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 2nd 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 bock 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 bocks') 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
Reading residents, including but not confined to those with care and support needs Organisations across all sectors involving in promoting or protecting health and wellbeing	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.	10th October – 9th December 2016

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, marrieage)

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

healthwatch Reading

NHS South Reading Clinical Commissioning Group

NHS North and West Reading Clinical Commissioning Group

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

Contents

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 consultation[1] 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 JSNA[2] 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 Hub[3] 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.berkshirecarershub.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 is 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 obesity[4] 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 residents[5] 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 amenties (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 use[6], mainly in the adult population, is a far greater problem than drug use (*this is the same in other areas of the country*).
- We estimate[7] 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

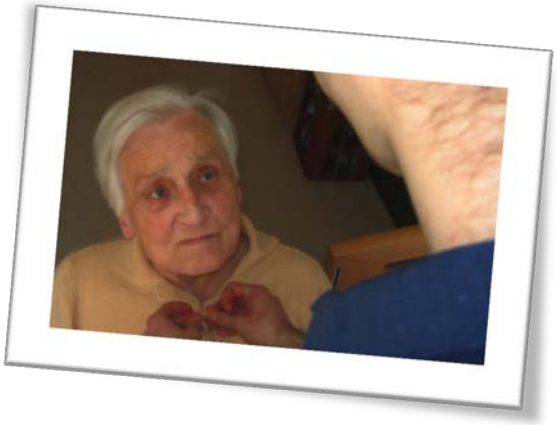
We will focus on actions that:

- 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