide information on outcomes of teenage parents
- Tracking, monitoring and supporting teenage parents in Wokingham District schools by the new teacher for vulnerable pupils, including dissemination of the updated protocol for working with pregnant teenagers in schools
- Delivering the Time Out Childcare project for young parents to provide overnight childcare
- Training midwives, health visitors and Connexions staff to provide domestic violence screening and Level 1 sexual health services to teenage parents
- Appointing a young dads’ lead within Youth Services to meet with young dads to address their needs
- Securing the involvement of teenage parents in the Listen Up! participation strategy.

Figure 13 Teenage pregnancy rate per 1000 girls aged 17 and 18

The rates of teenage pregnancy in Wokingham were low in the baseline year of data reporting by the Teenage Pregnancy Unit, compared to the South East region and England generally. Since that time Wokingham rates have remained low, and following some initial fluctuation, shown a consistent reduction. Throughout the period of 1998 to 2007 over 50% of these conceptions resulted in a termination. The provisional rate for 2007 is 20.3 per 1000
for Wokingham and to meet the Government target this needs to reduce to 16.7 by 2010. This would require a further reduction of 11 conceptions per annum.

6.8 Youth Offending
The Youth Offending Service (YOS) has overall responsibility for policy formulation, coordination and service delivery to those young people who come into conflict with the law or are at risk of offending behaviour. The YOS is a statutory service and has the responsibility for overseeing the attendance at local courts. It is primarily for 10 to 17 year olds but will work with younger children when required. By working with multiple agencies, the YOS will be able to identify young people already known to be most at risk of offending and to work with them to encourage them towards more positive activities.

The YOS aim to offer innovative and effective ways of working, aiming to prevent re-offending as well as first offences. We believe that one of the best ways of reducing crime is to stop young people getting into trouble in the first place. We try to identify and help these young people as early as possible – we believe that gives us the best chance of making a real difference.

6.9 Drug/alcohol misuse

The Government’s first drug strategy in 1998, with its 2002 update, set a framework to address the harms caused by drugs. In 2008, a new ten-year drug strategy Drugs: Protecting Families and Communities was launched, with a strong focus on families and strengthening communities. It aims to:

- protect communities through reducing drug supply, drug-related crime and anti-social behaviour
- prevent harm to children, young people and families affected by drug misuse
- deliver new approaches to drug treatment and social re-integration
- provide public information campaigns, communications and community engagement

The National Treatment Agency for substance misuse exists to improve the availability, capacity and effectiveness of treatment for drug misuse in England. It performance manages local Drug Action Teams to deliver effective, needs-led services in a cost effective way.

Drug Action Teams coordinate the work of local agencies on drug misuse, aiming to reduce the harm that drugs cause to communities, individuals and their families. In partnership with specialist agencies, Wokingham substance misuse services help clients address their drug problems and access support with housing, benefits and/or general medical needs. As well as advice, services offer harm reduction, aiming to prevent diseases passed on by contaminated blood, overdose and drug-related death. Other services include community prescribing, counselling, structured day programmes, detoxification, residential rehabilitation and aftercare.

6.10 NEET (Not in education, employment or training)

Reducing the proportion of 16- to 18-year-olds not in education, employment or training (NEET) is a priority for the Government. Being NEET between the ages of 16 and 18 is a major predictor of later unemployment, low income, teenage motherhood, depression and poor physical health. No single agency holds all the keys to reducing NEET; local authorities (LAs), schools, the Learning and Skills Council, youth support services and employers all have key roles to play.

Where we are now:
LAs must promptly contact all young people and relevant young adults (including those up to 25 years of age with a learning difficulty or disability) who are known to have become NEET and are known to have left learning or who are expected to leave learning shortly.

LAs must maintain regular contact with young people and relevant young adults who are at risk of becoming NEET. This might include, for example, those with particular barriers to engagement, who have had previous spells of inactivity, or who are in temporary employment.

LAs must offer tailored packages of support to all young people and relevant young adults who are NEET or at risk of becoming so, and maintain contact until re-engagement in work or learning is re-established.

7. VULNERABLE GROUPS/INEQUALITIES

7.1 Travellers

History
Romany Gypsies have lived in Britain for about 600 years and people have travelled from community to community for even longer. Irish Travellers also have a long tradition of visiting Britain. Wherever they have gone, Gypsies and Travellers have fiercely maintained a separate identity – indeed this pride in their difference is an integral part of their culture. More recently, other people known as new Travellers have also pursued a nomadic lifestyle.

The facts
There are around 16,000 Gypsy and Traveller caravans in England. Around three quarters of these caravans are on authorised sites. Many of these sites are well-managed and are an accepted part of the local community. In 1994 the duty on local authorities to provide sites was removed and since then under-provision of authorised sites has resulted in Gypsies and Travellers camping on land that they do not own (unauthorised encampments) or developing their own land without planning permission (unauthorised developments). While the number of caravans on unauthorised encampments has started to decline, the number of caravans on unauthorised developments has increased. The average size of an unauthorised development is around four caravans, and private sites with planning permission have an average of six caravans.

The social exclusion experienced by Gypsies and Travellers is highlighted by the following statistics:

- The average life expectancy is twelve years less for women and ten years less for men than the settled population
- 18% of Gypsy and Traveller mothers have experienced the death of a child, compared to 0.9% in the settled population
- In 2005, only 21% of Travellers of Irish Heritage and 9% of Gypsy/Roma pupils gained at least five GCSEs grade A* to C including English and maths, compared to an average of 43% for the settled population.

The health of Gypsies and Travellers
The health of Gypsies and Travellers is poor in comparison with other disadvantaged groups and very poor compared with the general population. Anxiety, asthma, bronchitis and depression are particularly common. Children are less often immunised, leading to infectious diseases, and there are higher risks for mothers and babies during pregnancy and childbirth.

Access to healthcare
Access to healthcare is often difficult for Gypsies and Travellers. This is related to difficulties with registration with GPs, lack of an enduring relationship with a primary health care team and consequent lack of access to continuing health care. As a result, many Gypsies and Travellers tend to make greater use of accident and emergency services for basic health needs than the general population. Many Gypsies and Travellers feel that health workers, including GPs and their staff, have a poor understanding of their needs, circumstances and culture.

7.2 Black and Minority Ethnic Groups in Wokingham
Local agencies undertook a health needs assessment for black and ethnic minority (BME) groups in Berkshire West, the first stage of a longer process. The next stage 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 stages will be published in due course.

The health status of people belonging to BME groups is 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 will not be possible to provide any conclusive and reliable evidence of any inequalities in health amongst different ethnic groups.

New initiatives aimed at vascular prevention should take particular notice of 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.

8. CONSULTATION/PUBLIC PERCEPTION

Wokingham Borough Council is committed to providing services that make a positive contribution to the people who live and work in Wokingham borough. A key element in ensuring that the Council is achieving this objective is an open and active dialogue with its residents and service users that enables service delivery resources to be focused where they are needed most.

8.1 Health services
In a local survey, satisfaction with health services was high. The proportion of respondents saying they were very or fairly satisfied with each service was: family doctor 84%, local hospital 77% and local dentist 69%.

*General health:*
In a recent local survey, 92% of local residents indicated they were in good or fairly good health. 52% said they ate three or four portions of fruit and vegetables on most days, and 34% said they ate five or more portions on most days. Most said that they undertook about thirty minutes of moderate exercise at least twice a week.

8.2 TellUs survey
The TellUs Survey is a school consultation, conducted by Ofsted, targeting children and young people aged between 12 and 16 years. The survey is carried out nationally, but results are available for local schools that participate in the consultation. The table shown below shows results from the 2008 TellUs3 Survey, compared to results from the previous year for Wokingham borough and to national trends.
In 2008, 43% of young people in Wokingham borough indicated that they have had an alcohol drink; this figure is above the 35% national average. However, the proportion of young people who state they had been drunk three or more times in the last four weeks is below than the national average. 86% of young people in Wokingham borough indicated that they have never used drugs.

### Figure 14

<table>
<thead>
<tr>
<th>TellUs Survey results for Wokingham borough</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers reporting:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>having ever had an alcoholic drink</td>
<td>43%</td>
<td>35%</td>
</tr>
<tr>
<td>getting drunk once or twice and not recently</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>getting drunk three or more times in the last four weeks</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Drugs (Questions only asked to year 8 and 10 pupils)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>never using drugs</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>using cannabis in the past four weeks</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>the use of solvents in the past four weeks</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>using other drugs (cocaine, speed, LSD, ecstasy, heroin, magic mushrooms) in the last four weeks</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>National</td>
<td>47%</td>
<td>48%</td>
</tr>
<tr>
<td>National</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>National</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>National</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>National</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>National</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>National</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

19% of young people in Wokingham borough felt they needed more or better information on alcohol, compared to 27% nationally, and 20% felt they needed more or better information on drugs, compared to 31% nationally.

**Being Healthy**
- 89% say they are either very healthy or quite healthy.
- 74% eat at least three portions of fruit or vegetables a day.
- 77% have had exercise on at least three occasions in the past week.
- 83% have never smoked a cigarette.
- 11% of Years 8 and 10 have taken drugs at some time in the past.
- 91% of Years 8 and 10 have taken no drugs in the past four weeks, 5% say they have, whilst the rest (4%) would rather not say. Of Years 8 and 10, over 70% think they get good information about eating healthily, alcohol, smoking and drugs. However, only 48% think that they get enough information and advice on sex and relationships.

### 9. SERVICE PROVISION

To be completed

#### 9.1 Residential, nursing care and respite care

**Respite dementia consultation**

At present, Wokingham Borough Council purchases short breaks for individuals with dementia in residential and nursing homes and via overnight care at a day centre for older people. There is evidence that the week-long care break spent in a residential setting fails to meet the needs of a significant minority, who return home agitated and may take some time to settle. By contrast, the overnight care at the Woodley Age Concern Day Centre has worked well. In part this is likely to be because there is minimal disruption to routine (currently only those attending the day centre can access the service) and the flexibility offered by the service (it runs four nights a week and can be taken in single nights).

Consultation with carers to discuss the future of respite/short break was limited by the number of carer groups, but there seemed to be a clear preference for the Woodley Age Concern overnight stays to expand.
9.2 Health services

The National Programme Budget project was launched by the DH 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.

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. This data is designed to enable the Government to evaluate how NHS money is being spent and whether the current allocation is in line with policy priorities. It also allows PCTs to compare their spending patterns and to establish how well they are spending their available funds.

The latest data covers the financial years 2004/5, 2005/6 and 2006/7.

Figure 15 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 15

**Figure 1 Total spending by PCTs on programmes, 2004/5 to 2006/7**

- Problems of hearing
- Adverse effects and poisoning
- Dental problems
- Conditions of neonates
- Problems of the skin
- Disorders of blood
- Infectious diseases
- Healthy individuals
- Problems of vision
- Social care needs
- Endocrine, nutritional and metabolic problems
- Neurological
- Problems of learning disability
- Maternity and reproductive health
- Problems of genito urinary system
- Problems of the respiratory system
- Problems of the musculo skeletal system
- Problems due to trauma and injuries
- Problems of the gastrointestinal system
- Cancers and tumours
- Problems of circulation
- Mental health disorders
- Other

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.*
9.3 Secondary care, general and acute services.
Overwhelmingly the largest provider of the acute services for people across NHS Berkshire West is the Royal Berkshire NHS Foundation Trust (see Figure –3)

Figure 16

Percentage of admissions of NHS Berkshire West Patients by Provider Trust

Source: NHS Berkshire West

10. IDENTIFIED GAPS AND ISSUES FOR WOKINGHAM BOROUGH IN TERMS OF HEALTH AND WELL-BEING
The Crime, Disorder and Reduction Partnership Joint Strategic Assessment 2009 identified the following priorities relating to health & well-being:
- Causal factors, identified as the underlying issues which are driving or influencing the crimes occurring in Wokingham borough: alcohol and substance misuse. The recommended responses were measures to address health concerns and management of DAT treatment programme.

The Council’s vision priorities relating to health and well-being include “Better health for all and support for vulnerable people”. This should be achieved by supporting independent living for vulnerable people and the ageing population, resulting in improved quality of life for people living independently and more extra care housing.

The Community Strategy’s priorities include balancing economic prosperity with a sustainable quality of life, being a healthy and well-educated community, supporting and caring for people who need help and being a community where everyone feels safe, welcome and respected.
Local Area Agreement priorities relating to Health and Wellbeing include:

Being a healthy and well educated community
- Reducing health inequalities – specifically reducing the mortality rate from all circulatory diseases at ages under 75 (NI 121) and emotional health of children (NI 050)
- Reducing obesity – specifically increasing adult participation in sport (NI 008) and reducing obesity in primary school children in year 6 (NI 056).
- Reducing the harm caused by alcohol – specifically reducing the rate of hospital admissions for alcohol related harm.

Supporting and caring for people that need help:
- Protecting children in care – providing core assessments for children’s social care (NI 060), LAC placements (NI 062)
- Supporting vulnerable children and their families – increasing the proportion of vulnerable people who are supported to maintain independent living (NI 142)
- Housing needs for vulnerable groups – increasing the proportion of adults with learning disabilities in settled accommodation (NI 145) and the timeliness of social care assessments (NI132)
- Supporting and engaging our aging population – increasing the proportion of older people receiving support to live independently (NI 139) and achieving independence for older people through rehabilitation/intermediate care (NI 125).