

Equalities Monitoring – Services

Public Health

Annual Report – 2015-2016



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1. Introduction

The purpose of equalities monitoring is to ensure that the council is providing a fair and equitable service to all residents. This report looks at outcomes for people through services commissioned by the Public Health team.

Public health is a statutory function of local government.

The functions of Public Health can be grouped under three domains: health protection (action against communicable and non-communicable diseases including environmental hazards), health improvement (wide ranging action to improve health and wellbeing and reduce health inequalities) and health services (service planning, commissioning and development).

The variety of functions and the broad influence of public health means that many functions are delivered in partnership with other agencies and sectors as well as through services commissioned by the Public Health team.

Definitions of good outcomes for local people differ depending on the purpose of the commissioned service. Services are commissioned based on evidence of need and can be **universal** (for example, the health visiting service is available to all families with a child aged 5 years and under) and/or **targeted** (for example, the falls prevention service is targeted at people aged 65 years and over who are more likely to experience a fall than the general population).

Outcomes have been analysed in relation to the following equality groups (where this data is available):

- Age
- Sex
- Race and Ethnicity
- Disability
- Pregnancy/maternity
- Marriage/civil partnership
- Religion/belief
- Sexual orientation

Equalities Impact Screening documents also assess impact on a range of other individuals and characteristics where deemed appropriate during the procurement process for these services.

We will give consideration to the best ways in the future to collect currently unavailable data for the protected characteristics.

2. Services for Children and Young People

Kooth

Description

It is estimated that at least **one** in four people will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any one time. Half of those with lifetime mental health problems first experience symptoms by the age

of 14, and three-quarters before their mid-20s. ([Children & Young People's Health Outcomes Forum, 2013](#)).

Kooth.com is a confidential and anonymous online mental health support and counselling service for young people aged 11 – 18 years. It was commissioned as a pilot during 2015/16 and the contract has been extended until 30 September 2016.

The service has been promoted primarily via secondary schools and GP practices.

Young people can self-refer to Kooth and may be signposted by a key adult, such as a teacher or other professional. Young people engage with the service via the website which offers a range of sources of support (peer discussion forums, online chat and messaging with a counsellor, contracted counselling sessions, self-help resources and information). Young people can access a counsellor seven days a week, between midday and 10pm weekdays and 6pm – 10pm at weekends.

The published evidence for online counselling shows that it has a similar therapeutic effect size to traditional face-to-face counselling as well as offering an alternative, digital solution that was likely to be attractive to the target group.

Outcomes

Improving the mental health and wellbeing of children and young people is a key priority for Bracknell Forest. The service exists to: help reduce the ever-increasing demand upon the local Child & Adolescent Mental Health Service (CAMHS); help reduce the increasing number of referrals that lead to long waits for assessment and treatment; and through offering support at an early stage, reduce the risk of young people's mental health concerns escalating into more serious problems.

Performance

The conclusions drawn from the data presented below need to be treated with caution, as there are likely to be a range of factors affecting the data. For example, the choices schools make about which groups of pupils they signpost to Kooth; the nature of young people's concerns which dictate how they use the service; the impact of "word of mouth" in promoting the service; the attitudes of professionals in promoting the service, etc.

The anonymous nature of the service and the fact that young people are unlikely to complete detailed demographic data online, means that we currently only have limited equalities data. We therefore need to work with the provider to seek new appropriate ways to more accurately assess the impact of the service on specific groups.

Summary data for 2015/16 shows that

- Levels of satisfaction are consistently high (4.5/5 or above).
- 650 young people registered with the service, and used a total of 2,040 hrs of counselling time.
- An average of 117 young people actively used Kooth each month (Active users are defined as those who made return visits to the site).
- As at end March 2016, around 47 young people were in contracted counselling.
- 207 young people engaged in "drop-in" (short duration, non-contracted) counselling (an average of 17 per month)
- Over 900 messages were received by counsellors.
- Young people made good use of the self-help parts of the service, with 1925 visits to a peer discussion forum, 3715 visits to the online magazine, 472 downloads of the CBT-based activity sheets and 546 visits to the online journal.

- Four detailed case studies of Bracknell Forest young people highlight that the service is professional and non-judgemental in its approaches, is sensitive to the needs of young people in distress and enables them to express their feelings. Case studies also demonstrate clinical improvement in mental health scores (YP-Core).
- We are particularly encouraged by the service integration work being done with looked after children, the Pupil Referral Unit, young carers and the Youth Offending Service as these young people are likely to be at higher risk than their peers of experiencing mental health problems

Age

Age	New Registrations No.	%	Active Users No.	Active User (Average) %
11	115	17.7	217	15.2
12	132	20.3	293	20.5
13	84	12.9	197	13.8
14	91	14.0	197	13.8
15	83	12.8	175	12.3
16	76	11.7	171	12.0
17	43	6.6	114	8.0
18	26	4.0	64	4.5
Total	650	100.0	1428	100.0

The highest number of new registrations and the highest proportions of active users of Kooth are in the 11 – 12 year age bracket. Whilst young people of any age may wish to seek support with their emotional health and wellbeing, we know that the transition to secondary school can be especially difficult. The data reflects a particular effort in one secondary school to encourage their year 7 pupils to register with Kooth, although other factors are also likely to have influenced the data.

Sex

Sex	New Registrations No.	New Registrations %	Chat Counselling Sessions No.	Chat Counselling Users (Monthly Average No.)
Male	187	29%	40	2.5
Female	463	71%	280	14.8
	650	100.0	320	17.3

The Kooth service asks young people to 'choose the gender that you most identify with' - so does not capture numbers of those who choose to identify with the gender they were not assigned at birth.

The data shows that the majority of new registrations and those who go on to take part in chat counselling sessions identify themselves as female. This is in line with other areas where an online counselling service is provided and wider evidence that females in general are more likely to seek health advice and support than males.

Race and Ethnicity

The majority of new registrations in the year (80% n = 515) were by young people who described themselves as White British. Young people from other ethnic groups made up 15% (n = 99) of new registrations which is in line with the Bracknell Forest general population.

Health Visiting

Description

From 1st October 2015, responsibility for commissioning the universal health visiting service transferred to the council from the NHS. The council commissions Berkshire Healthcare NHS Foundation Trust to provide the health visiting service for 0–5 years. The service follows the “4-5-6” model with four levels of service (universal, universal plus, universal partnership plus and community); five mandated elements (antenatal review, new birth visit, 6-8 weeks review, 1 year review and 2–2.5yr review); and six high impact areas (transition to parenthood and the early weeks, maternal mental health, breastfeeding, healthy weight, managing minor illnesses and reducing accidents, health, wellbeing and development at two years and support to be ready for school). Health visitors also play a vital role in safeguarding.

Outcomes

The health visiting service improves public health outcomes for children 0-5 years and families, through successfully leading the delivery of the Healthy Child Programme for 0–5 years, working in partnership with early years services and across organisational boundaries. The service is mandated to carry out a series of five reviews with all families from the antenatal stage up until the child is 5 years old. The school nursing service is responsible for delivery of the Healthy Child Programme for 5-19 years.

Performance

Antenatal Visits: Numbers Seen 2015/16

Q1	Q2	Q3	Q4
46	43	61	72

The offer of a visit during the antenatal period was previously only made to women targeted by midwifery. The health visiting service is now mandated to provide a universal visit to all mums in the antenatal period at 28 weeks or above.

Currently the service is not notified of all expectant mums in our area. Further work with the midwifery service is therefore needed to increase the number of new notifications to health visitors. The health visiting service itself is exploring ways of improving access for new mums, such as evening and weekend appointments for those who are working.

Antenatal Visits: Number and proportion of expected antenatals notified by midwifery to the health visiting service and proportion of those seen by the service 2015/16.

Q1			Q2			Q3			Q4		
No. notified	% notified	% seen	No. notified	% notified	% seen	No. notified	% notified	% seen	No. notified.	% notified	% seen
n/a	n/a	n/a	n/a	n/a	n/a	277	71%	22%	153	45%	47%

Proportion of New Birth Visits carried out within 14 days

Target	Q1	Q2	Q3	Q4
95%	86%	93%	91%	92%

Percentage of children who received a 6–8 week review

Target	Q1	Q2	Q3	Q4
95%	87%	95%	97%	95%

Percentage of infants being breastfed at 6–8 week review

Target	Q1	Q2	Q3	Q4
60%	49%	51%	55%	52%

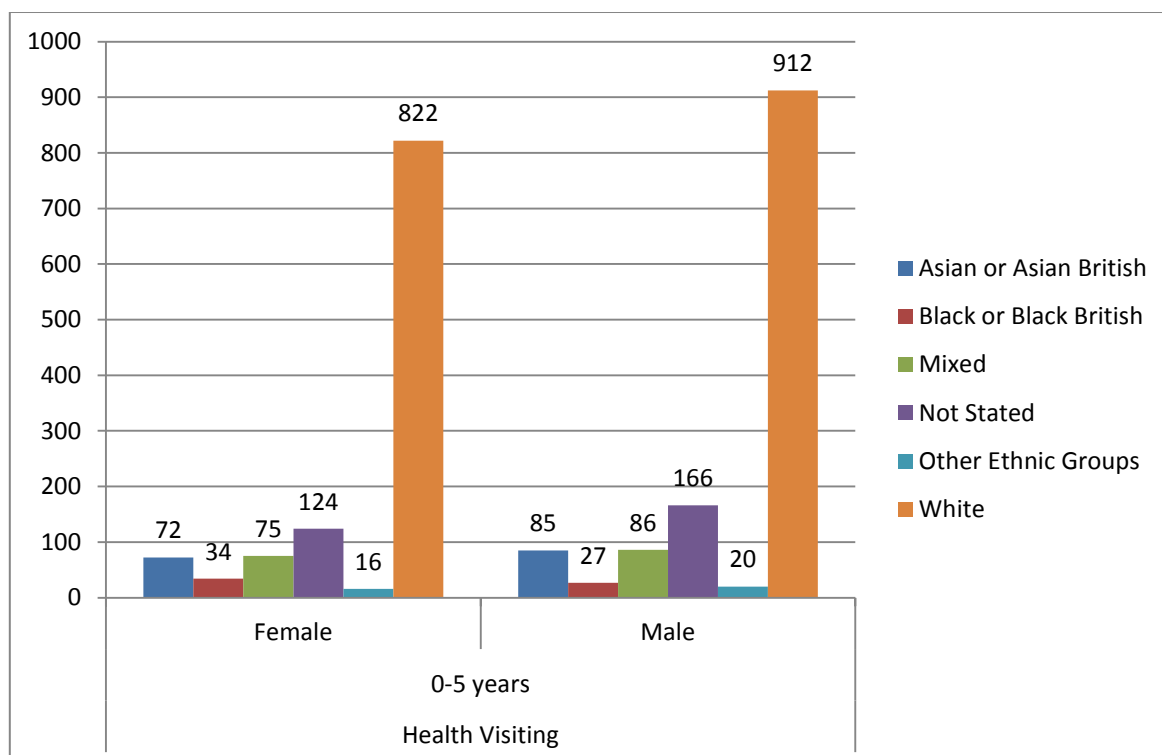
Percentage of children who received a 1 year review within 1 year

Target	Q1	Q2	Q3	Q4
85%	82%	91%	90%	86%

Percentage of children who received a 2–2.5 year review

Target	Q1	Q2	Q3	Q4
85%	72%	91%	92%	88%

Sex and Ethnicity



In 2015/16 the health visiting service recorded a total caseload of 2,439 babies and children aged 0 – 5 years, which included 1143 females and 1296 males. The majority (1734, 71.1%) of these babies and children were White British which is slightly below the proportion in the general Bracknell Forest population. The ethnicity of 290 babies and children (12% of the total cohort) was not stated.

School Nursing

Description

The council commissions Berkshire Healthcare NHS Foundation Trust to provide a universal school nursing service for 5 - 19 year olds who attend state maintained primary and secondary schools, free schools and academies, the Pupil Referral Unit and looked after children. In addition, a targeted service (Universal Plus and Universal Partnership Plus) is provided to state educated children and young people who require extra help and support or who are identified as vulnerable and at risk of poor health outcomes, for example, those with long term health conditions, poor emotional health and wellbeing, and where there is a child protection or safeguarding concern.

Outcomes

Successfully leading the delivery of the Healthy Child Programme for 5–19 years, providing public health expertise and support to enable schools to contribute to improving the health outcomes of their pupils. The service can be accessed by children and young people and their families in schools, in community settings or in the home.

As part of the universal offer to all children aged 5-19 years, the school nursing service delivers the National Child Measurement Programme for all children in YrR and Yr6; health needs assessments for children in YrR, including support and advice to families with children who are overweight or obese; audiology and vision screening in YrR; raising awareness in schools of public health messages especially around healthy lifestyles, sexual health and emotional health and wellbeing.

In addition, the school nursing service can help manage and support children and young people with long term medical conditions, such as asthma and epilepsy and provide targeted advice and support around bedwetting, behavioural concerns, and working with other services to make sure families get specialist help for a child with special needs or a disability.

Performance

Data is currently available for the summer term (April – July 2015) and the autumn term (September – December 2015)

National Child Measurement Programme (NCMP) – Yr R (4–5 years) spring and summer terms

Year R Cohort	1505	
No screened	1486	
% uptake	98.70%	
Number/ % of refusals	9	0.60%
Number/ % absent	10	0.66%
Other reasons	<5	

National Child Measurement Programme (NCMP) – Yr 6 (10–11 years) autumn term

Year 6 Cohort	1241	
No screened	1161	
% uptake	93.50%	
Number/ % of refusals	23	1.85%
Number/ % absent	57	4.59%

Vision and Hearing Assessments and Health Questionnaires – YrR (4 – 5 years) spring and summer terms

Year R Cohort Entrant Screening	1505	
Hearing assessments carried out	1462	
Number of Hearing Referrals	145	9.9%
Vision assessments carried out	1414	
Number of Vision Referrals	57	4%
Health Questionnaires returned	834	55.41%
Number Health Questionnaires requiring follow up by School Nursing team	141	17%

Nos. Children on the School Nursing Targeted Caseload

These caseloads are under constant review to ensure each child with identified needs (known to the service) has a plan of care to support them on a one to one basis. A child or young person may have multiple needs that mean they will appear in more than one category.

Targeted Caseload Category	No. as at 31 July 2015	No. as at 31 December 2015
Safeguarding	49	40
Safeguarding – no ongoing health needs	47	30
Child in Need	29	25
Looked After Child	48	52
Medical Conditions/Special Needs	69	67
Enuresis (bedwetting)	37	47
Additional support	24	24

Safeguarding Children

Safeguarding activity for school nursing teams continues to take up a considerable proportion of the specialist school nurse's capacity, with each school nurse expected to attend all initial child protection conferences and undertake a full health assessment for every child. It is only after this initial health assessment that a decision will be made

regarding future involvement of the school nurse depending on the health needs identified for the child/young person.

During the summer and autumn terms, there was an average of 20 Bracknell Forest children and young people in child protection proceedings requiring ongoing intervention by a full-time equivalent school nurse.

Sex and Ethnicity

In total, 283 children and young people accessed the School Nursing Service in 2015/16. The numbers seen as part of the NCMP and vision and hearing assessments are shown above. However, further breakdown of these cohorts by protected characteristics is not currently available.

Of the 283, more boys than girls accessed the service (131 girls and 152 boys).

Of the 131 girls, 61.8% were White, followed by 24.5% who did not state their ethnicity, 6% were of mixed ethnicity, 3.8% were Asian or Asian British and 3.05% were from other ethnic groups. Of the 152 boys, 66.5% were White, followed by 23% who did not state their ethnicity, 5.2% were of Black or Black British ethnicity, 2.6% were from other ethnic groups.

Given that we do not have data on the ethnicity of nearly 25% of young people accessing the service, we cannot say for certain that the ethnic breakdown is in line with the general population.

3. Services for Adults

Stop Smoking Service

Description

The aim of this service is to provide skilled smoking cessation consultation and support in community, acute and primary care settings. The service will improve access to pharmacological and non-pharmacological aids via advisors who have received training at the appropriate level in line with the National Centre for Smoking Cessation and Training (NCSCT).

Target communities identified as a particular service focus within Bracknell Forest include people from black and minority ethnic groups, people with diagnosed mental health conditions, pregnant women and routine and manual workers.

Outcomes

The service deliver a required level of smokers staying quit for 28 days after setting a quit date (SAQD) and being followed up within 25 to 42 days after the quit date (Four Week Quitters).

In addition, Four Week Quitters (4WKQ) are supported for an additional 8 weeks and followed up within 81 to 98 days after the quit date as Twelve Week Quitters (12WKQ).

Quitters have access to post quit support if required.

Performance

Sex

In total, in 2015/16, the service supported 917 people to set a quit date (430 males and 487 females). Of these, 76.7% of males and 79.2% of females had stayed quit at 4 weeks after setting a quit date and of those, 68.7% of males and 65.8% of females had stayed quit at 12 weeks.

Ethnicity and other demographics

The service also provides quit data for other groups in the community, including the targeted communities listed above, where rates of smoking are likely to be higher:-

Category	Number SAQD Total (917)	% of SAQD	4WKQ %	4 - 12 WKQ % conversion
Targeted Communities				
Black and Minority Ethnic Groups	101	11	69	60.0
Mental Health	165	18.0	73.3	65.3
Pregnant Women	14	1.5	71.4	60.0
Routine and manual occupations	229	24.9	76.9	61.9
Other Groups				
Number of full time students	30	3.3	63.3	52.6
Number who have never worked or unemployed for over 1 year	67	7.3	61.2	63.4
Number who have retired	103	11.2	83.5	76.7
Number sick/disabled and unable to return to work	80	8.7	76.3	60.7
Number of home carers (unpaid)	36	3.9	77.8	71.4
Number in managerial and professional occupations	305	33.2	82.0	71.2
Number in Intermediate occupations	11	1.2	90.9	80.0
Number with Diabetes	46	5.0	73.9	70.6

Under 18's	31	3.4	77.4	45.8
Number who quit before a surgical operation	43	4.7	83.7	63.9

Back to Fitness

Description

Beginner 8 week exercise courses are run in a number of local community venues offering specialist coaching for all adults 18 and over who are new to exercise and with a particular focus on older people. Referrals come from a number of sources such as other lifestyle services, GPs, Reablement (stepdown), council services and direct to public marketing. Classes have a maximum of 15 people and run for 8 weeks in local community venues across the borough.

For older people, beginner classes feed into an ongoing class which combines both exercise and social aspects exclusively for older people. The people in this group will either have completed a beginner class or will be referred from strength and balance (Well Balanced) classes as part of the FallsFree4Life falls prevention service.

Attendees of both the beginner and ongoing classes will receive relevant local information about further exercise opportunities available as well as any other relevant health messages.

Outcomes

The expected benefits:

- Reduced levels of inactivity
- Increased physical health, movement and keeping people healthier for longer (reducing need for admission to residential or nursing home)
- Reduced risk of falls in older people
- Increased Reablement recovery efficiency and duration.
- Reduced risk of development or progression of long term health conditions (Reduced risk of non-elective admission)

Performance

In the six months that Back to Fitness has been in operation to date (February to July 2016), 88 adults aged 18+ have signed up to the programme. This rate of uptake is in line with expectations from a newly developed programme.

Age

Category	Number	%
18 - 34 (age)	10	11.3
35 - 49 (age)	7	7.9

50 - 64 (age)	29	32.9
65 - 74 (age)	40	45.4
80+ (age)	<5	

High uptake in 65 – 74 year olds demonstrates the effective reach of this new service to this priority group who are at increased risk of having a fall.

Sex

Category	Number	%
Male	11	12.5
Female	77	87.5

Race and Ethnicity

Category	Number	%
Black and Minority Ethnic groups	15	17.1

The proportion of people from BME groups attending the Back to Fitness sessions is higher than in the Bracknell Forest general population.

Disability

Category	Number	%
People with an existing health problem/disability	27	30.6

Sexual Orientation

Category	Number	%
Heterosexual	79	89.7
Prefer not to say	9	10.2

Religion/Belief

Category	Number	%
No religion	18	20.4
Christian	56	63.6
(Non Christian) Religion	14	15.9

Weight Management – Slimming World

Description

The aim of the programme is to improve the health and well-being of overweight and obese adults by supporting them to achieve and maintain a healthier weight and improve physical fitness through making appropriate and sustainable lifestyle changes to their eating and physical activity habits.

People with a BMI of 27 and over can be referred to Slimming World, a commercial weight management provider, for a free 12 week weight loss programme.

Outcomes

Those participating will achieve and sustain weight loss in the range of 1-5% and 5-10% in line with the service performance requirements.

Performance

In 2015/16, 621 people were referred to Slimming World and of those, 270 completed the 12 week course. Of those who completed, 60% achieved 5% weight loss and 12.2% achieved 10% weight loss which exceeds the comparable figures across all Slimming World clients who complete the programme.

Age

18 - 34	135	21.74%
35 - 49	187	30.11%
50 - 64	210	33.82%
65 - 74	64	10.31%
75 -79	9	1.45%
80+	16	2.58%

Sex

Male	86	13.85%
Female	535	86.15%

Race/Ethnicity

A - White British Background	569	91.63%
B - White Irish	6	0.97%
C - Any other White	14	2.25%
D - Mixed White and Black Caribbean	<5	
E - Mixed White and Black African	10	1.61%
F - Mixed White and Asian	<5	
G - Any other mixed	<5	

background		
H - Asian - Indian	<5	
J - Asian - Pakistani	<5	
K - Asian - Bangladeshi	<5	
L - Any other Asian background	<5	
M- Black or Black British Caribbean	5	0.81%
N- Black or Black British African	<5	
P - Any other Black background	<5	
R - Chinese	<5	
S - Any other ethnic group	<5	
Z - Not stated	<5	
Not Known	<5	

GP Services

Description and Outcomes

Contracts are offered to General Practice to provide:

Health Checks - check circulatory and vascular health and risk of getting a disabling vascular disease. The check then refers on to relevant local services to help manage or reduce future risk.

IUCD - an effective method of long acting reversible contraception (LARC) which is also known as 'the coil'. Once fitted it can stay in the womb for up to ten years; and

Nexplanon - an effective method of LARC which is also known as 'the implant'. Once fitted it can stay in the arm for up to three years.

General Practice is deemed to be the most suitable location to deliver these services due to the location of practices and qualified staff.

Performance

Delivery in 2015-16.

Health Checks (eligible: people aged 40-74, without a diagnosed long term health condition):

Offered – 4355

Delivered – 3205

IUCD (eligible: women requiring long term contraception)

Inserted: 426

Removed: 255

Nexplanon (eligible: women requiring long term contraception)

Inserted: 341

Removed: 309

Protected Characteristics

The 13 separate practices that make up General Practice in Bracknell Forest hold more data for their services, however we can only report here that which is made available to public health. Further more detailed information about the protected characteristics of people using GP services would need to be obtained by special request from Bracknell Forest practices.

Integrated sexual health service

Description

Sexual health is an important area of public health. Most of the adult population are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. An integrated sexual health service model enables easy access to confidential, non-judgemental sexual health services. These include STI testing and treatment, contraception, abortion, health promotion and prevention.

The integrated sexual health service (the Garden Clinic) is situated at Skimped Hill Lane, Bracknell. It offers a 'one stop shop' for residents (and residents of other local authorities) and enables the majority of sexual health and contraceptive needs to be met at one site with the primary aim of improving the sexual health of people in Bracknell Forest. The service provides:

- Access to sexually transmitted infection (STI) testing in order to prevent, detect and manage infection - including prevention of HIV and a reduction of HIV late diagnosis.
- Access to contraceptive services - including LARC for all age groups.
- Support to women and couples to plan pregnancy (including pregnancy testing)
- Rapid access to services that can diagnose, counsel and manage unwanted pregnancy.
- Sexual health information and advice in order to develop increased knowledge of sexual health.

The service is open access and available to anyone requiring care, irrespective of their age, place of residence or GP registration, without referral. The service offers both walk-in and appointment clinics, including evenings.

Outcomes

Outcomes of the integrated sexual health service include:

The three main sexual health Public Health Outcome Framework measures:

- Under 18 conceptions.
- Chlamydia diagnoses (15-24 year olds).
- People presenting with HIV at a late stage of infection.

As well as:

- Clear accessible and up to date information about services providing contraception and sexual health for the whole population including information targeted at those at highest risk of sexual ill health.
- Improved access to services among those at highest risk of sexual ill health.
- Reduced sexual health inequalities amongst young people and young adults.
- Reduced sexual health inequalities amongst BME groups.
- Increased uptake of effective methods of contraception, including rapid access to the full range of contraceptive methods including LARC for all age groups.
- A reduction in unwanted pregnancies in all ages as evidenced by teenage conception and abortion rates.
- Increased diagnosis and effective management of sexually transmitted infections.
- Increased uptake of HIV testing with particular emphasis on first time service users and repeat testing of those that remain at risk.
- Increased development of evidence-based practice.

Performance

Summary data for May 2015 to April 2016 shows that

- There were 4705 attendances recorded at the sexual health integrated service.
- Of those attendances, 9462 interventions were for genitourinary medicine and 2767 interventions were for reproductive healthcare.
- This equates to an average of 2.6 interventions per attendance.
- The two interventions delivered most frequently were for contraception and for full sexual health screens (including HIV).

Equalities monitoring data is shown as the number of individual people who attended the clinic, not the number of attendances. Therefore each person is only counted once, regardless of how many times they attended throughout the year. This was a total of **2221** people in 2015/16.

Age

The highest proportion of people who attended the clinic were aged between 15 and 24 years old.

Age range	Number of people	Percentage
10-14	20	0.90%
15-19	461	20.76%
20-24	446	20.08%
25-29	356	16.03%
30-34	260	11.71%

35-35	234	10.54%
40-44	173	7.79%
45-45	132	5.94%
50-54	85	3.83%
55-55	31	1.40%
60-64	11	0.50%
65-65	10	0.45%
70-74	<5	0.09%
Total	2221	100%

Sex

A far higher proportion of females (or people who identify as female) than men (or people who identify as male) attend the sexual health service in Bracknell Forest.

Sex	Number of people	Percentage
Female	1727	77.76%
Male	494	22.24%
Total	2221	100%

Ethnicity

Ethnicity	Number of people	Percentage
Mixed	58	2.75%
Asian	76	3.60%
White	1873	88.73%
Other	7	0.33%
Not stated	97	4.59%
Total	2221	100%

Sexual orientation

Sexual orientation	Number of people	Percentage
Heterosexual	2148	96.7%
Homosexual	49	2.2%
NULL	17	0.8%
Bisexual	7	0.3%
Total	2221	100%

Bracknell Forest Specialist Outreach Nurse Description

The specialist outreach nurse is an intensive, responsive contraceptive and sexual health service targeting women who have already had a child or children removed from their care; those who have been identified by Children’s Social Care (CSC) as being at high risk of losing a child from their care or those in ‘at risk’ groups who are pregnant or at risk of an unwanted pregnancy. Priority groups are as follows:

Priority Group	Definition
Priority 1	Women who have already had a child or children removed from their care
Priority 2	Women identified by CSC as being at high risk of losing a child from their care
Priority 3	Women referred from ‘at risk’ group who are pregnant or at risk of an unwanted pregnancy (e.g., those with substance misuse issues/ mental health issues/ learning disabilities/living with domestic violence/ on probation/ complex social needs, etc.
Priority 4	Preventative referrals where there is lower risk

The nurse assists women in making informed choices about methods of contraception and optimises their holistic sexual health care, with the highest outcome being the increased uptake of LARC. She also provides general sexual health information, advice and support, referring on to specialist services as appropriate.

Outcomes

To reduce the human and financial costs associated with having a child taken into care.

The total costs of activity in children’s services associated with having one child taken into care have been calculated at between £52,716 and £92,216 ([Holmes et al., 2010](#)). In addition is the significant human cost for children who tend to suffer worse health and social outcomes, and for the mothers themselves.

[NICE Guidelines \(2014\)](#) state that increasing the uptake of LARC methods will reduce the numbers of unintended pregnancies and are more cost effective than the combined oral contraceptive pill, even at one year of use. Therefore encouraging LARC uptake in women in Bracknell Forest who have already had a child or children removed from their care, or who are at high risk of losing a children from their care, has the potential to reduce the number of pregnancies and hence the number of children who are taken into care.

Performance

Indicator	2015/16
No. of women who had 1:1 engagement with the service (regardless of no. of contacts each)	101
No. of women unable to be contacted by service after 4 attempts (with reason, if known)	Did Not Attend – 1 Cancelled – 2 Declined to engage - 3
No. of women who have had a LARC method fitted.	42
Uptake of LARC	41.5%
No. of women where LARC subsequently removed or discontinued	2

Protected Characteristics

We will work with the provider to secure robust data in the future.

4. Services for Older People

FallsFree4Life

Description

NICE Guidance on the assessment and prevention of falls in older people (NICE, 2013) states that approximately 30% of people over 65 and 50% of those over 80 years fall each year. Of these, 25% suffer injuries that reduce mobility and independence and increase the risk of premature death. Falls not only contribute to a reduction in quality of life (distress, pain, injury, loss of confidence and mortality) but they also contribute to increasing healthcare costs, with an estimated £2.3 billion spent on falls related care in the NHS each year (NICE, 2013).

Preventing falls among older people has been identified as a key priority in the Bracknell Forest Joint Strategic Needs Assessment. Local data shows that in Bracknell Forest there were 371 hospital admissions for falls related injuries in 2014/15. This is an increase on the previous year, which showed 338 admissions. By preventing falls before they occur, risk of serious harm can be reduced - particularly fractured neck or femur, which is the most common falls related injury associated with hospital admission.

FallsFree4Life is commissioned as a preventative falls service, targeted at any Bracknell Forest resident aged 65 and above. The service includes delivery of a full falls risk assessment in the home, in line with NICE guidance and subsequent self care with signposting on to community based support if necessary. The service also includes the provision of Well Balanced, a 12 week strength and balance programme.

Participants can refer themselves to FallsFree4Life, with much of the promotion of the service targeting both older people and older people's family and friends.

The service was originally commissioned as a one year pilot from January - December 2015. This was then extended for a further six months to allow for a full competitive tender process to be undertaken. The tender was won by FallsFree4Life, provided by Solutions4Health who will continue to provide the service for up to a further three years.

Outcomes

To reduce the number of falls and falls hospital admissions in Bracknell Forest.

Performance

Summary data for 2015/16 shows that

- 279 people received a falls risk assessment in 2015/16 financial year.
- An average of 23 people used the service each month.
- 273 referrals/signposting were made to community based support, including to Well Balanced, NRS Healthcare equipment and Age UK handy person service, Bracknell Forest Sensory Needs Clinic, GPs for medication reviews, opticians and the Falls Clinic/Rapid Access Community Clinic (RACC)
- By the end of March 2016 there were 36 residents currently attending Well Balanced classes and 33 had completed the programme

Age and Sex

Age	Female	Male	Total
65 - 67	14	<5	18
68 – 72	31	22	53
73 – 77	29	19	48
78 – 82	40	23	63
83 – 87	24	18	42
88 – 92	32	17	49
93 – 98	<5	<5	5
99+	0	<5	<5
Total	171	108	279

The number of people having a falls risk assessment in 2015/16 was highest amongst those aged between 78 and 82 years, followed by those aged 68 to 72. As ageing is a contributing factor to falls risk we are looking to increase the proportion in the younger age ranges to help prevent them from having a fall.

Data monitoring for sex shows that in 2015/16 39% of the residents using the service identified as male while 61% identified as female. This variance between the sexes is in line with national data which suggests that females are more likely to seek help with

health issues than males. The service will focus more on improving access to males in future.

Disability

People who access the service are more likely to report a wide range of longer term and other health conditions/disabilities than the younger population and some have multiple conditions/disabilities.

Although not stated as a disability, the conditions most frequently recorded by people using the service in 2015/16 were high blood pressure/hypertension (a large contributor to falls risk), arthritis (a contributor to lower mobility) and diabetes.

Other protected characteristics

Pregnancy and maternity is not an appropriate characteristic for this service as the age eligibility criteria is 65+. Percentage of Black and Ethnic Minority (BME) will be reported each quarter as part of the new contract.

Befriending and Community Choices

Description

This service is divided into two forms of intervention:

- Befriending - a supported friendship between two people (the resident and a volunteer befriender) to help to reduce feelings of loneliness and social isolation as well as to improve confidence in attending social activities.
- Community Choices – volunteer ‘community buddies’ work with individuals aged 65+ to help them to find social activities in the local area and link them back up to their communities. Community buddies can also attend the first few sessions with a resident if they do not feel fully confident in attending alone and work with the group to ensure that the individual has ongoing accessibility to the group i.e. transport in place etc.

An annual grant is currently given to Involve to provide the Befriending and Community Choices service to residents aged 65+ in Bracknell Forest. The service has also been used by some younger residents who have been deemed to be an exception e.g. those with learning difficulties or who have mental health issues.

Outcomes

To reduce social isolation and loneliness in residents aged 65+ in Bracknell Forest.

Additional outcomes include:

- Growth of community engagement through links to social activities.
- Increased confidence.
- Increased mobilisation outside of the home.
- More independence.

Performance

Summary data for 2015/16 shows that

- 181 people were referred to the Befriending and Community Choices service throughout 2015/16.
- Throughout the year 19 people were referred to the scheme that were either inappropriate for the project or simply didn't want to use the scheme.

In quarter 4 2015/16

- Of the 181 people, 141 were either matched or on the waiting list at that point in time.
- Of the 141 people, 117 were matched/actively with a befriender.
- Of the 24 people on the community choices scheme there were 13 open cases and 11 people on the waiting list.

Age

29-35	<5
36-45	<5
46-55	5
56-65	11
66-75	33
76+	63
86+	65
Unknown	<5
Total	181

In 2015/16 the number of people using the Befriending and Community Choices service was highest in the 86+ category. This is expected due to the nature of the service and the correlation between age and social isolation and loneliness. This number declines with age.

Sex

Sex	
Male	45
Female	136

Historically, the number of women using this service is far higher than the number of men using the service (over three times higher).

Ethnicity

Ethnicity	Number
White British	174
Pakistani	<5
Indian	<5

German	<5
South African	<5
Irish	<5
Polish	<5
Total	181

The majority of people using the service in 2015/16 were White British, at 96%. While the reason for the large variation between white British and other ethnic groups is unclear, it may be that more targeted outreach work is necessary to ensure equal access to the service.

Disability

People who access the service are more likely to report a wide range of longer term and other health conditions/disabilities than the younger population and some have multiple conditions/disabilities.

The most common conditions/disabilities recorded by people using the service in 2015/16 were frailty, problems with mobility, anxiety and bereavement. While not all of the conditions listed are disabilities, they may well act as a barrier to accessing their communities and actively seeking socialisation independently.

5. Conclusion

As the report shows, the public health team commission or provide a wide range of services, dependent on local and national health and wellbeing priorities and the target populations for particular services. This first report that monitors access to public health services by individuals from particular protected groups has identified some gaps in the data available to us. We will now work with our commissioned services to make progress year on year to fill the gaps in data identified.