

# Equalities Monitoring – Services

## Public Health

### Annual Report – 2017-2018



Published: January 2019

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## 1. Introduction

Public health is a statutory function of local government.

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

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

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

## 2. Services for Children and Young People

### Kooth

#### Description

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

#### Outcomes

Improvements in young people's mental wellbeing who work with a Kooth counsellor for two counselling sessions or more are measured by their self-assessed progress against goal-based outcomes. A young person may set more than one goal.

Progress against goals are measured quarterly. In each quarter in 2017/18 there have been positive improvements against goals set. (For example, in Q4, 36 young people made progress against 90 goals which with an average goal movement score of 7.1).

Another outcome measure of counselling is the effectiveness of the therapeutic alliance and young people consistently report satisfaction rates in excess of 80% (In response to the statement "*I felt heard, understood and respected*".)

However, the majority (approx. 70%) of young people do not need to enter counselling and instead use the Kooth site for access to advice and information about mental wellbeing, to take part in live web forums, to write in the Kooth magazine and generally be part of the Kooth community.

Overall between 90 and 97% of young people say they would recommend Kooth to a friend.

## Access

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

In total 873 young people logged in to Kooth this year, some of whom logged in more than once.

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

### Access by Sex

*Proportion of young people newly registered with Kooth, by sex, in 2017/18, compared to the ONS MidYear 2017 population estimate.*

Sex	New Registrations No.	New Registrations %	Bracknell Forest ONS Mid Year 2017 population 11 – 19 year olds
Male	174	22	52
Gender Fluid	44	5	-
Female	566	70	48
Agender	23	2.9	-

In common with many health-related advice and support services, proportionately more females than males access the service. Uptake of Kooth by males continues to be a challenge for Kooth services in all parts of the country and is a focus of considerable efforts to make Kooth more attractive (for example by looking at introducing gameification and greater personalisation of the site).

The number of new registrants who defined themselves as “gender fluid” was significantly higher this year. For the first time, 23 young people defined themselves as “agender”. This strongly suggests that the anonymity of the Kooth service makes it an attractive source of support for young people from minority genders.

## Access by Race and Ethnicity

*Proportion of young people newly registered with Kooth, by ethnicity in 2017/18, compared to the Schools Census data 2017*

Ethnicity	Kooth New Registrations	Bracknell Forest State Funded Secondary Schools (Schools Census Jan 2017)
White	81%	87%
BME Groups	19%	13%

We can see that the proportion of young people from black and minority backgrounds who register with Kooth is higher than the proportion in the general population.

## **Health Visiting**

### **Description**

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

### **Outcomes**

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

### Access: Universal Offer

#### *Antenatal Review Visits*

There is a universal offer of an antenatal review to all expectant mums at around 28 weeks of pregnancy. The number carried out is based on several variables, the estimated number of births (proxy measure), notifications from midwifery, parental demand and choice. The service has worked very successfully with midwifery to increase the number of new notifications to health visitors this year and has responded to

parental demands for more accessible times/venues. This progress is reflected in the increase in the number of visits this year (658) compared to the previous year (207).

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

*Proportion of New Birth Visits carried out within 14 days in 2017/18*

National Target	Q1	Q2	Q3	Q4
95%	97%	95%	95%	90%

*Proportion of children who received a 6–8 week review by 8 weeks in 2017/18*

National Target	Q1	Q2	Q3	Q4
95%	94%	93%	91%	92%

*Proportion of infants being breastfed (at all) at 6–8 week review in 2017/18*

Local target	Q1	Q2	Q3	Q4
60%	53%	51%	53%	55%

Nationally, experimental statistics for 2016/17 show that the rate of breastfeeding is estimated to be 44%. Although the rate of breastfeeding in Bracknell Forest exceeds the national average, it remains below the local target.

*Proportion of children who received a 1 year review within 1 year in 2017/18*

National Target	Q1	Q2	Q3	Q4
85%	92%	89%	93%	93%

*Proportion of children who received a 2–2.5 year review in 2017/18*

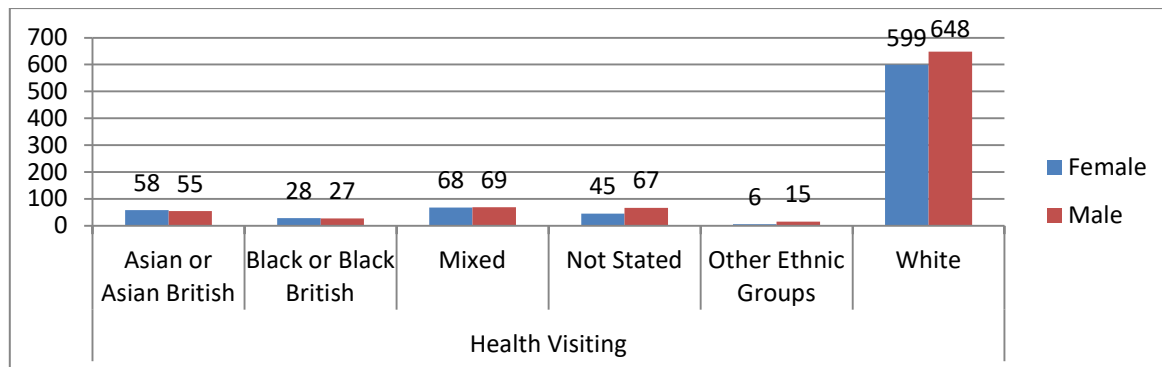
National Target	Q1	Q2	Q3	Q4
85%	88%	91%	91%	96%

Access: Sex and Ethnicity

In 2017/18, 1,685 babies and children aged 0-5 years were seen by the health visiting service in Bracknell Forest. All families with a live birth are eligible to receive the service.

The proportion of males to females reflected the Bracknell Forest midyear estimated population of 0-5 years. (52% males: 48% females).

*Number of babies and children seen by the health visiting service, by sex and ethnicity, in 2017/18*



74% (1,247) babies and children were from White backgrounds.

The equalities data collected and/or reported by the provider has been very limited. As a provider of NHS services, however, the provider carries out a detailed NHS equalities impact assessment for all their policies and procedures which provides some level of assurance to us as commissioner.

## School Nursing

### Description

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

### Outcomes

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

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

In addition, the school nursing service can help manage and support children and young people with long term medical conditions, such as asthma and epilepsy and provide

targeted advice and support around bedwetting, behavioural concerns, and working with other services to make sure families get specialist help for a child with special needs or a disability.

Data collected for the National Child Measurement Programme is the only mandated collection that is nationally benchmarked, as follows:-

### **Performance – Participation in National Child Measurement Programme (NCMP)**

*Proportion of children and young people in Years R and 6 in Bracknell Forest secondary schools who participated in the NCMP in 2017/18, compared to the England average in 2016/17*

Uptake	Bracknell Forest	England Average*
Year R	99.5%	95.8%
Year 6	97.0%	94.2%

\*Source: NHS Digital National Child Measurement Programme, England 2016-17 (accessed 24 September 2018. Data for 2017/18 not yet published)

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

The school nursing service routinely offers vision and hearing assessments and provides a health questionnaire to all parents/carers of children in year R. Uptake of the assessments and responses to health questionnaires increased this year. Uptake of hearing assessments was 99.5% and for vision assessments was 99.8%. 85.4% of health questionnaires were returned.

#### Access: Sex

In 2017-18, 268 children and young people aged 5-19 years were seen by the school nursing service, of whom 115 were female and 153 male. The proportion of males who accessed the service was higher than the previous year and the proportion of females was lower.

*Proportion of the total number of children and young people seen by the school nursing service in 2017/18, by sex*

Sex	%
Males	57
Females	43
Total No.	268



Access: Ethnicity

*Proportion of children and young people seen by the school nursing service in 2017/18, by ethnicity*

Ethnicity	Males	Females
White	68%	71%
Not stated	26%	19%
Other ethnic groups*	11.7%	9.6%

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

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

The equalities data collected and/or reported by the provider has been very limited. As a provider of NHS services, however, the provider carries out a detailed NHS equalities impact assessment for all their policies and procedures which provides some level of assurance to us as commissioner.

### **3. Services for Adults**

#### **Stop Smoking Service**

##### ***Description***

The aim of this service was to provide smoking cessation support in community, acute and primary care settings. The service promoted access to pharmacological and non-pharmacological aids via advisors trained at the appropriate level in line with the National Centre for Smoking Cessation and Training (NCSCT).

##### ***Outcomes***

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

Quitters had access to post quit support if required. Data suggested that the service reached reaching high risk groups effectively.

Due to the nature of nicotine addiction, a person can make several quit attempts in a year.

## Performance

*Proportion of adults and young people under 18 years who set a quit date and who were quit at 4 weeks, by targeted communities and other groups*

Category	Number SAQD 608	% of SAQD	4 WK total 396	4WKQ
<b>Targeted Communities</b>				
Black and Minority Ethnic Groups	19	3	15	79%
Pregnant Women	21	3	17	81%
Routine and manual occupations	141	23	101	72%
<b>Other Groups</b>				
Number of full time students	37	6	13	35%
Number who have never worked or unemployed for over 1 year	46	8	14	30%
Number who have retired	84	14	51	61%
Number sick/disabled and unable to return to work	60	10	31	52%
Number of home carers (unpaid)	40	7	32	80%
Number in managerial and professional occupations	141	23	113	79%
Number in Intermediate occupations	4	1	4	79%
Under 18's	11	1	7	64%

## Sex

In 2017/18, the service supported 273 quit attempts by men and 335 by women.

The number of self-recorded successful quit attempts by men at 4 weeks was 171, compared to 225 in 2016/17 and by women was 225, compared to 236 in 2016/17.

## Ethnicity and other demographics

The service provided quit data for ethnic and other demographic criteria.

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

*Proportion of persons who set a quit date and were successfully quit at 4 weeks, by gender and age group, compared to England averages, 2017-18*

Successful Quits (at 4 weeks)	Bracknell Forest	England (all ages)*
Males	63%	52%
Females	67%	49%

\* Source: NHS Digital. Accessed 29 November 2018

Nationally, the number of people setting a quit date has been steadily declining over the past six years. Equally, the proportion of people who report that they were quit at 4 weeks has also been reducing. The data in Bracknell Forest reflects this national trend. It is likely that people who are still smoking are from so-called “hard to reach” groups, and potentially more likely to have a longer-term, dependent smoking habit so find it much harder to quit.

## **Fit for All**

### **Description**

The Fit for All programme was set up by Public Health with the aim of becoming a community-led initiative that will not require ongoing Bracknell Forest Council funding in future. As such Public Health has adopted a "light touch" approach to monitoring the programme during 2017/18, whilst actively promoting it to residents. Regular feedback from participants and the tutors continues to demonstrate that the classes are fulfilling their objectives of attracting older, less active people who also benefit from the opportunity to socialise with each other.

## **Weight Management – Slimming World**

### **Description**

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

People with a BMI of 30 and over can be referred to Slimming World, a commercial weight management provider, for a free 12 week weight loss programme.

## Outcomes

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

## Performance

In 2017/18, our referring partners in Bracknell Forest referred in total 830 people to Slimming World and of those, 404 completed the 12-week course. Of those who completed, 67.8% achieved 5% weight loss and 20.5% achieved 10% weight loss, which exceeds the comparable figures across all Slimming World clients who complete the programme.

The following data is based on activations (ie people's start dates) extracted from the cumulative report. (Note the total number of referrals and activations will not match).

## Age

*Proportion of the total number of clients who started the 12-week Slimming World programme, by age, in 2017-18*

Age	No.	%
18 - 34	138	21.7
35 - 49	178	28.1
50 - 64	213	33.6
65 - 74	78	12.3
75 - 79	19	3.0
80+	8	1.3
	634	

## Sex

*Proportion of the total number of clients who started the 12-week Slimming World programme, by sex, in 2017-18*

Sex	No.	%
Male	125	19.7
Female	509	80.3

The significantly higher proportion of females to males reflects the membership of other Slimming World groups. However, we have seen continued progress in attracting males to the programme; 13.9% in 2015/16 and 18.2% in 2016/17.

## Race/Ethnicity

*Proportion of the total number of clients who started the 12-week Slimming World programme, by ethnicity, in 2017-18*

Ethnicity	%
White	92.3
Other ethnic groups	6.3
Not stated	1.4

## GP Services

### Description and Outcomes

Contracts are offered to General Practice to provide:

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

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

*IUS* – an effective method of LARC which is similar to an IUCD but instead of releasing copper like the IUCD, it releases the hormone progesterone. Once fitted it can stay in the womb for 3 to 5 years.

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

### Performance

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

Offered – 8,501

Delivered – 2,321

IUCD (eligible: women requiring long term contraception)

Inserted: 184

Removed: 121

IUS (eligible women requiring long term contraception)

Inserted: 331

Removed: 332

Nexplanon (eligible: women requiring long term contraception)

Inserted: 452

Removed: 443

## Protected Characteristics

The 13 separate practices that make up General Practice in Bracknell Forest hold more data for their services, however we can only report here that which is made available to public health.

Health Checks: no data is provided

### IUCD/IUS/Nexplanon (LARC methods)

Some data has been provided from LARC insertions and removals. However, the actual number of unique individuals is unknown, as the same woman could be counted multiple times as an insertion and removal, based on clinical need. This uncertainty means that direct local or national comparisons are not possible.

## Ethnicity

*Number of Long Acting Reversible Contraception insertions and removals, by ethnicity, in 2017-18*

Ethnicity	No.
African	47
Any other group	5
Asian	31
Caribbean	16
Indian	19
Mixed White	<5
Nepalese	16
Not Stated	359
other black	<5
Other Mixed	5
Other White	115
Pakistani	10
Filipino	<5
White British / Irish	1089
Other British	146
Total	1863

## Age

Bearing in mind the same woman could be counted multiple times as an insertion and removal, the age band with the highest number of LARC insertions and removals was 30-34. When broken down by insertion and removal, the age band with the highest number of insertions was 30-34 and the age band with the highest number of removals was 25-29.

*Number of Long Acting Reversible Contraception insertions and removals, by age, in 2017-18*

Age band	Total in	Total out	Total in and out
15-19	50	11	61
20-24	105	109	214
25-29	116	135	251
30-34	206	125	331
35-39	170	119	289
40-44	138	122	260
45-49	109	99	208
50-54	37	105	142
55+	35	70	105
Under 15	<5	<5	<5

## Integrated sexual health service

### Description

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

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

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

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

## **Outcomes**

Outcomes of the integrated sexual health service include:

The three main sexual health Public Health Outcome Framework measures:

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

As well as:

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

## **Performance**

In 2017/18, 1,990 individual Bracknell Forest residents visited the integrated sexual health clinic (any of the 3 clinics in Bracknell Forest, RBWM and Slough) over 2,998 attendances. Please note that attendances can be multiple for one person and that the total number of unique residents includes all those who have attended and those who received a contact via telephone/text with a Health Adviser. The majority of people accessing Health Advisers will have been seen in clinic and therefore will be accounted for in the totals. There was a total of 4,181 genitourinary interventions and 1,842 reproductive healthcare (contraceptive) interventions delivered.

### **Age:**

Of the 1,990 individual residents, 28 were aged below 15, 754 were aged 15-24 and 1,208 were aged 25 and over. This is a similar breakdown to 2016/17.

### **Gender**

Of the 1,990 individual residents, 1,552 identified as female and 438 identified as male. This is a percentage split of 78% female vs 22% male. No comparable data was provided in 2016/17.



## Ethnicity

After 'White British', the highest number of residents attending the service identified as 'Other white background' followed by 'African (Black or Black British)'. No comparable data was provided in 2016/17.

*Number of residents who attended the integrated sexual health service, by age and ethnicity, in 2017-18*

Ethnicity	Age Bands		
	Under 15	15-24	25 and over
African (Black or Black British)		9	56
Any other Asian background		5	30
Any other Black background		<5	<5
Any other ethnic group		17	19
Any other Mixed background		27	36
Any other White background		44	132
British (White)	27	634	870
Caribbean (Black or Black British)		<5	11
Chinese (other ethnic group)		<5	<5
Indian (Asian or Asian British)		5	25
Irish (White)			<5
Not known		<5	<5
Not stated		<5	<5
Pakistani (Asian or Asian British)	<5		<5
White and Asian (Mixed)		<5	<5
White and Black African (Mixed)		<5	<5
White and Black Caribbean (Mixed)		<5	7

The provider is currently unable to supply any further data on those with protected characteristics so we don't have a clear picture of under-served groups. A new East Berkshire integrated sexual health service is currently being commissioned and the specification requires the provider to supply more detailed equalities monitoring information.

## Bracknell Forest Specialist Outreach Nurse

### Description

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

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

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

### **Outcomes**

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

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

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

### **Performance**

24 women had at least one contact with the service this year, compared to 123 the previous year. This reduction was due to the service only being available for three months of the year.

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

## **Protected Characteristics**

Women who used the service in 2017/18 were aged between 14 and 28 years and were in one of the four priority groups. 75% (18) women were White British.

Berkshire Healthcare NHS Foundation Trust (the provider) currently only record very limited equalities monitoring data.

A new East Berkshire integrated sexual health service is currently being commissioned and the specification requires the provider to supply more detailed equalities monitoring information.

## **4. Services for Older People**

### **FallsFree4Life**

#### **Description**

FallsFree4Life was commissioned as a preventative falls service from Solutions4Health in 2017/18 and was targeted at any Bracknell Forest resident aged 65 and above, promoted directly to older people and their families and friends. The service included delivery of a full falls risk assessment in the home, in line with NICE guidance and subsequent self care with signposting on to community based support if necessary. The service also included the provision of Well Balanced, a 12 week strength and balance programme.

#### **Outcomes**

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

#### **Performance**

Summary data for 2017/18 shows that

- 296 people received a falls risk assessment in 2017/18 financial year.
- An average of 25 people used the service each month.
- The majority of referrals came from GP falls clinics.
- 359 referrals/signposting were made to community based support, including to Well Balanced, NRS Healthcare equipment and Age UK handy person service, Bracknell Forest Sensory Needs Clinic, GPs for medication reviews, opticians and the Falls Clinic/Rapid Access Community Clinic (RACC)
- By the end of March 2017 43 residents had completed the Well Balanced programme.

## Age

*Number of people who received a falls risk assessment from the FallsFree4Life service, by age, in 2017-18*

Age	No.
60 - 64	11
65 – 74	162
75 - 84	90
85 - 94	31
95 +	<5
Total	296

The number of people having a falls risk assessment in 2017/18 was highest amongst those aged between 65-74 years, followed by those aged 75 to 84. As ageing is a contributing factor to falls risk we have been working to increase the proportion in the younger age ranges to help prevent them from having a fall.

## Sex

*Proportion of people who received a falls risk assessment from the FallsFree4Life service, by sex, in 2017-18*

Sex	No.	%
Male	87	29
Female	209	71
Total	296	

The variance between the sexes is in line with national data which suggests that females are more likely to seek help with health issues than males.

## Disability

People who accessed the service were more likely to report a wide range of longer term and other health conditions/disabilities than the younger population and some had multiple conditions/disabilities. Mobility issues were recorded as the largest contributing factor to falls risk within this service. The Falls Free 4 Life team also noted that hearing and visual impairments were regularly recorded.

## **Other protected characteristics**

Pregnancy and maternity is not an appropriate characteristic for this service as the age eligibility criteria is 65+. In 2017/18 the percentage of Black and Ethnic Minority (BME) accessing the service was 1.4%.

## **Befriending and Community Choices**

### **Description**

This service is divided into two forms of intervention:

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

An annual grant is currently given to Involve to provide the Befriending and Community Choices service to residents generally aged 65+ in Bracknell Forest. This is complimented by a grant from Bracknell Forest Homes and other smaller grant funders to cover all costs. The service has been used by some younger residents who have learning difficulties, mental health issues or other disabilities that make it hard to get out of the home or forge new friendships.

### **Outcomes**

To reduce social isolation and loneliness in residents aged 65+ in Bracknell Forest. Additional outcomes include:

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

### **Performance**

Summary data for 2017/18 shows that

- 236 people were using or referred to the Befriending and Community Choices service. Up from 215 in 2016/17.
- Of the 236 people using or referred to the service, 166 were females and 70 were males and 96% were White British.
- Throughout the year 28 people were referred to the scheme that were either inappropriate (11) for the project, didn't want to use the scheme (15) and 2 were un-contactable.
- 63 people left the scheme in 17/18, compared to 31 in the previous year. Reasons detailed below.

*Numbers of people who left the Befriending and Community Choices Service in 2017/18 and reasons given*

Reason for leaving	No.
Deceased	14
Moved to Care Home	<5
Referred on to Alzheimer's Society	<5
Cancelled Service/declined	43

*Numbers of people who used or were referred to the Befriending and Community Choices Services, by age, in 2017/18*

Age	No.
29-35	<5
36-45	<5
46-55	8
56-65	32
66-75	38
76+	72
86+	76
Unknown	<5
Total	236

The spread of ages is similar to the previous year.

### **Disability**

The majority of service users have a health condition, the most common areas of need are still frailty and mobility issues followed by dementia/ Alzheimer's and bereavement. Many have these issues along with something else such as; sight, dementia, self esteem and diabetes.

## 5. Conclusion

As the report shows, the public health team commission or provide a wide range of services, dependent on local and national health and wellbeing priorities and the target populations for particular services. This report identifies some gaps in the data available to us. We will continue work with our commissioned services to make progress year on year to fill the gaps in data identified.