

TITLE	Public Health – Prevention Awareness
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 24 July 2012
WARD	None Specific

Public Health Prevention Awareness For HOSC 24th July 2012

Some examples of prevention awareness activities in Wokingham are:

Public Health Campaigns in Pharmacies

A key prevention awareness activity is the schedule of public health campaigns that run through local community pharmacies. Public Health staff work with pharmacies to give messages on a variety of lifestyle issues and to promote local services. Key campaigns are 'Maintaining a healthy weight', 'Time to talk' which is awareness raising about mental health, 'Warm and Well' (see below) that includes the promotion of flu immunisation, and 'Rethink Your Drink'.

Warm and Well in Wokingham

Wokingham runs an awareness raising programme to help older and vulnerable residents keep warm and well during the cold winter months. This is aimed at preventing unnecessary illness. An easy read leaflet is distributed with tips on how to keep houses warm, how to access help (including financial help), information on flu jabs, and telephone numbers for support such the Wokingham Falls Prevention programme, Steady Steps. Last winter a symposium was held for local voluntary groups with the aim of agreeing ways of working together to keep people warm and well.

Nutrition Awareness

In a number of schools, Public Health has led the development School Nutrition Action Groups (SNAGs). Public Health also commissions practical cooking sessions which link into the Eat4Health weight management courses which are very popular.

Physical Activity

Various prevention programmes are in place in Wokingham, for example the SHINE programme is unique to Wokingham and helps to improve the health and well being of people over 50 through physical activity.

Health Trainers work with people, particularly from more deprived areas, to reach personal health goals, whatever the goal. For example a health trainer may meet with someone one-to-one to help them lose weight.

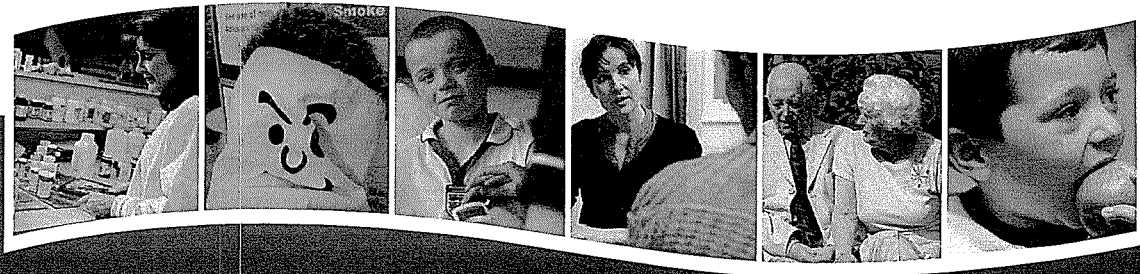
A Gypsy Roma Traveller worker (Health Activist) is being recruited to work directly with the local gypsy and traveller community helping to raise prevention issues such as immunisation with this particularly vulnerable group.

Public Health Community Development Leads raise awareness of healthy lifestyles with community groups. They have a particular focus on improving mental health awareness and have an excellent reach into communities including Black and Ethnic Minority Groups.

Smoking and Alcohol Awareness

Preventing ill health through raising awareness about smoking and alcohol is critical. Please see the Annual Public Health Report for NHS Berkshire West 2010/11.

ANNUAL PUBLIC HEALTH REPORT FOR BERKSHIRE WEST 2010/11



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Dr Janet Maxwell
Director of Public Health
NHS Berkshire West

Foreword

It gives me the greatest of pleasure to present my Annual Public Health report for Berkshire West covering 2010 to 2011. The report is an independent assessment of the health of the people of Berkshire West and it focuses specifically on our major areas of ill health and mortality and the preventative work needed to address these. As Public Health moves from the NHS into Local Authorities it will become easier to work in partnership to improve the health of our population and tackle inequalities that exist. Although Berkshire West is an affluent area overall, pockets of deprivation exist and our Black and minority ethnic population is increasing year on year. The report and its recommendations are intended to help set the agenda for action for all agencies and organisations whose decisions and actions have an effect on the health of the people in Berkshire West.

Life expectancy for men and women in England continues to rise. Over the last ten years life expectancy has increased in all three Berkshire West local authorities, however to a much lesser extent in Reading. Life expectancy for males in Reading is now lower than the national average.

A number of issues emerge from this year's report which are most notable. They include:

- The numbers of 64 to 75 year olds or “young retired” people across Berkshire West are set to increase, particularly in West Berkshire and Wokingham. In Reading there are fewer people in this age group and the projected increase is far less pronounced.
- The population aged 75 years and over is projected to increase steadily in West Berkshire and Wokingham but only slightly in Reading
- Berkshire West is becoming increasingly more ethnically diverse in all 3 unitary authorities
- Using Joint Strategic Planning Unit (JSPU) population projections there will be a decrease in 5-14 year olds and in 15-44 year olds by 2016 in Berkshire West.
- The highest levels of deprivation as measured in the Index of Multiple Deprivation continue to be within Reading. This has increased from 2004 to 2007.
- The total number of deaths in Berkshire West in 2010 was 3,174, of which 1,052 (33%) were in people aged under 75 years. These are considered premature.
- There is a significant gap in life expectancy at birth of 12 years between the wards of Minster in Reading (76 years) and Chieveley in West Berkshire (88 years).
- In 2010, 861 (29%) of deaths were due to all diseases of the circulatory system in Berkshire West. 26 occur in the under 75 year olds each year amounting to 74 years of potential life lost (YLL). Significantly fewer females under 75 die of all circulatory disease and male deaths are consistently more than double that of female deaths in this younger age group.
- All circulatory disease premature deaths in men in Wokingham and West Berkshire continue to fall and are significantly below England rates, however, all circulatory male deaths in Reading are significantly higher than England and Wales, the South East region and their neighbouring Unitaries.
- Childhood obesity rates for **year 6 children** (aged 10-11yrs) are Reading – 21.6%, West Berkshire – 15.2%, Wokingham – 12.9%
- Childhood obesity rates for **reception year children** (aged 4-5yrs) are Reading – 12.7%, West Berkshire – 7.0%, Wokingham – 7.2%
- Smoking rates in Reading have declined at a slower pace than in West Berkshire and Wokingham indicating a widening of the health inequalities gap.

I very much hope that you find the report interesting and useful to aid in the understanding of and addressing local health needs. I am always pleased to receive comments or any questions that you may have about this report.

You can either write to me at NHS Berkshire West, Reading (see contact on the NHS Berkshire West website www.berkshirewest.nhs.uk) or email me at: Janet.maxwell@berkshire.nhs.uk .

DEMOGRAPHY

Berkshire West comprises the area of West Berkshire, Reading and Wokingham Unitary Authority areas.

West Berkshire makes up over half of the geographical area of the county of Berkshire - covering 704 square kilometres. It is part of the North Wessex Downs Area of Outstanding Natural Beauty (AONB) and is famous for its involvement in horse racing. The district is primarily made up of chalk downlands, loosely centred along the lower reaches of the river Kennet, which rises in Wiltshire and flows through to join the Thames at Reading.

Reading Borough is a relatively small geographic area of approximately 40 square kilometres combining some very affluent communities with more deprived neighbourhoods. The area has changed rapidly over the last 10 years, with the previous manufacturing base having been replaced by financial services and a broader service economy. Reading is England's top performing urban area and its economy is expected to grow by 3.4 per cent per year until 2020, putting it top of the UK growth list.

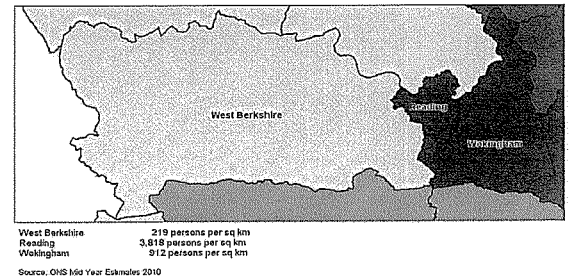
Wokingham borough covers an area of 179 square kilometres and is an affluent area with good economic prospects, high levels of economic activity and high average earnings. It is ranked the second least deprived local authority area in England according to the Index of Multiple deprivation 2007.

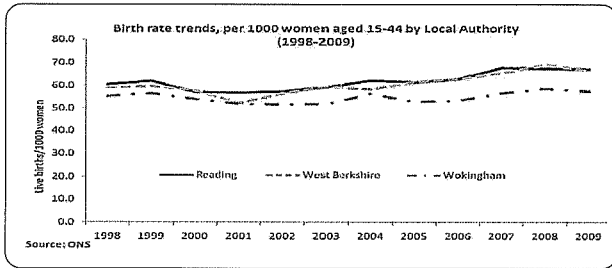
The ONS 2009 population estimates for the three boroughs in Berkshire West show different population profiles. Reading has a significantly higher proportion of residents in the 20-39 age brackets compared to West Berkshire and Wokingham (22% vs. 9.4% and 12% respectively). Analysis shows that, almost half of the 20-29 year old young people in Berkshire West are resident in Reading. The population structure for Berkshire West is broadly similar to that for the UK except for the much lower older age groups of 60-89 years and a higher proportion of those aged 30-39 years .

Key Points

- * Population is growing by 3.3% annually across Berkshire West and 65-74 age group and Over 75s age group are set to increase especially in West Berkshire and Wokingham.
- * Berkshire West is becoming more ethnically diverse across all the UAs
- * There are significant pockets of deprivation in all 3 LAs, however Reading has the highest number of wards in the most deprived category
- * Reading has the 12 wards with the worst scores on the Child Well-being Index and the 6 wards indicating the highest poverty on the Child Poverty Index.

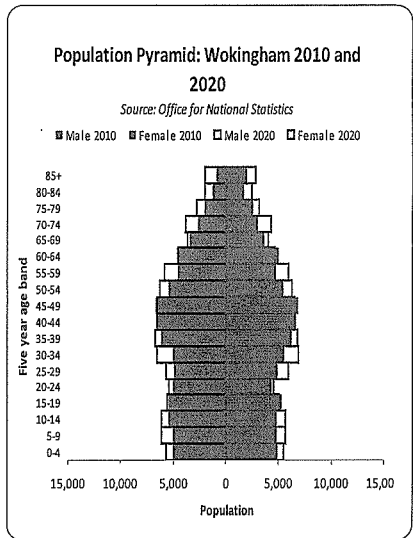
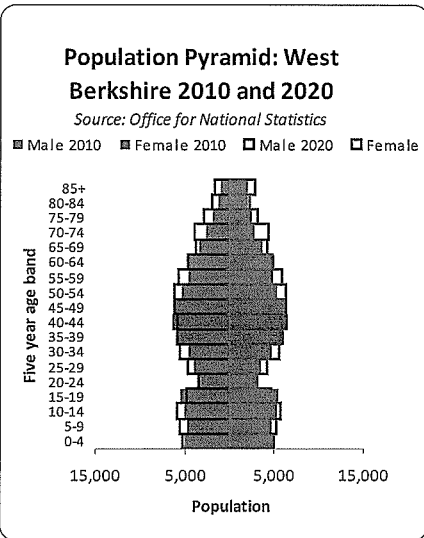
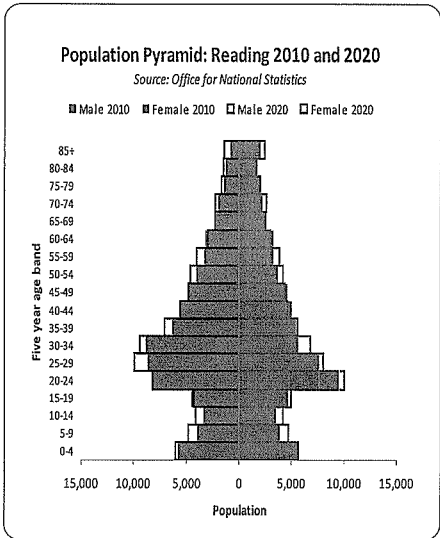
Population density variation across Berkshire West - 2010





The general fertility rate (GFR) is the number of live births per 1,000 females aged 15-44 years. The national figure in 2008 is 63.9 per 1,000 women aged 15-44.

Reading has had the highest rate of live births per 1000 women in Berkshire West since 1998 which is in line with Reading population structure. Wokingham's trend is significantly lower than the rest in line with a much older population



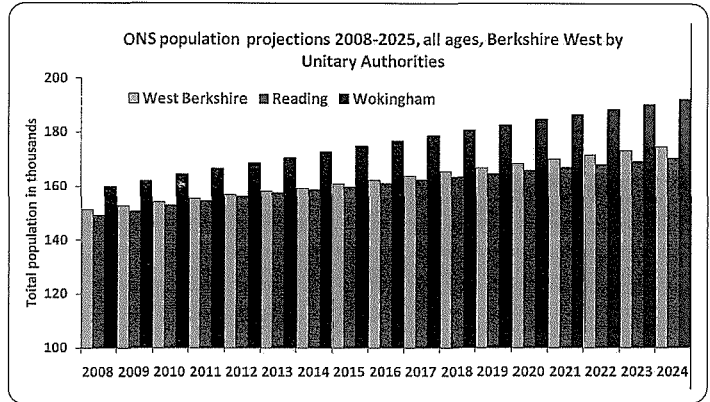
These ONS population projections clearly demonstrate the higher number of young adults living in Reading from 20 to 39 years will continue to 2020.

According to ONS estimates, Wokingham has seen an overall increase in population, since the 2001 census, of 11,871 people or 8%. This is a greater increase than both Reading and West Berkshire over the same time period who saw a 6% increase each (8,104 and 8,017 people respectively).

Population Projections

Projecting population changes into the future is a difficult and complex process, using various models. ONS population projections are based on the Census and estimated annual increases, taking into account births and deaths and to some extent migrations. The local authorities use a model that considers the contribution of new build. It should be noted that the population data will possibly change with the upcoming 2011 census data.

ONS projections based on a 2006 baseline indicate that all three local authority areas will have an overall 3.3% increase in population across Berkshire West. The ONS projection figures showing an overall increase across Berkshire West masks some variations in the local authorities for different age groups.

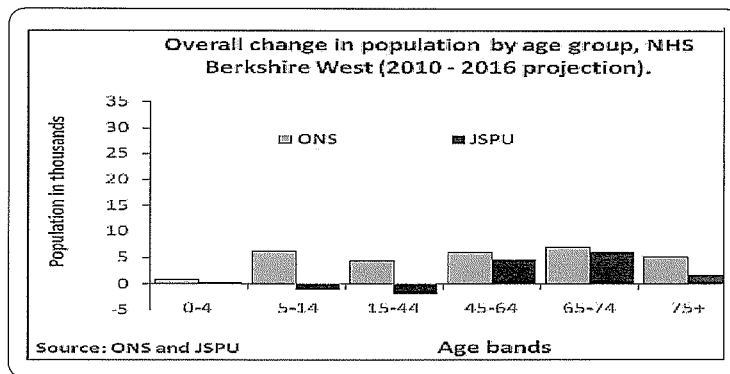


- Both Wokingham and West Berkshire have more 0-14 year olds than Reading, and the predicted increase in Reading will not have caught up with these higher proportions in the other 2 UA areas by 2025
- The numbers of people in the working age group - 15 to 64 year olds - in West Berkshire are lower than the other two local authorities and are projected to stabilise whilst numbers in this age group will increase, albeit gently, in Reading and Wokingham
- The numbers of 64 to 75 year olds or "young retired" people across Berkshire West are set to increase, particularly in West Berkshire and in Wokingham. In Reading there are fewer people in this age group and the projected increase is far less pronounced. This may be due to the tendency for people to migrate out of Reading on retirement
- The population aged 75 years and over is projected to increase steadily in West Berkshire and Wokingham but only slightly in Reading

Comparing ONS projections with JSPU projections

Greater London Authority in conjunction with the Joint Strategic Planning Unit (JSPU) projections suggest significant differences to the ONS projections on a Berkshire West level as shown in this chart. JSPU predict the number of 0-4 year old children will remain fairly stable, with a decrease in 5-14 year olds and 15-44 year olds. All the older age groups are predicted to rise especially 65-74 year olds.

Projecting population change is a complex science. It is not possible to account for all the factors that may impact on the future trajectory of population change, e.g. changes in local, regional and national economic fortunes, health and social policy etc. JSPU population projections take into account future housing developments but we cannot be certain about the nature of its influence as new households may result in internal population redistribution as well as attract new populations.



Ethnicity

Although the 2011 Census has been conducted this data is not available until 2012, thus the 2001 Census is still the most recent national data on ethnicity in the UK. We know this data is out of date due to changes in levels of migration and population constitution. This is particularly true in the geographical area covered by NHS Berkshire West where experimental statistics produced by ONS in 2006/2007 indicate increases in ethnic groups.

West Berkshire

The census showed that when compared nationally, a significantly lower proportion (2.6%) of people in West Berkshire defined themselves as being of a black or ethnic minority (BME) background, compared to 10% of people in England and Wales. 2.6% represents around 4,000 residents in the district. The largest ethnic groups in West Berkshire are Asian-Indian, and Black-Caribbean and these communities are largely centred in the wards on the Reading fringe, but also in the main district towns of Newbury, Thatcham and Theale

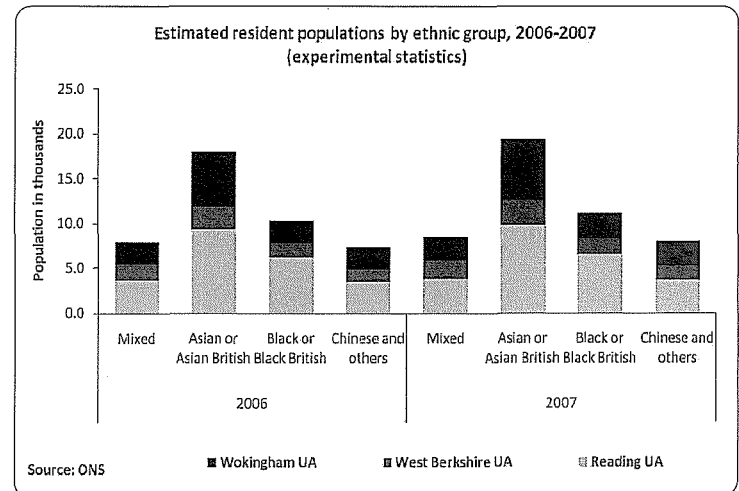
Reading

Reading is the third most ethnically diverse town in the South East with 19.4% of the population from Black and Minority Ethnic Groups. The largest group (3%) is the Pakistani community where around 18% of the population is aged under-16, in line with the national figure. Reading has the largest Bajan population outside of Barbados and the greatest diversity of African countries and states outside London. The highest proportions of BME residents live in The Park, Battle and Abbey wards. These wards have lower than average life expectancies. The BME population is younger than the Reading average.

Wokingham

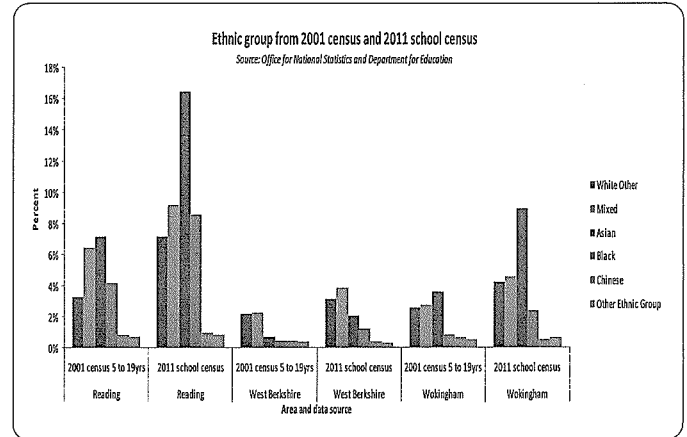
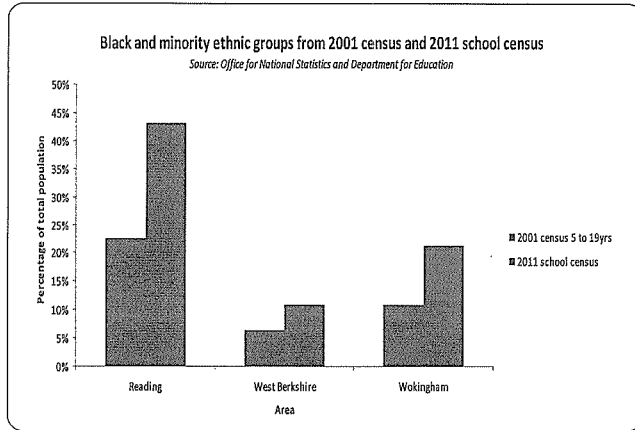
In the past the estimated BME population of Wokingham's has been put at 6.1%, using the 2001 Census data. This however excludes two important categories: "White: Irish" and "White: Other" from the total figure. When these are also considered, the minority ethnic population averages at 10.2% across the Borough with some areas showing proportions of 20% and over. We know anecdotally that migration particularly from Reading will be likely to see these figures increase at the next Census. This will further challenge authorities to promote community cohesion and ensure services are meeting broader and more diverse needs.

Current figures exclude A2 and A8 nationals from the new European Union (EU) member states or other distinctive groups such as White asylum seekers and refugees. Anecdotal intelligence suggests growing numbers of former Eastern European migrants living and working in Wokingham. Also Home Office statistics showed that almost two thousand people registered on the EU Worker Registration Programme, in March 2006 were working in Wokingham.



Ethnicity statistics can also be obtained from the Local Authority School Censuses which provide us with a more up to date and accurate picture of numbers of BME groups aged 5 to 19 years in Wokingham, West Berkshire and Reading. Schools are required to record ethnicity for all the children on their roll. The numbers in this chart show the comparison between the 2001 census and the school census figures.

The 2001 census for the 3 Unitary Authorities in Berkshire West showed that in Reading 22% of residents aged five to 19 years came from Black and Minority Ethnic (BME) groups. This increased to 43.2% in the 2011 school census. Similarly the increase for West Berkshire went from 6.39% to 11% and for Wokingham from 11.02% to 21.38% overall. Specific groups showing the largest increases for five to 19 year olds are Asian in Reading, Wokingham and West Berkshire and Black in Wokingham and West Berkshire. The Chinese ethnic group has reduced in comparison to the census in both West Berkshire and Wokingham. (2006-7 ONS experimental statistics are not available for the 5-19 year old group)



Reading appears to have the highest representations of minority ethnic groups for both 2006 and 2007 as per the mid year estimates, however overall percentage change appears to be highest in West Berkshire and Wokingham at 12% and 10% respectively, in line with the projected population changes. People of Asian or Asian British ethnic origins are the largest minority ethnic groups in Berkshire West followed by Black and Black British

Migration is an important part of the economic, cultural, social and educational life of England generally, and the South East (SE) specifically. Migrants are a diverse and dynamic group with varying health needs. Migrants can be those seeking employment or education, asylum seekers and refugees, family members coming to join established relatives, irregular, illegal and undocumented people. The most important groups in the SE are economic and educational migrants, and family joiners.

A Report by the South East Migrant Health Study Group published in October 2010, recognises the difficulty in capturing information about such groups given the variable and transient nature of some of them. It recommends integrated cross agency working to address their health and well being issues.

Table 1- International in-migrations by country of origin

	All	Poland	India	Pakistan	Australia	Lithuania	France	South Africa	other
West Berkshire	1,280	390	120	20	40	20	30	70	590
Reading	4,290	1,170	470	220	90	60	90	100	2,090
Wokingham	980	200	110	40	50	10	20	50	500
NHS Berkshire West	6,550	1,760	700	280	180	90	140	220	3,180

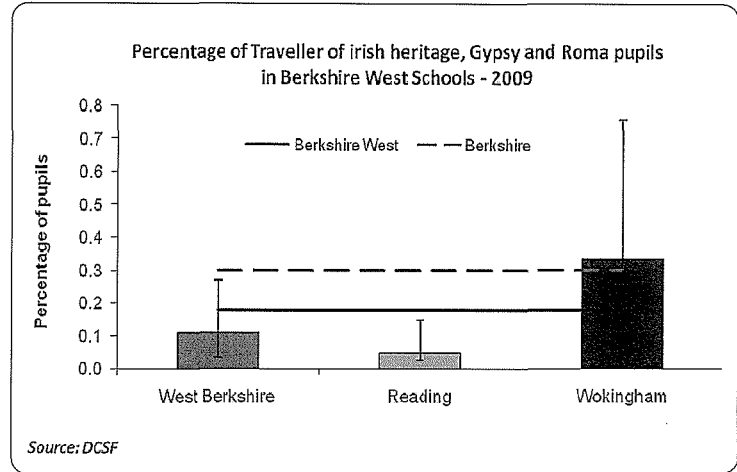
Migration into the area by country of origin, 2007, ONS statistics

This table shows the numbers of migrants by country of origin in Berkshire West in 2007, demonstrating significantly higher numbers in Reading than in West Berkshire and Wokingham, reflecting availability/accessibility of employment, lower costs of living, transport infrastructure and public transport links.

Gypsies and Roma Travellers

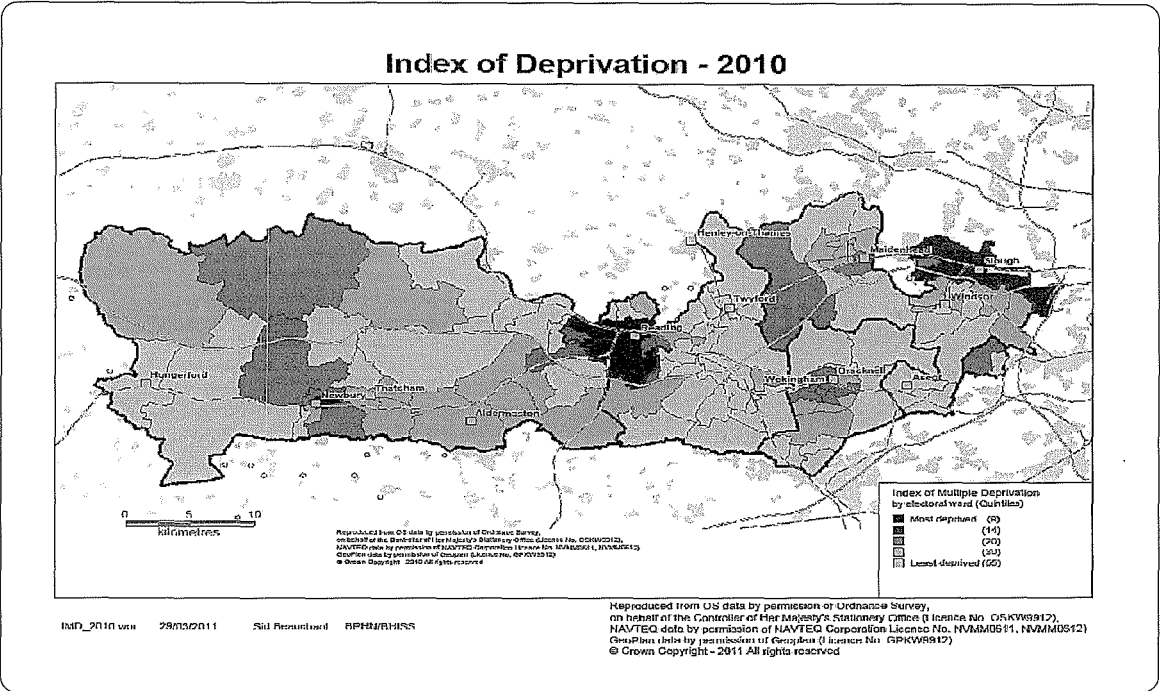
According to the DLGC, gypsies and travellers are defined as “persons of nomadic habit of life whatever their race or origin, including such persons who on grounds only of their own or their family’s or dependants’ educational or health needs or old age have ceased to travel temporarily or permanently, and all other persons with a cultural tradition of nomadism and/or caravan dwelling”.

Local authorities have statutory responsibilities in respect of Gypsies & Travellers, delivered through the services provided to the community. These include accommodation, health, welfare and education, which are the rights of all individuals, including Gypsies & Travellers. There are communities of travellers in Berkshire West particularly in Wokingham and West Berkshire whose specific needs must be considered. Accurate statistics are unavailable due to their transient nature. The 2001 census did not include the “traveller and gypsy” category, so school census data is used here though it is limited by small numbers and high drop off rates in secondary school.



In the 2008/9 Place Survey 85% of Berkshire West residents were satisfied or fairly satisfied with where they lived: This is 5% above the national average and 5% more than the previous year.

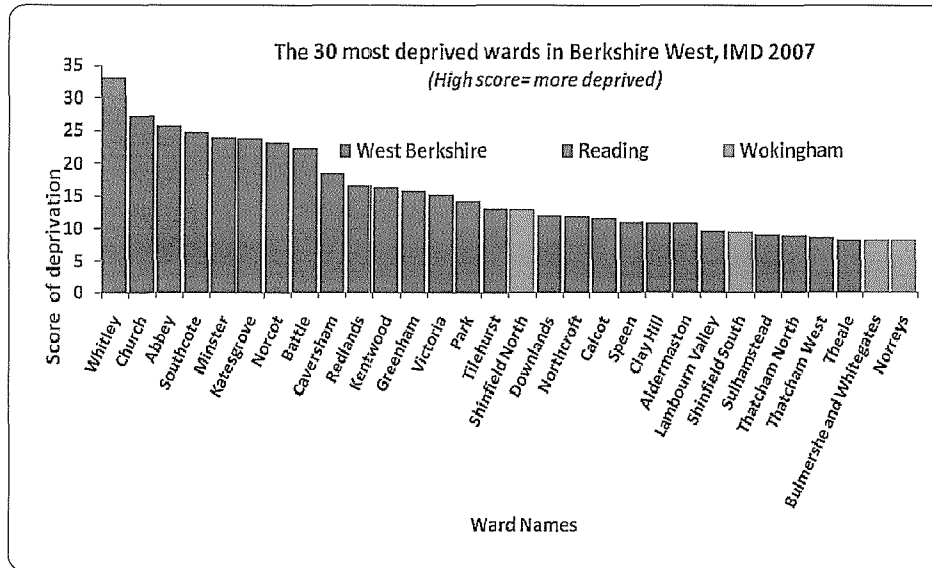
The five aspects considered to be most in need of improvement were; level of traffic congestion (55%); level of crime (49%); activities for teenagers (39%); roads and pavements repairs (38%); and clean streets (33%). Ranking the all aspects shows that crime, traffic congestion and clean streets are the highest priority areas



Berkshire West, situated in the relatively well-off South East region, contains some of the least and most deprived areas of England as measured by the Index of Multiple Deprivation (IMD) 2007 especially at Super Output Area level (SOA). At electoral ward level, there are also wide variations in deprivation across Berkshire West, with the 10 most deprived wards in Berkshire West being in Reading, Wokingham and West Berkshire are ranked 2nd and 24th respectively as least deprived local authorities in England on the IMD 2007, while Reading ranks 203rd least deprived. From this affluent position, Wokingham and West Berkshire both have issues of relative deprivation and rural isolation.

Reading

Deprivation levels in Reading have increased with more deprived SOAs in Reading in 2007 than in 2004. The 2007 IMD shows 11 SOAs of Reading's 93 SOAs within the 20% most deprived in the England compared to 8 in 2004. Of these 11 - 6 are within South Reading. Another 14 SOAs are within the 30% most deprived nationally. Thus the deprivation is predominately in South and Central Reading with pockets in Tilehurst and Caversham. In stark contrast 9 SOAs in Reading were in the 10% least deprived.



The Index of Multiple Deprivation is made up of a number of contributory domains and there is a wide variation in how wards are affected in each domain.

These domains are:

- income
- employment
- health deprivation and disability
- education, skills and training
- barriers to housing and education
- crime
- living environment

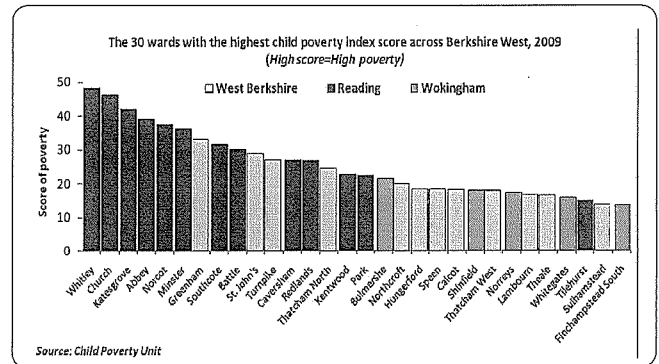
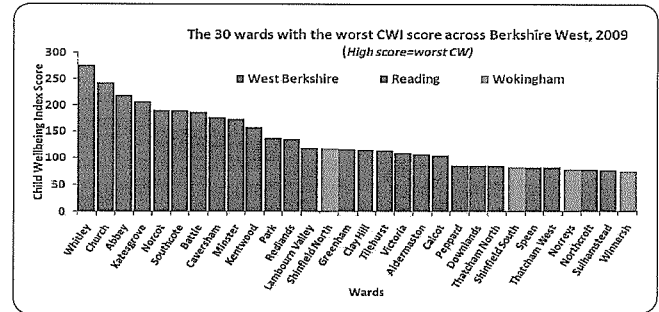
plus sub domains of children and older people

Child Poverty

The Child Well-Being index (CWI) published in 2009 is an index of some of the major factors of a child's life that affect their health and wellbeing. It does not cover some of the more subjective factors such as relationships with family, behaviour and risks as this data is captured by surveys and cannot be used for small area analysis. However it is a good indication of the major factors impacting on a child's life. The indicator is strongly related to overall deprivation thus more wards in Reading score highly on the CWI relating to component indices such as crime, housing, education, health & disability. For details see <http://www.communities.gov.uk/publications/communities/childwellbeing2009>

Issues faced across our very diverse area are not always the same. The environmental component domain of the Child Wellbeing index includes indicators such as serious accidents, distance from sports and recreational facilities, and from schools. Within the 30 highest scoring wards are 14 from West Berkshire and 13 from Wokingham – a very different picture.

Official analysis on poverty defines children as poor if they live in households with incomes below 60% of the typical ('median') national income before or after housing costs. Tax credit data is used to give the percentage of children on low incomes in local authorities. This is not a direct measure of exactly how many children are in poverty, but is a good indicator of which areas have the highest child poverty levels and is the closest measure we have. In Reading 21% of children live in poverty in comparison to 11% for West Berkshire and 10% for Wokingham. At Ward level, the overall picture resembles the Child Well-being Index score.



Mortality and Major Disease

Preventing ill health and premature death.

The risk factors which causes many of the diseases that lead to ill-health and early death, particularly those for heart, cardiovascular disease and cancer produce a significant burden on the individual, on society and on the NHS. People can substantially reduce their risk of developing a chronic disease and dying prematurely if they:

- **Do not smoke.**
- **Achieve the recommended levels of physical activity.**
- **Eat a healthy balanced diet, which includes at least five portions of fruit and vegetables a day.**
- **Do not exceed the recommended sensible drinking guidelines.**

KEY POINTS

Life expectancy for men and women in England continues to rise. Over the last ten years life expectancy has increased in all three Berkshire West local authorities, however to a much lesser extent in Reading. Life expectancy for males in Reading males is now lower than the national average.

Over the period of 2007 to 2009 the average life expectancy in Berkshire West was 81.7 years, a rise of four months from the previous three years.

There is a significant gap in life expectancy at birth of 12 years between the wards of Minster (76 years) and Cheiveley (88 years).

The total number of deaths in Berkshire West in 2010 was 3,174, of which 1,052 (33%) were in people aged under 75 years. These are considered premature.

Life expectancy for males in Reading males is now lower than the national average. When it comes to factors that influence men's health, Reading is most similar to the rest of the country overall than their unitary neighbours and the relatively more affluent South East.

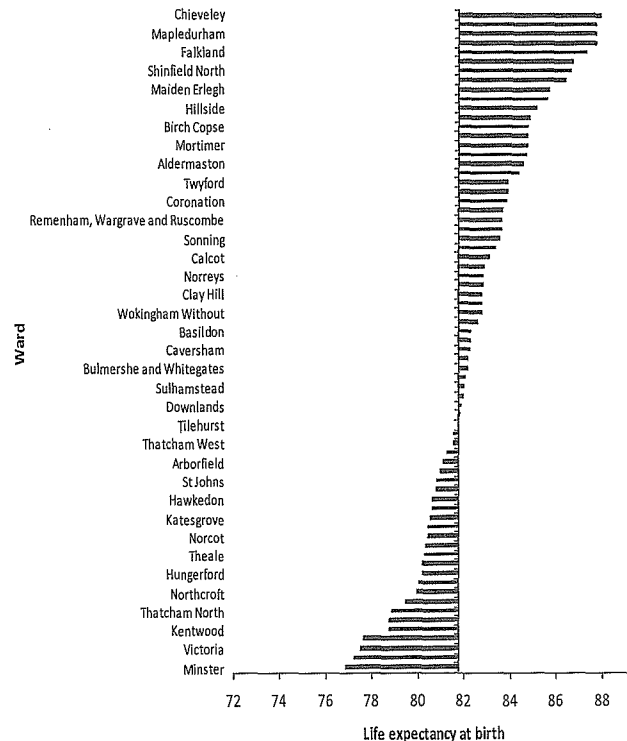
**“The total number of deaths in Berkshire West during 2010 was 3,174.
33% of these were before the age of 75 years old and therefore considered premature.”**

Many aspects of the health of a community can be assessed using mortality (death) data about a population. Death rates are a good proxy measure of the health of the population. One of the best ways to describe death rates is by calculating life expectancy. Life expectancy at birth is an estimate of how long a baby would be expected to live, based on present death rates experienced in that community by males and females at each age throughout life. Life expectancy for men and women in England and for those living in Berkshire West continues to rise. Over the period of 2008 to 2010 the average life expectancy in Berkshire West was 81.7 years, a rise of four months from the previous three years. Over the last ten years life expectancy has increased in all three local authorities, however to a much lesser extent in Reading where the increase was 1.6 years compared to Wokingham's 3.4 years and West Berkshires 3 years. Life expectancy for males in Reading males is now lower than the national average.

There is a difference in life expectancy at birth of 12 years between the wards of Cheiveley (88 years) and Minster (76 years)

Life Expectancy at birth by Ward - difference from the Berkshire average 2006-2010

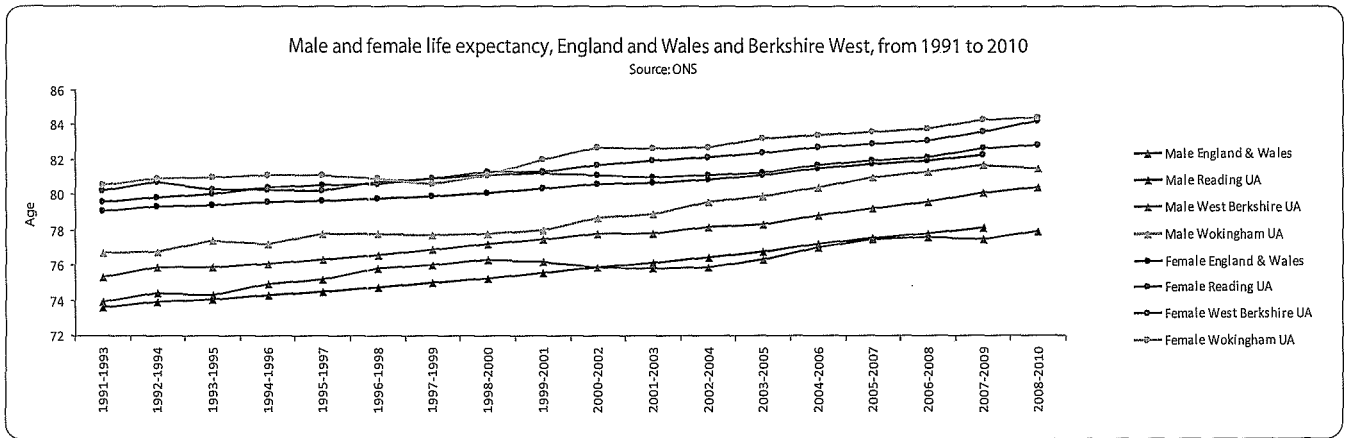
Source: ONS (calculated using SPEHO life expectancy)



Major causes of death in Berkshire West

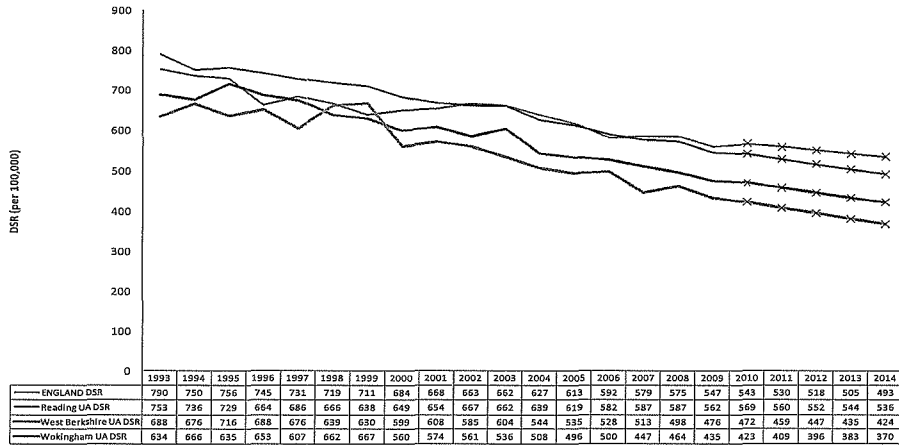
During 2010 the total number of deaths in Berkshire West was 3,174 (49% male) of which 1,064 (33%) were in people aged under 75 years. Deaths in people less than 75 years of age are considered to be premature deaths. The Directly Age Standardised Mortality Rates (DASR) for Berkshire West and England and Wales have declined since 1993. The DASR for England and Wales in 2009 was 493 deaths per 100,000 population. This compares to Reading with 536 per 100,000 population, West Berkshire with 424 per 100,000 population and Wokingham with 370 deaths per 100,000. Although Reading rate is above the national rate this is not significant in statistical terms. Figure number shows the Standardised rate per 100,000 population for all causes of death in Berkshire West for 2007-2009 and the 95% confidence intervals. This demonstrates that after taking into account their age and gender significantly more men died in Reading. When it comes to factors that influence men's health, Reading is more similar to the rest of the country overall than their Unitary neighbours and the relatively more affluent South East.

The Health and Wellbeing Board(s) should aim to reduce the % of deaths in those under 75 years to 28% by 2016



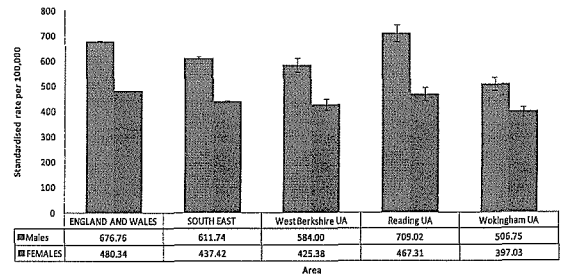
Trends in all cause mortality rates (ICD-10 A00 to Y99), all persons, all ages from 1993 to 2009

Source: NHS Information Centre for Health and Social Care



Standardised mortality rate all causes (ICD10 A00-Y99), all persons, all ages 2007-2009 pooled data

Source: NHS Information Centre for Health and Social Care

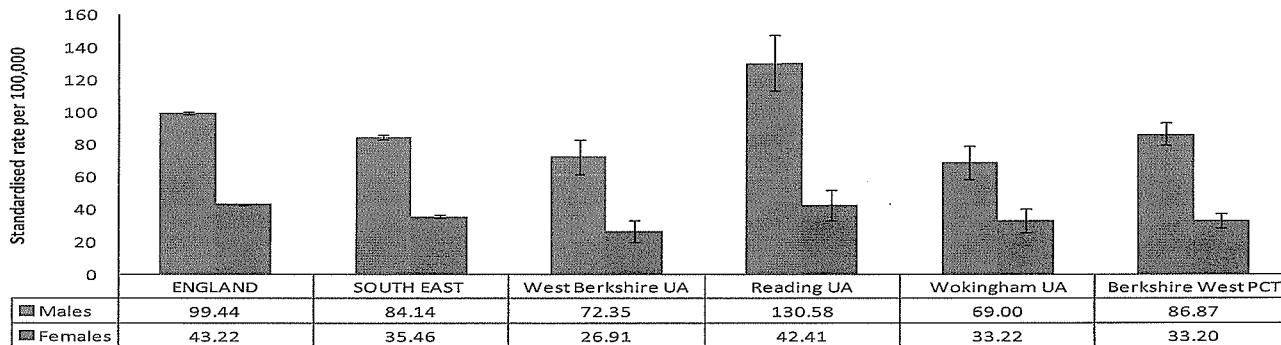


Cardiovascular Disease (CVD)

Cardiovascular disease (also known as heart and circulatory disease) is the biggest killer in the UK. In 2010, 861 (29%) of deaths were due to all diseases of the circulatory system in Berkshire West. 26% occur in the under 75 year olds each year. For those who were under 75, there were 74 years of potential life lost (YLL). When reviewing the numbers of males and females who die from all circulatory disease, significantly fewer females under 75 die of this cause. Male deaths are consistently more than double that of female deaths in this younger age group. This is a national pattern, not peculiar to Berkshire West and the causes are well understood. Premature deaths from stroke for those under 65 years are not significantly different across Berkshire West or different to England and Wales but for all circulatory diseases premature deaths in Men in Wokingham and West Berkshire consistently trend significantly below England rates. However, all circulatory male deaths in Reading are significantly higher than England and Wales, the South East region and their neighbouring Unitaries.

**Deaths from all circulatory diseases (ICD-10 100-199) all persons aged under 75,
2007-2009 pooled data**

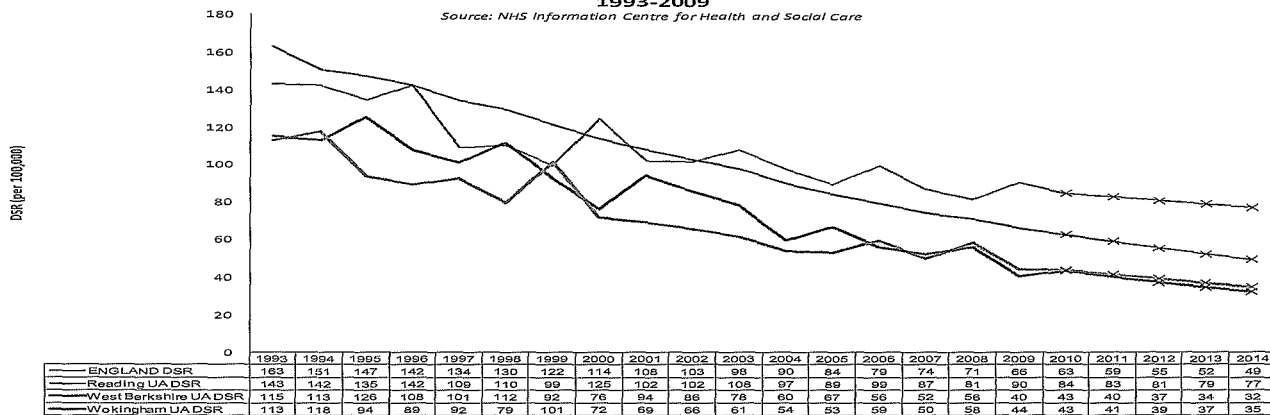
Source: NHS Information Centre for Health and Social Care



The trend chart suggests this has been the picture for the last ten years and this is consistent with the socio-economic circumstances of parts of Reading. The impact of years of unhealthy lifestyles and the higher proportion of an ethnic population in Reading, places this population at greater risk of coronary heart disease at an earlier age. As more people survive an acute heart attack, their likelihood of going on to develop longstanding disease of the coronary arteries can be reduced through weight loss, stopping smoking, healthy eating and increased physical activity levels, as well as effective programmes of rehabilitation.

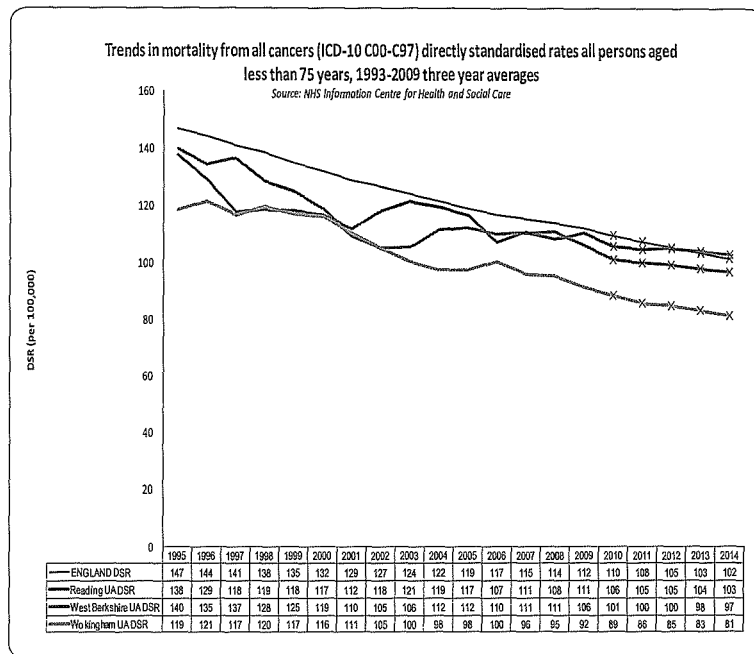
Trends in mortality from all circulatory diseases (ICD-10 100-199) all persons less than 75 years, 1993-2009

Source: NHS Information Centre for Health and Social Care

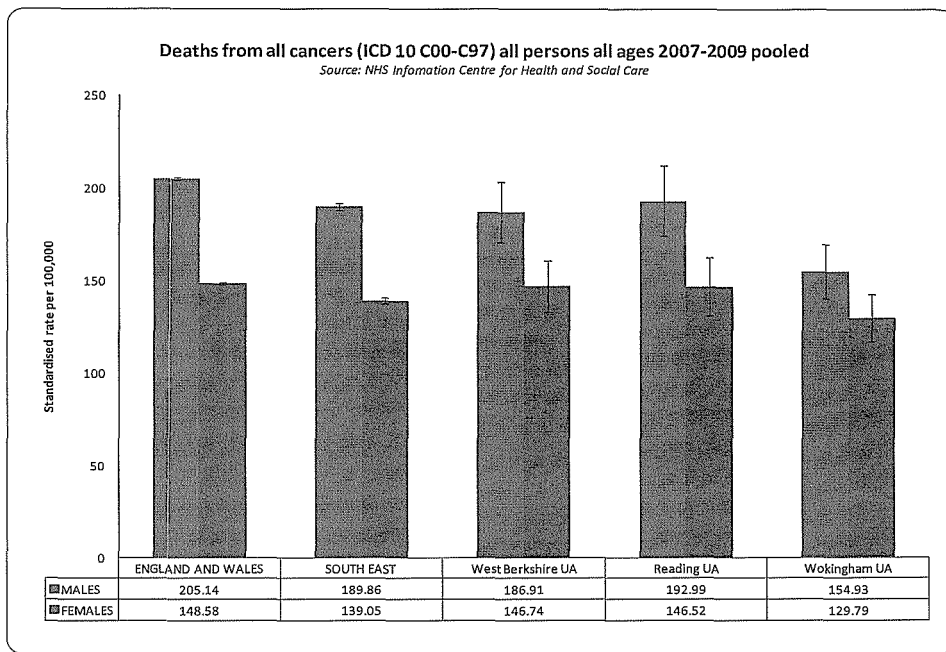


Cancer in Berkshire West

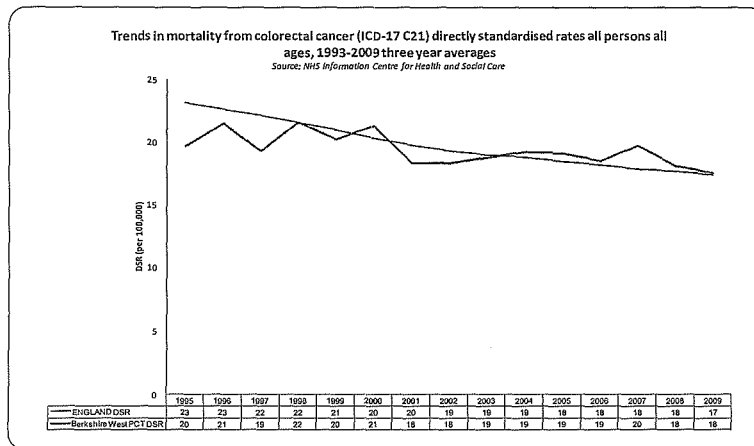
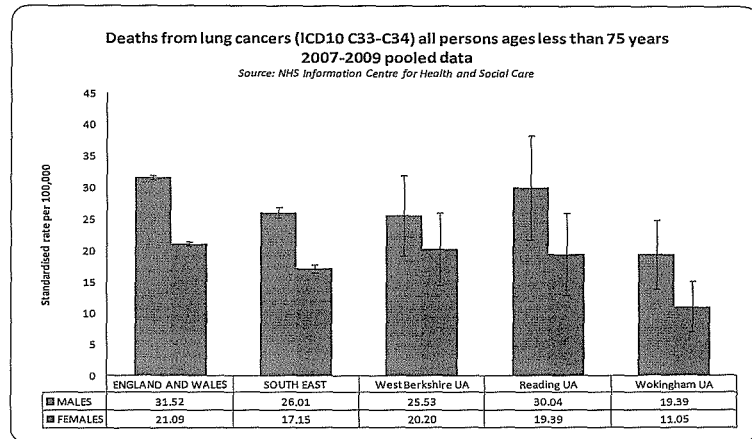
Since 1995 to 1997, death rates for all cancers in Berkshire West and across England and Wales have declined steadily. There has been significant reductions in cancer mortality achieved among the under 75s over the past decade. Locally this is most marked in Wokingham. The improvement has been much less marked for the over 75s. Cancer survival decreases with age and there is evidence that older people's cancers are investigated and treated less intensively. For the vast majority of cancers, incidence increases with age. Just over half of all cases of cancer diagnosed in 2003-5 in England occurred in people over 70 years and over a fifth in people over 80 years. Despite this, older people may not be aware of their increased risk and may have lower awareness of cancer symptoms than younger age groups. Adjusting for women's longer life expectancy, men are diagnosed with more cancers and have a higher mortality from cancer. As a result, there are more women than men living with or beyond a diagnosis of cancer. The difference between men and women is at least partially explained by the tumour mix; with a greater proportion of men's cancers being made up of lung cancers (which have a high level of mortality), while women have a large proportion of breast cancers with lower mortality. Men's one-year survival is generally similar to or slightly better than women's for individual cancer types. Despite this, the different mix of cancers in women means that their overall one-year survival is significantly better. Men have a lower awareness of the signs and symptoms of cancer and a lower uptake of screening. There are variations in cancer incidence between ethnic groups, which are likely to be the result of a mixture of lifestyle and genetic factors.



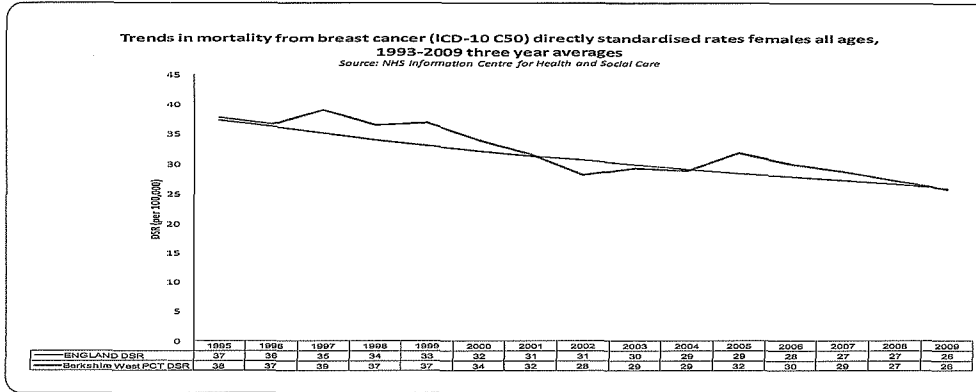
White men and women have a higher incidence of many cancers than those from other ethnic groups than in the population as a whole. Although there may be some cultural factors involved in this, it is also likely to be related to deprivation. In the UK, mortality from all cancers between 1999 and 2003 was 70% higher among the most deprived men and 40% higher among the most deprived women when compared to the least deprived groups. The incidence and mortality of cancer is higher in deprived groups compared with more affluent groups. A large part of this is likely to be attributable to lifestyle factors, and especially the higher smoking rates in deprived groups. The excess mortality may also be linked to later presentation/diagnosis in more deprived groups.



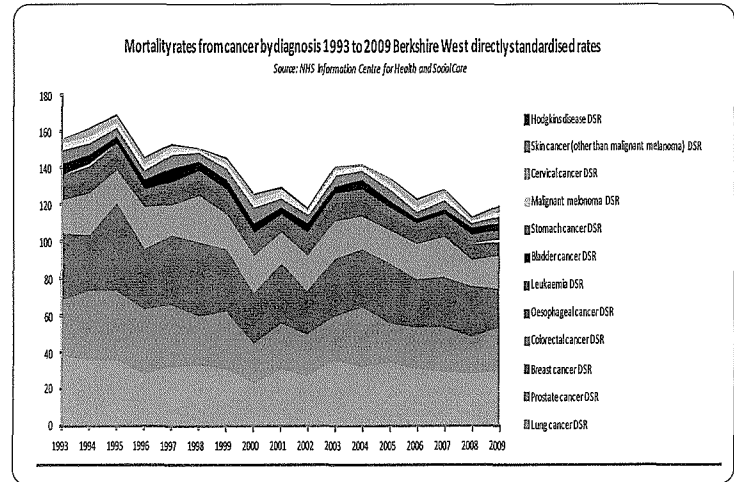
In the UK and Berkshire West, Lung cancer is the most common cause of death from cancer for both men and women. In the UK, it is responsible for nearly a quarter (24%) of all male cancer deaths and more than a fifth (21%) of all female cancer deaths.



Mortality from breast and colorectal cancer in England and Wales and Berkshire West has declined over the last fifteen years. The rate for Berkshire West has shown a more unpredictable trend than England and Wales owing to being a relatively small population which experiences natural statistical variation within its population from year to year.



There is no relationship with deprivation for breast cancer and only a small negative association for prostate cancer, despite higher incidence for the most affluent. This suggests that the better survival for the affluent offsets the higher incidence of these cancers. Women from Black and Minority Ethnic (BME) groups are more likely to present with more advanced breast cancers and have poorer survival than White women. Awareness of cancer is generally lower in BME groups than amongst White men and women. Uptake for breast cervical and colorectal screening programmes is generally lower in minority ethnic groups than in the population as a whole. Low awareness of symptoms leads to late diagnosis of cancer and poorer outcomes. To improve cancer outcomes in Berkshire West, resources are being prioritised to improve awareness of symptoms of cancer among professionals and the public, in particular focussing on bowel and lung cancer.



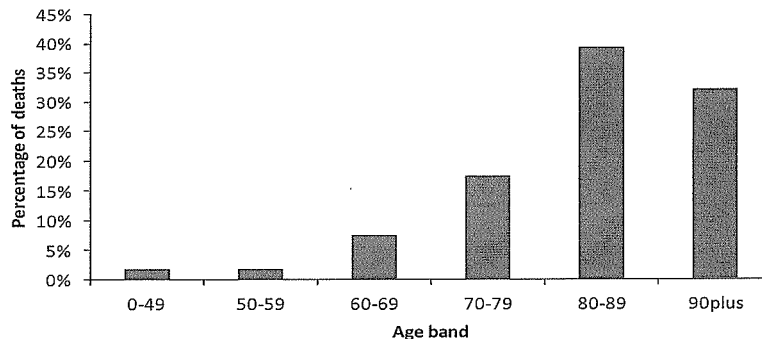
Respiratory Disease in Berkshire West

Respiratory disease includes chronic obstructive pulmonary disease (COPD), emphysema, asthma, and pneumonia. Respiratory diseases are often complex and chronic and have a serious impact on an individual's long-term health. In 2010 there were 396 deaths from all respiratory causes in Berkshire West. As would be expected with this disease spectrum, the highest numbers of respiratory disease deaths occur in older age groups. Of all respiratory deaths in 2010, 49% were due to pneumonia (194 deaths) of which 90% were in the over 75s age group. The number years of life were lost (YLL) due to premature death from a respiratory disease (before 75 years) is primarily lung cancer (23.25 YLL) followed by COPD (6.57 YLL). The overwhelming contribution to respiratory illness and premature death in adults is from smoking.

COPD is used to describe a syndrome of chronic progressive airflow obstruction which is not completely reversible. It is now the preferred term for the conditions with airflow obstruction previously described as chronic bronchitis or emphysema. Smoking predominantly causes it. COPD is rare in people who have never smoked and its prevalence reflects the patterns of smoking in the population. COPD is incurable and to stop smoking remains the only proven means of preventing the deterioration of lung function in individuals with the disease, offering an opportunity to influence prognosis. Targeted rehabilitation programmes, including supported exercise programmes tailored to individual needs, have also been found to lead to improved respiratory function. It is vital to identify these chronic respiratory diseases at the earliest opportunity, when there is the greatest possibility of mitigating their effects through healthy lifestyle interventions, education and rehabilitation. COPD has consistently accounted for around 30% of all respiratory deaths in Berkshire West over the past five years (122 in 2010). The 2010 mortality rate for COPD in Berkshire West shows a fall in the rate and is lower than the rate for England and Wales (25 per 100,000 in England 20 per 100,000 in BW). The majority of deaths due to COPD occur in the older age group which is in line with expected prevalence. The higher the deprivation in an area, the higher the COPD prevalence and mortality.

Age distribution of deaths from respiratory disease in Berkshire West 2008-2010 pooled

Source: Annual District Death Extract ONS



Asthma - There were 24 deaths attributed to asthma in the period 2007 – 2009 in Berkshire West, giving an SMR of 106. Asthma prevalence in the area is slightly below national prevalence (5.9 and 6% respectively as measured by GP registers at March 2010) There were 324 emergency hospital admissions for asthma in the financial year to April 2011; 115 admissions of children, a increase compared with the previous year (99 admissions) and 301 adults, compared with the number the previous year. Increases in common asthma triggers including pollen, sudden temperature variations particularly cold, or respiratory viruses such as the common cold or flu.

What will we do?

Ensure that preventative services are available for older adults, including stop smoking support, healthy eating and weight management services as well as increasing opportunities for physical activity.

Provide supportive, preventative services for all ethnic groups, taking into account where relatively small numbers are increasing.

Tackle deprivation across Berkshire West to decrease the health inequalities gap that exists

Target areas of deprivation with services to tackle healthy lifestyle issues

Bring down child poverty wherever it is shown to exist, using a variety of indices of deprivation

Obesity

The cost to the UK economy of overweight and obesity was estimated at £15.8 billion per year in 2007, including £4.2 billion in costs to the NHS. The Foresight Report in 2007 predicted that if no action were taken 60% of men, 50% of women and 25% of children would be obese by 2050.

The England average of adults estimated to be obese is 24.2% and within Berkshire West the UAs are broadly similar or less: Reading at 21.9%, West Berkshire at 23.7% and Wokingham at 20.2%.

Obesity develops from an accumulation of excess body fat, which occurs when our energy intake from consuming food and drink is greater than the energy we expend through the body's metabolism and physical activity. However the causes of obesity are much more complex than this, relating to a wide variety of societal and behavioural factors. To identify if someone is overweight or obese we use a measure called Body Mass Index or BMI.

Calculating Body Mass Index

In adults you divide weight in kilos by height in meters squared.

E.g. a woman who weighs 65 kilos and is 1.67 meters tall will have a BMI of 23.3 kg/m² (65/ 1.67X1.67)

For adults normal weight is 18.5 -24.9 kg/m², overweight is 25-29.9 kg/m², and obese is over 30 kg/m².

For children special growth charts are used relating to age, as well as weight and height.

Calculate your own BMI use the following website:

<http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx>

Key points

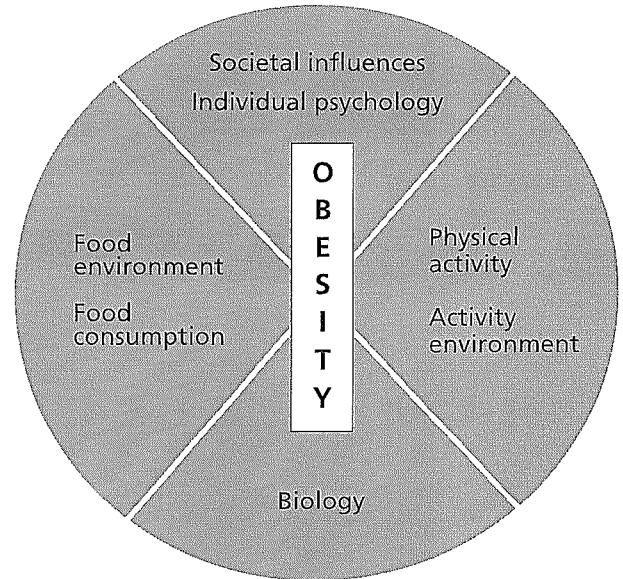
- The cost of obesity to the UK economy was estimated to be £15.8 billion a year in 2007
- Adult obesity levels vary across Berkshire West: Reading – 21.9%, West Berkshire – 23.7%, Wokingham – 20.2%
- Childhood obesity rates are as follows for **year 6 children** (aged 10-11yrs): Reading – 21.6%, West Berkshire – 15.2%, Wokingham – 12.9%
- Childhood obesity rates are as follows for **reception year children** (aged 4-5yrs): Reading – 12.7%, West Berkshire – 7.0%, Wokingham – 7.2%
- NHS Berkshire West works in partnership with Local Authorities to provide services to tackle overweight and obesity

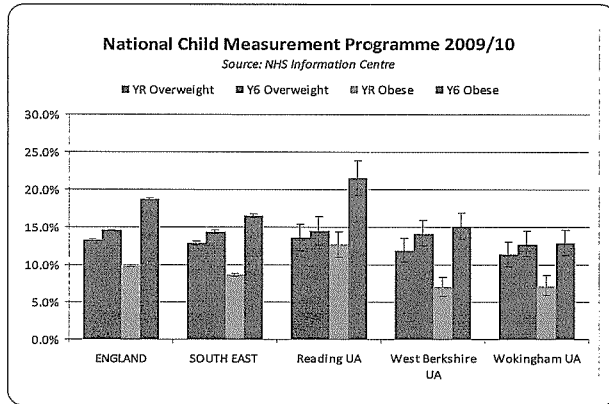
Risks of obesity

Being overweight or obese leads to impaired health and wellbeing and increases the risk of many diseases and conditions, including type 2 diabetes, high blood pressure, coronary heart disease, stroke, some cancers (colorectal and genitourinary, endometrial and breast), liver disease and gall stones. Other conditions that increase with obesity are high cholesterol, osteoarthritis and low back pain, sleep apnoea, erectile dysfunction in men and stress incontinence in women. There are also psychological problems associated with obesity such as stress, low self-esteem, depression and reduced sex drive.

Factors affecting obesity

- **Biology:** an individual's starting point - the influence of genetics and ill health;
- **Activity environment:** the influence of the environment on an individual's activity behaviour, e.g. a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers;
- **Physical Activity:** the type, frequency and intensity of activities an individual carries out, such as cycling vigorously to work every day;
- **Societal influences:** the impact of society, e.g. the influence of the media, education, peer pressure or culture;
- **Individual psychology:** e.g. a person's individual psychological drive for particular foods and consumption patterns, or physical activity patterns or preferences;
- **Food environment:** the influence of the food environment on an individual's food choices, e.g. a decision to eat more fruit and vegetables may be influenced by the availability and quality of fruit and vegetables near home;
- **Food consumption:** the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual's diet.





Obesity in children in Berkshire West

Levels of overweight and obesity in children in West Berkshire and Wokingham compare favourably to the rest of the country, however levels are higher for overweight and obese year 6 children in Reading with 36.2% being either overweight or obese. It is clear from these findings that there needs to be a concerted joint effort to tackle childhood obesity. It continues to be a priority for all public health professionals now and into the future.

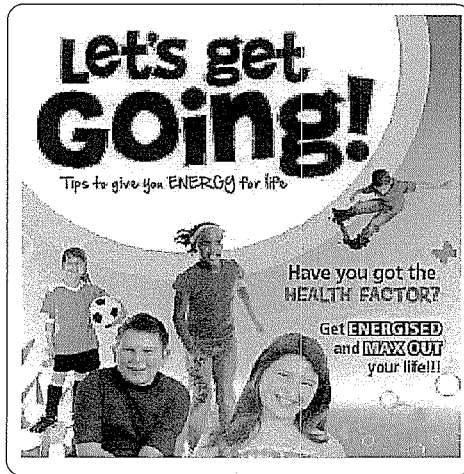
In the 2009/10 National Child Measurement Programme (NCMP), 99% of all eligible children from Reception and 89.2% of Year Six children were measured during the school year. The 2010/11 measurements have been completed and result will be available in early 2012. Each year the Public Health team and School Nurses work together to maintain the number of schools and children participating. By collecting this data, NHS Berkshire West is able to monitor the levels of childhood obesity and target preventative initiatives to meet the local needs.

Lets get Going

This is an exciting new health and well being initiative aimed at 7 to 11 year olds that has been developed by NHS Berkshire West. The pilot course will be launched as an after school club in Reading where trained coaches will work with the children on healthy eating and being more physically active. Parents will be involved in each session, so that the Lets get Going messages become part of the children's lives at home and at school. The course has been developed locally and is an example of partnership working between NHSBW, Reading BC, Schools and Chartwells school meal providers in Reading.

School Nutrition Action Groups (SNAGs)

School Nutrition Action Groups (SNAGs) are alliances of staff, pupils and caterers, supported by a Public Health who work together to review and expand the range of healthy food and drink in schools, increase the uptake of a healthier diet and ensure consistent messages through the curriculum and food service. SNAGs enable children and their families to develop healthy eating habits and make responsible and informed food choices. 10 primary schools in Reading have benefitted from having a SNAG in 2011.



Wokingham

Wokingham has a number of initiatives aimed at helping its residents be more physically active which are proving to be very positive. There are 4 Older people's play parks in key areas of Shinfield, Winnersh, Woodley and Bluebell Meadows with play equipment suitable for adults, positioned near the children's play areas to enable parents and carers to be as active as their children.

The GP Referral Scheme 'Active Wokingham' is being re-launched in January 2012, following a review. The scheme will have user friendly referral forms for GPs and a revised referral process to enable the scheme to run more efficiently. There are currently over 220 patients benefitting from the scheme, many of whom will be enabled to lose weight and feel fitter.

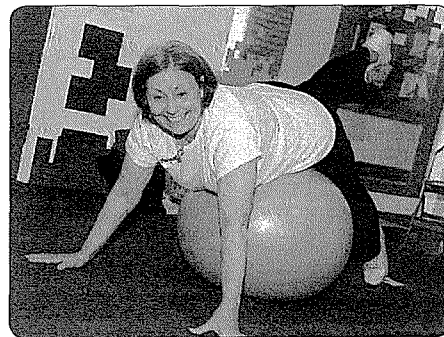
A Cardiovascular Co-ordinator commenced in June 2011 and has initiated the Cardiac Rehabilitation Phase IV programme for Wokingham - 'Active Hearts'. 4 new Cardiac Rehab Phase IV Instructors have been trained and are linking in with the Cardiac team at The Royal Berks Hospital and the Community based Cardiac Rehab team. This scheme will launch in January 2012 at Loddon Valley Leisure Centre and then expand to other leisure centres and community halls within the Wokingham borough.

SHINE

This programme is unique to Wokingham and helps to improve the health and well being of people over 50 through physical activity. The programme - Some Health Improvements Need Exercise is co-ordinated by the Physical Activity Co-ordinator within the Sports Development Unit of Wokingham Borough Council and in June there were 1,372 people registered to the programme. In 2011/12 there have been over 13,000 attendances, helping residents stay fit and healthy and maintain a healthy weight. One participant said "S.H.I.N.E has encouraged me to lose weight and I feel much fitter - I am more confident, slimmer and more active"

Physical activity advice for adults

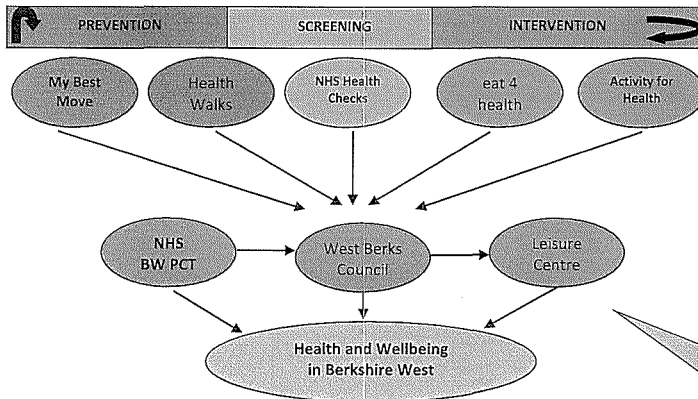
- Try to be moderately physically active on most days of the week
- Make activities you enjoy – such as walking, cycling, swimming, gardening – part of your everyday life. Small everyday changes can make a big difference
- At work, take the stairs instead of the lift and go for a walk at lunchtime.
- Avoid sitting too long in front of the television, computer or playing video games. Be active instead with family or friends
- Try walking to work or to the shops if the journey isn't too long
- If you take the bus, get off at a stop earlier and walk part way.



West Berkshire

Activity 4 Health (A4H) GP Referral scheme is a long-standing scheme that is commissioned by West Berkshire Council as part of their contract with Parkwood Leisure Centre. This is funded through Berkshire Sport DH and Greenham Common Trust until the end of March 2012. Activity for Health also offers specially targeted programmes including *Steady Steps* for falls prevention, *Moving Forward* for people with mental health conditions, *New Hearts* – phase IV cardiac rehab and *Inclusive Fitness* for adults with disabilities. NHSBW and West Berkshire Council are already working together on a collaborative model for health and well being going into 2012 (see diagram below) .

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Let's Get Moving or My Best Move :

This is a pilot project to deliver brief motivational physical activity interventions through General Practice in 6 Surgeries across Newbury and Community. Practice staff have been trained to deliver 20 minute physical activity advice along with screening of patients for activity using the General Practice Physical Activity Questionnaire (GPPAQ). Patients will be advised on the importance of physical activity in relation to their medical condition and then their confidence in becoming more active will be explored. The session concludes with goal setting a physical activity action plan and the patient is then followed up at 4 and 12 weeks. This initiative is open to all patients who are physically inactive and whose medical condition would benefit from becoming more physically active, in particular Practices are encouraged to target patients with Type 2 Diabetes or Hypertension.

Walk 4 Health scheme is now in its 11th year, with over 500 registered walkers and 11 weekly/monthly volunteer led walks across the district. The scheme is run by WBC Countryside service, with management time provided by a Countryside Ranger and admin undertaken by a regular volunteer

Reading

Reading has a wide ranging and successful array of physical activity and wellbeing programmes that contribute to tackling obesity across all age groups.

Children and young people

Under the **Culture and Sports School Offer**, Reading schools are supported to run additional activities to increase health and fitness of the children, including dancing, sport, bikeability, cooking skills and food choices, healthy school challenge

The **“Active Start” Programme** was developed in 2009 to promote greater community access to a range of opportunities in healthy eating, physical activity and well-being for families with children aged 0-5 years. It continues to deliver a number of successful activity schemes and initiatives through Children Centres and increase access for families from Children’s Centre to local leisure services. In 2010/11 there were 2842 visits to family based activities through this scheme.

Sport unlimited aims to increase participation in sport of young people aged 8 to 19 who rarely take part in after school or community based sports provision. The young people are encouraged to complete 8 week courses with a variety of activities such as street dance, golf, football, athletics. In 2010/11 a total 1339 young people engaged and a total of 1171 were retained in the programme

Adults

Pathway GP Referral Scheme. This scheme which has been running since 1993 is commissioned by Reading BC and is a good example of the LA, NHS and leisure providers working together to improve health and well-being and tackle obesity. During 2010/11 a total of 434 referrals were made of which 90 took out memberships with leisure centres, making a commitment to continued activity.

The Healthy Workplace Challenge, running since 2006 is a health and wellbeing programme that promotes physical activity and health to employers in Reading with support from the Culture and Sport Development Team in Reading BC. It provides a way of helping increase activity levels and improve diet, tackling obesity and aiding overall wellbeing. 25 Reading business have taken part including NHSBW.

Reading Walks – community health scheme has run for 5 years and provides volunteer led walks. In total 29 Walk leaders have been trained and new walks started. In 2010/11 243 people participated, walking for 1795 hours.

CTC Cycling Champions Project, has encouraged cycling in Reading as a sustainable answer to transport and physical activity and continues to increase in popularity and size. More people are becoming and staying active through cycling. The project supports Bike Week each year and now has a bike club - <http://bikedub.org.uk/>



Adult Weight Management programmes in Berkshire West

Weight management in Berkshire West is planned and commissioned using a tiered approach based on an Obesity Care Pathway

Tier 1 services include much of the work done in the local authorities around enabling people to be more physically active e.g. health walks, cycling, sport and raising awareness of healthy eating. This is a population approach aimed at preventing obesity and helping people to maintain a healthy weight.

Tier 2 services are aimed at helping individuals who are already obese – ie. have a BMI > 30kg/m². This includes:

* one to one interventions in a selected number of GP practices, carried out by a trained Practice Nurse

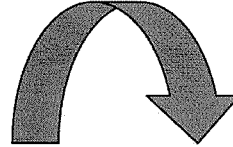
* **Weight no Longer** are group sessions delivered by community dietitians in community venues. In 09-11 a total of 174 patients attended courses with 35% losing 5% of body weight and thus decreasing their risk of CVD and diabetes.

* **Eat4Health** is a highly successful community based group intervention developed by NHSBW. It runs in leisure centres and some selected GP practices with patients being referred from their GP or self referring. A drop-in course is also now running at Broad Street Mall. **Eat4Health** is a 10 week course of weekly 90 minute sessions. Each session has a 45 minute physical activity component and topics covered include: weights & measurements, behavior change strategies, general healthy eating advice, goals & rewards, general physical activity advice, external and internal triggers, fats and sugars, food labeling, eating out, take aways and drinks. Eat4Health has targeted hard to reach groups including men only, BME groups, people in areas of high health need in South Reading and people with learning disabilities. During 2011 over 500 people have tried to lose weight with Eat4Health. 33% lost 4-5% of their body weight and 59% decreasing their BP.

Tier 3 services are aimed at those with a higher BMI of 30-45 kg/m² and co-morbidities, such as diabetes. This is a multi-disciplinary intervention offered in Primary Care called Barometer and involves input from a GP, dietitian, physical activity specialist and an expert patient

A **Tier 4 service** is available for those who are morbidly obese with a BMI > 45 kg/m². This is a limited service consisting of a specialist team and bariatric surgery which is commissioned on a South Central basis and provided by the RBFT.

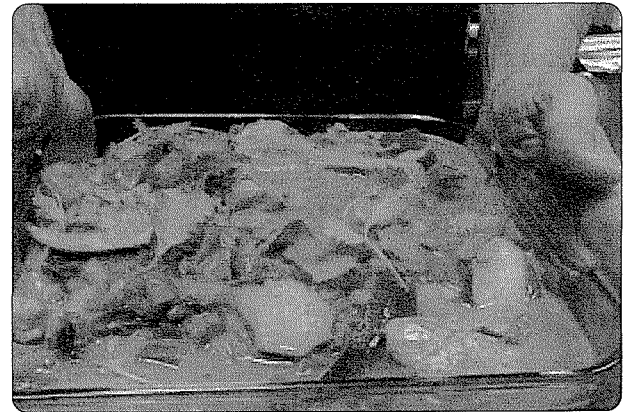




At the annual *Feel Good Fortnight* event in West Berkshire children take part in a cooking skills competition, learning how to cook tasty, attractive food with a healthy focus. Another popular *Feel Good Fortnight* occurrence is the Chefs Challenge, a healthy cooking competition held in the Newbury market square where chefs from West Berkshire restaurants and pubs show their skills in producing a 2 course meal that tastes and looks fabulous but is not loaded with calories, fat and sugar.

Healthy eating advice for adults:

- Base meals on starchy foods e.g. potatoes, bread, rice and pasta, choose wholegrain where possible
- Eat plenty of fibre-rich foods e.g. oats, beans/peas, lentils, grains, seeds, fruit and veg, plus wholegrain bread, brown rice and pasta
- Eat at least five portions of fruit and vegetables a day in place of foods higher in fat and calories
- Eat a low-fat diet - avoid increasing your fat and/or calorie intake
- Eat as little as possible of fried foods plus drinks and food high in sugar. Don't eat too many take-aways and fast food meals
- Eat breakfast every day
- Watch your portion sizes and how often you are eating.
- Avoid taking in too many calories in the form of alcohol



One of the many tempting healthy recipes in the Eat 4 Health Cookbook developed in partnership with Reading Borough Council and New Directions to support those who have completed an Eat 4 Health course.

What will we do?

Develop integrated pathways in all 3 Local Authorities that identify people at risk due to overweight and obesity and guides them to a variety of healthy eating, weight management and physical activity interventions.

Target hard to reach groups and deprived communities with weight management interventions, utilising Health Trainers and Community development workers.

Continue to tackle childhood obesity through joint working , investing in School Nutrition Action Groups and Lets Get Going.

Recognising the complexity of factors affecting obesity, continue close partnership working across all agencies and organisations to tackle overweight and obesity

Raise awareness of the importance of being a healthy weight through community events such as Feel Good Fortnight and local community festivals.

Diabetes

There are an estimated 2.6 million people with diagnosed diabetes in the UK and possibly another half a million with undiagnosed disease [Diabetes UK, 2010]. In Berkshire West, in 2009/10 there were 15,615 people over 17 years of age on a GP diabetes register and many more are estimated to have diabetes but are undiagnosed. According to the most used prevalence model (APHO) there may be over 6,500 people with undiagnosed diabetes in Berkshire West.

Diabetes is characterised by a raised blood sugar and the two main types are Type I [10-15%] which mainly occurs in children and younger people, and Type II [85-90%] which starts in older adults. Type II Diabetes is increasing mainly due to rising levels of obesity and an ageing population. Diabetes is a major cause of ill health and premature mortality, due to complications such as heart attacks, stroke, peripheral vascular disease, eye disease and kidney disease. Approximately 3/4 patients with diabetes develop cardiovascular disease, putting a huge burden on health and social services.

South Asian and Black people are at greater risk of type II diabetes, with cases occurring from the age of 25, compared to from 40 years in the general population (Diabetes UK). Diabetes is more common in deprived populations and Type II diabetes is also increasing in children and adolescents associated with increased obesity rates.

factors associated with developing diabetes that are modifiable including obesity, low levels of physical activity and poor diet and nutrition. Obesity accounts for 47% of diabetes in England. In women, a 10kg weight increase results in a 3 fold increase of developing diabetes.

Prevention

The development of diabetes depends on many factors including family history, age and ethnicity, as well as modifiable factors. The prevention of type II diabetes is well addressed in Berkshire West with services available to help people be more physically active, eat a healthy diet, achieve and maintain a healthy weight and decrease alcohol consumption. The other chapters in this annual report give details of services in each locality.

Early identification

The NHS Health Checks Programme includes a random blood glucose check which if high can be followed up with more specific tests to identify diabetes in the GP practice. Over 7000 checks were performed on 40-74 year olds in 2010/11. GP practices also target high risk individuals and test for diabetes including specific BME groups and those with a BMI > 30kg/m².

Care for people with diabetes including self management

Effective control of blood glucose and blood pressure are known to help prevent the development and slow the progression of serious complications of diabetes. In Berkshire West most patients with diabetes are managed in GP practices with the emphasis being firmly on improving care in the community so people are better able to manage their condition reducing the need to attend hospital, on keeping patients out of hospital, developing more community based clinics and using the skills of Diabetes Specialist Nurses.

Education

People newly diagnosed with Type II diabetes attend a local education programme called **HEIDI** - Health Education in Diabetes for the Individual. In 2009, 56% or 440 people of all those newly diagnosed attended HEIDI. During 2010/11 a new patient education programme was also developed for existing patients with type II diabetes [within the first 5yrs of diagnosis] to increase access. The programme provided sessions for 1000 people in 2010/11. Work continues to provide information in different languages for BME groups including special educational sessions held during Ramadan period to advocate best practice during this fasting season.

Weight Management

Acknowledging the link between obesity and diabetes has prompted NHS Berkshire West to pilot a specialist weight management service designed by a local GP in Reading called **Barometer**, targeting people who have diabetes and need specialist support to lose weight. Following favourable results **Barometer** was rolled out to West Berkshire in 2010/11. High risk groups such as Asians and Afro-Caribbean patients are also targeted. A multidisciplinary approach is used where GPs, Dietitians and Physical Activity Specialists work as a team to help these patients to lose weight and maintain a healthy weight to improve their diabetes management.

All newly diagnosed patients with diabetes are seen by a Dietitian to help them understand how eating a healthy diet and maintaining a healthy weight helps them to better manage their diabetes.

Diabetic Eye screening and Foot care

The importance of caring for feet and eyes is a crucial element of diabetes care. Berkshire West commissions a diabetic eye screening service across Berkshire which provides annual screening for all eligible diabetic patients in GP practices. Uptake of screening reached the national standard of 70% in 2010/11, with 100% of patients being offered an appointment. Those who need treatment are referred to the RBFT Hospital Eye Service. A comprehensive diabetic foot care service is commissioned and all newly diagnosed diabetics have an initial assessment with a Podiatrist and are recalled by their GP surgery for annual foot screening. A consultant led Diabetic Foot Clinic is held at RBHFT for those that need specialist treatment.

People with diabetes are much more likely to suffer from depression. A scheme to offer Cognitive Behavioural Therapy (CBT) to newly diagnosed diabetics through the IAPT team (Increasing Access to Psychological Therapies) was piloted in 2010, funded by South Central SHA. The study showed that incorporating CBT into patient education improves the adoption of healthy behaviours leading to improved physical outcomes such as blood glucose, weight or a decrease in complications.

What will we do?

- We will move to provide the vast majority of outpatient appointments from the hospital to a community setting, aiming for a 70% reduction that can be maintained into the future, helping to provide care closer to patient's home.
- We will increase support for patients in Primary Care and re-model community services .
- We will enhance the provision of education for patients to improve self management and better control
- We will reduce variation in quality of care, drug prescriptions and referrals to secondary care through recruitment of new Diabetes Specialist Nurses, developing their close working relationships with primary care and acute sectors.
- We will further explore how to proactively diagnose early diabetes or 'pre-diabetes'. This would also involve offering further screening and active lifestyle interventions for high risk groups.

Alcohol

Throughout history alcohol has been used as a form of recreation and enjoyment. Alcohol is a legal substance used by many and accepted as part of British social culture. The vast majority of people in the UK, drink alcohol and on the whole they do so by adhering to safe recommended limits causing no ill effects to themselves or to others. It is the misuse of alcohol that makes it a public health concern. There is increased concern about the damage caused by excessive drinking to individuals, communities and society as a whole.

There are many contributory factors that have led to increased costs and the associated societal and health ill-effects, such as:

- There has been an increase in the number of licensed premises and their opening hours, which promotes greater access.
- The average strength of beer and wine has been increasing.
- The way we drink is also changing, with more alcohol being bought from off-licences and consumed at home.
- In recent years many households disposable income has increased and alcohol is more affordable.

All eyes are on Scotland where they have introduced a minimum price of 45p per unit of alcohol on November 1st 2011

Key Points

- Drinking alcohol above the recommended guidelines directly impacts on health; people are at increased risk of liver disease, cancer, stroke and heart disease. In addition, alcohol is involved in a wide range of other social and health issues.
- The biggest challenge for the NHS continues to be effective communication about the serious health impacts of regularly drinking above the recommended guidelines, a level of drinking which is usually socially acceptable.
- For the period 2002 to 2008 there was an increase in Alcohol related Hospital Admissions (ARHA) nationally, regionally and for each local authority in Berkshire West. Except for Reading where the sharp increase year on year from 2004 led to the figure surpassing the regional average. Locally hospital admissions are well below the national and regional average.
- A reduction in the rate of increase in Reading was seen in 2008 and this supports Berkshire West's position of ranking within the top three PCTs in the country with the lowest rate of alcohol attributable and specific hospital admissions.
- NHS Berkshire West has an effective partnership process for commissioning and performance management of commissioned services. Representatives from NHS Berkshire West are members of Community Safety Partnerships and Alcohol and Drug Strategy Groups across the three Berkshire West Unitaries.

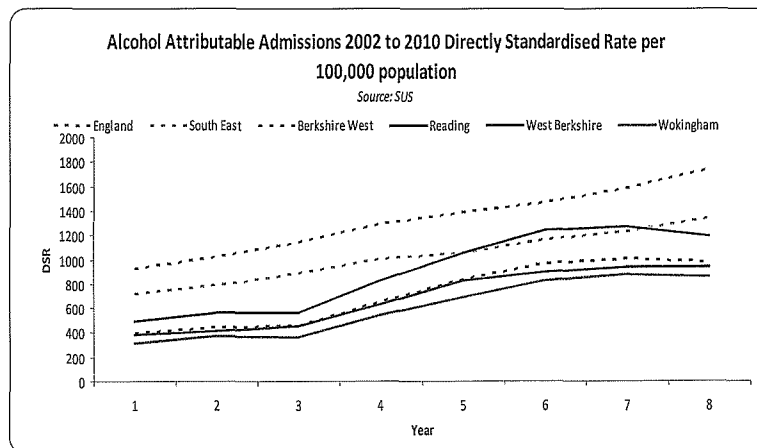
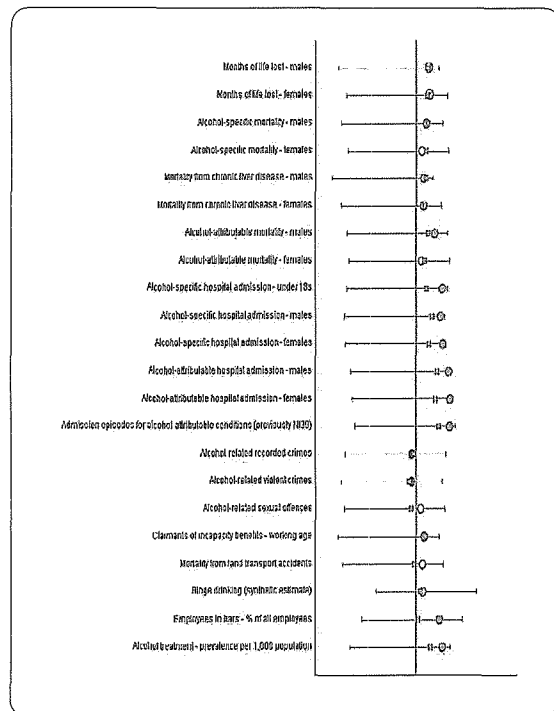
NHS Berkshire West Performance

In the past 60 years the average intake of alcohol per person in the UK has risen steadily, from 5 litres a year in 1950s to over 11 litres a year in 2007. This could account for the increase in Alcohol related Hospital Admissions (ARHA) nationally, regionally and for each local authority in Berkshire West during the period 2002 to 2008. Figure (number) demonstrates that hospital admissions were and are still well below the national and regional average, except for Reading where the sharp increase year on year from 2004 led to the figure surpassing the regional average. A reduction in the rate of increase in Reading was seen in 2008 and this supports Berkshire West's position of ranking within the top three PCTs in the country with the lowest rate of alcohol attributable and specific hospital admissions. Figure (number) shows when compared to England and Regional averages whether NHS

Indicator	Measure	National Rank	Regional average
Months of Life Lost - males	7.3	27	7.3
Months of life lost - females	3.3	25	3.4
Alcohol specific mortality males	9.9	39	9.4
Alcohol specific mortality females	5.2	55	4.6
Mortality from chronic liver disease males	10.8	40	9.9
% % , %	5.7	42	5.5
% %	26.4	12	29.8
% %	13.6	58	13.0
	26.2	6	47.5
	205.0	3	283.6
	93.2	3	153.5
% ,	862.8	2	1052.8
% ,	473.2	2	609.0
Admission episodes for alcohol attributable conditions	974.5	2	1222.5
Alcohol related recorded crimes	8.1	91	7.9
Alcohol related recorded violent crimes	5.9	97	6.1
Alcohol related recorded sexual offences	0.1	61	0.1
Mortality from land transport accidents	1.3	64	1.6
Binge drinking estimates	17.8	47	18.6
Employees in bars - % of all employees	1.4	26	2.0
% , % , %	0.8	2	1.8
% , % % , % % % % % % , , , , % ,			
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Berkshire West population is statistically significantly better (green) or worse (red). As demonstrated in the 2011 Local Alcohol Profiles in England report "Alcohol related recorded and violent crimes" are the only two indicators where Berkshire West performs significantly worse than other areas. Within Berkshire West this is reflected only in Reading's specific LAPE. Table (number) below shows Berkshire West's measure for each indicator, as well as the regional and England averages for comparison purposes.

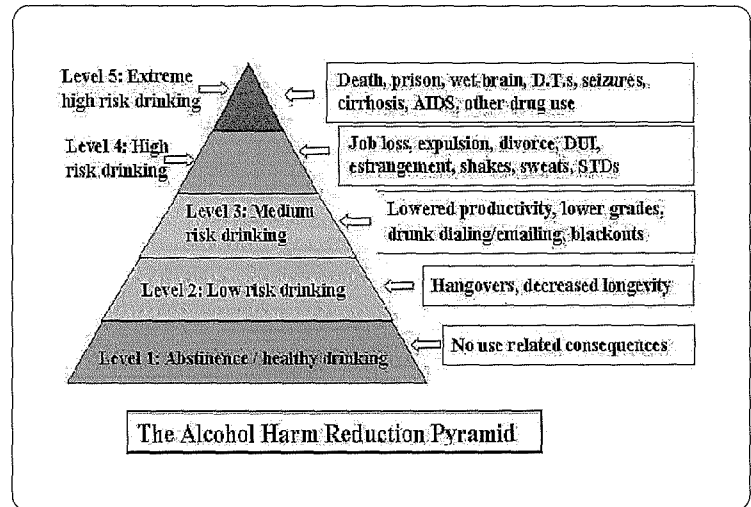
Berkshire West Local Alcohol Profiles England (LAPE) 2011



Commissioning for Recovery Berkshire West Alcohol Harm Reduction Strategy

People engage in heavy drinking because they perceive a benefit from doing so. What harm reduction asks people to do is to weigh the benefits of heavy drinking against the risks and to find a reasonable compromise which they can live with. A Berkshire West Alcohol Harm Reduction Strategy was developed in partnership on behalf of all the agencies and organisations that are involved in decreasing the harm caused by alcohol in our society. The 4 main objectives are as follows:

1. To provide alcohol treatment services for people who have mild, moderate or severe alcohol dependence in an appropriate and timely fashion
2. To reduce long term alcohol related health issues through increasing awareness of the dangers of excess alcohol consumption and how to drink responsibly
3. To decrease drunken behaviour and the associated alcohol-fuelled anti-social behaviour and violent crime
4. To decrease the sale of alcohol to under 18's by licensed and non-licensed retailers



Service User (S F) West Berkshire Case Study of how Alcohol affected her life and how she has managed to recover with the support of local commissioned services.

I was working in the pub trade as a licensee. Life was good, a job I loved, smart car, nice clothes, great working and social life, and a nice home and lovely children who were doing well, except I worked hard and played hard and drank too much.

Then I was diagnosed with breast cancer and within 24 hours my life had been turned upside down, everything stopped, I was fighting for my life. I could no longer do my job my wages went down; my bills equalled my wages so financially I was in a mess.

I hit the bottle hard daily. All I wanted was oblivion. I'd reduced myself from somebody who could run a hotel and pub seven deep at the bar on Hennessy Gold cup day, to some one who couldn't cross a road on her own.

When I first went to Turning Point, I thought my life was ending, but it was just beginning. They saw me the same day. Right from the first one to one meeting, I was given hope that I could get well and for the first time in my life I did what I was told. I attended every group offered to me, I also attended AA all of which was alien to my alcoholic mind but I wouldn't give in. I've fought back with the same inner determination that fought cancer.

I've been sober since Jan 2nd 2011, with a lapse of 1 night at the 3 month mark after another cancer scare. I'm fit and well and most importantly sober. I'm now helping with Turning Points 'e-nuf' group which has boosted my self esteem and I'm a service user representative which I am enjoying. I now think I may be able to work again something I once thought I'd never be able to do. Turning Point does exactly what it says on the label, they save lives and turn lives around.

Risk	Men	Women
Lower Risk (within recommended limits)	No more than 3 to 4 units per day on a regular basis	No more than 2 to 3 units per day on a regular basis
Increased Risk	4 or more units per day on a regular basis	3 or more units per day on a regular basis
Higher Risk	More than 50 units per week	More than 35 units per week
Binge Drinking	8 units or more in one episode Generally understood to be drinking to get drunk	6 units or more in one episode

Alcohol drinkers should have two alcohol free days a week.

Berkshire West Alcohol Recovery Service Model

For every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs.

Young People Services

Provide a wide range of specialist services and innovative projects aiming to meet the 'real' need of young people, helping them to make informed and responsible choices.

Tier 2 Alcohol Services can help people who:

Have less severe or less enduring drinking problems

May be unsure whether their alcohol use is problematic

Are likely to respond well to less intensive and specialist forms of help such as the provision of advice, information and other forms of brief intervention

May need assistance in accessing more specialist forms of help

Tier 3 these services are for people where alcohol problems require more intensive attention; people can access a range of tier 3 community based services including:

individual therapies, group therapy, specialist prescribing, medically assisted home detoxification, assessment for residential rehabilitation ('tier 4')

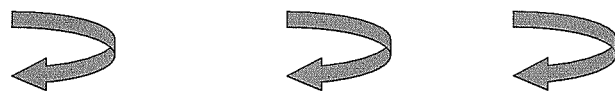
Including Structured Day Care

These services deliver a structured day programme offering the opportunity to enable people to focus on addressing their issues, and improving their lives whilst staying in the community.

Tier 4 Tier 4 alcohol treatment services function to withdraw alcohol use and stabilise abstinence.

As defined by Models of Care, Tier 4 is comprised of inpatient detoxification and residential rehabilitation although aftercare is closely associated with Tier 4 service provisions.

Tier 1. Screening and brief interventions are generally provided by GPs, Primary Care Trusts and other non-specialist agencies.



Working towards Recovery

In 2011 Tier 2 services were provided by Turning Point for West Berkshire, KCA for Wokingham and CRI for Reading.

In 2011, Tier 3 services were provided by KCA for the whole of Berkshire West

In 2011, Structured Day Care services were provided by Turning Point for West Berkshire, KCA for Wokingham and Cranstoun for Reading

In 2011 in-patient detox beds were provided by BHFT and community detox by KCA for the whole of Berkshire West

Crime and Anti Social Behaviour Related to Alcohol

As demonstrated in the 2011 Local Alcohol Profiles in England report, alcohol is considered a major contributory factor for many recorded crimes, in particular violence against persons, Community Safety Partnership conduct an annual strategic assessment of crime, disorder and substance misuse to inform partnership working in their locality. Alcohol has been identified in a number of Strategic Assessments as being a contributing factor to crime and disorder and a significant issue that requires a multi agency response. However, table below demonstrates successful reductions in the numbers of wounding and criminal damage over the last 8 years and the initiatives Reading have implemented to address their specific nightlife challenges.

Thames Valley Probation Offender team recently conducted an audit of their caseload. A finding of this audit, highlighted alcohol was recorded as linked to offending for 50% of the men and women offenders.

Assault and other violent offences are the most prevalent crime being committed by offenders on probation caseload. Violent offenders are more likely to have an identified problem alcohol use. 53% of offenders identified as posing a high risk of serious harm to others were assessed as having an alcohol problem.

Offenders with a high proven reconviction rate are more likely to have drugs (71%) and alcohol (68%) problems, be out of work (85%), have chaotic lifestyle (90%) and to have problems with their accommodation (67%). These offenders also more likely have committed acquisitive Crimes. This need is consistent with previous years and supports the health profile record of crime in Reading being an issue in Berkshire West.

Table. Interventions introduced to reduce alcohol related crime in Reading

Reading	2002	2003	2004	2005	2006	2007	2008	2009	2010
Wounding	402	521	461	381	365	410	343	395	303
Criminal Damage	272	286	294	293	279	248	244	212	173
Examples of Interventions	Night Buses introduced (2001) Urlift Street toilets installed	Enhanced A to private systems Street wardens introduced	Banned from 4 2 from all regime implemented 2 27 awareness initiatives	Door staff training introduced Anti begging strategy implemented	Taxi Marshalls launched A&E data requirements agreed	Reading Pubwatch wins National Pubwatch of the year 4 Police Community Support Officers employed	4 , 418 8 4. 3 campaign launched	Street pastors introduced Doorwatch launched	Strategic 27 , 2 387 827 7 case management meetings launched

Interventions to reduce alcohol related crime in West Berkshire

“Operation Folk” is a night-time economy operation aiming to reduce assaults and alcohol related crime incidents by focussing on weekend alcohol related activity. During the early evening, high visibility patrols are conducted at certain locations such as bus station, taxi ranks and by foot patrols liaising with Door staff and premise licence holders, they inform the revellers of who the team on duty are and gauge the atmosphere. If anyone starts to show drunken or aggressive behaviour they are issued with Section 27 notices to leave the vicinity for up to 48 hours. Later at night more officers are put onto the street to give a high visible presence and deal robustly with any incidents or by intervening before the incident starts. Figures show that over the past 2 years incidents have reduced by 18% for assaults of less serious injury, 20% for ABHs and 30% for public order offences. However, due to the early intervention and increased police presence drunk and disorderly incidents have increased.

Impact of Alcohol on Families

It is estimated that 2.6 million children live with parents who are hazardous drinkers and around 33,000 adults, who are in treatment for alcohol problems, also have parental responsibilities in the UK today. Children who live with parents with drink problems are at increased risk of depression, anxiety and increased anger. In the UK, 21,955 young people accessed specialist substance misuse services in 2010-11. The majority of young people accessing specialist services did so with problems for cannabis (58%) or alcohol (32%); as their primary substance.

“Turning Point” is commissioned to provide alcohol services in West Berkshire. They recently reported that nearly half (5,326) of people who used Turning Point’s alcohol treatment services across the country last year, were parents.

The average alcohol consumption of these parents was to 3 bottles of wine or up to 15 pints of beer a day. A total of 3,395 children lived with these service users, including extended family members.

A snapshot survey of 100 parents currently using Turning Point’s alcohol treatment services also found that:

- More than 4 in 5 (83percent) worried their drinking impacted on their children.
- More than half (55percent) believed it had led to increased anger, anxiety and depression in their children
- More than a quarter of (27percent) parents felt their drinking increased the risk of anti-social behaviour in their children and undermined their chances of academic and work success (28percent).
- Nearly a third (32percent) said their children had been forced into taking on the role of carer in the family.
- More than a quarter (26percent) said at some point they have seen their child/children as the reason for drinking

A separate poll, commissioned by Turning Point, of more than 1,000 people countrywide found that:

- Nearly a quarter of parents are concerned about their own drinking, on a scale from slightly to very concerned.
- More than half (52percent) had allowed their children to drink. Of these, more than three quarters (77percent) let their children aged under 16 consume alcohol.
- A total of 6 percent allowed their children aged 10 and under to drink alcohol.
- Nearly a quarter (24percent) of parents had been drunk in front of their children.

Wokingham Breaking the Cycle

Wokingham Children's Services have recently commissioned "Addaction" to run a service which works intensively with families where drug/alcohol use is a major issue.

The ethos is driven by the fact that addiction doesn't just affect individuals but also causes pain and problems for family and children.

There is evidence of intergenerational transfer and parental addiction is a common factor when children are taken into care.

Breaking the Cycle provides an individually designed care package which takes into account the needs of the whole family. The package helps parents improve their parenting skills, improve communication between parents and children and refer families to specialist services. When this project was piloted 81% of parents had stabilised, reduced or stopped highly problematic substance use as well as 81.7% reducing their involvement in harmful behaviours

Reading Parental Substance Misuse Service

The PSMS works in addition to Children Services where there is parental substance misuse. Key areas of work undertaken:

Triage & Assessment – this is where one or both of the parents have only just admitted drug or alcohol use and would like some support: accessing mainstream services, group work sessions and parenting groups, referral for 1:1 support for those who cannot be seen by mainstream services e.g. aftercare sessions for those who have completed treatment but would like further support and children are under protection plans.

Training is also provided with the following objectives:

To provide participants with knowledge and skills to meet the needs of children affected by parental alcohol misuse;

1. using the concept of resilience as a guide toward providing support
2. so that children are prioritised and family function improves; using the realistic approach of *Protective parenting* as a guide towards this.

To enable practitioners to work with clients who are parents and whole families in an engaging way that increases motivation for change, building on existing strengths and resources.

To provide participants with knowledge and skills in relation to safety and risk assessment in problem-drinking family environments, so that children are better protected from harm.

Wokingham Supported Employment Service This service offers individual support packages for vulnerable people seeking employment, including those with drug/alcohol issues. As well as 1:1 support, weekly job club, job searching, interview skills practice, careers CV advice, education and volunteering opportunities the service also offers mediation to keep those who are working but whose work is being affected by their addiction in employment. Relationships have been built up with a number of blue chip organisations, where previous service users have run training and a skills bank has been set up where employers are now contacting Supported Employment Service directly when they have vacancies. A number of substance disorder clients who started out volunteering at organisations such as Cable & Wireless who are now in paid employment there.

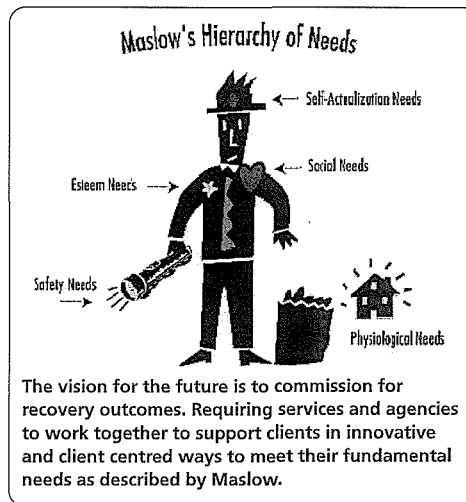
Wokingham Cycle Recycle A new initiative planned for Wokingham. KCA Horizon will replicate a social enterprise they developed which has proven to be very successful in Thanet. The scheme will provide a bridge for those people successfully completing treatment for drug/alcohol misuse by offering a six month work placement where they will practice skills which can then be transferred into the workplace.

The scheme will be developed within the substance misuse area but will reach out to all sections of the community thereby normalising substance misuse clients. The service will include the sale of refurbished bicycles at affordable prices, low cost bicycle service, sale of refurbished spares, restorations, basic maintenance classes, etc. The service will involve developing skills across all business areas, e.g. customer services, marketing as well as manual skills.

St Mungo's was commissioned by Reading Borough Council to manage the outreach service since 2008. In 2010 the team expanded to include a Move on Worker, whose can assist a client's move out of hostels and into other suitable, more independent accommodation.

They work alongside agencies, such as local authority and private sector housing, health and public safety and enforcement teams, analysing client need, street activity and available resources to develop street strategies. They also work in partnership with services to find and support clients who are street homeless, and refer them into the most appropriate accommodation, where they can continue to be supported around their complex issues.

Alana House in Reading Alana House is one of Parent and Children Together (PACT) projects funded by the Ministry of Justice and support women who are experiencing problems in Reading. The centre is primarily operated by PACT support workers who identify needs and formulate a support plan for individual women. PACT staff offer one-to-one support, outreach (including in the home) and signposting to other agencies. Numerous local agencies including RAHAB, New Directions and Thames Valley Probation support the centre and complement the work undertaken by PACT, all based at the centre. Amongst other things, this services include financial management and dept support Education and training classes.



Quotes from West Berkshire E-nuf Service User RP

I am now involved with the E-nuf group, it will be a pleasure to be able to help out in any way I can as I have been given so much and would like to show my gratitude. I would like to say what a huge impact Turning Point as a whole has had on my life. Everybody here is always kind and respectful and it's a wonderful service"

What will we do?

The response to the increasing numbers of those people who have mild, moderate or severe alcohol dependence in NHS Berkshire West has five elements:

- Treatment:** Develop treatment services to help people reduce their alcohol consumption to low risk levels or to give up alcohol.
- Prevention:** Develop awareness of the dangers of excess alcohol consumption and how to drink responsibly and at low risk levels.
- Environment:** Develop an environment where it is 'OK to say No I don't drink' or to refuse to drink in excess without being pressurised to do so, to promote enjoyment and healthy lifestyle choices.
- Adaptation:** Ensuring that existing services are able to respond to the needs of the population who drink at increasing risk or high-risk levels or who have become alcohol dependent.
- Recovery:** The partnership will work with people who want to take the necessary steps to tackle their dependency on alcohol and will offer a route out of dependence by putting the goal of recovery at the heart of all we do.