

Summons and Agenda 24 January 2017

Managing Director
Reading Borough Council
Civic Offices, Bridge Street,
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Simon Warren
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16 January 2017

To: All Members of the Council

Your contact is:

Michael Popham - Democratic Services Manager

Dear Sir/Madam

You are hereby summoned to attend a meeting of the Reading Borough Council to be held at the Civic Offices, Reading, on **Tuesday 24 January 2017 at 6.30pm**, when it is proposed to transact the business specified in the Agenda enclosed herewith.

Yours faithfully



MANAGING DIRECTOR

A G E N D A

Mayor's Announcements

1. To receive Mayor's Announcements.

Declarations of Interest

2. To receive any declarations of interest.

Minutes

3. The Mayor to sign the Minutes of the proceedings of the Council Meeting held on 18 October 2016 (Pages A1-A10)

Petitions

4. To receive petitions in accordance with Standing Order 8.

Questions from Members of the Public

5. Questions in accordance with Standing Order 9.

Questions from Councillors

6. Questions in accordance with Standing Order 10.

Reports and Recommendations from Committees

7. Budget 2017-18: Approval of Council Tax Base, NNDR1 Estimate & Estimated Collection Fund Surplus; Approval of the Local Council Tax Support Scheme 2017/18; and Removal of Empty and Second Home Council Tax Discounts

Report by Strategic Finance Director (Pages B1-B25)

8. Future Audit Arrangements - Appointment of Public Sector Audit Appointments Ltd

Report by Strategic Finance Director (Pages C1-C9)

9. Reading's 2nd Health & Wellbeing Strategy

Report by Director of Adult Care & Health Services (Pages D1-D50)

10. Reading Fair Workload Charter

Councillor J Williams to move:

This Council notes:

1. Reading Council's published aims in the Reading First programme is to have all schools in Reading rated either Good or Outstanding and in the top 25% in the UK within the next three years.
2. The continuing pressures on finding, recruiting and retaining quality teachers, particularly in the South-East region where the cost of living is high.
3. That amongst others, one of the key pressures on teachers is workload. The DfE's own workload statistics show an increase in working hours for all categories of teachers compared to 2010. Primary class room teachers have increased by more than 9 hours a week to 59.3, while secondary classroom teachers have experienced nearly a 6 hour increase to 55.6. In primary classrooms, this is exacerbated by the changing and onerous requirements for statutory assessment, at the end of both Key Stages One and Two, which have also been putting unreasonable pressure on our very youngest of students. The work of the More Than A Score coalition highlights the need for significant change.

This Council believes that:

1. Reading should be at the forefront of best teaching practice in the UK.
2. In order to achieve our stated education aims, it is essential to employ and retain quality teachers who have Qualified Teacher Status.
3. Commitment to a manageable workload should be a key factor in attracting, recruiting and retaining the best teachers in the region, and from across the UK, to Reading.

This Council:

1. Undertakes to introduce a 'fair workload charter' for Reading, available for local schools to sign up to, by the end of the academic year 2016/17 in conjunction with teacher unions.
2. Instructs Officers to draft the Charter for Reading, noting the following key points¹:
 - No more than two hours on top of directed time each day for teachers (three hours for those with leadership responsibilities).
 - Clear policies about what student work should (and shouldn't) be marked, as informed by the Ofsted marking myths.
 - Clear policies on what data should (and shouldn't) be collected
 - Protection of Planning, preparation and assessment time from cover and other tasks.
 - Annual review of workload policies and their effectiveness.

- Staff having recourse to an external adjudication process where they believe their school has not delivered on the principles it has signed up to.
3. Resolves to report back to the next ACE Committee with a draft Charter for Reading Schools, to devise a monitoring group, and to encourage Reading's schools to sign up.

¹These reflect elements of the Charter drawn up in Nottingham by representatives from Unison, the National Union of Teachers, the National Association of Head Teachers, the National Association of Schoolmasters Union of Women Teachers, and the Association of Teachers and Lecturers.

http://www.nottinghamschools.org/wp-content/uploads/2016/09/53683_EIB-FAIR-WORKLOAD-CHARTER-2PP_6.pdf

For reference

Ofsted marking myths

<https://www.gov.uk/government/publications/school-inspection-handbook-from-september-2015/ofsted-inspections-mythbusting>

More Than A Score

<https://morethanascore.co.uk/>

11. Closure of Royal Berkshire Hospital Hydrotherapy Pool

Councillor Hoskin to move:

This Council notes:

- Reading's Royal Berkshire Hospital has announced plans to close its hydrotherapy pool at the end of March 2017
- the hospital's own website declares that hydrotherapy can help with the relief of pain and muscle spasm, increasing range of movement and improving both the strength and control of muscles as well as helping encourage weight-bearing especially where land-based exercise is very difficult
- the strong objections to the closure by a range of charities and support groups including Berkshire Disabled People Against Cuts, Arthritis Matters, Parkinson's UK, Reading Families' Forum, Reading Fibromyalgia Support Group, the MS Society and the Berkshire MS Therapy Centre.

This Council welcomes the wide-ranging community campaign to save Reading's Hydrotherapy Pool, including local cross-party support for the campaign involving councillors, MPs and a former MP.

This Council is disappointed by the lack of detail to the RBH's rationale for closure of the pool which is described by the hospital as making a small loss and not a facility it thinks an acute hospital should provide.

This Council believes that decisions about the future of our local NHS services should be made after involving and consulting with patients and Reading residents.

The Council supports the resolution of the December meeting of the Adult Social Care, Children's Services and Education Committee to request that the Royal Berkshire Hospital performs a full consultation before making a decision on the Hydrotherapy Pool.

This Council believes there is a strong probability that the human and financial costs caused by the detrimental impacts on people's health and wellbeing from the closure of this therapy service will far outweigh any short-term savings.

This Council resolves that the Managing Director writes to the Chief Executive of the Royal Berkshire Hospital and the Chief Officer of the Reading NHS Clinical Commissioning Groups to convey this Council's objection to the closure of the Hydrotherapy Pool, to repeat its demand for a full public consultation and that a comprehensive assessment of the full health and wellbeing impacts of the loss of the therapy pool is performed.

12. Four Yearly Elections

Councillor Stevens to move:

The Council spends around £510,000 a year on elections and maintaining the electoral roll. We elect Councillors in thirds and so hold local elections 3 in 4 years. So over 4 years the cost is about £1.53M. In most years we additionally hold General Elections, European Parliament elections and last year a referendum. Central government reimburse us around £100,000 for each of these national elections so the net expenditure is around £410,000 p.a. or around £1.23 M every four years.

The Council incurs the cost of maintaining the electoral roll regardless of whether elections were held. 2013/14 was a 'fallow year' i.e. there were no elections. That year the running costs were only £181,000 compared with the following two years which were £336,000 each year. So we can deduce that each local election costs RBC around £150,000.

On Wednesday 7 December 2016 in the House of Commons Ranil Jayawardena, Conservative MP for NE Hants proposed a 10 minute rule bill regarding Electoral Reform for local government. He proposed that local elections should be held on an all out basis every four years - rather than thirds. His arguments in favour are that:

- this would lead to considerable savings;

- they tend to concentrate voters' minds - leading to increased voter turn out;
- Councils can plan longer term rather than just be looking to the next local elections;
- Recognising the saving of £300,000 over 4 years and the benefits identified by Ranil Jayawardena MP, this Council instructs the Head of Legal & Democratic Services to report to the next Council meeting on the steps required by the authority to resolve to move to all out elections from 2018.

13. BREXIT Negotiations

Councillor Rodda to move:

This Council is increasingly concerned that the uncertainty over BREXIT negotiations is causing unnecessary worry for local residents regarding workers' long established rights.

This Council therefore resolves to lend its support to the backbench Bill which calls for protection of rights, such as maternity and paternity leave, paid holidays and job security.

It further resolves to write to the local M.P.s urging them to support the Bill and to urge the Government to set out clearly how it intends to enshrine these rights into Post-BREXIT legislation.

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Members of the public seated in the public gallery will not ordinarily be filmed by the automated camera system. However, please be aware that by moving forward of the pillar, or in the unlikely event of a technical malfunction or other unforeseen circumstances, your image may be captured. **Therefore, by entering the meeting room, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes.**

Members of the public who participate in the meeting will be filmed, unless they have given prior notice that they do not consent to this.

Please speak to a member of staff if you have any queries or concerns.

COUNCIL MEETING MINUTES - 18 OCTOBER 2016

Present: Councillor Ayub (Mayor);

Councillors David Absolom, Debs Absolom, Ballsdon, Brock, Chrisp, Davies, Dennis, Duvveen, Eden, D Edwards, K Edwards, Ennis, Gavin, Gittings, Grashoff, Hacker, Hopper, Hoskin, James, Jones, Livingston, Lovelock, Maskell, McElligott, McGonigle, McKenna, O'Connell, Page, Pearce, Robinson, Rodda, Singh, Skeats, Stanford-Beale, Steele, Stevens, Terry, Vickers, White, J Williams, R Williams and Woodward.

Apologies: Councillors Khan, McDonald and Tickner.

20. MAYOR'S ANNOUNCEMENTS

- The Mayor referred to the recent death of former Councillor Leighton Yeo. Leighton had been a member of the Council between 1996 and 2000, representing Minster Ward. The Council stood in silence in his memory and as a mark of respect.
- The Mayor asked the Council to note that the Head of Legal & Democratic Services had exercised his delegation at the request of the Labour Group Leader to appoint Councillor Brock to the Planning Applications Committee and the Strategic Environment Planning and Transport Committee.
- The Mayor, stated that, in accordance with Council Procedure Rule 5(3)(a), he had decided to change the order of tonight's business to take agenda item 13 'No Confidence in Councillor Jan Gavin' immediately following item 7 'Children's Services Learning and Improvement Plan'.
- The Mayor reminded everyone that October was Black History month and that leaflets were available at the meeting providing information about the commemorative events taking place.

21. MINUTES

The Minutes of the meeting held on 28 June 2016 were confirmed as a correct record and signed by the Mayor.

22. QUESTIONS FROM MEMBERS OF THE PUBLIC IN ACCORDANCE WITH STANDING ORDER 9

	<u>Questioner</u>	<u>Subject</u>	<u>Answer</u>
1.	John Mullaney	Bus Only Route	Cllr Page
2.	Tom Lake	Arthur Hill Pool	Cllr Gittings
3.	Tom Lake	Arthur Hill Pool	Cllr Gittings
4.	Carol Froud	Charges for Emptying Green Recycling Bins	Cllr Terry

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5.	Roger Lightfoot	Arthur Hill Pool Site Visit	Cllr Gittings
6.	Philip Vaughan	Arthur Hill Pool	Cllr Gittings

As there was insufficient time, pursuant to Standing Order 9(6), a written reply to Questions 5 and 6 above would be provided in accordance with Standing Order 9(8).

(The full text of the questions and replies was made available on the Reading Borough Council website).

23. QUESTIONS FROM COUNCILLORS IN ACCORDANCE WITH STANDING ORDER NO 10

Questions on the following matters were submitted:

	<u>Questioner</u>	Subject	Answer
1.	Cllr White	Grammar School	Cllr Jones
2.	Cllr McGonigle	Revenge Evictions	Cllr Davies
3.	Cllr J Williams	Year of Culture	Cllr Gittings
4.	Cllr Livingston	Universal Credit	Cllr Lovelock
5.	Cllr Livingston	Benefit Cuts	Cllr Davies
6.	Cllr Debs Absolom	Traveller Incursions	Cllr Terry
7.	Cllr James	Council's Housing Register	Cllr Davies

(The full text of the questions and replies was made available on the Reading Borough Council website).

24. CHILDREN'S SERVICES LEARNING AND IMPROVEMENT PLAN

Further to Minutes 19 and 23 of the Adult Social Care, Children's Services and Education (ACE) Committee meetings held on 23 August and 3 October 2016 respectively, the Director of Children, Education and Early Help Services submitted a report providing the Council with details on the progress being made in developing the Council's Improvement Plan required by Ofsted, following the June 2016 Inspection of the Council's Services for Children in need of help and protection, Children looked after and care leavers. A copy of the Reading Children's Services Learning and Improvement Plan draft was attached to the report at Appendix 1. The plan was structured around three key priorities and 18 outcomes, which responded to the 18 recommendations set out by Ofsted in their inspection report dated 5 August 2016.

The following motion was moved by Councillor Gavin and seconded by Councillor McEiligott and CARRIED:

COUNCIL MEETING MINUTES - 18 OCTOBER 2016

Resolved -

- (1) That the RBC Children's Services Learning and Improvement Plan be approved, (statement of action) and the strategic approach being taken by the Director of Children, Education and Early Help be endorsed;
- (2) That the RAG status be accepted, acknowledging the impact that the current resource position was having on the timeliness and sequencing of progress on key actions;
- (3) That it be noted that the Children's Services Learning and Improvement Plan (statement of action) by the Director of Children, Education and Early Help Services would be submitted to Ofsted no later than 11 November 2016.

25. NO CONFIDENCE IN COUNCILLOR JAN GAVIN

Pursuant to Notice, the following motion was moved by Councillor Duveen and seconded by Councillor O'Connell and LOST:

"This Council accepts the recent OFSTED report on Children's Services in Reading and undertakes to follow its recommendations fully.

This Council recognises that prior to this report Children's Services in Reading have been in disarray and children being cared for by the Council have been let down.

This Council also notes that the recovery from the dire state that the service was in has been led by new officers and is currently tackling the shortcomings and improving the service to supported children to good effect.

The OFSTED report criticised, in particular, the Managing Director of RBC, the senior officers who worked in Children's Services and the 'Political Leadership'.

The Council notes that:

- the Managing Director has resigned.
- that the officers who were directly involved in the governance of Children's Services over the last few years have all resigned and have been replaced.
- that the third party involved in the governance of Children's Services and specifically criticised in the report, the Political Leadership, has yet to accept its responsibilities in running a failed service.

This Council believes that it is not right that senior officers accepted their responsibilities for past failures but Lead Councillors carry on as though nothing has happened. The Lead Councillor for Children's Services should also shoulder the blame for several years of neglect that has provided poor quality care for some of the young people that this Council was looking after.

Given the findings of the OFSTED report this Council calls on Cllr Jan Gavin to accept responsibility for past failures and to resign her post as Lead Councillor."

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26. FINANCE SUSTAINABILITY PLAN SUBMISSION TO THE DEPARTMENT OF COMMUNITIES AND LOCAL GOVERNMENT

The Managing Director submitted a report on the Council's response to the Final Local Government Finance Settlement for 2016/17, which included indicative funding allocations for the subsequent three financial years up to and including 2019/20 and confirmed that the Government would offer any council wishing to take it up, a Four-year Funding Settlement running from 2016/17 up to 2019/20. Local authorities were required to submit a four year financial sustainability plan by 14 October 2016 as a condition of the Four Year Settlement offer. Councils that did not accept the offer would be subject to the existing annual process for determining the level of central funding that they would receive and might be subject to additional grant reductions. It was therefore proposed that the Four Year Settlement offer was accepted, which would mean that Revenue Support Grant (RSG) would not be less than the figures published by the Government. The Policy Committee on 26 September 2016 (Minute 35 refers) agreed that the draft sustainability plan should be considered at the meeting of Council on 18 October 2016, notwithstanding that this was a few days after the government's deadline. The plan was attached at Annex one to the report.

The Plan set out the severe financial challenge the Council was facing over the coming years, despite making significant savings over several years. As a result of continuing reductions in funding and increasing pressures, it was currently forecast that the Council needed to make revenue savings of £41.9m by 2019/20. Savings of £23.4m had already been agreed by Councillors, and were in the process of being delivered. This left a budget gap of £18.5m which would be closed through the adoption of the strategic approach to budget review and planning the Council's future service offer and delivery model.

The following motion was moved by Councillor Lovelock and seconded by Councillor Page and CARRIED:

Resolved -

- (1) That the Council's Four Year Settlement Offer, which would run from 2016/17 to 2019/20, be accepted;
- (2) That the Financial Sustainability Plan, as submitted to the Department of Communities and Local Government by the deadline of 14 October 2016 and appended to the report, be approved;
- (3) That the Interim Director of Finance be asked to bring forward specific proposals for making use of the Flexible Use of Capital Receipts in due course linked to the approach set out in the report;
- (4) That the Managing Director be requested to write to the Chancellor of the Exchequer asking him to clarify the government's proposals regarding the retention of business rates by local government;
- (5) That the Managing Director also write to the local M.P.s and the LGA asking that they support not only Reading Borough Council, but also Councils of all persuasions in asking for clarity on the retention of business rates.

27. BUDGET SAVINGS PROPOSAL: ARTHUR HILL POOL

The Director of Environment & Neighbourhood Services submitted a report on a budget saving proposal in relation to Arthur Hill Pool. The report stated that the Corporate Plan and Budget for 2016-2019, which were set at Council on the 23 February 2016 (Minute 46 refers) had made it clear that further options to reduce the Council's overall budget to bridge the gap in all years to 2019/20 would need to be considered. Policy Committee on 18 July 2016 (Minute 21 refers) had approved a first tranche of additional savings proposals totalling £19.84m with over £19m still to be identified to bridge the currently forecast budget gap between 2016 and 2020. The report made clear that further proposals would need to be brought forward in the Autumn to address this budget shortfall.

The report outlined a specific budget savings proposal to close Arthur Hill Pool to enable full-year revenue savings in 2017/18 and future years of £120k per annum, remove significant liabilities regarding the short-term investment of approximately £700k needed to upgrade the facility and also to reduce ongoing property maintenance costs. The report set this in the context of the Council's approach to modernising its leisure facilities and in principle approval for the development of a new 25m 6 lane pool at Palmer Park Stadium linked to the existing leisure facilities. The report made clear that the value of any capital receipt to the Council from disposing of the current Arthur Hill Pool site would be used to contribute to the cost of this new pool at Palmer Park Stadium. The report had appended an Equality Impact Assessment (EIA) for the proposal.

The report recommended closing Arthur Hill Pool as soon as practicably possible. Emergency works had been carried out in the summer of 2014 to enable Arthur Hill pool to remain operational. These works were intended to extend the short-term operational life of the pool and did not negate the need for the additional investment outlined above and there was an increasing risk of major building or plant failure. A planned closure as soon as possible was therefore proposed to manage the impact on user groups through alternative provision and to avoid the risk of an unplanned, forced closure that was becoming increasingly likely.

The report highlighted alternative swimming facilities within the Borough, which were available at Central Pool, Academy Sport and Meadway Sports Centre. The Council was also progressing the provision of a demountable pool at Rivermead. Aligned to this provision, enhanced bus services to Rivermead would be in place from this autumn. This would include a new hourly bus service between Rivermead and the Town Centre from October this year.

In addition, the Council received a copy of a letter, dated 14 October 2016, which had been received from Public Law Project (PLP) headed, raising the issue of legal challenge to the proposal in the report. This letter referred to an earlier letter, dated 23 September 2016, sent by the legal firm's client, Peter Burt, to the Lead Councillor for Culture, Sport and Consumer Services, which was attached to the PLP letter. Copies of both letters were circulated by email and tabled at the meeting to all Councillors, along with a memorandum setting out a response to the issues raised in the letters from the Head of Legal and Democratic Services.

Peter Burt addressed the Council in accordance with Council Procedure Rule 8(6)(f).

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A motion was moved by Councillor Gittings and seconded by Councillor James and CARRIED as set out in the resolution below.

The following amendment was moved by Councillor White and seconded by Councillor McGonigle and LOST:

"Delete all words after 'That' in (1) of the recommendation and delete recommendations (2), (3) and (4) and replace with the following:

'...a decision on Arthur Hill Pool be deferred until a budget for 2017-18 is set in order to allow officers to consult, formulate and discuss with stakeholders other options to closure in December 2016, provide councillors with more information about costings, and allow local community organisations to prepare plans for taking over the pool.'"

Resolved -

- (1) That the permanent closure of Arthur Hill Pool be approved from 19 December 2016 as set out in paragraph 4.2 of the report to deliver the savings identified in section 9 of the report, having full regard to the Equality Impact Assessment at Appendix 1 of the report;
- (2) That, following closure, the Arthur Hill Pool site be declared surplus to requirements and be disposed of;
- (3) That the property be advertised in line with the Council's approved policy, to both third sector organisations and on the open market and that a further report be considered by Policy Committee once bids had been received;
- (4) That a sum equivalent to the capital receipt arising from the disposal of the site be invested in new replacement swimming facilities.

A recorded vote having been demanded the voting was as follows:

For the motion: 29

Councillors David Absolom, Debs Absolom, Ayub, Brock, Chrisp, Davies, Dennis, Eden, D Edwards, K Edwards, Ennis, Gavin, Gittings, Hacker, Hoskin, James, Jones, Livingston, Lovelock, Maskell, McElligott, McKenna, Page, Pearce, Rodda, Singh, Terry, R Williams and Woodward.

Against the motion: 14

Councillors Ballsdon, Duveen, Grashoff, Hopper, McGonigle, O'Connell, Robinson, Skeats, Stanford-Beale, Steele, Stevens, Vickers, White and J Williams.

(Councillor White declared a non-pecuniary interest in this item as the Chair of Newtown Globe, which as an organisation had lodged a 'Community Right to Challenge' in relation to Arthur Hill Pool).

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28. STANDARDS COMMITTEE

The Monitoring Officer submitted a report on the Minutes of the meeting of the Standards Committee of 30 June 2016, which were attached at Appendix A.

The report advised that Chapter 7 of the Localism Act 2011 had ended the statutory standards regime set up by the Local Government Act 2000, and introduced in its place a duty on local authorities to promote and maintain high standards of conduct by Councillors and Co-opted Members, including adopting a local Member code of conduct. The Act also required local authorities to adopt arrangements to deal with allegations that Members had not complied with their local Code of Conduct, and allowed local authorities to establish a local Standards Committee, and to make Standing Orders relating to aspects of the standards process. The local Standards Committee had been first established at the Annual Council Meeting on 23 May 2012.

The following motion was moved by Councillor D Edwards and seconded by Councillor Livingston and CARRIED:

Resolved -

That the Minutes of the Standards Committee held on 30 June 2016, attached at Appendix A to the report, be received.

29. CITY OF SANCTUARY

Pursuant to Notice, the following motion was moved by Councillor Lovelock and seconded by Councillor Skeats and CARRIED:

Resolved:

Reading has a proud history of welcoming diversity, challenging discrimination and supporting refugees, asylum seekers and other newcomers. We value the contribution that those seeking sanctuary can make to Reading and we are committed to taking practical steps to welcome and integrate all people into Reading's community.

In January the Council expressed its commitment, in real terms, to being a place of sanctuary by committing to take three families per year for five years through the Syrian Vulnerable Persons Resettlement programme.

This Council notes that the first three families are now settled in Reading, supported by a range of organisations to help them adjust to their new lives.

This Council wishes to continue to promote the inclusion and welfare of those coming to Reading to seek sanctuary and resolves to support the Reading City of Sanctuary movement and to spread the sanctuary message of welcome across all sections of the local community.

30. SUSTAINABILITY AND TRANSFORMATION PLANS

Pursuant to Notice, the following motion was moved by Councillor Hoskin and seconded by Councillor Eden and CARRIED:

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Resolved:

This Council notes that:

- On almost all performance measures the NHS in England is getting worse with waiting times for cancer care, accident and emergency, ambulances and routine operations all rising
- Spending on the NHS as a proportion of our national income in GDP was 8.8% in 2009, fell to 7.3% by 2015 and is projected (on current plans) to fall to 6.6% in by 2021 (source: The King's Fund)
- The NHS in England is currently developing local Sustainability and Transformation Plans (STPs) in order to deliver the NHS Five Year Forward View with the aim of delivering financial sustainability, improved outcomes and better integration with local authority services
- On 22 March 2016 this council passed a motion condemning the creation, without consultation, of the STP area of Berkshire West, Oxfordshire and Buckinghamshire (BOB) planning NHS cuts without public or democratic scrutiny and resolved to write to the Chief Executive of NHS England and the Secretary of State for Health outlining our objections
- No response was received from either the Chief Executive of NHS England or the Secretary of State for Health, Jeremy Hunt
- That, following orders from Whitehall, STPs have been developed, will be finalised and submitted to NHS England, in secret and with the general public banned from having any sight of the plans
- That the BOB STP area is on course for a £587 million shortfall in funding by 2021 and that the primary aim of the secret STP is to cut spending to stay in budget

Council believes that:

- It is a disgrace that the government is directing the planning of massive cuts to the NHS across England behind closed doors, shutting out public or democratic involvement
- That cuts of £587 million to NHS spending across Bucks, Oxfordshire and Berkshire West are unacceptable and are likely to damage essential health services in Reading
- These drastic NHS cuts are a direct result of underfunding of health services by the UK government and that our country should return to the last Labour government's policy seeking to fund health services at a similar level to the EU average which stood at 10.1% of GDP in 2013 (source: the King's Fund)

This Council agrees to:

- request that the Managing Director write to the chief executive of NHS England and the Secretary of State for Health requesting that draft STPs are published and that full public involvement and consultation takes place before they are finalised
- request that the leader of the council writes to the MPs for Reading East and Reading West expressing this council's objection to both the secretive nature of the STP planning process and the scale of NHS cuts

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being considered and to ask for their support in opposing cuts to NHS services in Reading.

31. SCHOOLS THAT WORK FOR EVERYONE

Pursuant to Notice, the following motion was moved by Councillor Jones and seconded by Councillor McElligott and CARRIED:

Resolved -

This council notes the launch of the government consultation "Schools that work for everyone" on 12 September 2016, which invites responses to the Department for Education by 12 December 2016.

This council also notes that the ambition of the green paper is to promote a discussion on how to ensure that "every child should have access to a good school place."

The council resolves:

1. to make a submission to the DfE as part of the consultation exercise within the specified deadline.
2. that in response to the four key areas of the consultation, this council disagrees that the way forward is to:
 - Use public money to induce Independent fee-paying schools to create more school places, or else lose their charitable status;
 - Bully Universities in to opening schools, or else risk capping their tuition fees;
 - Use public money to assist in the expansion of selective schools;
 - Allow faith schools to become mono-cultural institutions.
3. that the best way to ensure that every child in Reading can have access to a good school place is for there to be:
 - A fairer funding arrangement for all schools in Reading;
 - Public money to be made available for the recruitment and retention of school staff in Reading;
 - An end to the needless distraction of the forced academisation of schools in Reading;
 - Public money to be made available to support the council's raising attainment strategy (known as the Reading First Partnership).

32. POWER TO THE PEOPLE, COLLECTIVE ENERGY SWITCHING

Pursuant to Notice, the following motion was moved by Councillor White and seconded by Councillor McGonigle and CARRIED:

Resolved:

This Council notes:

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- the number of households in fuel poverty in Reading has increased from 5,600 to 7,264 - worse than the national and south east average
- millions of people in the UK have never switched energy provider and could save around £200 per year by switching
- the good work already being done by The Big London Energy Switch, West Berkshire Council, Cornwall Together and many more which are encouraging their residents to sign up to collective energy switching
- the Cornwall Together collective energy switching campaign managed to engage the disengaged (17% of members had never switched before) and reach the hard to reach (28% of switchers were in fuel poverty)

This Council believes:

- no one should be living in fuel poverty and have to choose between heating and eating
- if we are to be a truly caring town we need to do more on tackling fuel poverty

This Council resolves:

to investigate the feasibility of a collective switching initiative and to bring a report on this back to the relevant committee before the end of this year.

(The meeting closed at 11.10 pm).

READING BOROUGH COUNCIL
REPORT BY DIRECTOR OF FINANCE

TO:	POLICY COMMITTEE & COUNCIL		
DATE:	16/24 JANUARY 2017	AGENDA ITEM:	7
TITLE:	BUDGET 2017-18 - APPROVAL OF COUNCIL TAX BASE, NNDR1 ESTIMATE & ESTIMATED COLLECTION FUND SURPLUS - APPROVAL OF THE LOCAL COUNCIL TAX SUPPORT SCHEME 2017/18 AND REMOVAL OF EMPTY AND SECOND HOME COUNCIL TAX DISCOUNTS		
LEAD COUNCILLOR:	COUNCILLOR LOVELOCK	AREA COVERED:	CORPORATE SERVICES
SERVICE:	FINANCIAL	WARDS:	BOROUGHWIDE
LEAD OFFICER:	Rachel Musson / Alan Cross	TEL:	72058 / 9372058
JOB TITLE:	Director of Finance Head of Finance	E-MAIL:	Rachel.Musson@reading.gov.uk Alan.Cross@reading.gov.uk

This report sets out the recommendation of Policy Committee, but as explained to the Committee the NNDR1 form had not at that stage been fully reviewed and the proposed council tax base was being reviewed. Any necessary update will be advised to Group Leaders ahead of Council.

1. PURPOSE AND SUMMARY OF REPORT

- 1.1 By 31 January 2017 it will be necessary to have estimated and informed the Thames Valley Police & Crime Commissioner, Royal Berkshire Fire & Rescue Service and Environment Agency of the Council Tax base to be used for setting the tax and levy for 2017/18. In order to do this it will be necessary to estimate the anticipated Council Tax collection rate and therefore the allowance to be made for non collection and changes to the Council Tax Base.
- 1.2 Also, by 31 January it will be necessary to have estimated and informed the Royal Berkshire Fire & Rescue Service and DCLG of the estimated collectible business rates to be used for setting the budget and ultimately the council tax for 2017/18. This is done by completing a form known as NNDR1.
- 1.3 On 16 January 2017 there is/was a requirement to estimate the collection fund surplus or deficit separately for both council tax and business rate transactions as at 31 March 2017. Any surplus or deficit is then to be taken

into account when calculating the total amount to be collected from Council Tax payers in 2017/18. This report sets out forecast council tax collection and the resulting impact on the Collection Fund and in the context of tax setting as a whole it is helpful for Council to note.

- 1.4 Government regulations require that the Council Tax Base and related collection rate to be used for calculating Council Tax are made by the full Council, and cannot be delegated to a Committee or to an officer. The approval of NNDR1 can be done by either Policy Committee or an officer, but given its potential significance it is suggested Policy Committee or Council approval is appropriate and the collection fund estimate must be done on a specific day, so is/was done by the Chief Finance Officer to meet that legal requirement, on the basis of the information then available.
- 1.5 This report also seeks formal Council approval for the Council Tax Support Scheme for 2017/18. As part of the Council's budget measures, proposed changes to the local scheme were detailed in a report to Policy Committee on 31 October 2016 including a proposal to implement these for a period of two years followed by a review for future years. A statutory public consultation on these proposed changes to the local scheme took place from 4 November to 30 December 2016.

The changes we propose to apply from 1 April 2017/18 and 1 April 2018/19 are:

- to increase the minimum contribution from 20% to 25%,
- to remove earned income disregards from the earnings calculation
- to increase non-dependant deductions.

These changes generally apply in combination. In addition DCLG has completed an annual update of various allowances particularly as the scheme affects pensioners and those changes have been incorporated. When we consulted on the original principles of the new local scheme in the summer/autumn of 2012, we indicated that various allowances would be subject to annual uprating, so there would be no need for further public consultation on the principle of that point each year.

Appendix B to this report sets out a summary of the responses to the consultation on the proposed changes to the local scheme and the officer response and advice. This includes the recommendation not to reduce the capital limit allowance from £6000 to £3000.

- 1.6 The report also notes that the various technical changes to Council Tax made in previous years will continue, and subject to your approval of this report, further changes will be introduced this year to reduce discounts for Major Works and for second homes.

A consultation has also taken place on these proposed changes and details of the consultation response and a summary of the key points made can be found in Appendix C.

The proposed changes remove the current 50% for 12 months discount on properties undergoing works, and for properties that are empty and unfurnished remove the 100% for 1 month and remove the 5% discount on properties that are classed as second homes. You are recommended to approve the proposal to be implemented from 1 April 2017.

- 1.7 The Equality Impact Assessment in respect of the proposed changes to the Council tax Support Scheme and Council Tax discounts is included at Appendix F.
- 1.8 Pursuant to the approval of the Council Tax Support Scheme and other estimates explained, the report then sets out the detailed calculations to be made under the Local Authorities (Calculation of Council Tax Base) Regulations 1992, as amended, which Council is asked to approve.
- 1.9 Council may recall that part of the process of putting the Council Tax Support Scheme formally in place involved fully adopting the Government's "default" scheme (which we then amended). That document was over 160 pages long, so was not printed in full in previous years, or this agenda. The same continues to apply to our adoption of government changes, but a copy was placed in the Member's room and on the website.
- 1.10 The following are appended:-

Appendix A - Council Tax Reduction Schemes (Prescribed Requirements) (England) (Amendment) Regulations 2016

Appendix B - Summary of consultation responses on the proposed changes to the Local Council Tax Support Scheme

Appendix C - Summary of consultation response on proposed changes to Council tax discounts

Appendix D - CTB1 Return

Appendix E - Draft NNDR1 Return

Appendix F - Equality Impact Assessment on proposed changes to the local Council Tax Support Scheme and changes to discounts for empty homes and second homes.

Appendices A, D and E and the full technical details of the Local Council Tax Support Scheme have not been produced for committee as they are very technical documents. Copies are available on the website / internet / in the Members' room.

2. RECOMMENDED ACTION

2.1 Council is requested to approve the 2017 uprating of the allowances in the council tax support scheme and other amendments to the scheme as set out in paragraph 6.7.

2.1.1 Notes that we have adopted:

- (i) the Council Tax Reduction Schemes (Default Scheme) (England) Regulations 2012 (SI 2886(2012)) in 2013
- (ii) the Council Tax Reduction Schemes (Prescribed Requirements) (England) (Amendment) Regulations 2013 (SI 3181 (2013)) in 2014
- (iii) the Council Tax Reduction Schemes (Prescribed Requirements) (England) (Amendment) (No. 2) Regulations 2014 in 2015
- (iv) the Council Tax Reduction Schemes (Prescribed Requirements) (England) (Amendment) Regulations 2015 in 2016

and these will remain in place as the basis of our 2017-8 scheme (to the extent the requirements in each regulation remain prescribed).

2.1.2 Council is asked to now adopt the Council Tax Reduction Schemes (Prescribed Requirements) (England) (Amendment) Regulations 2016 which came into force on 15 January 2017 and apply to local schemes from 1 April 2017 as set out in Appendix A.

2.1.3 Council is asked to approve the proposed local changes set out in Appendix B for 2017/18 and 2018/19 and the overall Local Council Tax Support Scheme for 2017/18. (Appendix B sets out the summary of responses to the consultation on the Local Council Tax Support Scheme)

2.1.4 Council should note the Council's "plain english" guide to the Council Tax Support Scheme which explains how these regulations as amended locally will work together, and that an update will be published on the website to reflect the 2017/18 scheme.

2.2 Council is recommended to approve (following consultation) the changes to discounts for certain empty property and second homes as set out in Appendix C.

2.3 Council is recommended to approve that for the purpose of, and in accordance with, the provisions of the Local Authorities (Calculation of Council Tax Base) Regulations, 1992 (as amended):

- (a) The estimated Council Tax collection rate for the financial year 2017/18 be set at 98.75% overall (unchanged since 2015/16);
- (b) Taking account of 2.1, the Council Tax technical changes made since 2013/14 and above, the amount calculated by Reading

Borough Council as its Council Tax base for the financial year 2017/18 shall be 53,671.

- 2.4 Council is asked to note that a surplus of £928,955 has been estimated in respect of Council Tax transactions as at 31 March 2017, and Reading's share of this is £800,000.
- 2.5 Council is asked to note that a surplus of £1,800,000 has been estimated in respect of NNDR transactions as at 31 March 2017, and Reading's share of this is £882,000.
- 2.6 Council is asked to note and approve the NNDR1 summary form in Appendix E, noting that we're estimating that we'll collect £124m, of which Reading retains £33.276m after the £27.484m the DCLG tariff), but will pay an estimated increased levy (over both years of around £1.5m).

3. POLICY CONTEXT

- 3.1 Under Government regulations it is necessary for the Council to review its Collection Fund and decide the following:

Its estimated Council Tax surpluses or deficits for the 2016/17 year
Council Tax Collection Rate for 2017/18
Business Rates collectable in 2017/18
Council Tax Base to be used for setting 2017/18 Council Tax

- 3.2 The Director of Finance makes the necessary estimates relating to any collection surplus/deficit, and the business rates collectable, both of which follow prescribed requirements, but requires that only the Council can agree the calculation of the Council Tax Collection Rate and (the related) Council Tax Base.
- 3.3 Following the introduction of the Council Tax Support Scheme (CTSS) in 2013/14 and technical changes to the Council Tax regime the estimates and calculations take account of our experience of the new arrangements. Both CTSS and technical changes effectively changed the way individual bills are calculated, so affecting the tax collectable, and hence the tax base (whereas historically Council Tax Benefit operated as a relief that helped pay some taxpayers bills).

4. COUNCIL TAX

- 4.1 Council Tax is largely a property based tax with a 25% discount for people living alone.
- 4.2 The amount each household will pay depends on the value of their property on 1 April 1991 which determines which Council Tax band it is in.

(Households in Band A will pay at the rate of two thirds of Band D and households in Band H will pay at the rate of twice Band D).

- 4.3 The following table sets out these proportions, and the number of properties on the valuation list (at the time of our CTB1 return to DCLG in October (Appendix D), in Reading, in each band.

Table A

Band	Amount Payable as a Proportion of Band D	Properties in Each Band	
		Number	%
A	6/9	6,254	9
B	7/9	13,851	20
C	8/9	28,594	41
D	9/9	10,796	15
E	11/9	5,412	7
F	13/9	3,273	5
G	15/9	1,829	3
H	18/9	79	-
		<u>70,066</u>	<u>100</u>

This is an increase in properties on the list of 1,093 over the last year (which had 68,876 properties). In the previous year the increase was only 695.

5. **HOW THE TAX IS CALCULATED**

- 5.1 Council Tax will be calculated by dividing the sum of the budget requirements of Reading, the Royal Berkshire Fire & Rescue Service (RBF&RS) and Thames Valley Police (TVP) by the total number of properties adjusted to a Band D equivalent by applying the proportions above (adjusted to allow for a small amount of non collection). The “properties adjusted to Band D equivalent” is known as the taxbase. The Band D tax rate will then be multiplied by the proportions shown in Table A above. As 70% of properties are in Bands A to C the average level of Council Tax in Reading will be lower than the Band D rate.

Council Tax Requirement

- 5.2 The council tax requirement for Reading, the Thames Valley Police & Crime Commissioner and the Royal Berkshire Fire & Rescue Service (RBF&RS) will be calculated as follows:

General Fund net expenditure less share of Grant Allocation (RSG) and retained NNDR equals council tax requirement to be funded by Council Tax.

Council Tax Base

- 5.3 The Council Tax base must be calculated in accordance with Government rules.
- 5.4 Each year the Government collects tax base information. This information is periodically used in the grant distribution process, but does not take account of any losses on collection.
- 5.5 However, the tax base to be used in setting Council Tax will be the "relevant tax base" (the tax base submitted to the DCLG and adjusted for technical changes, the Council Tax support scheme multiplied by the estimated rate of collection).

Collection Rate

- 5.6 By 31 January 2017 it is necessary to have estimated and informed TVP, RBF&RS and levying bodies of the Council Tax base to be used for setting the tax for 2017/18. In order to do this it will be necessary to estimate the anticipated Council Tax collection rate.
- 5.7 Under original Government regulations, the calculation of the Council Tax base and the collection rate and therefore the actual Council Tax base to be used for calculating Council Tax can only be made by the full Council, and cannot be delegated to a Committee or to an officer.

6. CALCULATION OF COUNCIL TAX BASE AND COLLECTION RATE FOR 2016/17

- 6.1 The calculation of the Council Tax base and collection rate must be made in accordance with the rules set out in the Local Authorities (Calculation of Council Tax Base) Regulations 1992, as amended.
- 6.2 It is necessary to explain how these calculations are made in order that the Council can formally adopt them. The calculations required by the regulations are set out below.

Council Tax Base Return (CTB1)

- 6.3 During October 2016 we were required to submit to DCLG a form, CTB1 which analyses the valuation list into the various bands and then provides further detail of those properties subject to the full charge, those entitled to discounts and those which are exempt.
- 6.4 The details from the CTB1 return are shown at Appendix D. The return also converts the equivalent total number of properties in each band to a Band D equivalent figure of after adjusting the tax base to reflect reduced discounts for second homes which are not included in the CTB1 return, which forms the initial base for the calculation of the tax base.

Council Tax Technical Changes

- 6.5 At December 2012's Cabinet we adopted and Council in January 2013 approved various technical changes to the Council Tax. These had the effect of increasing the charges in certain circumstances for people with second and empty homes. Subsequent amendments were made last year and a further amendment is proposed this year. Fuller details are set out in Section 8 below.

Council Tax Support Scheme

- 6.6 At December 2012's Cabinet we agreed the principles of the local Council Tax Support Scheme. The scheme has the effect of reducing the charges in certain circumstances for people with a low income. We first approved a scheme with a minimum 15% contribution for working age claimants at Council in January 2013, and have subsequently made technical changes that made it easier for some claimants to receive their reduction. As part of a comprehensive review of the options available to the Council last year we increased the minimum payment from 15% to 20%, and introduce a minimum £5 per month award, to avoid the high administrative costs that arises with very low value awards.
- 6.7 Following consultation, we now propose formally to implement the changes set out in 1.5 above and presented in detail at Policy Committee on 31 October 2016. Following the consultation it is recommended to proceed with these changes other than we are recommending not to proceed with the proposal to reduce the capital limit allowance from £6,000 to £3,000.
- 6.8 Appendix B sets out the approach to consultation, and the key issues emerging. As part of the consultation process, there has been some additional engagement with the advice agencies in relation to these changes. We will continue to do annual uprates of allowances in the scheme. The formal scheme requires approval by Council and we will update the plain english guide on the website once the changes are agreed.

Collection Rate

- 6.9 Broadly, the actual tax base to be used in calculating Council Tax will be the tax base from the CTB1 adjusted for the technical changes and council tax support scheme multiplied by the estimated rate of collection.

Council Tax Collection

6.10 Table B summarises actual collection to 31 December 2016.

Table B

Cash Collection	2016/17 £m	Previous Year's Arrears Target £000
Target cash collection 2016/17	84.00	1.70
Amount collected to 31 December 2016	71.86	1.39
Balance to achieve target set	12.14	0.31

6.11 Cash Collection for 2016/17 & Older Debt

The final direct debit payment from most taxpayers was collected at the beginning of January which together with collection to the end of December has taken collection to around 90% of the annual target and similar to recent previous years.

We expect the Council will achieve an in year cash collection rate of around 96.75% for 2016/17 (2015/16 Collection in year was and 2014/15 96.8%), which will eventually rise to just over 99% of the final debit when arrears are collected. In our historic collection statement all years up to 2012/13 now show a collection rate above 99%, and 2013/14 and subsequent completed years well over 98%. The table above indicates that we are well on the way to collecting our arrears target and overall we should be at or close to cash collection targets for the financial year by 31 March 2017.

There will however be outstanding arrears from 2016/17 and earlier years to collect in 2017/18 and future years. Action to recover arrears remains strong and effective, though we experience some write offs where it is deemed that tax payers have little or no ability to pay the arrears even after bailiff action, or debt is otherwise irrecoverable.

Allowance for Non Collection

Last year we made a 98.75% recovery rate assumption overall (in deciding a taxbase of 51,050). Any under or over estimation of the collection rate will need to be taken into account when setting the budget and Council Tax in 2018/19. If the collection rate is under estimated then there would be a surplus on the Collection Fund and the Council Tax for Reading will reduce, or budget increase accordingly. However, if the collection rate is overestimated the resulting deficit on the Collection Fund will increase the Council Tax or further reduce the budget we are able to set in 2018/19.

6.12 Collection performance has largely held up, though we need to be mindful that the changes to LCTS and empty and second homes discounts may result in some collection difficulties, although the position regarding collection

from households receiving council tax support is now better understood with the benefit of several years of the scheme.

- 6.13 Taking account of our historic collection performance, the estimated collection rate should remain at 98.75%. (This is slightly less than the 99% forecast of ultimate collection as we need to make a small allowance (0.25%) for banding appeals on new property). Assuming continued tax base growth, and making an allowance for the on-going discount review, adjusting for the proposed changes to the scheme at 2016/17 tax levels we anticipate that our tax income (at this collection rate) will increase to around £76.16m which is equivalent to a tax base of 53,671.

ESTIMATING THE COLLECTION FUND SURPLUS/DEFICIT - COUNCIL TAX & NNDR

7. COUNCIL TAX

- 7.1 We have reviewed the Collection Fund, the buoyancy of the tax base, and the level of arrears recovery expected over the medium term, and have concluded that, taking account of the collection fund deficit of £0.208m as at 31 March 2016, the estimated collection fund surplus of £0.235m, the collection performance indicated above in Table B, that the total estimated surplus at 31 March 2017 (in respect of Council Tax transactions) should be £1,045,075.
- 7.2 The surplus will be apportioned according to 2016/17 council tax requirements; so shares will be:

Table C

Reading BC	£ 900,000
Thames Valley Police	£ 105,850
Royal Berkshire Fire & Rescue Authority	£ 39,225

These will be taken into account in setting the tax for 2017/18. Any variance at the year end will be taken into account in setting 2018/19's tax in due course.

7.3 NNDR

In a similar way, we need to estimate the surplus or deficit arising from NNDR transactions. This is significantly more difficult to do with reasonable certainty, because of outstanding rating appeals, so considerable judgement is needed. The latest review of our appeals liability estimated it as over £13.9m, though Government regulations allow for us to account for part of that liability over 5 years which we have elected to do (so the last £2.4m is due to be provided for in 2017/18).

In addition to this, Virgin Media has made an application to have all its property put on a single list, essentially on the basis its network is a single entity. If this application is successful we will have a liability of around

£3.3m, most of which is not included in the above figure. We closed the 2015/16 accounts with a £1m surplus in line with which we had estimated, so no adjustment is needed for prior years. However, on the basis of information available in January, the estimated overall surplus as at 31 March 2017 will be around £1.8m.

- 7.4 The surplus will be apportioned according to government rules; so shares will be:

Table D

Reading BC	(49%)	£882,000
DCLG	(50%)	£900,000
Royal Berkshire Fire & Rescue Authority	(1%)	£ 18,000

These will be taken into account in setting the tax for 2017/18. Any variance at the year end will be taken into account in setting 2018/19's surplus/deficit in due course.

8 DISCOUNTS

- 8.1 As reported previously, following the Local Government Act 2003, Councils have been given greater freedom to approve Council tax Discounts. The following sections summarise the position following the changes made in 2013/14, subsequently and those proposed this year. A consultation took place over the autumn of 2016 on proposed changes and the summary of the responses is set out in Appendix C.

Second Homes and Empty Homes

- 8.2 In particular this has now been amended further by Section 11A (4A) and Section 11B (2) of the Local Government Finance Act 2012. This gives the billing authority the power to determine the level of council tax discount or premium where there is no resident of the dwelling. This can be any percentage up to 100% in relation to the old Class A, C and second homes, and up to 150% for properties that are classed as long term empty and have been empty for 2 years or more.

Second Homes

- 8.3 The provisions allow for councils to reduce the second homes discount from 50% to 0% depending on the class the property falls into. In 2016 the discount was set at 5%. From 1st April 2017 the discount for second homes will be removed (i.e. we are setting the discount at 0%).

Empty Homes

- 8.4 The provisions allow councils to reduce the empty homes discount from 100% to zero, depending on the class they fall into. In 2016 we set the discount for properties that are empty and unfurnished at 100% for one month, followed by a full charge. From 1st April 2017 this discount will be removed.

- 8.5 In 2016 we set the discount for properties that are empty, unfurnished and uninhabitable/undergoing major works at 50% for 12 months, followed by a full charge. From 1st April 2017 the discount will be removed.
- 8.6 For properties that have been empty for 2 years we charge an empty homes premium of 150% of the Council Tax due.
- 8.7 Table D sets out the existing discount classifications made under the Council Tax (prescribed classes of Dwellings) (England) Regulations 2012.
- 8.8 Last year we removed the Class F's and Class B's 50% discount rate after the 6 month void period.

Table D

Description	Rates
<u>Standard Empty</u> Empty/Furnished Accommodation must be job-tied, a caravan or a boat.	50% discount
<u>Second Home Class A</u> Empty/Furnished Accommodation must be a holiday home, which cannot legally be occupied for more than 28 days per year.	50% discount
<u>Second Home Class B</u> Empty/Furnished Second or subsequent home.	(5% discount in 2016/17) 0 % from 01.04.17
<u>Empty Class C/ Now discount Class C</u> Empty/Unfurnished	(*1 month 100% discount followed by full charge in 2016/17) 0 % from 01.04.17
<u>Empty Class A/ Now known as discount Class D</u> Empty/Unfurnished	(*12 months 50% discount followed by full charge IN 2016/17) 0 % from 01.04.17
<u>Exemption Class F</u> Empty/Unfurnished (following probate granted on deceased's property)	6 Months void followed by full charge
<u>Exemption Class B</u> Empty/Unfurnished (charitable property)	6 months void followed by full charge
<u>Long-term Empty Premium</u> Properties empty for 2 years or more	150% charge

*Note that properties that were only part way through the 1/12 month discount period as at 31 March 2017, will also be affected from 1 April.

- 8.9 Section 76 of the 2003 Act includes Section 13A of the Local Government Finance Act 1992, allowing councils to set local discounts, the cost of which must be borne by local Council Tax payers as the cost of any discounts will need to be included in the General Fund budget requirement.
- 8.10 It is recommended that no local discounts are agreed. Authority to grant the discretionary charitable discount has been delegated to the Head of Customer Services (after consultation, and subject to broad criteria).

9 BUSINESS RATES

- 9.1 As part of the localised business rate arrangements introduced in 2013/14, we are required to estimate what business rates we will actually collect in 2017/18. This figure is then split between DCLG (50%), ourselves (49%) and the Fire Authority (1%).
- 9.2 While we have always made such an estimate, prior to 2013/14 this estimate, which is made on a form known as NNDR1, (Appendix E) because business rates were fully pooled, had to be made in accordance with rules prescribed by DCLG and the result was reported to DCLG as an officer process. While many of those rules remain in place, three key aspects of the rules have been changed to permit local discretion and judgement given the new regime. These changes are the estimates that are made for the impact of revaluations and other losses on collection, appeals, and new property.
- 9.3 Our latest available analysis of the Valuation Office appeals data shows 373 properties (last year - just under 300) subject to appeal affecting rateable values in excess of £57m, and the estimated liability is £14m, reduced from the £16.5m estimate at the end of last year (reflecting concluded appeals).
- 9.4 In 2015/16, in our NNDR1 form we provided £7.3m for rate losses arising from appeals and other losses. As at December about £5.3m of this appears to have been used (mainly associated with appeals). The 2015/16 form assumes we'll provide £5.0m reflecting that over the first two years of the revised finance system we have been able to make reasonable provisions for appeals and losses, and taking account of the position overall, we should have set aside sufficient money for all appeals that settle before 31 March 2017.
- 9.5 On 1 April 2017 a revised valuation list will be used to determine business rates. At a national level the amount of rates collected will increase by inflation, but as the value of properties has increased by more than inflation between 2008 and 2015 (the dates of valuation for the 2010 and 2017 lists) Government is only increasing the rate poundage charged from 48.0p to 48.4p {tbc} (rather than 49.0p, which the RPI change would suggest).

- 9.6 However, the distribution is not evenly spread throughout the country. In Reading the rateable values have increased from £253m to £305m, and although the rate poundage is falling, Government has estimated that the gross rates will increase by over £10m from £122.4m to £133m. However, we will not retain any of this additional rates, as Government is also adjusting the tariff payment to compensate, and therefore after the Government's 50% share, the 1% Fire Authority Share and the increased tariff of **£1.5m (to follow)**, the retained rates will be around the £30.8m we have been forecasting for some time.
- 9.7 At the year end we will be required to report the actual business rates collected on a form known as NNDR3. This will be reviewed by the external auditor, and any variations will be shared in the same proportions (in practice this will be on an estimate basis, in the same way that the collection fund surplus or deficit is estimated).
- 9.8 To the extent to which these estimates prove incorrect, they will need to be adjusted for in future years.

10 CONTRIBUTION TO STRATEGIC AIMS

To secure the most effective use of the Council's resources in the delivery of high quality, Best Value public services.

11 COMMUNITY ENGAGEMENT AND INFORMATION

- 11.1 A consultation exercise was carried out on the range of options taken forward to make amendments to the local Council Tax Support Scheme for the 2017/18 financial year, and changes to the Local Council Tax Discount Scheme for 2017/18.
- 11.2 A statutory consultation period took place between the 4th November and the 30th December 2016. A total of 23,220 Customers were contacted directly by email to ask them for their views. Views and comments were also requested from our key stakeholders including the Voluntary Sector Organisations, Advice and Support Agencies, Private Landlords, Housing Associations and other stakeholders, and included our preceptors.
- 11.3 In addition the consultation questionnaire was published on our Website for wider public consultation for the period 2nd November to the 30th December 2016. There is a statutory requirement to carry out consultation on a Local Council Tax Support Scheme. The guidance recommends that public consultation should be carried out as early as possible to ensure feedback can influence the scheme and allow sufficient time for the feedback to be gathered, impacts to be understood, and a scheme to be shaped.

- 11.4 Although Government's code of practice on consultation states that normally 12 weeks is appropriate, billing authorities may wish to consider the appropriate length of their consultation depending on the impact of their proposals and the ability to complete the consultation exercise within budgetary timetables.
- 11.5 The code of practice indicates that where timing is restricted, for example, due to having to meet a fixed timetable such as a budget cycle, there may be good reason for a shorter consultation, and any documentation should be clear for the reasons for the shorter.
- 11.6 We have carried out the statutory consultation and this report forms part of the consultation process.

12 EQUALITY IMPACT ASSESSMENT ON PROPOSED CHANGES

- 12.1 A Full Equality Impact Assessment on the proposed changes is set out at Appendix F.
- 12.2 All of the current options impact negatively on all customers of working age currently in receipt of Council Tax Support. Those that also have non-dependants living with them will also see a further reduction in the amount of Council Tax support they receive and will have to pay an increase in Council Tax.
- 12.3 Pensioners remain unaffected by these proposals.
- 12.4 In the situation where a customer presents in hardship or financial difficulty as a result of these combined changes, we will continue to consider the award of discretionary Council Tax Support in order to mitigate this effect on their household, pending a full financial disclosure of the household. We will specifically target the use of discretionary Council Tax Support where the non-dependant deductions are causing the greatest impact to households and are causing exceptional hardship.

13 LEGAL IMPLICATIONS

As set out in the report.

14 FINANCIAL IMPLICATIONS

- 14.1 The direct financial implications are as set out in the report.
- 14.2 Inasmuch as various judgements have been made about estimated tax and business rate collection, changes to the tax debit etc., we have made these in the context of the Council developing the overall budget proposal. The

budget proposal as a whole will include a section where the Director of Finance comments on its robustness.

- 14.3 Whilst we anticipate that those comments will have some similarities to previous years where you will recall they advised that the Council was setting a very tight budget which contained a continuing high level of risk. You will have seen from budget monitoring that we have had a substantial overspend in 2016/17 and also overspent 2015/16, and the impact of this will affect the advice. The advice in the context of developing the Council's 2017/18 budget proposal is that the estimates and assumptions made in this report are the best ones that can reasonably be made at the current time.

15 BACKGROUND PAPERS

Local Authorities (Calculation of Tax Base) Regulations 1992, as amended.
Local Government Finance Settlement
Local Government Finance Act 2012, and regulations made thereunder
Local Government Finance Settlement (draft) 2017/18
31 October 2016 Policy Committee - agenda and minutes
Pro forma consultation response on discount saving proposal
Pro forma consultation response on LCTS saving proposal

Appendix B

Consultation Response Summary - Proposed Changes to Local Council Tax Support

The consultation was published on the Council's website, and council taxpayers for whom we hold an e-mail address were told about it. 300 responses were received, 28 of which indicated they were currently in receipt of Council Tax Support (so would be impacted).

There were 5 proposals and in summary the responses were as follows:

- (i) 67% agreed the proposal to reducing the Capital Limit to £3000 (but leave at 20% contribution. Those commenting against the proposal felt that a reduction to £3,000 left very limited funds available should there be a financial emergency.
- (ii) 70% agreed the proposal to remove earned income disregards. Those opposing expressed concern about its impact on work incentive, though one comment from someone likely to be impacted thought it was manageable.
- (iii) 60% supported the proposal to reduce the maximum level of support for working age customers from 80% to 75% (i.e. increase the minimum contribution to 25% of the full tax). Those opposing generally expressed concern about affordability.
- (iv) 60% supported the proposal to limiting applicants for Council Tax Support to having a maximum capital limit of £3000 based on a minimum contribution of 25%. Comments generally reflected concern about affordability, and
- (v) 63% supported the proposal to remove earned income disregards, amend level of non-dependent deductions and increase minimum contribution to 25%

Officer Comment & Advice

It is recommended that the Capital Limit is not reduced from £6,000 to £3,000 and that we go forward with the proposed changes on Earned Income disregards and Non-dependant deductions on a 25% minimum contribution.

Appendix C

Consultation Response Summary - Proposed Changes to Discounts on Empty Property

The consultation was published on the Council's website, and council taxpayers for whom we hold an e-mail address were told about it. 355 responses were received.

There were 3 proposals and in summary the responses were as follows:

- (i) 57% of respondents agreed with the proposal to remove the discount on empty and unfurnished property. Of those opposing this proposal the most common comment was that if properties were empty then there was not a drain on Council Services; therefore why they should pay. Landlords generally felt it to be unfair as there was no time to refurbish property or find a new tenant.
- (ii) 44% of respondents agreed with the proposal to remove the discount on property undergoing major work. Those opposing felt that it would discourage owners buying older properties to renovate and bring back to standard. They felt that it would discourage landlords from carrying out works between lets leading to poorer living standards for tenants. It was also suggested that it would discourage investors buying in the Reading area as some other Councils do provide this discount. Landlords also felt again that was not a drain on Council Services; therefore why should they pay.
- (iii) 80% of respondents agreed the proposal to remove the (remaining 5%) discount on second homes. Those opposing suggested that as they were not using services whole year round or at all, why should they pay.

In each case, excepting a few non respondents the remaining respondents opposed the proposal.

Officer Comment and Advice

Having considered the responses and comments, officers observe that they do not raise any significant reason not to pursue the proposal as envisaged. In respect of the second proposal, opposed by a small majority of respondents officers observe that removing the discount encourages refurbishment to be completed as quickly as possible so as to help with the pressures for accommodation in Reading. Related issues should largely be managed by the impact of the local housing market.



Provide basic details

Name of proposal/activity/policy to be assessed

Council Tax Support Scheme 2017/18 introduction of higher non-dependant deductions, removal of earned income disregards in our calculations, changes to temporary absence, limit the number of dependent children in the calculation of CTS to 2 from April 17 , and an increase to a minimum 25% contribution

Directorate: Corporate Support Services

Service: Customer Services

Name and job title of person doing the assessment

Name: Kirsty Anderson

Job Title: Income & Assessment Manager

Date of initial assessment: 5th September 2016

Scope your proposal

What is the aim of your policy or new service?

In 2013/14 the government abolished council tax benefit and local authorities were required to introduce local schemes. Overall funding was cut by 10% and there was a proviso that pensioners would be protected and made no worse off. The local scheme we introduced was designed to cost the Council the same as when we received Revenue Support Grant which meant requiring a contribution of 15% from residents assessed as eligible for support. We increased the minimum contribution to 20% for the 2016 /17 year and restricted the support to a Band D to continue to offset the reduction of grant funding.

However with continued budget pressures, and having to find further income streams to fund our budget position, we are proposing to increase the minimum contribution and change other aspects of the scheme. It is still however our intention is to ensure the Local Council Tax Support scheme continues to provide support to low income households in Reading, whilst managing the decrease in funding.

The aims of this policy are:

- to manage the cost of the scheme within the available funds, ensuring that additional burdens are not put upon the general fund at further cost to local taxpayers;

- to maintain a scheme that meets the requirements of the Local Government Finance Act, the Equality Act 2010, the Child Poverty Act 2010, and the Housing Act 1996

- to ensure that the scheme is clear and easy to understand for applicants and to simplify administration where possible.

We are proposing that the application and calculation process used by the existing council tax support scheme will remain much the same but there will be some changes as follows:

- Working age benefit claimants would face a 25% minimum contribution in respect of their contribution to their Council Tax liability.

Currently we have 10,771 customers receiving Council Tax Support, 6879 are working age and 3892 pension age.

Our proposals also aim to ensure that the protection already offered to vulnerable claimants as part of the original Council Tax Support Scheme is retained, along with work incentives created through the award of extended payments for those going into work.

As our Council Tax Support scheme continues to follow the calculation routes originally designed in the Council Tax Benefit Scheme, our scheme is still based on the award of premiums and applicable amounts that reflect disability and age. Therefore it continues to protect those of pensioner age and those in receipt of disability benefits by offsetting by ways of a means test in the main.

However we also propose to introduce a change to the level of Council Tax Support non-dependant deductions, remove the earned income disregards in line with the changes in Universal Credit, and reflect the changes to temporary absence in the Housing Benefit Rules in to the scheme.

There is not specific data available to be able to identify on a case by case basis the impact on each individual claim. We will continue to use the discretionary Council Tax Support fund as part of our local council tax support scheme to help people who may face exceptional and extraordinary difficulties in paying their council tax.

This could include those people who are disproportionately affected by these changes other changes under welfare reform agenda.

Who will benefit from this proposal and how?

The Council faces significant challenges over the next few years, as it continues to receive reductions in grant funding, and increasing demands on service delivery.

This proposal forms part of the ongoing work that is being undertaken to address the Council's budget position.

Everyone who currently receives Council Tax Support, except pensioners, will be affected in a negative way by these changes in that they will receive less financial

support. Those with non- dependant working adults forming part of their makeup will be effected more by these changes and they will need to seek additional contributions from the working adults living with them. However to continue to provide Council Tax Support at the level currently provided would cause such a shortfall in the authority's budget and the budget of those that levy a precept to it (Fire and Police Authorities) that could not be met without ceasing, reducing or seeking additional charges for services - also likely to have disproportionate effect on the most vulnerable.

What outcomes will the change achieve and for whom?

The Council's budget cannot cover a continuing shortfall in Government funding without increasing the Council Tax for all residents, or reducing the cost of statutory services or cutting or reducing non- statutory Services. This mitigates an element of the cost of the Council Tax Support Scheme across working age customers in receipt of Council Tax supports.

Who are the main stakeholders and what do they want?

70,000 Council Tax payers including 10,771 in receipt of Council Tax Support

Preceptors

Neighbouring Councils

Special interest organisations such as Citizens Advice Bureau, Welfare Rights, Housing Associations, National Federation of Landlords

Organisations representing vulnerable groups

Disabled people

Low income out of work

Low income in work

Homelessness prevention.

Consultation

Relevant groups/experts	How were/will the views of these groups be obtained	Date when contacted
Members / Senior Officers	Series of meetings regarding budget saving proposals summer 2016,	Commenced September 2016

APPENDIX F

<p>Consultation</p> <p>We consulted on our proposals through November and December 2016.</p>	<p>Public on line survey</p>	<p>2nd November to 30th December 2016.</p>
<p>Targeted invitation to participate in on line consultation:</p> <p>23,220 Customers</p> <p>Preceptors</p> <p>Neighbouring Councils</p> <p>Special interest organisations such as Citizens Advice Bureau, Welfare Rights, Housing Associations, National Federation of Landlords</p> <p>Organisations representing vulnerable groups</p> <p>Disabled people</p> <p>Low income out of work</p> <p>Low income in work</p> <p>Homelessness prevention.</p>	<p>Email including Web on line survey link</p>	<p>4th November to 30th December 2016.</p>

Collect and Assess your Data

Describe how this proposal could impact on Racial groups

Data regarding ethnicity is not available from the Council Tax Support Database. However, the 2011 census confirms the following on data on ethnicity in Reading:

Ethnicity Group	Reading 2011
White British	66.9%
Other White	7.9%
Mixed	3.9%
Indian	4.2%

APPENDIX F

Pakistani	4.5%
Other Asian	3.9%
Black Caribbean	2.1%
Black African	4.9%
Black Other	0.7%
Chinese	1.0%
Other ethnic group	0.9%

National studies show that children from Black and Minority Ethnic communities face a particularly high risk of growing up in poverty. In Reading a higher proportion of Mixed race and children from Black communities are eligible for free school meals (an indicator of poverty) than White children, but a lower proportion of Asian and Chinese children are.
Source: RBC school census 2015

Therefore Black and Minority Ethnic households could be disproportionately affected by reductions in CTS

Data provided in relation to customers in receipt of JSA in Reading who would by default be entitled to Council Tax Support in July 2015 show that the proportions of JSA claimants are broadly representative across ethnicity:

63% of the 1470 people claiming JSA are white British people and 355 BME claimants
 33% of the respondents to the consultation were Black and Minority Ethnic.

Is there a negative impact? Not sure

Describe how this proposal could impact on Gender/transgender (cover pregnancy and maternity, marriage)

Specific data is not available on those protected characteristics for the Council Tax Support client base. The gender profile of respondents to the consultation was

Male	163	54.33%
Female	132	44.00%

Is there a negative impact? Not sure

Describe how this proposal could impact on Disability

The number of working age customers currently in receipt Council Tax Support with disability premiums (disability, enhanced disability, severe disability, disabled child) continue to receive a level of protection as their benefit calculation continues to reflect an allowance for disability. If they are in receipt of qualifying

benefits which the majority are; they do not attract a non-dependant deduction therefore will be not be affected by the changes to the non-dependant amounts.

However If they are working they will be effected by the earned income disregards. These customers would see a small increase in their contribution.

However this is not disproportionate across the other working age customers in receipt of Council Tax support. In fact they still remain to have more of their total income disregarded in the calculation so are affected to a much lesser extent.

Is there a negative impact? No

Describe how this proposal could impact on Sexual orientation (cover civil partnership)

Civil Partnership is reflected and recognised within the overall benefits system, therefore these customers are affected in the same way as all customers There are no differences in the calculations.

Is there a negative impact? No

Describe how this proposal could impact on Age

Pensioners will be protected from any increase in contribution as they have been protected by the Government advising that they cannot be asked to contribute any additional amount therefore their Council Tax Support entitlement remains the same.

For households of working age where the customer is not on passported benefits which means they are working or in receipt of work related benefits, these customers are affected by the changes, we have identified there are 271 customers who are likely to receive the largest reduction of up to 30% in lost council tax support. This should not cause financial difficulties if the customer seeks to pass on this loss to the working non-dependants within the household and asks them for a greater contribution to the household bills. However should this continue to cause the customer hardship we will consider the use of the discretionary Council Tax Support Scheme to mitigate in part this loss.

Is there a negative impact? Yes

Describe how this proposal could impact on Religious belief?

Specific data is not available on those protected characteristics for the Council Tax Support client base

The consultation respondents represented a range of religion and belief although the majority were Christian or No Religion.

Is there a negative impact? No

Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you MUST assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

Tick which applies

- | | | |
|---|----------------|---|
| 1. No negative impact identified | Go to sign off | |
| 2. Negative impact identified but there is a justifiable reason | | X |

Reason

The Council's budget cannot continue to cover a continuing shortfall in Government funding without increasing the Council Tax for all residents, or reducing the cost of statutory services or cutting or reducing non- statutory Services. This mitigates an element of the cost of the Council Tax Support Scheme across working age customers in receipt of Council Tax supports.

Whilst there is a negative impact the options proposed have been identified to have the least impact on equality groups based on an affected customer base of working age and therefore more likely to have the opportunity to make life choices that will improve their financial positions. These include taking on more hours, better positions, or requiring additional adults within the household to contribute more to living expenses.

How will you monitor for adverse impact in the future?

Listen to customer feedback and comments / complaints as changes are proposed and or implemented

We will provide updates on known impacts as the changes are implemented through the officer welfare & poverty steering group

Signed (completing officer) Kirsty Anderson
(reviewed)

Date 4th January 2017

Signed (Lead Officer) Zoe Hanim

Date 4th January 2017

**READING BOROUGH COUNCIL
REPORT BY HEAD OF FINANCE**

TO:	COUNCIL		
DATE:	24 JANUARY 2017	AGENDA ITEM:	8
TITLE:	FUTURE AUDIT ARRANGEMENTS - APPOINTMENT OF PUBLIC SECTOR AUDIT APPOINTMENTS LTD		
LEAD COUNCILLOR:	JO LOVELOCK	PORTFOLIO:	LEADERSHIP
SERVICE:	FINANCIAL	WARDS:	BOROUGHWIDE
AUTHOR:	ALAN CROSS	TEL:	2058 / 9372058
JOB TITLE:	HEAD OF FINANCE	E-MAIL:	Alan.Cross@reading.gov.uk

1. PURPOSE AND SUMMARY OF REPORT

- 1.1 Further to the recommendation made by Audit and Governance Committee meetings on 19 April 2016 (Minute 22 refers) and 29 September 2016 (Minute 12 refers), this report explains the latest position in relation to the changed arrangements in the Local Audit & Accountability Act 2014 (the 2014 Act) for the appointment of an external auditor for the Council, and asks Council to confirm the recommendation Public Sector Audit Appointments Limited should be asked to appoint an external auditor for the Council.
- 1.2 In August 2010 the then Secretary of State announced that the Audit Commission would be abolished, and authorities would need to appoint their own auditor. Subsequently, during the legislative process to enact the announcement, the Local Government Association argued that in order to simplify and streamline the process (and hopefully retain many of the financial gains that were subsequently made by the Audit Commission in contracting for a more streamlined audit (focused on the accounts and vfm)), that there should be a facility for a sector led body to assist local authorities with the appointment of auditors.
- 1.3 As part of the process of shutting down the Audit Commission, Public Sector Audit Appointments Limited was established (as an LGA linked company) to manage the run off of the audit contracts, and at the time of its establishment (in which the LGA was involved), it was indicated that it would seek to offer a service to authorities with subsequent audit appointments.
- 1.4 In July 2016, the present Secretary of State for Communities and Local Government specified Public Sector Audit Appointments Limited (PSAA) as an

appointing person under regulation 3 of the Local Audit (Appointing Person) Regulations 2015. This means that PSAA can make auditor appointments for audits of the accounts from 2018/19 of principal authorities that choose to opt into its arrangements.

- 1.5 Following the approval of PSAA as the appointing person under the 2014 Act, this report recommends that to ensure the Council gets the best price for its independent external audit, and minimises the work involved locally, that PSAA is asked to assist the Council in finding an auditor, and authorises the Head of Finance to progress arrangements, reporting to Council or Audit & Governance Committee, as necessary in due course.

2. RECOMMENDATION

- 2.1 That the appointment of Public Sector Audit Appointments Limited (PSAA) by the Government, to act as an appointing person under the provisions of the Local Audit and Accountability Act 2014 and the Local Audit (Appointing Person) Regulations 2015, be noted.
- 2.2 That, in accordance with regulation 19 of the Local Audit (Appointing Person) Regulations 2015, the recommendation of the Audit & Governance Committee to 'opt in' to the 'Appointing Person' arrangement be confirmed and agreed.
- 2.3 That, under the 'opt in' arrangement, PSAA be appointed to assist the Council in finding an Auditor for 2018/19 and beyond for a 5 year period, in accordance with the Local Audit (Appointing Person) Regulations 2015 and on the recommendation of the Audit & Governance Committee (Minute 12 of the meeting held on 29 September 2016 refers) and the Head of Finance be authorised to make the necessary arrangements to progress the process within the required timescale.
- 2.4 That the decisions to 'opt in' to the 'Appointing Person' arrangement to seek external auditors on behalf of the Council; and to confirm the appointment of the external auditors be added to the list of matters reserved to Council set out in Article 4 of the Council's Constitution.

3. POLICY CONTEXT

- 3.1 Most audit related matters are currently the responsibility of Audit & Governance Committee on behalf of Council, and the Committee has received several updates since the previous Secretary of State made his abolition announcement,
- 3.2 In April 2016 the Audit & Governance Committee resolved that it supported in principle a proposal to ask Public Sector Audit Appointments Ltd to assist with the

appointment of an external auditor for the 2018/19 and subsequent accounts and confirmed its support for this course of action at a later meeting on 29 September 2016 (Minute 12 refers). Whilst PSAA had recently been designated for that purpose, at the time of the September committee it had not set out the arrangements for option in. Furthermore, in any event, the legislation requires Council as a whole to decide its audit arrangements.

4. THE PROPOSAL

(a) Option Proposed

- 4.1 The Government decided to abolish the Audit Commission and give local authorities the power to appoint their own auditor. During the passage of the legislation through Parliament, the Local Government Association argued that there should be a facility for authorities to club together at a national level to make appointments.
- 4.2 Public Sector Audit Appointments Ltd (PSAA) was set up initially as part of the transitional arrangements associated with the Audit Commission's abilities to manage the run off of the contracts let by the Commission, but with the intention that in due course it would apply to be able to let future contracts. PSAA sits within the LGA Group, and currently works from the LGA's offices.
- 4.3 The Government confirmed PSAA's appointment in the latter role, and PSAA then wrote to chief financial officers in August 2016 (see Appendix A) to invite the Council, as a principal authority, to 'opt in' to the 'Appointing Person' arrangement. The appendix outlines the process thereafter leading to a formal appointment of an auditor for 2018/19 during the second half of calendar year 2017 (as the legal deadline to appoint is 31 December before the 1 April in the year the appointment commences). PSAA subsequently wrote in October after the last Council meeting setting out the formal arrangements for opting in (Appendix B).
- 4.4 This report recommends that to ensure the Council gets the best price for its independent external audit and minimises the work involved locally, PSAA is asked to assist the Council in finding an auditor, and the Head of Finance is authorised to make the necessary arrangements to progress this process within the required timescale.
- 4.5 Practically PSAA has the expertise to let audit contracts (as several of its staff worked in recent years in the audit contracts team at the Audit Commission, and by appointing PSAA the Council can ensure its auditor is independent, as PSAA will be putting in arrangements to ensure this is the case at the time of appointment.
- 4.6 PSAA has indicated that councils wishing to use its services should formally confirm their intent by 9 March 2017. Subsequently PSAA will ensure an

appointment is made by the statutory deadline of 31 December 2017 (so auditors are in place 3 months before the first year of their appointment, albeit they have limited work to do for 12 months).

(b) Other Options Considered

- 4.7 The appointment of an 'appointing person' is an alternative arrangement to the Council setting up and managing its own Auditor Panel, which would recommend the appointment of external auditors to the full Council, in accordance with the process specified in the 2014 Act.
- 4.8 PSAA has set out that for authorities that choose not to opt in to the appointing person arrangements, there are two options available for appointing their own auditor. These are to:
- undertake an individual auditor procurement and appointment exercise; or
- undertake a joint audit procurement and appointing exercise with other bodies, those in the same locality for example
- 4.9 Both these options require the authority *to establish an Auditor Panel (which has to include independent members)* and consult and take into the advice of its Auditor Panel on the selection and appointment of a local auditor. Section 9 of the Act requires a relevant authority to establish an auditor panel, section 10 sets out the functions of an auditor panel, and schedule 4 sets out provisions applying to auditor panels. An auditor panel must consist of a majority of independent members (or wholly of independent members), and must be chaired by an independent member. *{The section in italics added to PSAA's words}*.
- 4.10 To date the Council has taken no action to establish an Auditor Panel, and in addition to this, practically the Council would need to draw up a specification for the work required. There are not resources available to do this within the Council to meet the 31 December 2017 deadline. Furthermore we are not aware of any joint audit procurement (other than the PSAA arrangements).
- 4.11 PSAA's website lists the many authorities that have formally opted in; informally amongst unitary authorities one of our Berkshire neighbours undertook a survey at the beginning of January and advised (excluding the Reading response 30/33 were opting for PSAA, one was doing its own procurement and two were undecided. As at the beginning of January, PSAA advised in total there are 177 authorities who have opted in, and they are aware of at least a further 80 that are minded to do so. The table below was provided by them.

Authority type	Total Authorities	Opted in so far	Opt-in percentage
Police bodies	73	26	36%
County Councils	27	15	56%
District Councils	201	87	43%
Fire and Rescue Authorities	30	11	37%
London Borough Councils	33	9	27%
Metropolitan District Councils	36	5	14%
Unitary Authorities	56	16	29%
LG Miscellaneous	37	8	22%

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The appointment of external auditors will contribute to the Council remaining financially sustainable to deliver its corporate priorities.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".
- 6.2 This report is concerned with the process for appointing the local authority's external auditors through PSAA Ltd. There is no requirement for external consultation on this decision.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 7.2 This report is concerned with the process for appointing the local authority's external auditors through PSAA. This does not have a differential impact on: racial groups; gender; people with disabilities; people of a particular sexual orientation; people due to their age; people due to their religious belief. As a

result, there is no requirement for an equality impact assessment to be undertaken.

8. FINANCIAL IMPLICATIONS

- 8.1 None, directly from this report, save that in principle the decision should ensure a value for money independent audit appointment in due course.
- 8.2 PSAA's work in appointing auditors will be funded as part of the contracting process; and ultimately paid for by local authorities through audit fees. There are no (draft) budgeted resources in 2017/18 for any other solution.

9. LEGAL IMPLICATIONS

- 9.1 The proposal to be an 'opted in' authority for the purpose of appointing external auditors significantly simplifies the process the Council would need to undertake this appointment. In the event, the Council chose to do this independently, it would be necessary to set up an auditor panel, which would include an independent chair and a majority of other independent members. The Council would be responsible for the procurement process and would need to follow various other tightly specified procedures.
- 9.2 In accordance with the Local Audit (Appointing Persons) Regulations 2015, the Council can decide to become an 'opted in' authority and appoint PSAA Ltd to assist finding an Auditor to commence in 2018/19, which would avoid the resource implications of setting up its own auditor panel.
- 9.3 The decision to 'opt in' and appoint PSAA to seek external auditors on behalf of the Council is a matter reserved to Council under regulation 19 of the 2015 Regulations. The decision to confirm the appointment of the external auditors is also a reserved function of Council.

8. BACKGROUND PAPERS

- 8.1 Communications from PSAA received by e-mail in Appendices A & B
 - A - PSAA has been specified by DCLG as the appointing person for auditor appointments at principal local government bodies
 - B - Invitation to become an opted-in authority
- 8.2 Local Audit & Accountability Act 2014 & Local Audit (Appointing Persons) Regulations 2015
- 8.3 Q&A from PSAA Website
<http://www.psa.co.uk/wp-content/uploads/2016/12/Appointing-person-FAQs-updated-1-December-2016.pdf>

Appendix A

17 August 2016

Subject: PSAA has been specified by DCLG as the appointing person for auditor appointments at principal local government bodies

Dear Mr Cross

I am writing to you with updated information on the position on local auditor appointment requirements, following recent developments.

Local auditor appointments

Last month, the Secretary of State for Communities and Local Government confirmed that Public Sector Audit Appointments Limited (PSAA) has been specified as an appointing person under the provisions of the Local Audit and Accountability Act 2014 (the 2014 Act) and the Local Audit (Appointing Person) Regulations 2015. This means that PSAA will make auditor appointments to relevant principal local government bodies that choose to opt into the national appointment arrangements we are developing, for audits of the accounts from 2018/19.

Current auditor appointments are made under the audit contracts previously let by the Audit Commission and now managed by PSAA under transitional arrangements. These audit contracts will end with the completion of the 2017/18 audits for principal local government bodies including police and fire bodies, and the completion of the 2016/17 audits for NHS bodies.

A top priority for PSAA in developing the new scheme will be to ensure we are able to make independent auditor appointments at the best possible prices. We will also endeavour to appoint the same auditors to bodies which are involved in formal collaboration or joint working initiatives.

We are currently working on the details of the scheme, including a timetable, and will provide further information as soon as possible.

Timetable

Over the next few months all principal authorities will need to decide how their auditors will be appointed under the new requirements. They may make their auditor appointment themselves, or in conjunction with other bodies. Or principal local government bodies can take advantage of the national collective scheme that PSAA is

developing, which should pay dividends in terms of quality, cost, responsiveness and convenience.

New appointments, for the 2018/19 accounts for principal local government bodies, must be made under the provisions of the 2014 Act and confirmed by 31 December 2017.

The date by which principal local government bodies will need to opt into the appointing person arrangement is not yet finalised. The aim is to award contracts to audit firms by June 2017, giving six months to consult on appointments with authorities before the 31 December 2017 deadline. We anticipate that invitations to opt in will be issued before December 2016.

The Local Audit (Appointing Person) Regulations 2015 require that a principal authority may only make the decision to opt into the appointing person arrangement by the members of the authority meeting as a whole, except where the authority is a corporation sole, in which case the decision may be made by the holder of the office.

More information

We will provide further updates as soon as we can.

Information is available on our website on the [specified appointing person arrangements](#) and on the [transition to local auditor appointment](#) more generally. A [prospectus for the new scheme](#) is also available on the website.

If you have a specific enquiry please contact us at generalenquiries@psaa.co.uk.

Yours sincerely

Jon Hayes
Chief Officer

Appendix B

Invitation to become an opted-in authority

The Local Audit and Accountability Act 2014 and the Local Audit (Appointing Person) Regulations 2015 (the Regulations)

Public Sector Audit Appointments Limited (PSAA), being an appointing person for the purposes of the Regulations, invites Reading Borough Council (the authority) to become an opted in authority in accordance with the Regulations.

Further information is contained in the opt-in letter and additional information attached to this email. The length of the compulsory appointing period is the 5 consecutive financial years commencing 1 April 2018.

A decision to become an opted-in authority must be taken in accordance with the Regulations, that is by the members of an authority meeting as a whole, except where the authority is a corporation sole, such as a police and crime commissioner, in which case this decision can be taken by the holder of that office.

The closing date to give notice to PSAA of the authority's acceptance of our invitation is: **9 March 2017**.

A form of notice of acceptance is enclosed with this invitation to opt in. The notice of acceptance must be sent by email to: appointingperson@psaa.co.uk and must be received **before 5pm on Thursday 9 March 2017**.

PSAA confirms it is willing to receive notices of acceptance by email to this address and will confirm receipt of all notices of acceptance by email.

Jon Hayes
Chief Officer

**READING BOROUGH COUNCIL
REPORT BY THE DIRECTOR OF ADULT CARE AND HEALTH SERVICES**

TO:	COUNCIL		
DATE:	24 JANUARY 2017	AGENDA ITEM:	9
TITLE:	READING's 2 nd HEALTH & WELLBEING STRATEGY		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN / COUNCILLOR EDEN / COUNCILOR GAVIN	PORTFOLIO:	HEALTH / ADULT SOCIAL CARE / CHILDREN'S SERVICES
SERVICE:	ALL	WARDS:	BOROUGHWIDE
LEAD OFFICER:	JANETTE SEARLE / KIM WILKINS	TEL:	0118 937 3753 / 3624
JOB TITLE:	PREVENTATIVE SERVICES MANAGER / SENIOR PROGRAMME MANAGER	E-MAIL:	Janette.Searle@reading.gov.uk / Kim.Wilkins@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report presents Reading's 2nd Health and Wellbeing Strategy, which needs to be approved by full Council before adoption according to the constitution of Reading Borough Council (RBC).
- 1.2 As required by statute, the Strategy sets a basis for commissioning plans across both the local authority and the local clinical commissioning groups (CCGs). It is a joint strategy and its development to date has properly been driven by the Health and Wellbeing Board. The report proposes that Council delegates responsibility to the Health and Wellbeing for approval of implementation plans and future monitoring arrangements.

2. RECOMMENDED ACTION

- 2.1 That Council:
- (a) Considers the feedback from the formal consultation on Reading's second joint Health and Wellbeing Strategy (annexed as Appendix A) together with the Equality Impact Assessment annexed as Appendix B;
 - (b) Adopts the 2017-20 Reading Health and Wellbeing Strategy as appears at Appendix C; and
 - (c) Delegates the approval of a supporting Health and Wellbeing Action Plan to the Health and Wellbeing Board for consideration at the Board's next meeting on 27 January 2017.

3. POLICY CONTEXT

- 3.1 The primary responsibility of Health and Wellbeing (HWB) Boards, as set out in the Health and Social Care Act 2012, is to produce a Joint Strategic Needs Assessment (JSNA) to identify the current and future health and social care needs of the local community, which will feed into a Joint Health and Wellbeing Strategy (JHWS) setting out joint priorities for local commissioning. Through these key tools, the Health and Wellbeing Board will develop plans to:
- improve the health and wellbeing of the people in their area;
 - reduce health inequalities; and
 - promote the integration of services.

Local authority and CCG commissioning plans should then be informed by the JSNA and the Joint Health and Wellbeing Strategy.

- 3.2 The Care Act in 2014 created a new statutory duty for local authorities to promote the wellbeing of individuals. This duty - also referred to as 'the wellbeing principle' - is a guiding principle for the way in which local authorities should perform their care and support functions. It is not confined to the Council's role in supporting those who are eligible for Adult Social Care, however, but includes all assessment functions, the provision of information & advice, and the local offer of 'preventative' services. The Care Act gives the local authority a responsibility to provide or arrange services that reduce needs for support among people and their (unpaid/family) carers in the local area, and contribute towards preventing or delaying the development of such needs. This is a corporate responsibility, and needs to be considered alongside the general duty of co-operation (with partners outside the local authority).
- 3.3 The Care Act requires councils to have a plan for meeting their wellbeing responsibilities under the Act. In January 2016, Reading Borough Council launched a draft Adult Wellbeing Position Statement intended to cover this responsibility whilst a revised JSNA and then updated Health and Wellbeing Strategy were in preparation. The intention is that publication of Reading's 2017-20 Health and Wellbeing Strategy will discharge Council duties both under the Care Act and under the Health and Social Care Act.
- 3.4 Reading's second Health and Wellbeing strategy has been informed by a review of Reading's Health and Wellbeing Board by a group of peers from Health and Wellbeing Boards in other areas. The new strategy responds to the peer review finding that the strategy should be used to drive the agenda of the Board, and key priorities have been identified which are properly the responsibility of the Health and Wellbeing Board in order to facilitate this link.

4. READING'S 2nd JOINT HEALTH AND WELLBEING STRATEGY

- 4.1 Two workshops in mid 2016 brought together members of the Health and Wellbeing Board and other key stakeholders representing public services, local providers and Reading's voluntary sector (the Health & Wellbeing Involvement Group) to start to refresh Reading's Health and Wellbeing Strategy. Emerging proposed priorities were discussed at Reading Voluntary Action's Wellbeing Forum for the third sector.

4.3 Members of the Health and Wellbeing Involvement Group welcomed the opportunity to be involved in the development of the 2017-20 strategy at an early stage and so shape a draft strategy prior to a formal consultation period. Key messages from the Involvement Group were that the refreshed strategy should represent and include:

- a clear plan to shift our emphasis onto prevention rather than care;
- an approach which takes a holistic view of people rather than looking at health conditions in isolation;
- stronger collaboration around providing people with the information they need to take charge of improving their own health;
- recognition that different approaches are needed to reach different communities;
- better use of technology to empower people, support independence and make the most efficient use of limited resources; and
- a focus of partners' collective effort on fewer priorities, so as to target the biggest health and wellbeing risks for Reading.

4.4 The Health & Wellbeing Involvement Group felt that the 2013-16 Health & wellbeing Vision - now widely cited across other local strategies and plans - was still valid, and recommended that this be carried forward as the 2017-20 vision:

Vision: A healthier Reading

The Group also liked the idea of adopting the Public Health England mission statement locally, and suggested adding a Reading Mission Statement:

Mission Statement: to improve and protect Reading's health and wellbeing - improving the health of the poorest, fastest

4.5 A number of issues were then identified to make up a 'priorities shortlist' for the new strategy using the following criteria.

- Reading's performance in this area is significantly below average (for England / for the region / by reference to statistical neighbours).
- This is something which stakeholders feel confident is under local control and influence, and can therefore be changed through a local strategy.
- Reading's performance over time indicates a need to focus on this issue, e.g. Reading is now performing in line with or better than national averages, but this reflects a focus given to a 'hot topic' which needs to be sustained.
- The issue either isn't already included in / monitored via other strategic plans, or there would otherwise be clear added value in making this a Health and Wellbeing Board priority, e.g. this is something which stakeholders believe Reading would be best placed to address by working together across the membership of the HWB Board.
- The expected return on investment in this area is significant if the issue is made a priority across the HWB partnership.

- 4.6 The priorities shortlist was then developed, ranked and annotated by the Health & Wellbeing Involvement Group through a second workshop. As a result of this process, three 'building blocks' have been identified to underpin the refreshed Health and Wellbeing Strategy.
- Developing an integrated approach to recognising and supporting all carers
 - High quality co-ordinated information to support wellbeing
 - Safeguarding vulnerable adults and children

These building blocks represent issues which the Involvement Group felt both ought to underpin everything else in the strategy, and also be considered as part of the implementing plans supporting all the priorities ultimately selected.

- 4.7 The draft Strategy proposed seven priorities for the next three years:
- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity and physical activity)
 - Reducing loneliness and social isolation
 - Reducing the amount of alcohol people drink to safe levels
 - Promoting positive mental health and wellbeing in children and young people
 - Making Reading a place where people can live well with dementia
 - Increasing breast and bowel screening and prevention services
 - Reducing the number of people with tuberculosis

Following consultation, an eighth priority has been added:

- Reducing deaths by suicide

- 4.8 There were a number of issues which the Involvement Group considered were best owned by partnerships other than the Health and Wellbeing Board. All were seen as being relevant to achieving the Health and Wellbeing vision, and the Group suggested that they should be recorded as issues in which the Health and Wellbeing Board would maintain an interest and a dialogue with other appropriate local partnerships. These issues are:

- Increasing the number of young people in employment, education or training (not NEET)
- Ensuring more people plan for end of life and have a positive experience of end of life care
- Supporting vulnerable groups to be warm and well.
- Reducing the number of people using opiates
- Protecting Reading residents from crime and the fear of crime
- Narrowing the gap between the educational attainment of children who are eligible for free school meals and those who are not eligible.
- Tackling poverty
- Reducing the number of people and families living in temporary accommodation

The Involvement Group recommended that future information sharing with the Health and Wellbeing Board should be purposeful, with clear requests or recommendations to the Board as part of any reports

submitted to it.

- 4.9 During the consultation period, health and social care integration projects were additionally identified as issues which are very much part of the health and wellbeing agenda. Addressing local performance on Delayed Transfers of Care received a specific mention. The Health and Wellbeing Board already has oversight of Reading's Better Care Fund (BCF) plans, and will continue to be part of the governance arrangements for the BCF programme, or its successors, and the wider 'Berkshire West 10' integration programme. In view of this link, and applying the criteria set out in para 4.5 (above) on how to select items for inclusion on a streamlined priorities list, the Health and Wellbeing Strategy does not, therefore, include any specific priorities which would simply replicate the BCF and/or Berkshire West 10 programme.
- 4.10 Following stakeholder engagement to develop a draft strategy, then, a public consultation was carried out between 10th October and 11th December 2016. This included publication of an online questionnaire alongside presentations to a series of resident / patient / service user forums to give people the opportunity to take part in a dialogue about proposed priorities and the development of an Action Plan to achieve these. This open public consultation was particularly aimed at patient and service user forums and participation groups, youth groups, parenting forums, older people's interest groups, unpaid carers (young and adult carers), staff involved in providing, commissioning or developing health and wellbeing services, and voluntary and community sector organisations.
- 4.11 People were invited to comment on whether the draft strategy contained the right building blocks and priorities for Reading. Respondents were asked to suggest what was needed to achieve each priority, and what they or their organisation could contribute. These answers were then used either to start to develop an action plan to support each priority, or to supplement existing action plans.
- 4.12 A dashboard of key performance indicators has been developed to increase the accountability and transparency of the Health and Wellbeing Board's future progress against stated aims and objectives. This dashboard will be used to track performance against the Action Plans which will be developed in support of the 2017-20 Health and Wellbeing Strategy. The dashboard will identify performance in those areas selected as the priorities for the new Health and Wellbeing Strategy, as well as performance in the wider 'business as usual' across the health and wellbeing landscape.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 Members of the Health and Wellbeing Board have worked with key stakeholders to review the 2016 Joint Strategic Needs Assessment (JSNA) and performance against the 2013-16 Health and Wellbeing Action Plan. The strategy has been prepared to include shared priorities for realising the vision of 'a healthier Reading'. The Strategy reflects priorities for health and social care integration, and the need to develop a framework to drive co-commissioning across the Health and Wellbeing Board's membership. The

2017-20 strategy also incorporates wellbeing responsibilities towards residents with current or emerging care and support needs so as to be comprehensive and Care Act compliant.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 A 12 week consultation on the Council's Adult Wellbeing Position Statement, informed the development of the new Health and Wellbeing Strategy. This ensured that the new strategy includes Reading's approach to meeting the specific wellbeing duties detailed in the Care Act and relating to adults with current or emerging care needs.

6.2 Two workshops then brought together members of the Health and Wellbeing Board and other key stakeholders representing public services, local providers and Reading's voluntary sector (the Health & Wellbeing Involvement Group) to refresh Reading's Health and Wellbeing Strategy. In addition, the emerging priorities of the early new strategy were discussed at Reading Voluntary Action's Wellbeing Forum for the third sector.

6.3 A 9 week formal consultation on the draft strategy took place during October - December - as described above (4.10). In addition to publishing an online questionnaire to elicit feedback, representatives authorised by the Health and Wellbeing Board presented on the consultation at local forums and meetings (see below). These dates were advertised at the launch of the consultation to encourage people to take up these opportunities to give verbal feedback if that was their preferred method.

- Older People's Working Group (04.11.2016)
- Youth Cabinet (15.11.2016)
- Reading Families Forum (16.11.2016)
- Public consultation event (21.11.2016)
- Dementia Action Alliance (23.11.2016)
- Access & Disabilities Working Group (01.12.2016)
- Learning Disability Carers Forum (07.12.2016)
- Learning Disabilities Partnership Board (07.12.2016)

A workshop was hosted in November 2016 to take the consultation discussions out to a wider audience. to inform what we need to put in place to address the health and wellbeing priorities suggested for Reading.

6.4 A report on the consultation and engagement exercise is attached as Appendix A. A total of 54 questionnaires were returned. In addition, we gathered in verbal responses from 147 meeting attendances.

6.5 Key headlines from the consultation were as follows.

- Feedback was generally supportive of the three building blocks.
- Feedback was generally supportive of the seven priorities proposed in the draft Strategy.
- There were mixed reactions to plans to include safeguarding and TB reduction

- There were questions as to why breast and bowel cancer screening should be prioritised over the prevention of some other diseases.
- Many people identified a personal esteem/resilience link between several of the priorities, but felt there was a need for a more explicit reference to adult mental health and emotional wellbeing in order for the Strategy to set the basis of a properly holistic approach. In the light of this, an eighth priority is now proposed - reducing deaths by suicide - as well as making more explicit that the priority on reducing loneliness and social isolation is to incorporate developing personal resilience.

6.6 Consultation feedback has been shared with action planning leads to inform what we need to put in place to address suggested priorities. A proposed Action Plan for adoption for each of the priorities will be presented to the Health and Wellbeing Board on 27 January 2017.

7. LEGAL IMPLICATIONS

7.1 The Health and Social Care Act (2012) gives duties to local authorities and clinical commissioning groups (CCGs) to develop a Health and Wellbeing Strategy and to take account of the findings of the JSNA in the development of commissioning plans. In addition, the Council has a duty under the Care Act (2014) to develop a clear framework for ensuring it is meeting its wellbeing and prevention obligations under the Care Act.

7.2 Members of the Health and Wellbeing Board are under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act (2010). In order to comply with this duty, members must positively seek to prevent discrimination, and protect and promote the interests of vulnerable groups. Many of those intended to benefit from the priorities set out in the draft Health and Wellbeing Strategy will be in possession of 'protected characteristics' as set out in the Equality Act, and the Strategy therefore has the potential to be a vehicle for promoting equality of opportunity.

8. EQUALITY IMPACT ASSESSMENT

8.1 The consultation provided an opportunity to develop an understanding of how the draft Strategy might impact differently on protected groups. As a vehicle for addressing health inequalities, it is expected that any such differential impact would be positive, and accordingly will support the discharge of Health and Wellbeing Board members' Equality Act duties. The full Equality Impact Assessment is attached at Appendix B.

9. FINANCIAL IMPLICATIONS

9.1 Consultation feedback has informed the development of the Health and Wellbeing Action Plan. This will be delivered within existing resources, realigned where necessary. It is imperative that the Strategy drives the efficient use of resources and to deliver clear health benefits on investment so as to protect a sustainable local health and care system.

10. APPENDICES

Appendix A - Reading Health and Wellbeing Strategy 2017-20: Consultation report

Appendix B - Reading Health and Wellbeing Strategy 2017-20: Equality Impact
Assessment

Appendix C: Reading Health and Wellbeing Strategy 2017-20



Reading
Borough Council
Working better with you

Reading's Health and Wellbeing Strategy 2017-2020: Consultation Report



NHS
South Reading
Clinical Commissioning Group

NHS
North and West Reading
Clinical Commissioning Group

Executive Summary

Following a period of stakeholder engagement to develop a draft strategy, the Reading Health and Wellbeing Board ran a public consultation between 10th October and 11th December 2016 on a proposed Joint and Health and Wellbeing Strategy to set local priorities for the period 2017-2020.

Feedback was generally supportive of the three building blocks and seven priorities proposed in the draft Strategy. However, there were mixed reactions to plans to include safeguarding and TB reduction, as well as questions as to why breast and bowel cancer screening should be prioritised over the prevention of some other diseases. Many people identified a personal esteem/resilience link between several of the priorities, but felt there was a need for a more explicit reference to adult mental health and emotional wellbeing in order for the Strategy to set the basis of a properly holistic approach.

Background

The development of Reading's 2nd Joint Health and Wellbeing Strategy began with two workshops bringing together members of the Health and Wellbeing Board and other key stakeholders representing public services, local providers and Reading's voluntary sector. This Health & Wellbeing Involvement Group participated in a collaborative review of local need - based on the latest iteration of Reading's Joint Strategic Needs Assessment - and of past performance against the goals of the 2013-16 Health & Wellbeing Strategy.

Members of the Involvement Group welcomed the opportunity to be involved in the development of the 2017-20 strategy at an early stage and so shape a draft strategy prior to a formal consultation period. Key messages from the Involvement Group were that the refreshed strategy should represent and include:

- a clear plan to shift our emphasis onto prevention rather than care;
- an approach which takes a holistic view of people rather than looking at health conditions in isolation;
- stronger collaboration around providing people with the information they need to take charge of improving their own health;
- recognition that different approaches are needed to reach different communities;
- better use of technology to empower people, support independence and make the most efficient use of limited resources; and
- a focus of partners' collective effort on fewer priorities, so as to target the biggest health and wellbeing risks for Reading.

The Health & Wellbeing Involvement Group felt that the 2013-16 Health & wellbeing Vision - now widely cited across other local strategies and plans - was still valid, and recommended that this be carried forward as the 2017-20 vision:

Vision: A healthier Reading

The Group also liked the idea of adopting the Public Health England mission statement, and suggested adding a Reading Mission Statement:

Mission Statement: to improve and protect Reading's health and wellbeing - improving the health of the poorest, fastest

A number of issues were then identified to make up a 'priorities shortlist' for the new strategy using the following criteria.

- Reading's performance in this area is significantly below average (for England / for the region / by reference to statistical neighbours).
- This is something which stakeholders feel confident is under local control and influence, and can therefore be changed through a local strategy.
- Reading's performance over time indicates a need to focus on this issue, e.g. Reading is now performing in line with or better than national averages, but this reflects a focus given to a 'hot topic' which needs to be sustained.
- The issue either isn't already included in / monitored via other strategic plans, or there would otherwise be clear added value in making this a HWB priority, e.g. this is something which stakeholders believe Reading would be best placed to address by working together across the membership of the HWB Board.
- The expected return on investment in this area is significant if the issue is made a priority across the HWB partnership.

There were a number of issues which the Involvement Group considered were best owned by partnerships other than the Health and Wellbeing Board. All were seen as being relevant to achieving the Health and Wellbeing vision, and the Group suggested that they should be recorded as issues in which the Health and Wellbeing Board would maintain an interest and a dialogue with other appropriate local partnerships. These issues are:

- Increasing the number of young people in employment, education or training (not NEET)
- Ensuring more people plan for end of life and have a positive experience of end of life care
- Supporting vulnerable groups to be warm and well
- Reducing the number of people using opiates
- Protecting Reading residents from crime and the fear of crime
- Narrowing the gap between the educational attainment of children who are eligible for free school meals and those who are not eligible.
- Tackling poverty
- Reducing the number of people and families living in temporary accommodation

What we consulted on

Three cross cutting issues were identified which the Involvement Group felt ought to underpin all other actions coming out of the Strategy. These were proposed as 'building blocks' of the 2017-20 Strategy:

- Developing an integrated approach to recognising and supporting all carers
- High quality co-ordinated information to support wellbeing
- Safeguarding vulnerable adults and children

Seven strategic priorities were then proposed as the focus of health and wellbeing activity in reading for the next three years:

- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity and physical activity)
- Reducing loneliness and social isolation
- Reducing the amount of alcohol people drink to safe levels
- Promoting positive mental health and wellbeing in children and young people
- Making Reading a place where people can live well with dementia
- Increasing breast and bowel screening and prevention services
- Reducing the number of people with tuberculosis

How we consulted

The formal consultation ran from 10.10.2016 to 11.12.2016. It was an open public consultation, but particularly aimed at patient and service user forums & participation groups, youth groups, parenting forums, older people's interest groups, unpaid carers (young and adult carers), staff involved in providing, commissioning or developing health and wellbeing services, and voluntary and community sector organisations.

People were invited to comment on whether the draft strategy contained the right building blocks and priorities for Reading. Respondents were asked to suggest what was needed to achieve each priority, and what they or their organisation could contribute. These answers were then used to develop an Action Plan to support each priority

The consultation questionnaire was available on the Council's website and in paper copy on request. People could choose which parts of the consultation they responded to. Most people commented within each section, but some focused on just a few areas.

The consultation was discussed at 7 meetings (see table below). These dates were advertised at the launch of the consultation to encourage people to take up these opportunities to give verbal feedback if that was their preferred method.

Meeting	Number of people
Older People's Working Group (04.11.2016)	54
Youth Cabinet (15.11.2016)	6
Reading Families Forum (16.11.2016)	10
Public consultation event (21.11.2016)	34
Dementia Action Alliance (23.11.2016)	16
Access & Disabilities Working Group (01.12.2016)	15
Learning Disability Carers Forum (07.12.2016)	12
TOTAL ATTENDANCES	147

Table 1: Health & Wellbeing Strategy 2017-20 - consultation meetings

A press release was issued at the start of the consultation. Information promoting the consultation was also published as a news item on the Reading Voluntary Action and Healthwatch Reading websites. In addition, there were short presentations during the consultation period to the Physical

Disability and Sensory Needs Network, the Reach Out youth group and the Learning Disability Partnership Board to raise awareness of the consultation and encourage people to respond.

Who responded

A total of 54 questionnaires were returned. In addition, we gathered in verbal responses from 147 meeting attendances as described above. There could be some overlap between the verbal responses and returned questionnaires. As people had the option of responding anonymously, it is not possible to say with certainty how many individuals contributed to the total of 201 responses, but this is estimated at 160-180 people.

More detailed demographic analysis is available only from those who responded to the consultation by returning a questionnaire and completing the 'about you' questions - which were optional.

55% of respondents who identified by gender were female and 45% male. Most questionnaires - 62% - were returned by people in the 45 to 64 age group. However, there were presentations taken both to youth groups and to the Older People's Working Group to capture feedback from older and younger residents. Only a small proportion of questionnaires - 11% - were completed by people who identified as having a long term health condition. Again, though, presentations were taken to forums run by and for people with disabilities or care needs.

Three quarters of questionnaires were returned by people who identified as White British. White Other was the next most frequently indicated ethnic background. 39% of respondents stated they had no religion. Most of those who identified as practising a religion - 31% - were Christian, with other religious beliefs being represented in very small numbers. 78% of respondents identified as f

24% of returned questionnaires were submitted on behalf of an organisation, and the remainder were individual responses.

Consultation feedback

Building Block A: safeguarding vulnerable and children

There were mixed views on having safeguarding as one of the building blocks of the Health and Wellbeing Strategy. Several people commented that given there are statutory frameworks for this work, and established boards to set and monitor local targets, including safeguarding within the Health and Wellbeing Strategy would be a duplication.

Some people suggested that the emphasis here should instead be on reducing people's vulnerability by promoting healthy lifestyles, healthy relationships and personal resilience. Alternatively, people suggested that if safeguarding is part on the Health and Wellbeing Strategy then this should be with a focus on addressing particular issues, such as domestic abuse or suicide prevention.

Building Block B: recognising and supporting all carers

Most people welcomed the inclusion of carer recognition and support as a building block or golden thread to apply within all priorities. However, they were keen to see this idea developed to understand how the Health and Wellbeing Board would oversee provision for different groups of carers. Mental health carers, young carers, and parent carers of disabled children were all highlighted as being in need of greater or more co-ordinated support.

Building Block C: high quality co-ordinated information to support wellbeing

Information to support wellbeing was seen as fundamental, and rightly described as a building block on which the Strategy was based. People pointed out that the co-ordination of information should include voluntary sector partners as well as statutory sector organisations.

Feedback was that we need more concerted efforts to support informed decision making about lifestyle choices and whether to accept public health interventions. Messages need to be targeted to reflect the concerns and needs of different communities. Some commentators felt that we probably have a sufficiency of wellbeing information locally, but need to do more to make this information accessible to particular groups, such as families of children with learning disabilities, or residents whose first language is not English.

There were various suggestions made about different channels which could be used to provide wellbeing information - such as drop in sessions where people can meet providers, adding inserts to other Council mailings and roadshows in parts of the town where take up of relevant services is particularly low. Several people stressed that web-based information can only be a partial solution, and must be complemented by face-to-face engagement and encouragement.

Priority 1: supporting people to make healthy lifestyle choices - dental care, reducing obesity, increasing physical activity, reducing smoking

"I know from experience that cycling or walking to work or to the shops helps on so many levels. It wakes you up on the way to work, gets your blood going, keeps your body warmer and makes you feel happy through the dark winter months. It gives you an adrenaline boost."

This proposed priority attracted lots of positive comment, and practical suggestions on how to engage more people. Links were made with some of the other priorities. Lots of community groups were keen to be involved in raising awareness of these issues and supporting people to make healthy lifestyle choices. Young people made positive comments about the healthy lifestyle messages given in schools, and felt this was a very good way to reach young people, especially with workshops and drama productions tailored to different age groups. Some people pointed out that young people may also be an effective channel to other members of their family.

People pointed out that it is important to convey the message that there are many ways for people to be more active. This doesn't have to involve joining a gym, and many options are free or at low

cost. Making sure that people understand the variety of options should help people of different ages and abilities choose an activity they can enjoy. In particular, many respondents were keen to see clear plans to encourage more people to walk or cycle. Suggestions here included developing more dedicated routes and improved cycle storage/security facilities as well as thinking about pedestrian or cycle access to places like health centres. There were mixed views as to how important it is to retain the Ready Bike scheme, however.

Some were also keen to see cycling and walking promoted as group activities so as to contribute to reducing loneliness as well as encouraging physical activity. Others pointed out that encouraging people to travel in these ways would also help to improve air quality.

There was a lot of feedback about the need to modernise leisure facilities in Reading, particularly swimming pools. People also wanted leisure planning to include considerations of accessibility and affordability, including travel costs and childcare - with pay as you go options available alongside memberships. Some respondents suggested partnering with local businesses / employers to encourage people to use their lunch breaks to take more physical activity, or to take part in classes etc just at the end of the working day.

People suggested that there were ways in which better use could be made of parks to encourage physical activity, such as outdoor gyms and better lighting. There was a request that the Council try to improve the accessibility of parks for disabled children, especially in East and South Reading. Horticultural therapy was suggested as an important vehicle for supporting wellbeing across several aspects.

People noted that there are strong messages promoting unhealthy foods, and a need for equally strong messages to raise awareness of the consequences of an unhealthy diet. These probably need to be delivered in different ways to reach different groups of residents, but potentially a wide range of agencies could be involved. There were suggestions about where nutrition and cookery demonstrations could be offered in the most deprived wards, and how to include cuisine from different cultures. People also suggested that there should be more information about 'empty calories' to help people understand that they can make their grocery budget go further by making better choices.

On smoking, people asked for clearer messages about e-cigarettes. Several people commented that images and perceptions about smoking need to be tackled with young people, in particular.

On dental care, people felt clarity was needed about who can access free care, and whether there is scope to have dental staff undertake outreach visits to community groups. Cost is a worry to many. People also pointed out the importance of establishing a routine of attending regularly for dental check-ups rather than waiting for problems to start.

A number of respondents felt it is important to tackle the root causes of unhealthy lifestyles, and understand why some people have low self-respect. They wanted to see more emphasis on emotional wellbeing and helping people feel good about themselves. Some felt that more peer support groups and community role models are needed to help people make changes to their behaviour and then stay on course. This could include workshops on living with a long term condition, self managing it, and having the confidence to lead a better quality of life with that condition or disability. RVA's social prescribing service was referenced as an effective way of supporting people to make healthy lifestyle choices through a health coaching approach. A few people felt that improved access to GPs and community nurses would help to deliver on this priority. Others focused more on GP surgeries as important information points to raise awareness of local facilities for leading a healthier lifestyle. Some wanted to see tighter restrictions placed

on where people can buy cigarettes, alcohol or unhealthy food through the Council's planning and licensing powers.

Priority 2: reducing loneliness and social isolation

"We need to focus more on local communities and local people looking out for each other. A lot of loneliness comes from people not knowing who their neighbours are."

There was a lot of feedback welcoming the inclusion of reducing loneliness as a priority, and particularly the intention to address this across all age groups. People saw scope for linking this with other priorities, e.g. strengthening community connections to support young people's emotional wellbeing and to encourage people of all ages to enjoy healthier lifestyles.

Befriending services were seen as a very important part of reducing loneliness, offering important benefits for volunteer befrienders as well as those they befriend. People felt there is a need for a wide range of volunteers/groups so as to be able to match individuals across interests and cultures. People noted that befriending goes beyond home visiting and can include accompanying someone on trips or to go shopping etc. People with dementia, for example, often become unconfident about going out and a befriender can help maintain that person's independence. Simply inviting an isolated neighbour or relative to join in with ordinary family activities can also be an important part of addressing the issue.

Peer support schemes fulfil a similar role for families / isolated parents, as can peer support groups which bring people together to support each other in managing long term health conditions or caring responsibilities. People suggested that young people need more support to understand and develop healthy relationships. They could also benefit from inter-generational befriending schemes as well as providing companionship to older people this way. Some respondents would like to see an exploration of inter-generational housing solutions.

Some people had found online forums really useful as a way of developing connections with others, and suggested that the Health and Wellbeing Action Plan could increase the visibility of these.

Identifying those most at risk of loneliness is a challenge, particularly when aiming to tackle this across all ages, but people pointed out that there are various risk factors for loneliness which are well understood and could be used to start targeting information, e.g. to those recently bereaved.

Social prescribing is one way of supporting people to find a range of community activities and services. Community noticeboards are another avenue, but groups need information on how to post information in these. Home care workers were also identified as another possible channel for informing people about local services to provide companionship. Some people pointed out that faith groups can offer a strong sense of community, although others were keen to see services run from or based in non faith settings too.

People identified language as a possible barrier to people being able to interact with their neighbours, and saw support to develop English skills as an important part of reducing loneliness. Lack of transport was identified as another possible barrier to people having the levels of social contact they would like. There is a need to find innovative ways to tackle this with communities working together. Alongside this, neighbourhood groups can provide very local solutions which reduce people's need for transport to be able to meet friends or make new ones.

Priority 2: reducing the amount of alcohol people drink to safer levels

"Continue the clear health messages about safe levels of alcohol consumption."

Many people were pleased to see the proposal to include a distinct priority on tackling excessive alcohol consumption. Better education about the harmful effects of alcohol was seen as key - starting early through programmes in schools but also reaching adults in creative ways - such as through notices at bottle recycling points - and making sure messages address Reading's sizeable student population. Many pointed out that these messages need to be complemented by positive messages about alternatives to alcohol - e.g. enticing 'mocktails' and soft drinks promotions to match special offers on alcoholic beverages, and developing the family friendly aspects of pubs. Freshers Week is an opportunity to get people off to a good start, but often has the opposite effect at the moment.

There was support for tighter licensing to reduce the availability of alcohol at particular times of the day, and to those under the legal drinking age. Several people wanted to see stronger action to stop sales to people already intoxicated. There were also several suggestions for legislative change to support this priority from a national level. These included moving towards a complete ban on driving after consuming any alcohol, and increasing the taxation on alcohol sales

The First Stop Bus is seen as a very useful service. Some respondents queried whether it is available as often as needed. Some suggested that people who need support from statutory services because of their drinking should be charged, e.g. for attendance at hospital Emergency Departments.

Excessive alcohol consumption was another issue which people felt was often a symptom of underlying distress, and so cannot be tackled without looking at root causes such as poverty, poor housing and isolation. Several people made the link between this priority and the earlier one on promoting healthy lifestyles, particularly encouraging people to be more physically active to help improve their sense of wellbeing. It was suggested that people with lived experience of self medicating with alcohol might be the best role models to reach some people currently using alcohol as a coping strategy, perhaps as part of Reading's new Recovery College. Alternative meaningful activity such as volunteering was also seen as an important component.

Priority 4: promoting positive mental health and wellbeing in children and young people

"All of us to need to see mental health as equal to physical health. We weigh and measure all our children, but where is the mental health check up to match that?"

Mental health and wellbeing for children and young people attracted a lot of comment in the consultation. People made links between this priority and others - particularly reducing both alcohol consumption and loneliness. There was positive feedback about a number of third sector groups working with young people, but a commonly held view that there is relatively low awareness of these services.

Lots of people commented on the need to improve recognition of emerging problems and how to seek help - amongst young people and the adults they come into contact with. Several people referred to the need to encourage young people to talk and be open to acknowledging pressures and stress. People wanted to see young people being supported from an early age to develop coping strategies. Schools have an important role to play, from support to manage the stresses of regular assessment through to developing peer support systems, providing guidance to parents, and supporting access to counselling via school nurses. Emotional Literacy Support - now available in some schools - was well regarded.

Some people focused on the need to support more young people to access meaningful activities which support their wellbeing - opportunities to be physically active and to interact face-to-face with others, particularly to provide an alternative to social media. Opportunities need to be available at low cost to be accessible, and in some cases young people need simple access to spaces where they can be together safely. Access to affordable travel is also significant for many young people.

Young carers were seen as a particularly vulnerable group. Local support services for them are valued but appear to be very stretched. Bullying was also recognised as a significant issue for many young people, particularly cyber bullying.

There were a number of concerns expressed about waiting lists for specialist mental health services. There were particular concerns about the lack of support for children aged under 10, and the short term nature of some of the support available.

Priority 5: making Reading a place where people can live well with dementia

"Everyone is touched by dementia in some way. We are most in need of better support for families."

A lot of respondents commented that dementia is a condition which touches whole families and not just individuals with a dementia diagnosis. Support for family carers was seen as a crucial part of ensuring more people with dementia can live in the safest places possible - usually their own homes rather than in institutional settings. This helps to preserve continuity of surroundings and

access to familiar faces. However, carers need access to information, peer support and regular breaks if they are to carry on caring in very challenging circumstances.

People also wanted to see clear plans to ensure Reading residents can access specialist dementia care when they need it. This care should be empowering and enabling, supporting people to stay active for as long as possible. Opportunities to socialise, to stay physically active and to take part in lifelong learning were all regarded as important in reducing the impact of dementia. People were keen to see our local libraries and museums involved in programmes to promote this, and also more opportunities to join singing groups.

Most people thought there was a need for more training for the very wide range of people likely to come into contact with someone who has dementia - so as to be able to recognise the condition and respond appropriately. Health and social care staff are obvious candidates for such training, but the need for better awareness is probably greater amongst the less obvious candidates. Rail staff, retail workers and front line volunteers in community groups were all suggested as people who ought to be trained to be able to offer their services as safe spaces for someone with dementia. Some people suggested a programme to target different groups based on what are common 'trigger points' for dementia being recognised, such as a bereavement or a fall. Dementia Friends training sessions are short and accessible and would probably be most appropriate way of raising awareness with most groups.

People talked about the past successes of the Reading Dementia Action Alliance (DAA), such as almost 4,000 people living or working in Reading being trained as Dementia Friends and 26 Dementia Champions trained to provide additional Dementia Friends sessions. However, although Reading still has a DAA, the pace of activity has slowed considerably since the group lost its funded co-ordinator. There is now a need for greater volunteer input to take forward the local Alliance. Several people suggested that the Alliance ought to be re-launched to remind people what it can offer and bring together a wider range of partners.

There was an enquiry as to whether Reading's recently launched Recovery College for Mental health could be developed to offer courses specific to dementia, as happens in some recovery college in other parts of the country.

Priority 6: increasing take up of breast and bowel screening and prevention services

"We need stories of real people who have survived cancers to demonstrate positive outcomes."

Many people felt there needs to be more conversation about cancer generally - not just the screening tests - to understand people's fears and then help them start facing up to these. Some queried whether people were given enough information about the risks and side effects of screening in order to be able to make an informed choice whether to have the tests. There are some common misconceptions which mean many people don't see the value of a screening test for someone who is symptom free. It was also not clear to everyone why breast and bowel cancer

screening were proposed as priorities rather than other screening tests, suggesting more needs to be done to explain the evidence for focusing on these diseases above some others.

There were lots of suggestions as to why various groups might find screening tests off-putting. Some people may be quite fearful of what the tests entail. Reading Mencap has recognised this and starting offering escorts to breast screening for their clients. Some newly arrived communities may not appreciate that the screening tests are free at the point of delivery, in which case fear of charges may stand in the way of take-up.

It appears that many people find the bowel screening process particularly off-putting so strong and clear messages about the benefits are needed to counter people's aversion. There was a plea for 'forthright language' and a request for clearer instructions to accompany the bowel screening kits. Some suggested that the kits could include diagrams and/or cheap plastic gloves.

People asked if screening tests could be offered at different venues to reach more people, e.g. more use of mobile screening units. A range of community groups offered to carry leaflet stocks or provide a venue for awareness-raising talks. There was some positive feedback from people who have undergone the tests. Some people questioned whether the age groups targeted for screening currently ought to be reviewed.

Priority 7: reducing the number of people with tuberculosis (TB)

"We need to work with community leaders and give people the confidence and the trust to be able to access treatment without fear."

The inclusion of reducing numbers with tuberculosis as a priority met with mixed reactions. Many groups were surprised to learn that the number of Reading residents affected is so much higher than in other areas, or thought that TB was a public health problem which has now been eradicated. This then led a number of commentators - including the Youth Cabinet, for example - to the conclusion that it was right to prioritise an issue around which there is low awareness/understanding. However, others felt that the numbers affected were still too low to justify including this as priority for the 2017-20 strategy.

Quite a number of groups offered to help raise awareness of TB symptoms, how to access treatment and also reassure people who may worry about how a diagnosis could affect their right to remain in the UK. Some suggested targeting people via community leaders or through housing services, particularly to reach those not registered with a GP.

Additional comments

Some people felt that the strategy should include more on the expected transformation of statutory health and care services. There were questions about links between the Health and Wellbeing Strategy and Sustainability and Transformation Plans, as well as requests for greater clarity on how the new Health and Wellbeing Strategy would support integration. There was a specific suggestion that the Strategy ought to adopt Delayed Transfers of Care as an additional priority.

Some respondents queried the lack of references to certain specific groups - people with sensory impairments, or with learning disabilities. There was also a suggestion that there ought to be specific recognition of sexual violence and its impact, perhaps as part of the safeguarding building block. Some people suggested that the strategy would benefit from the inclusion of spiritual wellbeing or mindfulness to ensure a properly holistic approach. Others felt that the strategy could be improved by references to wider environmental issues, such as air quality.

There were some comments on the challenges of delivering against the Health and Wellbeing priorities with limited resources. Some people had ideas on where efficiencies could be made to free up more resources - for example, improving the recycling rate of aids and equipment,

The majority of additional comments, however, concerned adult mental health and emotional wellbeing. A wide range of stakeholders felt that this was a gap in the draft strategy. People suggested that action to promote people's personal resilience needs to underpin several of the proposed 2017-20 priorities, and that this needs to be made explicit. Although many people recognised that the proposed priority around reducing loneliness could contribute to emotional wellbeing, there was still a commonly held view that more was needed on adult mental health. The stresses of issues such as work or lack of work, poverty, poor housing or caring responsibilities are thought to be common underlying causes of unhealthy lifestyles, including excessive drinking. People also queried whether the references to postnatal depression as a contributory factor to loneliness gave the issue sufficient exposure.

A range of stakeholders suggested that the Strategy ought to include a specific reference to suicide prevention, given that this is the main killer of younger men in Reading. This was further suggested as something which merits additional focus given the rise in the Reading suicide rate as shown in the 2015-16 figures. Some local partners - such as the Berkshire Healthcare Foundation Trust - already have plans in place to reduce suicide rates, but adopting this as a priority of the Health and Wellbeing Board could help to align plans across other organisations.

People were keen to see an Action Plan which included clear plans to develop community capacity to support residents. This could include community growing schemes, community cafes and opportunities for people to get to know their neighbours better. There were some concerns as to how the proposed building blocks of the strategy - safeguarding, supporting carers and co-ordinated information to support wellbeing - would be reflected in the Action Plan. There were also requests for a clear statement from the Health and Wellbeing Board on how the Action Plan would be monitored.

Appendix B:

Equality Impact Assessment

Provide basic details

Name of proposal/activity/policy to be assessed

Adoption of a Joint Health and Wellbeing Strategy 2017-20

Directorate: Directorate of Adult Care and Health Services

Service: Wellbeing

Name and job title of person doing the assessment

Name: Janette Searle

Job Title: Preventative Services Development Manager

Date of assessment: 13th February, 2017

Scope your proposal

What is the aim of your policy or new service?

The proposal is to adopt a Health and Wellbeing (HWB) Strategy for the period 2017-20 in accordance with the duties to publish strategic plans to promote and protect health and wellbeing as set out in both the Health and Social Care Act 2012 and in the Care Act 2014.

The Reading HWB Strategy 2017-20 sets out agreed priorities across the local authority and the clinical commissioning groups which serve the Reading locality. The Strategy will underpin commissioning plans across Reading Borough Council, South Reading CCG and North & West Reading CCG (insofar as this CCG covers the Reading locality).

The 2017-20 Reading HWB Strategy is based on 3 'building blocks'. These are intended to underpin all of the strategic priorities and be considered as part of all implementation plans. The building blocks are:

- developing an integrated approach to recognising and supporting all carers;
- high quality co-ordinated information to support wellbeing; and
- safeguarding vulnerable adults and children.

The Strategy goes on to identify 8 priorities. These are:

- supporting people to make healthy lifestyle choices (with a focus on improving dental care, reducing obesity, increasing physical activity, and reducing smoking);
- reducing loneliness and social isolation;
- promoting positive mental health and wellbeing in children and young people;
- reducing deaths by suicide;
- reducing the amount of alcohol people drink to safe levels;
- making Reading a place where people can live well with dementia;
- increasing uptake of breast and bowel screening and prevention services; and
- reducing the number of people with tuberculosis.

It is intended to be an important tool in:

- Improving the health and wellbeing of Reading residents;
- Reducing health inequalities; and
- Promoting the integration of services.

Who will benefit from this proposal and how?

The Strategy is intended to be an important tool in:

- Improving the health and wellbeing of Reading residents;
- Reducing health inequalities; and
- Promoting the integration of services.

What outcomes will the change achieve and for whom?

Adopting the HWB Strategy 2017-20 will give the Health and Wellbeing Board a focus on the 8 identified priorities (see above), and set a framework for ensuring that plans to address these are based on the three underpinning issues ('building blocks') of carer recognition and support, co-ordinated information to support wellbeing, and safeguarding. In turn, the commissioning plans of individual HWB Board members over the next three years should also be driven by and reflect HWB Strategy 2017-20 priorities.

The Strategy is aimed at the entire population, and adopting it should co-ordinate efforts to improve health and wellbeing for any resident potentially affected by the priority issues.

The HWB Board will drive performance forward in its chosen priority areas as set out in the Strategy. In addition, the HWB Board will continue to receive reports and requests from other local strategic partnerships involved in promoting health and wellbeing, e.g. the Reading Integration Board, the End of Life Steering Group, the Community Safety Partnership etc.

Who are the main stakeholders and what do they want?

- Current users of care and support services
- Carers and family of people with care and support needs
- Reading residents, as potential future users of care and support services
- Staff and volunteers across care and support providers in the statutory, private and voluntary sectors

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others?

Yes No

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, feedback.

Yes No

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

Impact of the Proposal

Consultation

How have you consulted with or do you plan to consult with relevant groups and experts?		
Relevant groups/experts	How were/will the views of these groups be obtained	Date when contacted
<p>Reading residents, including but not confined to those with care and support needs</p> <p>Organisations across all sectors involving in promoting or protecting health and wellbeing</p>	<p>The Strategy has been informed through the engagement of stakeholders to develop an approach and a draft strategy, and then a formal 9 week public consultation. 54 consultation questionnaires were returned, and verbal feedback was obtained via 147 meeting attendances.</p>	<p>10th October - 9th December 2016</p>

Describe how this proposal could impact on racial groups

No negative impact in terms of different racial groups has been identified.

Prioritising the reduction of tuberculosis is likely to involve some targeting of resources on newly arrived communities, but so as to take action to narrow the health gap

Where take up of other services is disproportionately low for some racial groups (e.g. bowel screening, befriending), which may face particular barriers to access, again there will be a focusing of resources on those communities as part of the drive to reduce health inequalities. There is an ongoing need to recognise that cultural norms and barriers such as language may impact on access to health and wellbeing support, and the Health and Wellbeing Strategy should be a tool to address this. Responses to the consultation raised the importance of ensuring that information and advice about health and wellbeing is accessible to all groups.

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on gender/transgender (cover pregnancy and maternity, marriage)

No negative impact in terms of gender has been identified.

Prioritising the uptake of breast screening is an issue which only affects women. However, this has been chosen as a priority in order to redress the negative impact of breast cancer on female health and wellbeing.

There will be a focus on younger and middle aged men within the priority on suicide reduction, as well as on women who are pregnant or have given birth within the last year. A review of local data may also lead to a focus on people who are transgender. All of these are characteristics associated with a raised risk of suicide according to national evidence.

Within activities to deliver on the priorities around promoting healthy lifestyles and reducing loneliness, there will be some targeting of services on a gender-specific basis in order to promote equality of access overall.

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on disability

No negative impact in terms of disability has been identified.

In some areas, the strategy focuses on particular long term health conditions. For example, the priority on making Reading a place where people can live well with dementia will have a direct and immediate impact only on those with dementia and their families. These are differential but positive impacts of adopting the strategy.

There will be some targeting of resources on people living with a disability or long term health condition to help overcome barriers to accessing health and wellbeing support, e.g. screening services and support to make healthy lifestyle choices. This is expected to contribute to reducing health inequalities.

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on sexual orientation (cover civil partnership)

No negative impacts on the grounds of sexual orientation have been identified.

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on age

No negative impacts on the grounds of age have been identified.

The priority on supporting positive mental health in children and young people is age specific, as is the breast and bowel cancer screening priority in accordance with national evidence reviews of the costs and benefits of screening different age groups. These differences in likely access to support on age grounds as a result of adopting the strategy are expected to be positive.

There are some specific activities targeting older people within the priority on reducing loneliness, which are based on the evidence of how loneliness risks

correlate with advancing age. However, this priority also includes plans to develop understanding of local need across all ages.

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on religion or belief

No negative impact in terms of religion or belief has been identified.

Is there a negative impact? Yes No Not sure

Decision

1. **No negative impact identified** Go to sign off

2. **Negative impact identified but there is a justifiable reason**

You must give due regard or weight but this does not necessarily mean that the equality duty overrides other clearly conflicting statutory duties that you must comply with.

Reason

3. **Negative impact identified or uncertain**

What action will you take to eliminate or reduce the impact? Set out your actions and timescale?

How will you monitor for adverse impact in the future?

The long term impact of adopting the Reading Health and Wellbeing Strategy 2017-20 should be a reduction in health inequalities. In order to track progress towards this goal, a dashboard of key performance indicators has been developed. This, alongside regular Health and Wellbeing Action Plan progress reports to the Board, will highlight any widening of health inequalities in future.

Signed (completing officer) Janette Searle

Date: 13th January, 2017



Reading
Borough Council
Working better with you

Reading's Health and Wellbeing Strategy

2017 - 2020



Foreword

This is Reading's second Joint Health & Wellbeing Strategy. It sets out the areas we will focus on from 2017 to 2020 to improve and protect Reading's health and wellbeing, including our plans to meet our Care Act obligations to prevent, reduce and delay care and support needs.

Our mission for the next three years is:

***to improve and protect Reading's health and wellbeing -
improving the health of the poorest, fastest***

Individual wellbeing is affected by many things, and our approach recognises the importance of the places where we live, work and play as well as our health and social care services.

Health inequalities are real and widening, and this is a particular concern for us. The gap in healthy life expectancy (the number of years people are expected to live in 'good' health and are disability-free) between people living in the most deprived and in the most affluent areas of Reading now stands at 10 years for men and 5 years for women. Our poorest communities face the biggest challenges - with reductions in the value of welfare benefits, restrictions on entitlements to support, and rising costs of food and fuel. Policies of austerity increase inequities in our society - with those in the poorest communities paying the very highest price of all in terms of early ill health. Our response to limited financial resources is to take a more targeted approach locally to make sure those who most need additional support to stay well can receive it in Reading. We will also continue to look for ways to work more efficiently, including making better use of technology.

Across the Health and Wellbeing Board, we are committed to working together and with our partners to achieve our aims. The people of Reading's different communities, the providers of local services, and our various faith and community groups hold the detailed knowledge we need to draw on in order to build on Reading's assets and meet the challenges ahead. Having heard people's thoughts on our draft plan so we could develop it, and agree the detailed actions we need to take in order to make a difference over the next three years, we hope this final version will support our mission statement.



Councillor Graeme Hoskin
Chair, Reading Health & Wellbeing Board
Lead Councillor for Health, RBC



Dr Andy Ciercierski
Vice-Chair, Reading Health & Wellbeing Board
Chair, North & West Reading CCG

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Our vision

A healthier Reading

Our Mission

To improve and protect Reading's health and wellbeing, improving the health of the poorest fastest

Our priorities

- **Supporting people to make healthy lifestyle choices** (improving dental care, reducing obesity, increasing physical activity, reducing smoking)
- **Reducing loneliness and social isolation**
- **Promoting positive mental health and wellbeing in children and young people**
- **Reducing deaths by suicide**
- **Reducing the amount of alcohol people drink to safe levels**
- **Making Reading a place where people can live well with dementia**
- **Increasing uptake of breast and bowel screening and prevention services**
- **Reducing the number of people with tuberculosis**

We will develop plans to meet our priorities on three building blocks:

**Safeguarding
vulnerable adults and
children**

**Recognising and
supporting all carers**

**High quality
coordinated
information to
support wellbeing**

Our vision and purpose

The Health & Wellbeing Board's vision is the same as it was in 2013:

A healthier Reading

And, in order to get us there, our mission is:

**to improve and protect Reading's health and wellbeing -
improving the health of the poorest, fastest**

The aim of this strategy

Our second Health and Wellbeing Strategy for Reading builds on our previous strategy, and takes account of national and local developments over the past three years.

It provides a solid foundation for the development of local authority and clinical commissioning group commissioning plans over the next three years

A shared view of health and wellbeing

Health and wellbeing is about the whole person – giving physical, emotional and social aspects equal attention. It is about improving the way people feel and function today and increasing their chances of longer and healthier lives.

People need to feel safe to enjoy full wellbeing, which is why safeguarding vulnerable adults and children is one of the building blocks of this Strategy.

Preventable ill health represents human misery which could be avoided, and a demand on care services which could be reduced. Focusing on keeping people well will reduce their need for support to get better or cope with long term conditions.

There are many factors which can improve health and wellbeing, and a wide range of activities which the Health and Wellbeing Board could support.

We will work together to focus our efforts on areas where the evidence tells us we can have the greatest impact on health and wellbeing. This involves reviewing the evidence, looking at the cost effectiveness of different interventions, and considering the likely scale of impact of the different areas we could concentrate on.

Setting a framework for prevention

The Care Act in 2014 created a new statutory duty for local authorities to promote the wellbeing of individuals in delivering their care and support functions. This includes:

- delivering social care services
- assessing people's needs with wellbeing at the core of that assessment
- providing information & advice and
- developing services locally which reduce people's needs for care and support.

The Care Act also introduces a duty of co-operation between all bodies involved in public care.

Early in 2016, the local authority published a draft Adult Wellbeing Position Statement setting out its approach to meeting Care Act wellbeing responsibilities. People's comments on that document have helped us to come to a view about our future priorities across the Health and Wellbeing Board.

This strategy recognises our Care Act obligations as well as our duties for health protection and promotion under the Health and Social Care Act.

Recognising and supporting carers

We estimate around 12,000 people in Reading provide unpaid care to a family member or friend. – this includes parents caring for a disabled child, young carers, and adults providing care to other adults. National studies estimate the value of carer support as the equivalent of a second NHS. However, this resource is very fragile - carers face high risks of poor health and wellbeing because of the strains of caring, and a tendency to put the needs of the person they care for first.

Supporting carers is key to a successful approach to preventing care needs from increasing across the local population.

This strategy aims to ensure that carers needs are recognised and supported in all of the initiatives we prioritise and monitor.

Supporting health and social care integration

Reading's plans for health and social care integration have progressed significantly over the lifetime of our first Health and Wellbeing Strategy. The Board has overseen the development of Reading's Better Care Fund plans - now in their second phase - to use pooled health and social care budgets in ways which improve people's lives by designing care around individuals. Reading also continues to be part of the wider 'Berkshire West 10' integration programme which is developing integrated care projects in partnership with our neighbours in Wokingham and West Berkshire.

This Strategy complements local integration plans and aims to promote seamless care by the right agency at the right time and in the right place.

How we developed this strategy

This Strategy represents the views of a range of local partners, including local residents, members of the Health and Wellbeing Board and representatives of the local voluntary sector.

Refreshing our priorities began with a review of the previous strategy. We considered updated evidence about local needs and feedback we received on the Council's Adult Wellbeing Position Statement. We used this information to develop a draft strategy, building on our performance so far, and setting out a new set of proposed priorities to take us forward.

A public consultation on the draft strategy brought more people into the conversation about health and wellbeing priorities for 2017-2020. This was a key stage: improving and protecting health and wellbeing in Reading will be most effective if everyone (individuals, communities, employers and public services) work together.

We used the feedback we received from our consultation¹ to refine Reading's second Health and Wellbeing Strategy and develop action plans to meet our priorities - with the people who will experience the impact of our shared plans, and those tasked with achieving the desired outcomes.

¹ Visit www.reading.gov.uk/HWBStrategy to see the consultation report

Joint Strategic Needs Assessment (JSNA)

The Reading JSNA² presents national data alongside local information - telling 'the Reading story'. It identifies the ways that Reading's population is different from that in other areas and provides robust intelligence about the needs and strengths of the local population. It is the cornerstone of local needs assessments and commissioning and underpins our Health and Wellbeing Strategy.

Our population - Reading at a glance

The 2011 Census shows Reading's population was 155,700 people. This is an increase of 11,300 over a decade. We expect the population will continue to increase.

Employment

Reading benefits from a strong labour market, a high rate of employment and higher than average earnings.

Areas of deprivation

Some areas in the borough are experiencing high and rising levels of deprivation. Since the 2001 Census, two areas in South Reading - the far south of Whitley ward and to the south of Northumberland Avenue in Church ward - fell into the category of the 10% most deprived areas in England. In areas outside of the town centre, deprivation appears to be driven by low income, low employment and lack of education and skills, while in town centre deprivation appears to be more closely linked to high levels of crime and poor living environment. Most areas with high levels of deprivation also have high level of health deprivation – meaning a high risk of premature death or reduced quality of life through poor physical or mental health.

Ethnicity

Reading has a more culturally and ethnically diverse population than other local authority areas, and is becoming more diverse. The 2011 Census showed:

- 66.9% of the population identified themselves as White British - 19.9% fewer than in 2001.
- 7.9% of the population identify themselves as Other White (covering a number of nationalities, including Polish) - 3.7% more than in 2001
- 12.6% of the population identified themselves as South Asian (Indian, Pakistani and Other Asian) – 7.4% more than in 2001.
- 4.9% of the population identified themselves as Black African – 3.3% more than in 2001
- Most residents born outside of the UK are from in India, Poland or Pakistan.

² See www.reading.gov.uk/jsna

Age

Reading's population is relatively younger than the average across Berkshire, the South East, and England and Wales.

- In 2014 there were 67 live births per 1,000 women aged 15 - 44 - a much higher fertility rate than the national (62.1) and South East regional (61.4) averages.
- We have fewer older people than other Berkshire authorities and expect a relatively small increase in this population compared to other areas. We predict we will have around 31,300 residents aged 65+ by 2037.

Children's health and wellbeing

According to the JSNA children who:

- are looked after by the Local Authority
- subject to a child protection plan
- have disabilities and
- live in poverty

and

- children and young people not in education, employment or training

are more likely to have particular health and wellbeing needs.

Successes and challenges

A significant amount of work has been undertaken across the local Health and Wellbeing partnership to support the delivery of our original vision for health and wellbeing. Much good progress has been made.

- Sexual health services are performing well and an information website has been developed.
- The Drug and Alcohol Treatment service was re-launched as the 'Reading IRiS Phased and Layered Treatment Model'. More people are completing treatment with this new service.
- Services for the care and education of young children (early years settings) have been rated as good and improving
- More newborn babies in Reading are breastfed than the averages for the region or nationally.
- A Reading Domestic Abuse Strategy has been agreed and put in place.
- Support for people with a range of long term conditions is being managed by multiple support activities and relevant boards across the borough.
- The new Reading and West Berkshire Carers Hub³ providing information, advice and support for carers was launched in 2016. This service was jointly commissioned by Reading and West Berkshire Councils and local clinical commissioning groups.
- A range of schemes which encourage people to walk and cycle more were introduced
- National Child Measurement Programme (NCMP) 3 year aggregated data is now being used to help target future weight management offers to local school children.
- The number of people smoking across Reading is just below national averages.

However, we also have some key health and wellbeing needs identified through the JSNA:

- Life expectancy for men is poor, with significantly worse early death rates from cardiovascular disease, and a 10.2 year difference in life expectancy between our least and most deprived wards.
- We have high levels of preventable premature mortality and low uptake of screening programmes in key areas e.g. breast and bowel screening.
- We have higher levels of some infectious disease, particularly sexually transmitted infections and TB.
- We have higher levels of homelessness, including families, and higher rates of unemployment. Crime rates are also higher than expected
- We have a largely young population (25% of the population are under 20) and we see a significant impact of mental illness on our children's health.
- Rates of obesity double during primary school, and significant numbers of children have tooth decay.
- We have low levels of school readiness
- Educational attainment in older children who are eligible for free school meals is less than half of that seen in other children.

³ www.berkshirecarershubs.org

- We have higher than expected numbers of young people not in education employment or training.
- Significantly higher numbers of men die as a direct result of alcohol (mainly alcohol associated cancers and chronic liver disease).
- The prevalence of opiate users is higher than in similar populations.

Financial context

Organisations are continuing to face the challenge of extreme budget pressures alongside increased demand for services. We must achieve a cultural shift to ensure our investment is increasingly directed at improving the wellbeing of Reading residents. This means helping people prevent avoidable ill-health and disability rather than just treating the effects of poor wellbeing. Responsibility for meeting the local challenges is shared between individuals, families, communities, local government, business and the NHS

Empowering people to take charge of their care and support

The Health and Wellbeing Board shares the view that people should feel that they are in the driving seat for all aspects of their and their family's health, wellbeing and care. This applies to people maintaining their wellbeing to prevent ill health, as well those managing a long-term condition to stay well and prevent things from getting worse. People should be true partners in their care so that decisions are shared as far as possible, based on the right information and genuine dialogue with health professionals.

Many teams across different sectors can support people to make positive lifestyle choices and to maintain their commitment to their own wellbeing. We plan to involve many more frontline staff in promoting wellbeing through our Making Every Contact Count (MECC) programme. MECC is about building a culture of health improvement, equipping staff with the skills they need to seize opportunities – by asking questions about possible lifestyle changes, responding appropriately when issues are raised, and taking action to signpost or refer people to the support they need.

Delivering this strategy

Our second Health and Wellbeing Strategy has been informed by a review of Reading's Health and Wellbeing Board by a group of our peers from Health and Wellbeing Boards in other areas. We have responded to their finding that our strategy should be used to drive the agenda of the Board, and have identified key priorities which we will use in future to do this.

The Health and Wellbeing Board members are committed to working together to:

- Monitor the progress of agreed actions to deliver our Health and Wellbeing priorities
- Use monitoring and review as an opportunity to involve more people in health and wellbeing conversations – we particularly want the voice of local residents and those who use health or care services to be strong in our future discussions.

We will maintain close links with other relevant partnerships and invite them to:

- Report to us on the progress of any initiatives that impact on wellbeing and
- Present their ideas, requests and recommendations.

The Care Act makes it our responsibility to ensure our residents have a good range of wellbeing services. We aim to continue to encourage and support a vibrant local market, which is resilient to funding challenges to meet this need by:

- Working closely with third sector organisations
- Developing a co-ordinated approach to working with the business sector – as service providers, as employers, as a source of expertise and as part of Reading.

We want people to be more in control of their health, care and wellbeing. To facilitate this we will:

- Develop information resources so people can connect to the right health and wellbeing support at the right time.
- Make best use of new technologies and co-ordinated digital solutions.

How we will measure success

We have established a robust, proportionate and transparent performance management framework, which includes key performance indicators which will allow us to:

- Monitor our progress against the commitments and actions set out in the Health and Wellbeing Strategy Action Plan openly and transparently
- Understand where we may need to divert resources as we tackle the challenges we face.
- Track progress against aspects of health and wellbeing which partners are addressing as part of their core business alongside working towards the goals of the Health and Wellbeing Strategy.

Priority 1:

Supporting people to make healthy lifestyle choices

Focusing on improving dental care, reducing obesity, increasing physical activity and reducing smoking

Improving Dental Care

By 5 years of age, more children in Reading are assessed as having Decayed, Missing and Filled (DMF) teeth than the average for England as a whole. Reading's rates of DMF teeth in children at ages 3 and 12 are also above England averages, and for children up to the age of 2, service uptake is very low.



Reducing Obesity

Obesity significantly increases the risk of many long-term conditions including type 2 diabetes, cardiovascular disease and high blood pressure. It also impacts negatively on educational attainment, mental health, respiratory and musculoskeletal disorders. A Body Mass Index over 40 can shorten a person's lifespan by an average of 8-10 years.

- 61% of adults in Reading are overweight or obese. Although this is lower than the England average (64.6%) and is comparable with other similar local authority areas, the absolute figures are significant and will have a huge impact on our residents' health and quality of life unless action is taken.
- Levels of childhood obesity⁴ in Reading in Reception Year children and Year 6 children are consistently above the South East average.

Increasing Physical activity

Physical activity can help to prevent and improve the management of a range of long term conditions, and help people to enjoy a healthier and more independent life.

- 50.4 - 59.5% of residents⁵ achieve the Chief Medical Officer targets for physical activity. This below the average in the South East region, but similar to the England average.
- 40.5-49.6% of residents aren't doing enough physical activity to protect their health.



Physical activity is already part of a number of local initiatives, but needs to become a more explicit priority.

⁴ Data from the [National Child Measuring Programme](#) (NCMP)

⁵ Active People Survey 2014

Reducing Smoking

Smoking increases the risks of ill health, including infections in children. In the long term it causes conditions that significantly affect people's everyday lives, putting them at considerable increased risk of serious illness and early death. This risk applies to babies, children and young people who are exposed involuntarily to second hand smoke and babies whose parents smoked during pregnancy.



- Although we have seen a consistent decline in the estimated prevalence of smoking locally, in 2014 we estimated that around 21,000 (17%) Reading adults were smokers - similar to the national average.
- Smoking costs society approximately £1,700 per smoker. We estimate that smoking related ill-health cost local NHS trusts about £4.4m/year
- The number of premature deaths in Reading is above average, particularly from heart attack and stroke and cancer.

Smoking-attributable morbidity and mortality is preventable and a significant number of lives could be saved if we prevent uptake and reduce prevalence both nationally and locally. The most significant thing a smoker can do to improve their health is to quit.

Over the next three years

We aim to promote healthy lifestyles in a variety of settings so that every Reading resident has a chance to maximise their health and quality of life. We will focus on actions that:

- Deliver the priorities identified within the Healthy Weight Strategy (which sets out opportunities for children and adults to achieve and maintain a healthy weight by supporting them to make healthy dietary choices and choose an active lifestyle)
- Increase awareness of lifestyle and weight management services
- Promote walking and cycling both for leisure and active travel
- Prevent the uptake of smoking – by working with local stop services and promote smoke-free communities to support people to quit and remain smoke free in the long term.

Priority 2:

Reducing loneliness and social isolation

A wealth of evidence has emerged in the last few years about the significant negative impact of loneliness on physical and emotional health – now seen as on a par with smoking for the elderly.

Risk factors for loneliness include:

- living alone,
- not being in work,
- poor health, loss of mobility, sensory impairment,
- language and communication barriers,
- bereavement,
- lack of transport and local amenities (like public toilets or benches),
- lower income,
- fear of crime,
- high population turnover
- becoming a carer.



Studies show that services that reduce loneliness have resulted in:

- fewer GP visits, fewer outpatient appointments, fewer days in hospital and lower use of medication,
- lower incidence of falls,
- reduced risk factors for long term care,
- fewer - or later - admissions to nursing homes.

National data indicates that 10% of people aged 65+ are 'chronically lonely' this translates to 1,720 chronically lonely older people in Reading.



Although most research in this area has focused on the elderly population, loneliness can be a health risk at any age. Mental health problems during pregnancy and the first year after birth are often under-reported, under-diagnosed and under-treated. Up to one in five women and one in ten men are affected by mental health problems in the perinatal period. Unfortunately, only 50% of these are diagnosed.

Tackling social isolation during this period has the potential to impact positively on mild and moderate depression at this time and on parents' ability to relate to their child and the child's development.

Over the next three years

We will focus on actions that will:

- Improve our understanding of who in our community is most at risk from loneliness, and develop a co-ordinated all-age approach to reach those most in need of support to connect or re-connect with their community.
- Improve the quality of people's community connections as well as the wider services which help these relationships to flourish – such as access to transport and digital inclusion.

Priority 3:

Promoting positive mental wellbeing in children and young people

Children's social and emotional wellbeing is important not only in its own right, but also a contributor to good physical health and as a factor in determining how well children do at school.

National policy as set out in *Future in Mind* (Department of Health, 2015) is to improve mental health service provision for young people by delivering on 5 key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support - a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce



In Reading:

- 1,902 children aged 5-16 (9.1% of the total) were estimated to have a mental health disorder in 2013.
- Children and young people who
 - ♦ live in more deprived areas
 - ♦ are disadvantaged
 - ♦ have vulnerable backgrounds or
 - ♦ have chaotic lifestyles... are more likely to have mental health issues.

Whilst we have a range of projects which promote and address children and young people's mental health, surveys, workshops and reports undertaken by Reading Children's Trust, Healthwatch and Reading Youth Cabinet have highlighted recommendations for improvements in local services and support for children and young people with mental health conditions.

The earlier interventions happen the more likely it is that children and young people can be resilient at difficult points in their lives. Early Intervention services should equip children and young people to cope more effectively, and provide timely support.

Over the next three years

We plan to drive forward improvement and change through a local *Future in Mind* process. We will:

- Promote greater awareness around understanding, identifying and talking about emotional health and well-being issues, covering areas such as attachment difficulties, bullying and self-harm.
- Promote the inclusion of families in the support process as well as including peers and friends, particularly to help young people feel and think differently about mental health issues with less fear, stigma or discrimination.

Priority 4:

Reducing deaths by suicide

Every death by suicide is an individual tragedy, and can have a devastating effect on families, on communities and others affected by how the life was lost. The World Health Organisation estimates that at least ten other people are directly affected by every suicide. In 2015:

- 18 people died by suicide in Reading
- There was a 22% increase in suicides across Berkshire compared to the previous year.



The absolute number of deaths by suicide in Reading alone is quite small but we can look at figures over time as well as across Berkshire as a whole and nationally to identify patterns which indicate which residents are more at risk. The figures tell us that:

- Men face three times the risk faced by women
- Suicide is the single biggest killer of men under 50

- It is the second most common cause of death in women who are pregnant or have given birth in the last year.

There is a strong link between suicide and self-harm as well as drug or alcohol misuse. Almost a third of people who died by suicide had contact with mental health services in their last 12 months.

Suicide risk reflects wider inequalities as people's social and economic circumstances can have a significant impact on their likelihood of taking their own lives. An effective approach to suicide prevention therefore needs to involve a range of agencies so as to tackle various factors at play.

The national suicide prevention strategy is based on two objectives:

- reducing the suicide rate, and
- providing better support for those bereaved or affected by suicide.

People bereaved by suicide face a number of risks to their wellbeing, including attempted or completed suicide, more so than people bereaved through other causes.

The national strategy identifies six areas for action, and these are reflected in the draft Berkshire Suicide Prevention Strategy, due for publication in 2017.

Over the next three years

We will:

- Develop and deliver a Suicide Prevention Action Plan for Reading to support delivery of the Berkshire Suicide Prevention Strategy
- Link to Action Plans which deliver Health and Wellbeing Priority 2: Reducing loneliness and social isolation and Priority 3: Promoting positive mental health and wellbeing in children and young people

Priority 5:

Reducing the amount of alcohol people drink to safer levels

As well as increasing the risk of certain diseases and health problems, alcohol affects behaviour and can have a negative effect on relationships, work and personal safety.

Alcohol use can be classified as:

- RISKY - drinking at a level that may cause physical or emotional harm, or cause problems in a person's life in some other way.
- HARMFUL - drinking at a level that has already led to harm or
- DEPENDENT - heavy drinking where the person is physically dependent on alcohol and needs detoxification to stop using safely.



In Reading:

- Alcohol use⁶, mainly in the adult population, is a far greater problem than drug use (*this is the same in other areas of the country*).
- We estimate⁷ that:
 - ♦ at least 30,000 residents are drinking to hazardous levels and
 - ♦ 4,500 are drinking to harmful levels.

(These figures are based on national self-reported drinking levels - research shows that people significantly under-report drinking suggesting true drinking levels are much higher).

- The high rates of alcohol-specific mortality and morbidity from chronic liver disease in both men and women indicates a significant number of people have been drinking heavily and persistently over the past 10-30 years.
- Very many more people could benefit from specialist treatment services than are currently able to receive them.

⁶ Highlighted by the Reading Drug and Alcohol Misuse Needs Assessment

⁷ Estimates based on current guidelines

Over the next three years

We will focus on actions that:

- focus greater emphasis on the problems of alcohol misuse at all ages, with greater emphasis on prevention, particularly targeting under 18 year olds with specialist family support in place for children at risk.
- Enable and encourage frontline staff in all sectors to do more to identify people at risk of harm from alcohol use and either provide a brief intervention or refer people for specialist treatment where appropriate.

Priority 6:

Making Reading a place where people can live well with dementia

Dementia can have a huge impact on individuals and families, and when communities aren't dementia-aware and dementia-friendly, the condition can severely curtail people's ability to live independently.

Family carers - so often the key to people being able to live within their communities with a long term condition - face particular challenges when caring for someone with dementia. Those carers often feel they are 'on duty' 24 hours a day, and their previous relationship with the person they care for changes more dramatically than for other carers.

As well as the personal cost, dementia costs the UK economy an estimated £26billion per year.

Dementia is more common in older people, with a particularly marked increase from age 80, although those with early onset dementia face particular challenges. Rates of dementia can be brought down through lifestyle improvements (like reducing blood pressure and cholesterol levels). However, dementia is still a major health and social care challenge because of the anticipated growth in the number of people who are living for longer.

- We estimate there are about 1,500 people aged 65+ living with dementia in Reading and we expect this to increase by 50% over the next 15 years.

Reading has had a Dementia Action Alliance in place since 2013, bringing partners together with the aim of improving the lives of people with dementia and their carers.

Although dementia diagnosis rates are improving, they are still quite low in some communities.



Over the next three years

To ensure more people can live well with dementia in their communities we plan to bring a range of agencies together to:

- Significantly improve awareness and understanding of dementia so people have the information they need to reduce the risk of developing dementia as well as to live well with dementia.
- Ensure people with dementia have equal access to the health and wellbeing support which is available to everyone.

Priority 7:

Increasing uptake of breast and bowel screening and prevention

Rates of incidences of cancers and mortality from cancers are increasing. Cancer incidence increases with age and is more likely in people who come from more deprived socio-economic groups.

While chances of being diagnosed with or dying from cancer are similar to other places in England, cancers are still the most common cause of premature deaths in Reading. Locally:

- Cancers are responsible for 142 deaths in every 100,000 people aged under 75
- Rates are highest in wards with very high areas of deprivation – Abbey, Norcot and Whitley.
- The numbers taking part in breast, bowel and cervical cancer screening is lower than the national average



Over the next three years

We will focus on actions to:

- Support people in their understanding of cancer, and enable people to make healthy lifestyle choices.
- Increase awareness of early cancer symptoms and screening programmes to improve early diagnosis
- Understand and overcome the barriers which stop people from taking part in screening
- Target areas with high levels deprivation and where smoking and alcohol use are known to be higher.

Priority 8:

Reducing the number of people with tuberculosis

Rates of TB in Reading are significantly higher than the national average:

- In 2014 there were 65 new cases of TB, with an incidence rate (number of new cases) of 40.8 per 100,000 population.
- The three year incidence of TB in Reading has remained higher than the England rate since 2000.
- The number of new TB diagnoses over a three-year average was 36.3 per 100,000 people living in Reading each year from 2012 to 2014.



Although rates of TB in Reading are among the highest in England outside London, local TB services are good, as evidenced by high TB service completion rates at 12 months. The proportion of people completing treatment for TB within 12 months of diagnosis for Reading was 90.0%, compared to the all England figure of 84.8%.

Over the next three years

We will focus on actions to:

- Promote awareness of the symptoms of TB, encourage people to seek advice and receive treatment as soon as possible.
- Use more targeted approaches to reach those communities at greater risk of having the disease or of failing to take up treatment more effectively