

# Equalities Monitoring – Services

## Public Health

### **Annual Report – 2016-2017**



Published: January 2018

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## 1. Introduction

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 mean 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** and/or **targeted**. For example, the health visiting service is available to all families with a child aged 5 years and under and can also be **targeted** to respond to families with higher levels of need. Whereas, the falls prevention service is solely **targeted** based on need by being offered to people aged 65 years and over who are more likely to experience a fall than the general population.

## 2. Services for Children and Young People

### Kooth

#### Description

A commissioned service providing online mental health advice and counselling for young people aged 11 – 19 years.

#### Outcomes

A before-after analysis that explored the effect of the Kooth service on referrals to Child & Adolescent Mental Health Service (CAMHS) found that its introduction was linked to a significant reduction in referrals to CAMHS. On whether this has been converted into shorter waiting times, an early intervention service like Kooth can only give secondary care providers the space and opportunity to reduce waiting lists, but it can't reduce them directly.

#### Access

Kooth is actively promoted in secondary schools, GP practices and the CAMHS service to support young people on the waiting list or being stepped down from specialist care.

In total 1,011 young people logged in to Kooth this year, some of whom may have logged in more than once.

Meaningful benchmarking opportunities for an anonymous service like Kooth are very limited, as there are no direct local or national comparators.

### Access by Sex

Sex	New Registrations No.	New Registrations %	Bracknell Forest ONS Mid Year population 11 – 19 year olds
Male	272	27%	52%
Gender Fluid	(<5)	-	
Female	738	73%	48%

In common with many health-related advice and support services, proportionately more females than males access the service. Targeted promotion via Facebook took place this year to try and attract more males to the service.

### Access by Race and Ethnicity

Ethnicity	Kooth New Registrations	Bracknell Forest State Funded Secondary Schools (Schools Census Jan 2015)
White	76%	88%
Other ethnic groups	24%	12%

## **Health Visiting**

### **Description**

The council commissions Berkshire Healthcare NHS Foundation Trust to provide the universal 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.

### Access: Universal Offer

#### *Antenatal Review Visits*

There is a universal offer of an antenatal review to all expectant mums at around 28 weeks of pregnancy. The number carried out is based on several variables, the estimated number of births (proxy measure), notifications from midwifery, parental demand and choice. Currently the service is not notified of all expectant mums by the midwifery service, although those targeted according to need are routinely notified and receive a visit.

The health visiting service offers an antenatal visit to 100% of those expectant mums they are notified of. Further work is continuing to increase the number of new notifications to health visitors, whilst acknowledging the pressures on midwifery services.

The health visiting service has also tried different methods to increase the uptake of the antenatal visit, including offering weekend and evening appointments but this is dependent on staff availability.

There is no national benchmark for comparison, owing to lack of robust data.

#### *Percentage of New Birth Visits carried out within 14 days*

National Target	Q1	Q2	Q3	Q4
95%	95%	93%	94%	96%

#### *Percentage of children who received a 6–8 week review by 8 weeks*

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

#### *Percentage of infants being breastfed (at all) at 6–8 week review*

Local target	Q1	Q2	Q3	Q4
60%	55%	51%	45%	54%

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

National Target	Q1	Q2	Q3	Q4
85%	89%	93%	91%	93%

*Percentage of children who received a 2–2.5 year review*

National Target	Q1	Q2	Q3	Q4
85%	95%	93%	83%	86%

Access: Sex and Ethnicity

Sex	Proportion of babies and children aged 0-5 yrs seen by health visiting service	Bracknell Forest ONS Midyear Estimates 2015 0-5 population
Male	53%	50.6%
Female	47%	49.3%

The majority (75% n= 1337) of these babies and children were White British which is slightly below the proportion in the general Bracknell Forest population. The ethnicity of 134 babies and children (7.5% of the total cohort) was not stated.

The equalities data collected and/or reported by the provider is currently very limited but they are aware of this and we have a commitment from them to expand the range of data they collect and report, within the constraints of their data systems. The provider also carries out a detailed NHS equalities impact assessment for all their policies and procedures which provides some level of assurance to us as commissioner.

## **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 – Participation in National Child Measurement Programme

Uptake	Bracknell Forest	England Average*
Year R	99.3%	95.8%
Year 6	93.5%	94.2%

Source: NHS Digital National Child Measurement Programme, England 2016-17 (accessed 25 October 2017)

## Performance - Vision and Hearing Assessments and Health Questionnaires – YrR

The school nursing service routinely offers vision and hearing assessments and provides a health questionnaire to all parents/carers of children in year R. Uptake of hearing assessments was 96% and for vision assessments was 92%. 76.85% of health questionnaires were returned. Uptake is in line with previous years.

## Sex and Ethnicity

Sex	2015-16	2016-17
Males	53%	52%
Females	46%	47%
Total No.	283	321

Ethnicity	Males	Females
White	68%	61%
Other ethnic groups *	6.5%	9%
Not stated	7.6%	31%

No further breakdown of this category was available, due to small numbers.

We cannot say for certain that the ethnic breakdown is in line with the general population.

The equalities data collected and/or reported by the provider is currently very limited but they are aware of this and we have a commitment from them to expand the range of data they collect and report, within the constraints of their data systems. The provider also carries out a detailed NHS equalities impact assessment for all their policies and procedures which provides some level of assurance to us as commissioner.

### 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 delivers 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.

Data suggests that the service is targeting the high risk groups effectively.



## Performance

Category	Number SAQD 569	% of SAQD	4 WK total 472	4WKQ %	12 WK total 333	4 - 12 WKQ % conversion
<b>Targeted Communities</b>						
Black and Minority Ethnic Groups	99	17%	78	78%	48	61%
Mental Health	109	19%	93	85%	63	67%
Pregnant Women	16	3%	15	94%	10	67%
Routine and manual occupations	128	22%	104	81%	74	71%
<b>Other Groups</b>						
Number of full time students	17	4%	14	82%	7	50%
Number who have never worked or unemployed for over 1 year	25	4%	21	84%	13	62%
Number who have retired	68	12%	65	95%	46	71%
Number sick/disabled and unable to return to work	52	9%	38	73%	23	60%
Number of home carers (unpaid)	22	4%	16	73%	10	38%
Number in managerial and professional occupations	193	34%	162	84%	122	75%
Number in Intermediate occupations	13	2%	9	69%	3	33%
Number with Diabetes	35	6%	31	88%	23	74%
Under 18's	10	2%	8	80%	3	37%
Number who quit before a surgical operation	32	6%	27	84%	24	89%

## Sex

In total, in 2016/17, the service supported men and women to quit smoking with a near even ratio of 49:51 (male:female).

However, a higher proportion of both males and females had stayed quit at 4 weeks in Bracknell Forest, compared to the England average.

Successful Quits (at 4 weeks)	Bracknell Forest	England (all ages)*
Males	83%	52%
Females	86%	49%

\* Source: NHS Digital. *Persons setting a quit date and outcome, by gender and age group. April 2016 to March 2017.* (accessed 24 October 2017)

## 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.

Further direct comparisons with publically available national data is confusing, as different areas of the country focus on different target groups, based on local need.

## Back to Fitness

### Description

Back to Fitness started off as 8 week beginner courses with referrals coming from a number of sources such as other lifestyle services, GPs, Reablement (stepdown), council services and direct to public marketing. Due to the popularity of the groups they were made into ongoing sessions with a more community feel and with tea and coffee. Due to the more community feel and transition from a 'service' data was no longer collected as information had been collected during the pilot stage showing positive outcomes and good representation in the group.

## 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 2016/17, 848 people were referred to Slimming World and of those, 506 completed the 12 week course. Of those who completed, 64.4% achieved 5% weight loss and 13.4% achieved 10% weight loss which exceeds the comparable figures across all Slimming World clients who complete the programme.

## Age

18 - 34	166	19.58%
35 - 49	278	32.78%
50 - 64	292	34.43%
65 - 74	91	10.73%
75 -79	12	1.41%
80+	9	1.06%

## Sex

Male	154	18.16%
Female	694	81.83%

The significantly higher proportion of females to males reflects the membership of other Slimming World groups.

There has been a particular focus on attracting more males to the group this year, which has seen the proportion of males rise from 13.85% in 2015-16 to 18.16% in 2016-17.

## Race/Ethnicity

White	92.33%
Other ethnic groups	6.25%
Not stated	1.42%

## **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**

Data for Bracknell Forest (16/17)

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

Offered – 6043

Delivered – 3243

IUCD (eligible: women requiring long term contraception)

Inserted: 298

Removed: 266

Nexplanon (eligible: women requiring long term contraception)

Inserted: 283

Removed: 239

### **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**

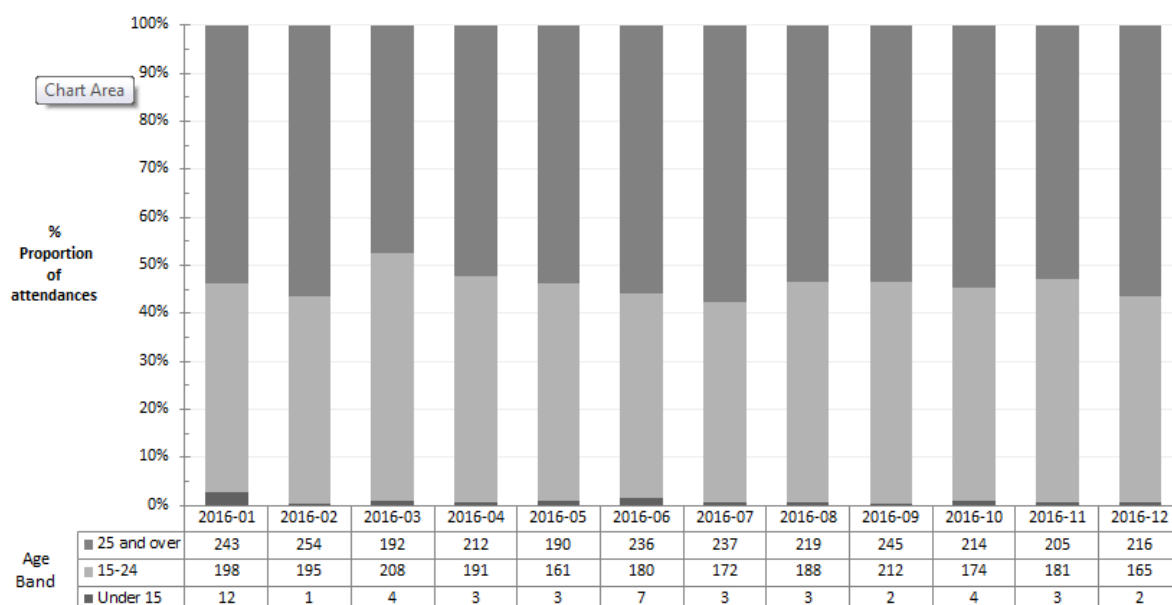
In January 2017 Berkshire Healthcare Foundation Trust (BHFT) implemented and had ongoing issues with a new data system, which has resulted in the provider being unable to provide up-to-date performance data and equalities data. While these issues are now

beginning to resolve, this report will not be able to show such data for 2016/17 nor offer any comparisons to previous year.

Discussions are currently taking place with BHFT to ensure that equalities monitoring data will be given to Bracknell Forest Council in March of each year.

## Age:

While the graph below doesn't give a detailed breakdown of attendance by age, it does show that in most months throughout 2016, a larger number of people aged 25 and over attended the clinic than people aged 15-24.



## 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**

123 women had at least one contact with the service this year, compared to 101 the previous year.

There are no meaningful national or local comparators to this highly targeted and specialised service.

### **Protected Characteristics**

In January 2017 Berkshire Healthcare Foundation Trust (BHFT) implemented and had ongoing issues with a new data system, which has resulted in the provider being unable to provide up-to-date equalities data. While these issues are now beginning to resolve, this report will not be able to show such data for 2016/17. Discussions are currently taking place with BHFT to ensure that equalities monitoring data will be given to Bracknell Forest Council in March of each year.

## 4. Services for Older People

### FallsFree4Life

#### Description

FallsFree4Life is commissioned as a preventative falls service from Solutions4Health and is targeted at any Bracknell Forest resident aged 65 and above, promoted directly to older people and their families and friends. . 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.

#### Outcomes

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

#### Performance

Summary data for 2016/17 shows that

- 310 people received a falls risk assessment in 2016/17 financial year.
- An average of 25 people used the service each month.
- 359 referrals/signposting were made to community based support, including to Well Balanced, NRS Healthcare equipment and Age UK handyperson 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 2017 43 residents had completed the Well Balanced programme.

#### Age

Age	Total No.	%
60 - 64	2	0.6
65 – 74	111	35.8
75 - 84	108	34.8
85 - 94	86	27.7
95 +	3	0.9
Total	310	

The number of people having a falls risk assessment in 2016/17 was highest amongst those aged between 65-74 years, followed by those aged 75 to 84. As ageing is a contributing factor to falls risk we have been working to increase the proportion in the younger age ranges to help prevent them from having a fall.



## Sex

Sex	No.	%
Male	113	36.45
Female	197	63.54
Total	310	

The 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. Mobility issues are recorded as the largest contributing factor to falls risk within this service. The Falls Free 4 Life team have also noted that hearing and visual impairments are regularly recorded.

## 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) has been collected since the start of the new contract (from Q2 16/17).

	Q2 16/17	Q3 16/17	Q4 16/17
Percentage BME	6%	3%	0%

## 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 2016/17 shows that:

- 215 people were using or referred to the Befriending and Community Choices service. Up from 181 in 2015/16.
- Throughout the year 43 people were referred to the scheme that were either inappropriate (11) for the project, didn't want to use the scheme (23) and 9 were un-contactable.
- There were 31 people that left the scheme in 16/17. Reasons detailed below.

Deceased	14
Moved to Care Home	6
Referred on to Alzheimer's Society	5
Cancelled Service	6

## Age

29-35	1
36-45	1
46-55	4
56-65	23
66-75	25
76+	74
86+	87
Unknown	1
Total	215

In 2016/17 the number of people using the Befriending and Community Choices service was highest in the 86+ category.

### **Sex**

Sex	16/17
Male	64
Female	151

Historically, the number of women using this service is far higher than the number of men using the service (over three times higher) which reflects the national picture. Numbers of both sexes using the service have increased since 15/16 (in which the service supported 45 men and 136 women).

### **Ethnicity**

Ethnicity	No.
White British	207
Pakistani	0
Indian	<5
German	<5
South African	<5
Irish	<5
Polish	<5
Total	215

The largest BME population is the Asian or Asian British group, which makes up 5% of the Bracknell Forest population. However this is subject to change due to the age of the data. 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 majority of service users have a health condition, the most common areas of need are still frailty and mobility issues followed by dementia/ Alzheimer's and bereavement.

Many have these issues along with something else such as; sight, dementia, self esteem and diabetes.

## **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 report identifies some gaps in the data available to us. We will continue work with our commissioned services to make progress year on year to fill the gaps in data identified.