Report of the
Joint Strategic Needs Assessment
for Bracknell Forest

June 2008

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on behalf of Bracknell Forest Borough Council
and Berkshire East PCT
Executive summary

Introduction
Joint Strategic Needs Assessment (JSNA) is a new statutory process for which Primary Care Trusts (PCTs) and Local Authorities are responsible. The purpose of JSNA is to identify current and future health and wellbeing ‘needs’ of the local population, and to use this information to help plan local services. The JSNA process is not intended to highlight where current services are succeeding, but rather to discover how the local population could benefit from improvements in future.

Methods
Collection of data for the JSNA took place between October 2007 and May 2008. National guidance on performing JSNA was followed where applicable and possible. The ‘core dataset’ was collected based on national guidelines, with further needs identified through a group set up by Berkshire East PCT and Bracknell Forest Borough Council. This group identified areas of need, with written evidence of each need sought to support each claim. An iterative (repeating) process was used to identify needs, with draft tables circulated in the Council and PCT for consultation and subsequent revision.

A number of areas were identified in which the JSNA process could be improved. These included improving public and professional consultation; and improving ‘quality assurance’ of evidence sources.

Along with this report of the process to date, electronic resources will be made available both internally and to the public, detailing the core dataset, and other references used in the JSNA.

Next steps
A strategy is given which suggests how the JSNA process can develop over the next few months and years, to take advantage of the opportunity it offers to improve sharing of knowledge between relevant organisations, and subsequently improve local health and wellbeing.

Proposals include: maintaining a Berkshire East ‘data hub’; appointing ‘Needs Co-ordinators’ in each locality within East Berkshire; improving the link between JSNA and the Local Area Agreement; providing a mechanism for end users of JSNA information to influence the development of the JSNA process; improving the quality of evidence used; and ensuring appropriate leadership.

Full details of the strategy are given.

Needs identified
An extensive list of needs is given in the full report, categorised by health and wellbeing determinant (e.g. education, housing); population group (e.g. older people, carers); and disease/illness (e.g. mental health, cancers). References to supporting evidence is given for all needs, along with an indication of which needs are based on future projections or likely to become worse over time.

Needs in a population are never static, so this report gives a ‘snapshot’ of some of the major needs in the area. As the JSNA process develops it is likely further needs will be identified, both by recognising where existing needs have been omitted, and by describing new needs. Therefore the list presented here is a guide only, which should improve in accuracy over the coming months and years.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Methods</td>
<td>6</td>
</tr>
<tr>
<td>Next steps</td>
<td>8</td>
</tr>
<tr>
<td>How to use this report</td>
<td>11</td>
</tr>
<tr>
<td>Education</td>
<td>12</td>
</tr>
<tr>
<td>Housing</td>
<td>13</td>
</tr>
<tr>
<td>Transport</td>
<td>14</td>
</tr>
<tr>
<td>Social &amp; cultural factors</td>
<td>15</td>
</tr>
<tr>
<td>Physical environment</td>
<td>16</td>
</tr>
<tr>
<td>Employment and deprivation</td>
<td>17</td>
</tr>
<tr>
<td>Air, water, land, food &amp; sanitation</td>
<td>18</td>
</tr>
<tr>
<td>Health and social care services</td>
<td>19</td>
</tr>
<tr>
<td>Occupational health</td>
<td>20</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>21</td>
</tr>
<tr>
<td>Drug misuse</td>
<td>22</td>
</tr>
<tr>
<td>Alcohol misuse</td>
<td>23</td>
</tr>
<tr>
<td>Obesity, diet and exercise</td>
<td>24</td>
</tr>
<tr>
<td>Children &amp; young people</td>
<td>25</td>
</tr>
<tr>
<td>Older people</td>
<td>26</td>
</tr>
<tr>
<td>Black and minority ethnic (BME) communities</td>
<td>27</td>
</tr>
<tr>
<td>Long-term illness</td>
<td>28</td>
</tr>
<tr>
<td>Physically disabled</td>
<td>29</td>
</tr>
<tr>
<td>Learning disabled and autistic spectrum disorder</td>
<td>30</td>
</tr>
<tr>
<td>Carers</td>
<td>31</td>
</tr>
<tr>
<td>Children in care (looked-after children) and care leavers</td>
<td>32</td>
</tr>
<tr>
<td>Offender population</td>
<td>33</td>
</tr>
<tr>
<td>Mental health</td>
<td>34</td>
</tr>
<tr>
<td>Endocrine (hormonal) diseases</td>
<td>35</td>
</tr>
<tr>
<td>Circulatory diseases</td>
<td>36</td>
</tr>
<tr>
<td>Falls</td>
<td>37</td>
</tr>
<tr>
<td>Sexual and reproductive health</td>
<td>38</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>39</td>
</tr>
<tr>
<td>Cancers</td>
<td>40</td>
</tr>
<tr>
<td>Respiratory illness</td>
<td>41</td>
</tr>
<tr>
<td>Neurological illness</td>
<td>42</td>
</tr>
<tr>
<td>References</td>
<td>43</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>47</td>
</tr>
</tbody>
</table>
Introduction

What is a Joint Strategic Needs Assessment (JSNA)?

Joint Strategic Needs Assessment (JSNA) is a new process being carried out by local government (Bracknell Forest Borough Council) and the local health service (Berkshire East Primary Care Trust) to identify health and well-being 'needs' – areas where improvements can be made – among local residents. These may be existing needs or needs which are predicted to occur in the future over, say, the next 5 or 20 years.

Why is it being done?

When planning services (for example, those provided by the local authority, Primary Care Trust, or charities) for a local community it is important that these are matched, as far as possible, to the actual problems which exist in the area – rather than a 'one size fits all' approach across the country. For example, by identifying what improvements to the local area residents would like; and what illnesses are common in the local area, we get a better picture of how to use local taxpayers’ money to best effect, to improve health and wellbeing.

The Local Government and Public Involvement in Health Bill (2007) made carrying out a JSNA a legal requirement for local authorities and Primary Care Trusts (PCTs) from 1 April 2008.

What does the JSNA do which is new?

Local services have always been planned, as far as possible, to meet the needs of local residents. However, despite the best efforts of those planning services, in the past it has often been difficult to access in one place all the information collected locally on the wider range of factors which contribute to health and wellbeing. For example, someone planning a new outpatient service may not always have had easy access to information on local transport to the new service; or how the population size was predicted to change over the next 15 years, both of which may be important in providing that service.

Local people have also always been consulted on a wide range of decisions made in local government and by the health service. Although these consultations are very useful they are often on narrow topics, or concentrate on one aspect of life in the area. Over time, the JSNA process should make sure that the public are consulted on much broader plans for how taxpayers’ money is spent locally; and that results of consultations are widely and easily available by anyone who is planning services in the area.

How will the JSNA affect how local services are provided?

The ‘snapshot’ of local needs provided by this JSNA report should be useful background reading for people who provide services for local residents. In particular, it will be of interest to those who ‘commission’ local services (commissioning is the process of specifying what a local service should achieve, then buying an appropriate and cost-effective service to meet that specification); and those involved in writing the Sustainable Community Strategy – a local plan explaining the overall aims for local services over the next few years. The Sustainable Community Strategy and the JSNA will also influence the Local Area Agreement, an agreement between local government, health and other organisations, with regional Government, to provide services which meet locally agreed targets.

Is everything really so bad locally?

No! A quick glance through the main section of this report may make you think that everything in Bracknell Forest is going badly – it’s not.

When reading this report it is very important to remember that the whole purpose of the JSNA is to identify where there are gaps in current services and how things could be improved; that’s the first step to making services better than they already are. This report doesn’t list where everything is going right – that information is not only available elsewhere, but would no doubt be much longer than the list of needs given here.

How was the JSNA carried out?

Please see the Methods section (p6).
How do I use this report?
Please see the section entitled How to use this report (p11).

What happens next?
This report, and the work which has gone into it, is just the start of the JSNA process. JSNA gives Bracknell Forest an opportunity for the future to understand much better the needs of the local residents, and for that knowledge to be not only very broad across a wide range of issues, but also up-to-date. This knowledge will be used to improve services for local residents.

How this can be achieved is detailed in Next steps (p8).

Can I get involved?
Yes. Consultations already take place with local residents over many decisions made by the Council and the Primary Care Trust. These consultations all help improve our understanding of local needs and will contribute to the JSNA data hub (see Next steps, p8). If you would like to take part in any future consultations, please contact Bracknell Forest Borough Council or Berkshire East Primary Care Trust.
Methods

Co-ordinators and assessment period
Collection of data for this JSNA report took place between October 2007 and May 2008 and was co-ordinated by the following people:

**Berkshire East co-ordination**
- Dr Tom Porter  Specialist Registrar in Public Health, Berkshire East PCT
- Sid Beauchant  Information Advisor, Berkshire Public Health Network

**Berkshire East PCT (Bracknell Forest locality) co-ordination**
- Mary Purnell  Assistant Director, Bracknell Forest locality, Berkshire East PCT
- Dr Angela Snowling  Consultant in Public Health for Bracknell Forest locality, Berkshire East PCT

**Bracknell Forest Borough Council co-ordination**
- Margaret Gent  Policy and Commissioning Officer, Bracknell Forest Borough Council
- Glyn Jones  Assistant Director of Community Care, Bracknell Forest Borough Council

In order to enable continuity and efficiency of approach, a similar method was used for the JSNA in all three local authority areas in East Berkshire (Bracknell Forest, Slough, and Windsor and Maidenhead). However, this did not prejudice the identification of needs in each area, which in many cases were very different in each locality.

**Guidance on JSNA**
National government guidance on the JSNA process was followed, where applicable and possible, in carrying out this assessment. The two main documents used were the Commissioning Framework for Health and Wellbeing (March 2007), and the guidance which superseded this, JSNA Guidance (December 2007).

Both these guidance documents give a large degree of freedom on how information on local needs is collected; the main component which is specified is a ‘core dataset’, consisting mainly of numerical (‘quantitative’) data which describes the local population. It is clear, however, that this core dataset must be supplemented with other information on local needs – not only other relevant quantitative data collected locally, but also information from consultations, surveys and interviews with local residents and people providing services (generally non-numerical, ‘qualitative’ data).

The JSNA report (this document) should be a non-technical document, providing an overview of local health and wellbeing needs. It will be made available on the Council and PCT websites.

**Collecting the core dataset**
Data which are required to be collected as part of the Core dataset are specified in JSNA Guidance (December 2007).

Information was assembled into a structured Microsoft Excel spreadsheet with the assistance of the Information Advisor from the Berkshire Public Health Network, containing references to local and national data sources (where available), to enable information to be updated rapidly in future. This spreadsheet will be made available on the Council and PCT websites.

Relevant information from the Core dataset is given in the appropriate section of the main report. In most instances, only significant deviations from local, regional or national averages are considered here as ‘needs’.

**Identifying further needs and internal consultation**
A JSNA group was set up containing representatives of key Council and PCT departments, and other local ‘stakeholders’ (interested parties), to identify broad needs in the Borough. ‘Brainstorming’ took place early in the process around 12 questions JSNAs should be able to answer (given in the Commissioning Framework for Health and Wellbeing, March 2007). Later, needs were collated under a broad range of
headings based on the Whitehead and Dahlgren classification [ref], as well as for specific population groups and illnesses.

Numerous plans, strategies, needs assessments, equity audits and other reports produced locally already contained information on needs which would be relevant to the JSNA and, in many cases, had involved consultation with the public or professional groups. In order that all needs listed in the JSNA be based on attributable and authoritative sources, any needs mentioned verbally in group meetings, or in emails, were required to be backed up with evidence from a report or quantitative (numerical) dataset. In this way, the JSNA can be more easily updated with new and revised evidence, and the sources of all statements are made clear.

A summary table of needs for the Borough, with sources for each need, was circulated and presented to the group in February 2008, with further revisions made to the table in an iterative (repeating) process after this, following telephone and email correspondence, and presentations to further interested groups. This table was used as the basis for the current document, which was also circulated for comments prior to publication.

References
The references for the needs listed have been compiled into a simple Excel spreadsheet, with links to internet versions of documents where available; and to individuals who provided the documents. A version of this spreadsheet will be available on the Council and PCT websites.

Improving the process
National guidance makes it clear that JSNA should be a continuous process; not only of gradually improving our understanding of local health and wellbeing needs, but also of developing the processes in local organisations to do this – for example, improving the way data are shared between and within organisations. Therefore this report is a statement of the ‘status quo’ (what we currently know) – and in many respects the most important part of this document is the section stating how the JSNA process will be developed so that the information here is frequently updated and influences local service planning. There are likely to be a number of needs which have not been identified in this initial process, either because there is currently no evidence of their existence; or because the evidence which exists was not discovered during the research for this report. In both cases it is important that, over time, the description of needs in the area is updated to include these.

Furthermore, although public and professional consultation has occurred as part of many of the assessments used in evidence for this JSNA (indicated by the symbol), these did not occur as part of the JSNA per se, and in due course consultations should be co-ordinated within the JSNA process to ensure questions which broaden our understanding of need most are asked, and their results are used and shared widely.

The quality of the information behind the needs listed is important; although all the reports and datasets referenced here come from reputable sources, their quality will vary (for example, how many people were involved in a particular survey – just a few, or hundreds?). A process should be developed to directly take into account the quality of different data sources when they are interpreted.

At this stage the JSNA has not prioritised the health and wellbeing needs identified; national guidance suggests the Local Strategic Partnership could, in part, assist with this process when setting targets for the Local Area Agreement. It may be decided in future that the prioritisation process should be fully incorporated into the JSNA process.

The strategy for further developing the JSNA process is given in Next steps, p8, and is the result of consultation with relevant members of the PCT and Borough Council.
Next steps
As mentioned above, this document represents the start of the JSNA process, and should lay the foundation for development of the process, so that information on health and wellbeing needs in the Borough and across East Berkshire is: regularly and routinely updated; readily available to planners and influences policies and planning; and based on reliable evidence and consultation. This process will require strong leadership.

To these ends, the following strategy is proposed:

Keeping data up-to-date
- An East Berkshire data 'hub' should be established. This needn’t be particularly complex, and at its simplest could consist of a spreadsheet of current needs correlated with the relevant data source; this spreadsheet has been completed for all information in the current report and could be kept up-to-date and adapted over time as necessary. Maintenance of the spreadsheet should be a relatively simple administrative task – with most changes made by the respective JSNA Needs Co-ordinator (see below) – but may still require a small amount of central information management, which would need to be appropriately resourced. The data ‘hub’ could potentially be located within Berkshire Shared Services, although access to the spreadsheet should be made easily available to those in all relevant organisations. Other non-health hosted options may also be suitable;
- For each locality in East Berkshire (Bracknell Forest, Slough, and Windsor and Maidenhead) there should be a single JSNA Needs Co-ordinator. Their role would be to act as a local ‘champion’ of the JSNA process, and accept all new data relevant to the JSNA and signpost any data currently held in the JSNA. This post could be part-time or full-time, within the Council or PCT, and would require a suitable information, managerial or public health background, depending on local arrangements. The Needs Co-ordinator would link with the East Berkshire Strategic Co-ordinator, to ensure data which is relevant across all three areas is promptly shared; and could act as a professional ‘filter’ to information entering the data ‘hub’ to ensure it is of reasonable quality. Maintenance of the relevant section of the data hub spreadsheet would lie with the Needs Co-ordinator; depending on their professional background and skills, local information analyst support may be required to assist with this role;
- Within each locality, a representative for each major interest group (e.g. Children’s Trust) should be nominated to act as a link to the JSNA Needs Co-ordinator. Two possible approaches are suggested, although the exact method used should be determined within each locality: (a) Every major interest group has a named ‘JSNA Link’ individual, who collects any data relevant to the JSNA from his/her group, and makes available to the group any relevant data, both via the Needs Co-ordinator or directly with the East Berkshire data hub; (b) A permanent JSNA group is established in the locality consisting of representatives from major interest groups, which meets regularly, and liaises with – or is chaired by – the JSNA Needs Co-ordinator;
- A list of ‘gaps’ in data should be created and maintained. Before any new process of local data collection (e.g. a new consultation or needs assessment), the local JSNA Needs Co-ordinator should be contacted to ensure that the new information sought does not duplicate existing information or national indicators, and is a reasonable use of resources, and whether any gaps in existing data can be filled during the consultation. Gaps may also include the production of projections, forecasts, or suitable secondary analysis of data. Unmet gaps should be routinely reviewed to assess how and when these data needs will be met.

Ensuring data are readily available and used in service planning
- Up-to-date data should be always available to professionals via the JSNA Link and/or JSNA Needs Co-ordinator (as outlined above); in due course it should also be available electronically directly from the data hub;
- A ‘snapshot’ of data should be reported from time to time (e.g. every year), and made available to the public, for example in a formal report such as this. Over time, more creative and interactive
ways of displaying data to the public may be considered, such as interactive websites. A publication scheme should be developed detailing how and when JSNA data will be made available;

- Information held in the data hub and from JSNA reports such as this one should be used by the Local Strategic Partnership (LSP) to prioritise local needs, including for the Local Area Agreement, and to inform the Sustainable Community Strategy. The LSP may decide to have a JSNA Link individual (as above), or sit on any JSNA group. Over time, it may be decided that the prioritisation process should be directly incorporated into the JSNA – this could be achieved, for example, through a regular review of existing needs by each JSNA group, or by the East Berkshire-wide Board, with the results of the process widely disseminated;

- Commissioners of population-level services in the PCT and local authority should be able to easily access information in the data hub;

- End users of information in the JSNA, particularly the LSP and commissioners, should feed back any gaps in the dataset, and any suggested improvements to the JSNA process to make it as useful as possible to them, to their local JSNA Needs Co-ordinator; suggested process improvements should thence be communicated from the Needs Co-ordinator to the East Berkshire Strategic Co-ordinator. A mechanism for collecting feedback from the public about previous JSNA reports should be developed, to inform future JSNAs.

Ensuring data are evidence-based and take local opinion into account

- All information entering the data hub should be based on solid, written evidence which accompanies the submission. The date and proposed refresh date for all reports and datasets should be available, along with contact details for the author or post. Confidential contact information should be withheld from any public database;

- Over time it would be desirable to build a ‘quality assurance’ function into the JSNA process to ensure that data are of a reasonable quality, and are objectively interpreted. This could either be a central function at the data hub level, or done on a locality basis by the Needs Co-ordinator acting as a filter for all information entering or leaving the hub. In either case the appropriate skills to interpret data objectively would be required;

- With further development of the JSNA process, local public and professional opinion (including practice-based commissioning needs) should be sought routinely both in identifying and confirming needs, and in prioritising needs. In many cases mechanisms already exist to garner these opinions, and it may well be that the JSNA can use these existing processes. A separate list of consultation processes undertaken and planned in the Borough may be helpful.

Leadership

- JSNA is a statutory process which all professionals in the local authority and PCT should be made aware of; widening awareness of JSNA within these organisations is an important role and should be undertaken by the JSNA Links, Needs Co-ordinators and East Berkshire Strategic Co-ordinator. All relevant members of staff should be made aware it is their responsibility to log any population-level data collected about needs with the JSNA Link;

- Ultimately, responsibility for the JSNA rests with the Director of Public Health in the PCT and the Directors of Adult and Children’s Social Services in the Council; they must have a central role in raising awareness and championing the importance of the JSNA both as a statutory requirement and invaluable opportunity for improving knowledge about our local community and, hence, improving local health and wellbeing. The Board of the PCT also has a responsibility through the World Class Commissioning programme to develop and maintain the JSNA process;

- Day-to-day it would be appropriate for the Directors of Public Health and Social Services to delegate their authority to an East Berkshire-wide Board of senior members of local organisations which would be responsible for overseeing the JSNA process. Since JSNA should link intimately with commissioning, it would seem appropriate that the current East Berkshire Strategic Commissioning Board could take on this role. However, whether this body – or a new body – should take on this function should be decided by the Directors with statutory responsibility; in
either case a clear central drive and purpose is required, with representative membership, including the Needs Co-ordinators. Convening this Board should be an early action;

- Day-to-day strategic-level tasks concerning the JSNA should be carried out by the East Berkshire Strategic Co-ordinator, who would report to the East Berkshire-wide Board described above;
- Although many of the recommendations listed here could be undertaken using existing resources, where necessary additional resource should be made available to ensure JSNA is properly supported and the opportunities it presents, grasped.

A diagram of the proposed interactions is given below.

**Figure.** Proposed JSNA process management structure (DPH = Director of Public Health)
How to use this report

Health and well-being needs have been presented here in a number of different categories, which are illustrated below. Because the factors giving rise to health and well-being are often intimately related to one another, on each page where needs are explained, a section headed 'See also' directs you to other relevant pages. Besides this categorisation, needs are not presented in any particular order on the page – i.e. no order of priority is implied.

Needs which are based on projections for the future, or likely to become worse over time, are marked with a clock (ɒ).

The sources of evidence used for each topic are given at the foot of the page, with full references on p43. Where these are marked with a speech bubble (💬) the source cited involved public consultation.
Needs by health and wellbeing determinant
General determinants

Education

See also FURTHER NEEDS LISTED UNDER Children & young people (p25), Employment and deprivation (p17), Physically disabled (p29), Children in care (p32), Social and cultural factors (p15), BME communities (p27), Transport (p14), Obesity, diet and exercise (p24), Sexual and reproductive health (p38), Learning disabled (p30)

OTHER RELEVANT AREAS Housing (p13), Older people (p26), Carers (p31), Mental health (p34), Physically disabled (p29)

Improve achievement, especially among boys and ethnic minorities
Although attainment by pupils in Bracknell Forest is generally good, there is scope for higher standards at all stages of schooling – foundation, primary and secondary. Participation in education and training by young people over the age of 16 could be higher.

The relative performance of boys, and young people from some black and minority ethnic (BME) communities, is below that of the rest of the local population.

Improve support for children with learning disabilities and SEN
The support provided to children with learning disabilities and special educational needs (SEN) is good, and would be improved further with increased local co-ordination.

Ensure sufficient school places for the future
Ongoing monitoring of housing developments and population growth is required to ensure there are sufficient school places, of a suitable type, to meet future demands.

Improve opportunities for ‘life-long’ learning
The opportunities for learning and skills training for those over 50; young people not in education, employment or training; carers; lone parents; and vulnerable adults (including those with mental health problems, physical and learning disabilities), should be expanded.

Where does the evidence come from?
Children & young people’s plan 2006-9 / Health & well-being strategy

Where are these needs reflected in existing commissioning strategies?
Children & young people’s plan 2006-9 / Health & well-being strategy
Housing

See also  
FURTHER NEEDS LISTED UNDER  Falls (p37), Learning disabled (p30), Offender population (p33), Long-term illness (p28), Carers (p31)  
OTHER RELEVANT AREAS  BME communities (p27), Mental health (p34), Drug misuse (p22), Alcohol misuse (p23), Older people (p26), Children & young people (p25)

Improve housing condition
A high proportion (over 40%) of houses in some areas of the Borough do not meet the ‘Decent Homes’ standard; this includes parts of Wildridings & Central, and Old Bracknell wards. Furthermore, a large number of ‘houses in multiple occupation’ (i.e. those which contain a number of separate households, such as shared flats) are not suitable as such.

Thermal inefficiency in particular is a large problem with much of the existing housing stock, especially among mobile homes which are relatively common in the Borough.

Improve allocation of social and Council housing
The proportion of housing which is socially rented or Council accommodation in Bracknell (17.3%) is above the average for South East England (14%), but better temporary accommodation needs to be made available for those who are homeless or threatened with homelessness, especially families, young people, or vulnerable adults such as those with mental health problems, substance misuse or learning disabilities.

About 100 people were on the homeless register in 2006/7, and 4000 on the general housing register. The amount of assistance provided to homeless people, and support to prevent homelessness, could be increased; and the allocation of housing could be improved, for example by collecting more information on the Council housing register to allow better prioritisation, and making use of private rented accommodation.

Increase availability of ‘affordable’ housing
There is a general lack of so-called ‘affordable’ housing in the Borough, although the number of planned units should theoretically meet demand in the future, in practice this is unlikely to be the case.

Plan for more older people
The number of older people is expected to rise in the Borough over the next 10-20 years; suitable accommodation, including any necessary adaptations to account for the physical health of this group, should be available.

Provide more pitches for Travellers
It is forecast that the number of permanent pitches required for accommodation for Travellers will need to increase by 3 over the next 5 years. This forecast excludes the needs of travelling show people, so may be conservative.

Where does the evidence come from?
Housing in poor condition indicator / Census / Housing stock condition report / Housing strategy 2008-14 / Homelessness strategy / Mental health needs analysis / Berkshire Strategic Housing Market Assessment / Housing services report / Travellers’ needs assessment / Health & well-being strategy

Where are these needs reflected in existing commissioning strategies?
Housing strategy 2008-14 / Homelessness strategy / Health & well-being strategy / Mental health commissioning strategy 2008-13
Transport

See also FURTHER NEEDS LISTED UNDER Health and social care services (p19), Air, water, land, food & sanitation (p18), Social and cultural factors (p15), Physical environment (p16), Occupational health (p20), Long-term illness (p28) OTHER RELEVANT AREAS Children & young people (p25), Obesity, diet and exercise (p24), Health and social care services (p19), Physically disabled (p29)

Improve access to services by public transport
Many public services in the Borough are difficult to get to without a car, including leisure and sports facilities, and local hospitals. The quality and quantity of bus services could be improved, with commuting by bus in the Borough below the England average. Access to public transport by those with impaired mobility can also be poor.

Encourage sustainable and healthy transport
More could be done to ensure that the local environment is suitable and safe for walking and cycling; the number of residents commuting to work on foot or by bicycle (11.5%) is below the national average (13.3%), and fewer ‘school runs’ should be made by car. With obesity a growing problem in the whole of England, encouraging healthy transport is very important.

Peak time traffic congestion in the Borough is also high, with consequent air pollution.

Continue to reduce road casualties
Although the number of people killed or seriously injured on the Borough’s roads has fallen in the last decade, this decline has been less than the average for Berkshire, with 62 road casualties in 2006. However, this latter figure is likely to be a one-off, with casualties in the rest of the period 2003-7 generally low.

Where does the evidence come from?
Children & young people plan progress check / Transport plan / Berks East PPI Annual report / Accessibility strategy / TellUs2 / Audit Commission summaries / Road accident data / Berkshire East obesity strategy / Health & well-being strategy / Berkshire East PCT Commissioning Strategy

Where are these needs reflected in existing commissioning strategies?
Children & young people’s plan progress check / Transport plan / Accessibility strategy / Berkshire East obesity strategy / Health & well-being strategy / Berkshire East PCT Commissioning Strategy
Needs by health and wellbeing determinant
General determinants

Social & cultural factors

See also FURTHER NEEDS LISTED UNDER Children & young people (p25)
OTHER RELEVANT AREAS Obesity, diet and exercise (p24), Education (p12), Transport (p14), Occupational health (p20), Health and social care services (p19), Mental health (p34)

Reduce crime and fear of crime
Nearly a third (32%) of children in Bracknell feel unsafe on public transport, above the England average, and a fifth (19%) feel unsafe in school. Although violent crime rates are lower than the rest of the country, there is still a significant fear of crime among residents of all ages. The wards with the worst crime rates overall are Old Bracknell, Wildridings & Central, and Priestwood & Garth.
Domestic violence can have a significant impact on individuals’ mental health, and specific programmes to address this have been recommended.

Work with community to promote healthy food and physical activity
It is projected that, without any active intervention, there will be a significant rise in the number of overweight and obese adults and children. Although many approaches will be needed to tackle this problem, working with the community and local businesses is an important component, to encourage the uptake of healthier diets, and promote physical activity.

Improve services for people whose first language is not English
An increasing number of pupils at schools in the Borough speak a language other than English as their first. Of the 6.8% who speak a different first language, nearly a quarter (1.5%) speak Nepali. This is particularly prominent in Owlsmoor and College Town.
For individuals who have difficulty speaking and understanding English, there are potential difficulties accessing local and health authority services; similarly, where cultural background differs, there may be a lack of understanding of how to go about accessing services. Furthermore, patients may have problems giving full, informed consent for medical procedures if they cannot fully understand their health professional due to language barriers.

Encourage children to take part in local activities
Children and young people could play a bigger part in community and voluntary activities in the area. We also know that young people would like more things to do in the local area, and for these activities to be easy to reach.

Where does the evidence come from?
Index of multiple deprivation 2007 / Children & young people’s plan / Berkshire East obesity strategy / TellUs2 / Children & young people’s plan progress check / Pupils’ first language data / Health & well-being strategy / East Berkshire mental health needs assessment

Where are these needs reflected in existing commissioning strategies?
Children & young people’s plan progress check / Children & young people’s plan / Berkshire East obesity strategy / Transport plan / Health & well-being strategy
Needs by health and wellbeing determinant
General determinants

Physical environment

See also FURTHER NEEDS LISTED UNDER: Children in care (p.32), Transport (p.14), Air, water, land, food and sanitation (p.18)
OTHER RELEVANT AREAS: Obesity, diet and exercise (p.24), Older people (p.26), Children & young people (p. 25), Physically disabled (p.29)

Promote sustainable lifestyles
The ecological footprint of residents in the Borough is estimated to be above the England average (5.937 hectares per person would be required to be self-sufficient, compared with 5.470 ha per capita for England). Energy (gas and electricity) and water use are also above the national average. However, local estimates of CO\textsubscript{2} emissions are lower than the rest of England, suggesting methods to collect data in this area need to be refined. Regardless, there is now significant evidence that climate change is occurring due to human activity, and the developed countries in particular need to reduce greenhouse gas emissions which are associated with this. This includes making major changes to transport and energy use.

Improve access to green spaces and children’s play
Residents of all ages, including older people, would benefit from better access to, and protection of, green spaces and a well-maintained community environment. Children in particular need a larger number of easy-to-access play and leisure services.

Where does the evidence come from?
Children & young people’s plan progress check / Children & young people’s plan / Health profile / Audit Commission summaries / International Panel on Climate Change report / Commissioning Strategy for Older People’s Services

Where are these needs reflected in existing commissioning strategies?
Children & young people’s plan progress check / Children & young people’s plan / Commissioning Strategy for Older People’s Services / Sustainable Community Strategy
Needs by health and wellbeing determinant
General determinants

**Employment and deprivation**

See also FURTHER NEEDS LISTED UNDER: Offender population (p33), Tobacco use (p21), Children and young people (p25), Long-term illness (p28), Carers (p31), Children in care (p32), Learning disabled (p30)

OTHER RELEVANT AREAS Mental health (p34), Education (p12)

### Reduce deprivation and inequalities in health

There is a strong link between material deprivation and ill health. By one measure, the most deprived wards in the Borough are Great Hollands North, Priestwood & Garth, and Wildridings & Central. Reducing poverty is likely to improve the health of local residents. Individuals in Priestwood & Garth, Crowthorne, and Hanworth, are more likely to die early from treatable conditions than residents elsewhere. Life expectancy is also significantly lower in lower-income groups in the Borough, and areas of deprivation across East Berkshire have higher rates of emergency admission to hospital, especially for respiratory and endocrine diseases.

### Reduce inequalities in employment

Although employment rates generally are good in Bracknell Forest, there is significant inequity. For example, the percentage of adults on out-of-work benefits in Old Bracknell (2.2%) exceeds the England average (2.1%), and rates in Bullbrook, Wildridings & Central, Priestwood & Garth, and Great Hollands North are all above the average for South East England. These figures are reflected in average incomes by ward, with Great Hollands North, Old Bracknell, Wildridings & Central, and Priestwood & Garth, presenting the lowest. Obviously employment and income have a direct impact on household deprivation, and therefore also on health and well-being.

Some particular groups are less likely to gain employment: those with mental health problems have a lower employment rate (40%) compared with the Borough as a whole (82%), although this is better than the regional and national averages. 1 in 20 (5.2%) of school-leavers aged 16-18 are not in employment, education or training.

Further support should be made available to people with autistic spectrum disorder in accessing employment and training.

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Where does the evidence come from?
Index of Multiple Deprivation 2007 / Out of work benefit data / Average income data / Years of potential life lost data / Health profile / Children & young people’s plan progress check / Mental health needs analysis / Thames Valley emergency admission analysis / Cabinet Office social exclusion data / Taking responsibility

Where are these needs reflected in existing commissioning strategies?
Children & young people’s plan progress check / Children & young people’s plan / Mental health commissioning strategy
Bracknell Forest Joint Strategic Needs Assessment 2008

Needs by health and wellbeing determinant

General determinants

Air, water, land, food & sanitation

See also

FURTHER NEEDS LISTED UNDER
Health and social care services (p19), Obesity, diet and exercise (p24),
Transport (p14)
OTHER RELEVANT AREAS
BME communities (p27), Physical environment (p16)

Ensure food safety is maintained
Support should continue to be provided to local businesses to ensure they meet food safety standards, and
advice to consumers on food safety issues should be made more available. Specialist support should be
available for Asian catering businesses.

Encourage healthy food on menus
In the context of a predicted rise in the number of adults and children in the Borough who are overweight
or obese, it is important that healthy food options are available from local catering establishments.

Continue to monitor air quality
There are a small number of sites in the Borough (Old Bracknell Close/Boxford Ridge; 3M roundabout;
Bracknell Road, Crowthorne) where traffic-related nitrogen dioxide (NO₂) levels on occasion exceed
recommended levels. Further monitoring is required to determine whether these require active
intervention.

Inspect potentially contaminated land
Potentially contaminated land in the Borough should continue to be inspected over the next 5 years, to
identify any land which poses a risk and for which intervention is required.

Monitor flood risk
Although the risk of flooding is generally low in Bracknell Forest, this could well increase with climate
change and should be actively monitored.

Where does the evidence come from?
Food law enforcement plan / Air quality report / Transport plan / Contaminated land strategy / Flood risk strategic
assessment

Where are these needs reflected in existing commissioning strategies?
Food law enforcement plan / Transport plan / Contaminated land strategy
Needs by health and wellbeing determinant
General determinants

Health and social care services

See also  
FURTHER NEEDS LISTED UNDER  Transport (p14), Social and cultural factors (p15), Alcohol misuse (p23), Obesity, diet and exercise (p24), Children and young people (p25), Older people (p26), BME communities (p27), Long-term illness (p28), Physically disabled (p29), Learning disabled (p30), Children in care (p32), Offender population (p33), Mental health (p34), Endocrine (hormonal) diseases (p35), Circulatory diseases (p36), Falls (p37), Cancers (p40), Respiratory illness (p41), Neurological illness (p42)
OTHER RELEVANT AREAS  Infectious diseases (p39), Physical environment (p16), Housing (p13)

Ensure hospital care easy to reach and of a high standard
Hospital services for residents of Bracknell Forest should be easy to reach, for emergency and elective admissions, and outpatient services. There are some concerns over transport to and from health care facilities, including Wexham Park Hospital; and over discharge arrangements following care. Patient satisfaction surveys have also found scores for hospital food, waiting times for hospital beds, and general satisfaction, below average for Wexham Park.

Improve access to health care by travelling community
In the Thames Valley area it is estimated that nearly a fifth (18%) of travellers are not registered with a GP, mirroring a national report which found 16% were not registered. Over half (55%) are not registered with a dentist.

Continue to plan for major emergencies
Bracknell Forest Borough Council and Berkshire East Primary Care Trust are ‘Category 1 Responders’ under the Civil Contingencies Act (2004). It is the responsibility of both organisations, along with other members of the Local Resilience Forum, to continue to plan for civil and health emergencies in the Borough. These include major accidents, acts of terrorism, flooding and pandemic influenza. Particularly vulnerable groups in such incidents include the young and old, those with disabilities, individuals in closed communities (such as prisons), and those living near sites of potential danger.

Improve information available to the public in dental practices
A recent survey of dental leaflets in the area found that the quality and availability of leaflets giving general information for patients, and information on NHS dental charges, was generally poor.

Plan to provide services for a larger population
The population of Bracknell Forest is projected to rise significantly over the next 10 years, which means health and social care services, such as GP surgeries, will need to be able to cope with more residents using their services.

Although the standard population projection for the area estimates a rise of 2.5% between 2008 and 2018 (from 111,500 to 114,300), a different estimate which takes planning applications for housing into account suggests the population could rise as much as 15.1%, from 116,100 to 133,600 over the same period.

Where does the evidence come from?
Health & well-being strategy / Residents’ panel survey / National Patients’ survey / Emergency planning summary / Travellers’ needs assessment / PPI Dental leaflets report / PCT PALS data / ONS projections / SEERA projections / Berks East PCT Commissioning Strategy

Where are these needs reflected in existing commissioning strategies?
Health & well-being strategy / Berks East PCT Commissioning Strategy
General determinants

Occupational health

See also FURTHER NEEDS LISTED UNDER: Transport (p14), Social and cultural factors (p15), Tobacco use (p21), Physically disabled (p29)

OTHER RELEVANT AREAS: Obesity, diet and exercise (p24), Mental health (p34)

Increase opportunities for healthy eating and exercise at work

In order to address a projected rise in the number of individuals who are overweight or obese, healthy eating and exercise should be encouraged in work places, and when travelling to and from work.

Reduce number of accidents and ill health at work

Investigations into workplace accidents should be carried out, and efforts should continue to be made to reduce the number of accidents and ill health at work.

Continue to address workplace stress

Workplace-related stress is the second commonest work-related illness in England, after muscle and bone pains. On average, 30.2 working days are lost for each case of stress each year. Stress has been found to occur more frequently in South East England (710 cases per 100,000 per year) compared with the rest of the country (680). Although reported stress fell during the middle of the current decade, rates have now levelled off again.

Create formal links with local armed forces establishments

Although the armed forces generally provide health care for their employees and families (through the Defence Medical Services), the Primary Care Trust should forge links with local armed forces establishments to ensure primary care needs are being met for all members of the local population, regardless of background. In Bracknell Forest there were 404 individuals in armed forces accommodation at the time of the last Census in 2001.

Where does the evidence come from?
Berkshire East obesity strategy / Census / Health & safety enforcement plan / Delivering our armed forces’ healthcare needs / Health & Safety Executive data

Where are these needs reflected in existing commissioning strategies?
Berkshire East obesity strategy / Health & safety enforcement plan
Tobacco use

Continue to encourage people to quit smoking
Smoking remains a major public health problem responsible for a significant amount of illness and death in Bracknell – over a fifth (22.1%) of people in Bracknell Forest smoke, and it is estimated that one in six (16.5%) of all deaths in South East England result from tobacco use, especially from lung cancer and heart disease.

Target particular groups of smokers
A recent review of NHS Stop Smoking Services in the area found that men, and people aged 16-24 didn’t seem to use the service as much as the rest of the population, so preventative and smoking cessation services should target these groups.

Smoking among pregnant women is particularly damaging, since not only the mother but also the baby may be affected, and efforts need to continue to reduce the number of pregnant women smoking.

It is known that deprivation and manual employment are both associated with higher rates of smoking, and individuals in these groups should also receive particular attention. Owlsmoor, Winkfield & Cranbourne, and Hanworth, have the highest estimated rates of hospital admission for conditions due to smoking in the Borough.

Extra support should be made available to local mental health facilities, which will be required to go smoke-free in July 2008.

Address illegal tobacco sales
Efforts should continue to reduce tobacco smuggling and sales of tobacco to minors, including test purchases at local retailers, and enforcing the recently raised minimum age for tobacco sales (increased from 16 to 18 in October 2007).

Where does the evidence come from?
Berkshire East smoking cessation health equity audit / Deaths due to smoking data / Hospital admissions due to smoking data / Health & well-being strategy / Smoke-free Berkshire Alliance Strategic Action Plan

Where are these needs reflected in existing commissioning strategies?
Health & well-being strategy / Smoke-free Berkshire Alliance Strategic Action Plan / East Berks PCT Commissioning Strategy
Needs by health and wellbeing determinant
Individual lifestyle / risk factors

Drug misuse

See also  FURTHER NEEDS LISTED UNDER: Housing (p.13), Children in care (p.32), Offender population (p.33)
OTHER RELEVANT AREAS: Children and young people (p.25), Carers (p.31), Sexual and reproductive health (p.38), Infectious diseases (p.39)

Increase number of drug users accessing treatment services
Drug use is thought to be a major problem by residents of Bracknell Forest. Of the 225 ‘problem drug users’ (those using opiates, like heroin; or crack cocaine) in the Borough, nearly a third (32%) were estimated not to be in treatment. Once in treatment, the number who stayed in treatment for at least 12 weeks was 69%, below the national benchmark of 77%; and the proportion who did not complete their treatment course (‘unplanned discharges’, 71%) was above the South East England (62%) and national (61%) averages.

Improve information available on drug misuse
Recent evidence suggests that substance users in the Borough would benefit from more information and advice, such as information on safe injecting practices and disposal of injecting equipment, and preventing accidental overdose. Parents and carers, and young people, should also be offered more information; nearly 1 in 7 (14%) secondary school children in the Borough claimed to have used illicit drugs in the month before answering a recent survey, although this figure is comparable to national estimates.

The quality and timeliness of data collected on substance misuse in East Berkshire should also be improved, making it easier to understand the needs of drug users.

Reduce the spread of blood-borne viruses in drug users
Viral hepatitis and HIV are very serious illnesses which can be transmitted via the bloodstream, so injecting drug users are at particular risk. National guidance should be followed on preventing the risk of blood-borne viruses in drug users, including maintaining needle exchange facilities; ensuring hepatitis B vaccination is available; improving access to general health checks, and hepatitis C and HIV counselling, testing, and treatment.

Where does the evidence come from?
Drug misuse health needs assessment / Health & well-being strategy / TellUs2

Where are these needs reflected in existing commissioning strategies?
Health & well-being strategy
Alcohol misuse

Tackle social problems associated with alcohol
Over half (51.6%) of residents in the Borough think that rowdy or drunk behaviour in public places is a significant problem in Bracknell, and a significant number of people (around 330) are admitted to hospital each year due to alcohol. Nearly 1 in 5 (18%) of children in the Borough had been drunk on at least one occasion in the month prior to a recent survey.

Improve services for people who abuse alcohol
Recent assessments of alcohol services across East Berkshire have found that particular groups in the population had problems accessing appropriate services for alcohol misuse, especially women and young adults, and that better information should be made available to children on alcohol misuse. It has also been noted that a standard care pathway and improvements in identifying and referring people with alcohol problems would be beneficial.

Where does the evidence come from?
East Berkshire alcohol misuse health needs assessment / Children & young people’s plan / Health & well-being strategy / TellUs2 / Hospital admissions due to alcohol / Audit Commission summaries

Where are these needs reflected in existing commissioning strategies?
Health & well-being strategy / Children & young people’s plan
Bracknell Forest Joint Strategic Needs Assessment 2008

Needs by health and wellbeing determinant
Individual lifestyle / risk factors

Obesity, diet and exercise

See also FURTHER NEEDS LISTED UNDER. Social and cultural factors (p15), Physical environment (p16), Air, water, land, food and sanitation (p18), Children in care (p32), Mental health (p34), Endocrine (hormonal) diseases (p35), Occupational health (p20), Learning disabled (p30),

OTHER RELEVANT AREAS Education (p12), Circulatory diseases (p36), Sexual and reproductive health (p38)

Improve our knowledge about obesity in Bracknell Forest
Obesity is known to be associated with a wide variety of illnesses, including heart disease, diabetes, high blood pressure, depression and infertility. Over a fifth (21.9%) of adults in Bracknell Forest are estimated to be obese, and there is a significant problem among schoolchildren also – just under a fifth (18.2%) of boys and just under 1 in 6 (14.3%) girls in year 6 (usually aged about 11) are obese. Nearly 1 in 10 boys (9.7%) are obese by the time they enter school for the first time (reception year, aged about 4). Many local residents agree that obesity is a major health issue for Bracknell. It is thought that obesity is likely to be most common in areas such as Great Hollands North and Priestwood & Garth, although the data behind these estimates is not particularly accurate when looking at such small areas. In order to get a better understanding of the problem, more data are needed, including better recording and monitoring of weight among children and adults.

Encourage healthy eating in adults and children
Obesity is known to be intimately linked to people’s diets, so it is important that children understand the benefits of healthy eating; in a recent survey a quarter of secondary school pupils in the Borough wanted more information on healthy eating. Adults also need to know how to choose a healthy diet so they can make healthy choices for themselves and their children. Schools can help by maintaining their ‘National Healthy Schools’ status and training staff about how to stay a healthy weight. Some parents would like local schools to provide better quality school meals. A healthy diet includes regular fruit and vegetables, but 70% of local children eat less than the recommended 5 portions each day.

Encourage breastfeeding
For young babies, breast milk is the best source of nutrition; the proportion of new mothers who start breastfeeding (68.3%) is below the rest of East Berkshire (over 75%), and antenatal visits to discuss breastfeeding should be offered to all pregnant women.

Promote exercise in adults and children
Exercise is the other major factor influencing people’s weight. Less than 1 in 6 adults (12.7%) in Bracknell Forest currently do the recommended minimum level of exercise each week (30 minutes of moderate activity on 5 days), whereas (68%) of children tell us they exercise at least 3 days a week, although this is still lower than the national average (73%). As with diet, more information should be available to adults (including parents) and children about the benefits of regular exercise.

Improve access to obesity services
For people who are obese, it should be easier to access advice on how to manage their weight and, if appropriate, be given options for further medical or surgical treatment.

Where does the evidence come from?
Synthetic lifestyle figures / Right care right place consultation / Obesity school nurse figures / Berkshire East obesity strategy / TellUs2 / Sport England figures / Health & well-being strategy / Children & young people’s plan progress check / School meals consultation / Breastfeeding initiation rates / Children & young people’s plan

Where are these needs reflected in existing commissioning strategies?
Berkshire East obesity strategy / Health & well-being strategy / Children & young people’s plan / East Berks PCT Commissioning Strategy
**Children & young people**

See also  
FURTHER NEEDS LISTED UNDER: Education (p12), Housing (p13), Transport (p14), Social and cultural factors (p15), Physical environment (p16), Health and social care services (p19), Tobacco use (p21), Drug misuse (p22), Alcohol misuse (p23), Obesity, diet and exercise (p24), Carers (p31), Children in care (p32), Offender population (p33), Mental health (p34), Sexual and reproductive health (p38), Infectious diseases (p39)

OTHER RELEVANT AREAS: Employment and deprivation (p17), Health and social care services (p19), BME communities (p27)

**Improve access to education, training and employment post-16**

Access to education, training and employment after the age of 16 could be improved for some vulnerable groups, including those in, and leaving, care; a wider range of options for young adults would also be beneficial. The quality of some education provision for those aged over 16 could also be improved.

**Increase the ‘voice’ of young people**

Young people, especially those in care, would benefit from having a greater say in the planning of future children’s services, and contributing to the corporate parenting panel.

**Understand the needs of particular children better**

The proportion of children from a Black or minority ethnic (BME) background in Bracknell is increasing, and the needs of these individuals should be looked at in more detail, to ensure appropriate services are being provided. Information on the ethnicity of children making use of services should be recorded more rigorously by health and social care services, to support this assessment.

Not enough is also currently known about the health needs of children leaving care.

**Provide support for children witnessing domestic violence**

Provision of a schools-based peer-support programme, and direct group work for children witnessing domestic violence, has been recommended locally.

**Reduce the number of children in poverty**

Although Bracknell Forest is a relatively affluent part of England, there are significant pockets of deprivation. Over 1 in 5 children (22%) in Great Hollands North live in poverty, a figure above the South East England average (19%).

**Where does the evidence come from?**

Income deprivation affecting children index (IDACI) / Children & young people’s plan progress check

**Where are these needs reflected in existing commissioning strategies?**

Children & young people’s plan
Needs by population group

Older people

See also FURTHER NEEDS LISTED UNDER: Education (p12), Housing (p13), Physical environment (p16), Health and social care services (p19), Mental health (p34), Falls (p37)

OTHER RELEVANT AREAS: Long-term illness (p28), Physically disabled (p29), Circulatory diseases (p36), Infectious diseases (p39), Cancers (p40), Respiratory illness (p41)

Plan for anticipated rise in social care needs

With the projected rise in the population of older people in the Borough – an increase of roughly 1,500 people over the age of 75 between 2008 and 2018 – this will have a significant impact on the number of people needing outside help in their daily lives. Although the percentage of older people living on their own is likely to stay roughly the same, this will still mean an absolute rise in individuals from an estimated 2,824 in 2008 to 3,663 in 2020. Currently over 2,000 older people receive social care services in Bracknell Forest, the majority in their own home.

Over time, it is likely that family support may also be less available because the birth rate in the Borough is projected to fall slightly, leading to a smaller teenage population in the next 10 years, and beyond that, a smaller working age population.

Help older people remain independent

Many older people in the area wish to stay in their own homes for as long as possible; independence with daily activities such as dealing with finances is also desired. Provision of information on support available to older people, or sign-posting where to find that information, could be improved. It was also felt that more could be done to help older people socialise easily with their peers, such as through providing meeting places.

Prevention and early intervention health and social care services for older people could be improved, along with ensuring equitable (fair) access to services in general. Older people with long-term conditions would benefit from more support to manage their illness.

Improve flu jab uptake

Although over three quarters (75.8%) of the local population of older people is currently receiving the annual influenza immunisation, this rate is slightly below the regional average (77.4% for South Central area). The higher the rate, the better the population is protected against influenza which, in older people and other risk groups, can sometimes be life-threatening.

Improve availability of dedicated ‘end of life’ care

In a recent review, nearly three times as many people died in hospital (57%) in East Berkshire compared with their home (19%), and in one survey it was found that two thirds (66%) of people wished to die at home, but only 1 in 16 (6%) ended up doing so. Improvements have been suggested for availability of dedicated support for ‘end of life’ care, including improving training opportunities for staff, information for carers, and better access to designated palliative care beds.

Where does the evidence come from?

RAP PI / ONS population projections / Health profile / Health & well-being strategy / Birth projections / POPPI projections / Immunisation uptake data / Commissioning Strategy for Older People’s Services / East Berks end of life review

Where are these needs reflected in existing commissioning strategies?

Health & well-being strategy / Commissioning Strategy for Older People’s Services / Older people’s purchasing plan
Needs by population group

Black and minority ethnic (BME) communities

See also FURTHER NEEDS LISTED UNDER: Education (p12), Housing (p13), Social and cultural factors (p15), Health and social care services (p19), Tobacco use (p21), Children and young people (p25), Carers (p31), Children in care (p32), Mental health (p34)

OTHER RELEVANT AREAS: Sexual and reproductive health (p38), Infectious diseases (p39)

Improve access to health and education for Travellers
With a significant traveller population in Bracknell Forest with its own specific health needs, the area would benefit from a specialist traveller health worker. It is known that Traveller communities have significantly poorer health status than other minority groups. Particular causes of this are levels of smoking, and access to education and GP services.

Reduce HIV spread in BME communities
Individuals of Black African descent make up a disproportionate number of new HIV diagnoses in Bracknell Forest and the rest of East Berkshire (nearly half of all new diagnoses), so efforts to reduce HIV spread should actively involve this community.

Where does the evidence come from?
East Berkshire Sexual Health needs assessment / Travellers’ needs assessment / Health status of Gypsies and Travellers in England

Where are these needs reflected in existing commissioning strategies?
No specific plans identified to date
Long-term illness

Plan for increase in people with long-term conditions
The number of people with long-term illnesses in Bracknell Forest such as coronary heart disease (CHD) and diabetes is projected to increase significantly – by a third (32.8%) in the next 10 years, from 32,824 to 43,590 people – and health and social services will need to have the capacity to meet the needs of these people.

Reduce inequalities for those with long-term illness
Although fewer residents in the Borough generally considered themselves to have a ‘limiting long-term illness’ (11.7%) than the South East (15.5%) or England average (17.9%), the wards with the highest number affected in the working-age population were Crowthorne, Wildridings & Central, Great Hollands North and Old Bracknell, which are also some of the most deprived. It is estimated that roughly 300 individuals with limiting long-term illness aged 18-64 are not currently receiving services from which they could benefit.

Residents with long-term illness are also less likely than the average to have access to a car, or central heating, both of which could impact on their ability to manage their illness. Poor access to transport is also known to result in problems accessing employment in this group.

Where does the evidence come from?
Limiting long-term illness data / Long-term conditions strategy / Long-term conditions projections

Where are these needs reflected in existing commissioning strategies?
Long-term conditions strategy
Physically disabled

Improve access for disabled people in schools and other buildings
Schools need to continue the process of adapting their buildings to be accessible for those with physical disabilities. All premises open to the public, including shops and other businesses, are also under an obligation to make adjustments for those with disabilities.

Continue to provide care where needed for physically disabled
In 2006/7, 368 physically disabled people under the age of 65 were receiving social care services, the majority in their own homes. Nearly 2000 (1902) people over 65 were in receipt of care. 245 people were registered as being deaf or hard of hearing in 2004, and 305 blind or visually-impaired.
Roughly 75 people are currently registered as having dual sensory loss, i.e. sight and hearing problems. A recent review of services for the ‘deafblind’ in Berkshire recommended many changes to the way services are organised; that information should be provided in appropriate formats (e.g. Braille, large print etc.); and that carers of deafblind people are offered Carers’ Assessments.

Where does the evidence come from?
Children & young people’s plan progress check / RAP PI/ Disability Discrimination Act / You know it makes sense

Where are these needs reflected in existing commissioning strategies?
Children & young people’s plan / Older people’s purchasing plan / Long term conditions commissioning strategy
Needs by population group

Learning disabled and autistic spectrum disorder

See also FURTHER NEEDS LISTED UNDER Education (p12), Housing (p13), Offender population (p33), Mental health (p34)
OTHER RELEVANT AREAS Employment and deprivation (p17), Health and social care services (p19), Tobacco use (p21), Obesity, diet and exercise (p24), Children and young people (p25), Endocrine (hormonal) diseases (p35), Circulatory diseases (p36), Cancers (p40), Respiratory illness (p41)

Plan for rise in number of people with learning disability

It is estimated that over 3000 people (3,247) in Bracknell Forest have a learning disability, of which 1,850 are of working age. A subset of this group have severe learning disability (462, of which 260 working age). Currently around 1 in 10 people with a learning disability (347) receive assistance from the local authority. Bracknell Forest is known to have a higher number of people with learning disabilities per head of population than the average for England; and it is projected that the number of people with severe learning disability in the Borough will increase by about 1% each year for the next 15 years.

There is currently a relatively large group of children aged 15 with learning disabilities (23 individuals), who may need Adult social services support from 2010/11, as they get older.

Reduce health inequalities for those with learning disabilities

It has been found that as a group, people with learning disabilities suffer from higher rates of obesity, smoking, heart disease, high blood pressure, respiratory disease, diabetes, breast cancer, and stroke, than the general population. Their life expectancy is also lower—67 for men and 69 for women in the Borough, compared with 78 and 82 respectively for the local population as a whole. It is thought that inequalities in being able to access health care, and the quality of the care received, may underlie this. In particular, cervical and breast cancer screening rates are below the average, and there is some evidence that illnesses may go undiagnosed in people with learning disabilities, the symptoms being erroneously attributed to the learning disability.

Improve opportunities for employment

The opportunities open to individuals with learning disabilities after leaving school are narrower than for other school-leavers, and this is reflected in the low employment rate. Only 7% of those with learning disabilities in Bracknell Forest are employed, compared with 10% for South East England and England as a whole. These rates are obviously well below the population without learning disabilities – the comparable figure for the general Bracknell Forest population is 83%.

Improve access to services for people with Asperger syndrome

People with some forms of autistic spectrum disorder (ASD), such as Asperger syndrome, do not always qualify for statutory learning disability or mental health services, despite significant needs. Adults with Asperger syndrome can sometimes experience problems accessing education, housing and employment opportunities because of this. Access to health and social services, and awareness of ASD among professionals, could also be improved.

Where does the evidence come from?
RAP P1 / Learning disability needs analysis / Equal treatment: closing the gap / Cabinet Office social exclusion data / Children & young people’s plan progress check / Taking Responsibility

Where are these needs reflected in existing commissioning strategies?
Children & young people’s plan
Needs by population group

Carers

See also        FURTHER NEEDS LISTED UNDER  Education (p12), Drug misuse (p22)
OTHER RELEVANT AREAS  Children and young people (p25), Older people (p26), BME communities (p27),
Long-term illness (p28), Physically disabled (p29), Learning disabled (p30), Children in care (p32), Mental
health (p34), Respiratory illness (p41)

Reduce health and social inequalities for carers
Nationally, it is known that people caring for others suffer from poorer health than the rest of the
population (roughly 1 in 5 class themselves as being in poor health). In addition, many carers have to forfeit
their work in order to continue their caring role, and roughly a third face financial difficulties as a result of
caring.

Improve access to services
Young carers should be able to access Supported Lodgings to help during the transition to living
independently, and access to Carers’ Assessments by all carers should be improved. Opportunities for
breaks from caring responsibilities should be accessible, and the needs of particular groups of carers taken
into account (including those from BME groups; disabled carers; and other vulnerable groups).

Carers should be involved in decisions relating to the person they care for.

Improve availability of advice
General information and advice to support carers should be made more easily available, especially for
young carers.

Where does the evidence come from?
Carers UK / Children & young people’s plan progress check / Children & young people’s plan ➔ / Bracknell Forest
Carers’ Strategy

Where are these needs reflected in existing commissioning strategies?
Children & young people’s plan
Needs by population group

Children in care (looked-after children) and care leavers

See also

FURTHER NEEDS LISTED UNDER  Children and young people (p25), Offender population (p33), Mental health (p34)
OTHER RELEVANT AREAS  Education (p12), Employment and deprivation (p17), Health and social care services (p19), Tobacco use (p21), Drug misuse (p22), Alcohol misuse (p23), Obesity, diet and exercise (p24), BME communities (p27), Sexual and reproductive health (p38)

Improve health and education opportunities for children in care

Children in care are more likely to have mental health problems than those not in care (nearly 1 in 2 – 45% – compared with around 1 in 10 of the general population), and may also have problems accessing health services. Educational achievement is below the average for their age, and as a group a high proportion will not go into training, education or employment after age 16 - half (50%) of care leavers in the Borough in 2005/6 were in education, employment or training on leaving care, compared with 61% for South East England, and 62% for the country as a whole. There are currently 77 children in care in the Borough. Young women aged 15 to 17 who have been in care are three times more likely to become teenage mothers than their peers.

Improve access to ‘positive activities’ for children in care

It is recognised nationally that access to leisure activities such as sport or music can be difficult for children in care, and needs to be improved. Children in care are currently more likely to be involved in criminal activity on average than their peers.

Increase number of foster care placements

Although there is a shortage of foster carers nationally, in the Borough this is particularly acute in the provision of care for adolescents, children with complex needs, and some Black and minority ethnic (BME) groups.

Identify needs of care leavers

It is thought that gains made to children’s health during the period they are in care are at risk of being lost once they leave care. In particular, problems with tobacco, drugs, alcohol, diet and teenage pregnancy, are suspected to be common. However, little formal work has been done to date to identify the needs of this group of children, in order to provide appropriate services to maintain their health and wellbeing after leaving care.

Where does the evidence come from?

Children & young people’s plan / Care matters: time for change / Promoting the health of looked-after children / Joint area review / Looked-after children report / Cabinet Office social exclusion data

Where are these needs reflected in existing commissioning strategies?

Children & young people’s plan
Needs by population group

Offender population

See also FURTHER NEEDS LISTED UNDER Health and social care services (p19), Children in care (p32), Mental health (p34)
OTHER RELEVANT AREAS Education (p12), Housing (p13), Social and cultural factors (p15), Employment and deprivation (p17), Tobacco use (p21), Drug misuse (p22), Alcohol misuse (p23), Children and young people (p25), Learning disabled (p30), Sexual and reproductive health (p38)

Reduce health inequalities in offenders
It is known that people in contact with the criminal justice system, in particular children, are more likely to have problems with mental health, substance misuse, sexual health and physical well-being than their peers. In young people, roughly 1 in 3 have mental health issues and 1 in 4 learning disabilities. In addition, the majority (roughly two-thirds) come from difficult family backgrounds, with 1 in 3 having been in care at some point in their lives. Maintaining links with family while in custody is desirable.

Improve access to health care in community
Offenders in the community may have difficulties accessing primary and secondary care (such as registering with GPs or attending hospital), or problems getting important medications after they are released from institutions.

Provide more advice on housing and employment
People leaving the criminal justice system can find it difficult to know where to find housing and employment, and need help with this. Providing suitable accommodation can reduce the risk of re-offending.

Where does the evidence come from?
Housing strategy 2008-14 / Youth Justice Board health report / Improving health, supporting justice

Where are these needs reflected in existing commissioning strategies?
Housing strategy
Mental health

See also  
FURTHER NEEDS LISTED UNDER  
Education (p12), Housing (p13), Social and cultural factors (p15), Employment and deprivation (p17), Tobacco use (p21), Obesity, diet and exercise (p24), Children in care (p32), Offender population (p33)

OTHER RELEVANT AREAS  
Health and social care services (p19), Occupational health (p20), Alcohol misuse (p23), Older people (p26), BME communities (p27), Long-term illness (p28)

Improve mental health support for children and young people

Over 1500 children in Bracknell Forest Borough (1528 5-16 year olds) have mental health problems. A recent review of the Child and Adolescent Mental Health Service (CAMHS) across East Berkshire suggested some improvements in how CAMHS is organised locally, including how professional support is provided within the service, ensuring good note-keeping, and consistent care pathways; over time, access to cognitive behavioural therapy should be improved.

Provide specialist support for vulnerable young people

Young people who have learning disabilities, are in care, and those from BME communities, do not currently use CAMHS as much as would be expected, suggesting these groups are unable to access the service adequately. Children in or leaving care, with learning disabilities, or in the criminal justice system also require more specialist support than is currently available.

Improve access to mental health services for adults

Mental health problems in adults is thought to be a major public health problem by residents of the Borough. Over 19,000 people are estimated to have a mental health problem in Bracknell Forest, with over 500 people (541) under the age of 65 currently receiving social services support for this. A recent local assessment found that many people with less serious, yet still important, mental health issues, may have problems accessing support for their condition. Among adults, those from BME communities may in particular have difficulties accessing services. Over the next 10 years it is estimated that the number of people with a severe mental health problem in the Borough will rise significantly, by around 17%.

Plan for increase in people with dementia

The number of men and women with dementia in the Borough is projected to rise significantly, from around 957 people over the age of 65 in 2008, to 1,302 in 2020, a rise of 36%; health and social services will need to meet the needs of this growing population.

Reduce social exclusion and discrimination, and tackle bullying

People with mental health problems can be subject to discrimination, and end up socially isolated; mental health promotion initiatives can help reduce this. Over a third (35%) of children in the Borough say they have been bullied in the last month, above the national average (29%). Safety when using the internet (‘e-safety’) is also an issue for young people.

Address physical health problems

People with mental health issues have higher rates of long-term illness and alcohol dependence, and are more likely to smoke and have a poor diet, than their peers. It is therefore important that physical health needs are met in people with mental illness.

Where does the evidence come from?
East Berkshire mental health needs assessment / Children and young people’s plan progress check / CAMHS needs assessment / Children and young people’s plan / TellUs2 / Mental health commissioning strategy / Health & wellbeing strategy / Right Care Right Place / RAP PI / POPPI projections / Long term condition projections

Where are these needs reflected in existing commissioning strategies?
Children & young people’s plan / Health & wellbeing strategy / Berks East PCT Commissioning Strategy / Mental health commissioning strategy
Needs by disease / illness

Endocrine (hormonal) diseases

See also FURTHER NEEDS LISTED UNDER Obesity, diet and exercise (p24), Long-term illness (p28), Learning disabled (p30)
OTHER RELEVANT AREAS Social and cultural factors (p15), Health and social care services (p19), BME communities (p27)

Plan for increase in people with diabetes

It has been estimated that the number of people in the Borough with diabetes will rise over the next few years. Since obesity is a major risk factor for adult-onset (Type 2) diabetes, how much diabetes will rise depends in part upon whether obesity levels rise. If obesity in the Borough rises, the percentage of the population with diabetes is estimated to be 3.43% by 2010 (compared with 2.84% in 2001) - this is equivalent to a relative increase of over a fifth (20.8%) between 2001 and 2010. If the number of people with obesity starts to fall, the number with diabetes may only rise modestly, to 2.90%.

Estimating the number of people with diabetes is important for planning adequate community (primary) and hospital (secondary) health services.

Where does the evidence come from?
East Berkshire diabetes needs assessment / Diabetes prevalence projections

Where are these needs reflected in existing commissioning strategies?
East Berks PCT Commissioning Strategy
Circulatory diseases

See also FURTHER NEEDS LISTED UNDER Tobacco use (p21), Obesity, diet and exercise (p24), Long-term illness (p28), Learning disabled (p30)
OTHER RELEVANT AREAS Health and social care services (p19), Older people (p26), BME communities (p27), Neurological illness (p42)

Plan for increase in people with circulatory diseases

Due to a combination of an ageing, and larger, population in the Borough over the next 10 years, the number of people diagnosed with coronary heart disease (CHD), heart failure, stroke (also classified as a neurological disorder) and high blood pressure, are all estimated to increase significantly.

Rises of between a third to a half are projected for each condition – coronary heart disease (40.6%), heart failure (50.9%), stroke (40.9%), high blood pressure (33.4%).

Pick up and treat more people with heart disease

The number of people in East Berkshire who are listed by their GP as having heart disease (2.71%) is below the number which would be expected (3.09%), suggesting some people with the condition have not yet been diagnosed, and are therefore unlikely to be receiving the correct treatment. (The possibility that it is simply GP registers which are not up-to-date should also be investigated.)

Treat more people with high blood pressure

A large number of people in the Borough – over 11,000 – have high blood pressure (11,385 estimate). It is estimated that less than two in five (39.2%) are currently receiving treatment for their condition. This is below the national average of 41.2%, although this latter figure should not be seen as a ‘target’, since the majority of those with high blood pressure should be offered treatment.

Where does the evidence come from?
Long term conditions strategy / Long term conditions projections / APHO CHD model / APHO hypertension model

Where are these needs reflected in existing commissioning strategies?
East Berks PCT Commissioning Strategy
Falls

**Reduce risk of falling among older people**

It is estimated that each year in East Berkshire over 10,000 residents over the age of 65 sustain an injury after falling. Hip fracture is a common and dangerous consequence of falling, although the rates of this type of broken bone is lower in Bracknell than the average for the country (498.5 per 100,000 residents per year locally, compared with 565.3 nationally). However, the population of older people is projected to rise significantly in the area over the next 10-20 years, so the number of people at risk of falls will also increase.

Preventing falls (for example by making sure a patient's medication is optimal; checking bone density for osteoporosis; or checking a house for loose carpets or trip hazards) in the first place is the best way of preventing this type of fracture.

**Improve falls training and access to bone density scans**

Roughly 300 individuals a year (292 in 2007) are referred to the Bracknell Forest falls service, where help is provided to get people back on their feet and reduce the risk of subsequent falls. Although this service is generally valued by those who receive it, there is a waiting list for scans to measure bone density (DXA scans): it is estimated that roughly threefold the number of scans which are required can currently be carried out routinely.

Health professionals, such as doctors and nurses, are not routinely given specialist training in looking after people with falls, knowledge which could help prevent further falls in patients.

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Where does the evidence come from?
Berkshire East Falls Strategy / Berks East Falls Service Annual Report / Health profile / Health & well-being strategy

Where are these needs reflected in existing commissioning strategies?
Berkshire East Falls Strategy / Health & well-being strategy
Improving prevention of sexually transmitted infections
More resources need to be put into preventing sexually transmitted infections (STIs), including HIV and chlamydia. In particular, sex and relationship education (SRE) could be delivered more comprehensively – 38% of local schoolchildren would like more information about sex and relationships. Screening for chlamydia among young people should also continue to be supported and developed.

The number of people being diagnosed with HIV in the South Central area has stayed roughly the same over the last four years; although it is good that this is not rising, sexual health promotion needs to continue, to maintain public awareness of the risks, and try to bring the rate down.

Continue to offer family planning advice and address teenage pregnancy
Although the number of teenagers becoming pregnant continues to fall in Bracknell Forest, this is dependent on continuing to offer support and advice to all sexually active people, including advice on contraception.

Maintain rapid access to sexual health clinics
The number of people able to access genitourinary medicine (GUM) clinics rapidly (within 48 hours) for advice and support with sexual health issues, is generally very good (96% for the East Berkshire as a whole, compared with 85% for England and 91% for the South Central area). However, historic data suggest that rapid access to the clinic in Bracknell Forest (at Skimped Hill) may be more difficult than in the rest of East Berkshire. To what extent this affects local residents is difficult to know: many people prefer to go to GUM clinics outside their area of residence; but ensuring residents have quick, easy access to local clinics remains a priority regardless.

Where does the evidence come from?
East Berkshire Sexual health needs assessment / Children & young people’s plan progress check / Children & young people’s plan / TellUs2 / Health & wellbeing strategy / HPA national audit / HPA HIV rates

Where are these needs reflected in existing commissioning strategies?
Children & young people’s plan / Health & wellbeing strategy / East Berks PCT Commissioning Strategy
Needs by disease / illness

**Infectious diseases**

See also FURTHER NEEDS LISTED UNDER Health and social care services (p19), Drug misuse (p22), Older people (p26), BME communities (p27), Sexual and reproductive health (p38)

OTHER RELEVANT AREAS Children and young people (p25)

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**Increase the number of children receiving pre-school immunisations**

The number of children in East Berkshire who receive their pre-school boosters at around three and a half years old, is relatively low. The DTP (diphtheria, tetanus and pertussis) booster is received by around three-quarters (74%) of local children, compared with 79% for the rest of England and 81% for South Central as a whole. The second dose of MMR (measles, mumps and rubella) is received by 68% compared with 73% in the region and nationally.

High levels of immunisation in the population are important to reduce the transmission of these potentially serious infections between people, including un-immunised adults.

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**Confirm local reporting patterns**

Superficially, it would appear that the rates of death due to pneumonia (lung infection) and other infectious diseases (the latter in women only) are significantly higher in Bracknell Forest than the rest of the region or the country as a whole, even when the age and sex-profile of the area is taken into account (the South East generally has a relatively elderly population, so without correction for this it might be expected to see more pneumonia cases). Death due to pneumonia is recorded as 37.17 per 100,000 people per year in Bracknell Forest, compared with 30.22 in the South East, and 31.02 for England; and for infectious and parasitic disease in women, 12.01 per 100,000 per year, compared with 5.83 in the South East and 6.79 in England.

Although this may be a genuine rise, it is most likely that it is due to variation in how death certificates are filled in across the country, but this should be confirmed.

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Where does the evidence come from?
Mortality data / Immunisation uptake data

Where are these needs reflected in existing commissioning strategies?
No specific plans identified to date
Needs by disease / illness

Cancers

See also  FURTHER NEEDS LISTED UNDER  Learning disabled (p30)
OTHER RELEVANT AREAS  Health and social care services (p19), Long-term illness (p28)

Plan for rise in cancer cases
The number of people diagnosed with cancer is expected to rise significantly (by 34.3%) over the next 10 years, in part due to an ageing population. Health and social care services will need to take this into account when planning community (primary) and hospital (secondary and tertiary) care.

Monitor skin cancer death rates locally
The male death rate for a serious skin cancer, malignant melanoma, 8.0 per 100,000 residents per year, is significantly above that for England (2.38). The most likely explanation for this is that it is a chance finding (a 'blip') which won't be repeated in subsequent years, because the number of people suffering with this cancer is very small. However, it would be sensible to monitor this carefully, and investigate any confirmed trend of higher death rates. Malignant melanomas are sometimes associated with excessive sun exposure.

Where does the evidence come from?
Mortality data / Long-term condition projections

Where are these needs reflected in existing commissioning strategies?
East Berks PCT Commissioning Strategy
Needs by disease / illness

Respiratory illness

See also
FURTHER NEEDS LISTED UNDER Health and social care services (p19), Tobacco use (p21), Older people (p26), Learning disabled (p30), Infectious diseases (p39)
OTHER RELEVANT AREAS Housing (p13), Long-term illness (p28),

Plan for rise in people with respiratory illness

The number of people diagnosed with long-term breathing (respiratory) problems is expected to rise significantly over the next 10 years. Asthma is projected to rise by a fifth (20.4%), and chronic obstructive pulmonary disease (COPD), a diagnosis which includes bronchitis and emphysema, to rise by a half (49.0%). Health and social care services will need to take this into account when planning community (primary) and hospital (secondary and tertiary) care.

Where does the evidence come from?
Long-term condition projections

Where are these needs reflected in existing commissioning strategies?
No specific plans identified to date
Neurological illness

Plan for rise in people with epilepsy

The number of people diagnosed with epilepsy in the Borough is expected to rise significantly over the next 10 years, by 18.0%, partly due to local population expansion. Health and social care services will need to take this into account when planning community (primary) and hospital (secondary and tertiary) care.

Where does the evidence come from?
Long-term condition projections

Where are these needs reflected in existing commissioning strategies?
No specific plans identified to date
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