



To: All members of the Health & Wellbeing Board

(Agenda Sheet to all Councillors)

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1 October 2015

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NOTICE OF MEETING - HEALTH & WELLBEING BOARD - 9 OCTOBER 2015

A meeting of the Health & Wellbeing Board will be held on Friday 9 October 2015 at 2.00pm in the Council Chamber, Civic Offices, Reading. The Agenda for the meeting is set out below.

AGENDA

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1. DECLARATIONS OF INTEREST	-
2. MINUTES OF THE HEALTH & WELLBEING BOARD MEETING HELD ON 17 JULY 2015	1
3. QUESTIONS	-
Consideration of formally submitted questions from members of the public or Councillors under Standing Order 36.	
4. PETITIONS	-
Consideration of any petitions submitted under Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been received by Head of Legal & Democratic Services no later than four clear working days before the meeting.	

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CIVIC CENTRE EMERGENCY EVACUATION: *If an alarm sounds, leave by the nearest fire exit quickly and calmly and assemble on the corner of Bridge Street and Fobney Street. You will be advised when it is safe to re-enter the building.*

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| 5. | END OF LIFE CARE BRIEFING | 17 |
| | <p>A presentation by Dr Barbara Barrie and a report giving an overview of End of Life Care locally to aid discussion on how the Reading locality can further develop care and support for those at the end of life.</p> | |
| 6. | READING'S ARMED FORCES COMMUNITY COVENANT AND ACTION PLAN - MONITORING REPORT | 41 |
| | <p>A report giving a six monthly update on progress against the actions outlined in the Armed Forces Community Covenant action plan, including a number of health related actions, and on the general development of the Community Covenant.</p> | |
| 7. | UPDATE REPORT ON COMPREHENSIVE CAMHS | 54 |
| | <p>A report giving an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Services (CAMHS) system.</p> | |
| 8. | UPDATE ON JOINT WORKING TO SUPPORT CHILDREN & FAMILIES | 68 |
| | <p>Further to Minute 8 of the meeting held on 30 January 2015, a report giving an update on the work of the sub-group set up to progress opportunities identified across the Council's Children's Services and Public Health teams, the two Clinical Commissioning Groups and local health services to strengthen joint working to improve health outcomes for children and families.</p> | |
| 9. | READING'S AUTISM STRATEGY AND ACTION PLAN | 72 |
| | <p>Further to Minute 7 of the meeting held on 17 April 2015, when the Board approved Reading's Autism Strategy that sets out the plans to improve support for children, young people and adults with autism in the borough, a report presenting the Autism Strategy Action Plan developed by the Autism Partnership Board.</p> | |
| 10. | READING HEALTH & WELLBEING STRATEGY ACTION PLAN - SUMMARY UPDATE | 81 |
| | <p>A report providing a headline summary of progress made against the Reading Health and Wellbeing Strategy action plan. The report also updates the Board on some of the key initiatives that will be delivered during the remainder of this year.</p> | |

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| 11. | READING'S JSNA POSITION STATEMENT | 101 |
| | <p>A report giving an interim, high-level position statement on the health needs of the people of Reading. A comprehensive Joint Strategic Needs Assessment (JSNA) for 2016-19 will be produced in the coming months.</p> | |
| 12. | READING INTEGRATION UPDATE | 120 |
| | <p>A report giving an update on the Health and Social Care Integration Programme, including a half year progress report on the Better Care Fund and the opportunity to plan for the Better Care Fund 2016/17.</p> | |
| 13. | REVIEW OF THE READING AND WEST OF BERKSHIRE HEALTH AND WELLBEING BOARDS | 126 |
| | <p>A report proposing a review of the effectiveness and efficiency of the Health and Wellbeing Board in terms of delivering the aims and objectives of the Health and Wellbeing Strategy and to support the development of the Board leadership, through a Local Government Association Peer Challenge.</p> | |
| 14. | DATE OF NEXT MEETING | - |
| | <p>Friday 22 January 2016 at 2pm</p> | |

READING HEALTH & WELLBEING BOARD MINUTES - 17 JULY 2015

Present:

Councillor Eden	Lead Councillor for Adult Social Care, Reading Borough Council (RBC)
Councillor Hoskin (Chair)	Lead Councillor for Health, RBC
Sylvia Chew	Director of Children, Education & Early Help Services, RBC
Wendy Fabbro	Director of Adult Care & Health Services, RBC
Ishak Nadeem	Chair, South Reading Clinical Commissioning Group (CCG)
David Shepherd	Chair, Healthwatch Reading
Ian Wardle	Managing Director, RBC

Also in attendance:

George Boulos	Clinical Lead, North & West Reading CCG
Andrew Burnett	Interim Consultant in Public Health, RBC
David Dobraszczyk	Youth Participation Officer, RBC
Maureen McCartney	Operations Director, North & West Reading CCG
Eleanor Mitchell	Operations Director, South Reading CCG
Manasi Panshikar	Youth Cabinet Member, Reading Youth Cabinet
Sally Poole	Committee Services, RBC
Mandeep Kaur Sira	Chief Executive, Healthwatch Reading
Councillor Stanford-Beale	RBC
David Totterdale	Youth Cabinet Member, Reading Youth Cabinet

Apologies:

Gabrielle Alford	Director of Joint Commissioning, Berkshire West CCGs
Andy Ciecierski	Chair, North & West Reading CCG
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Frances Gosling-Thomas	Independent Chair, West Berkshire, Reading and Wokingham Local Safeguarding Children Boards
Councillor Lovelock	Leader of the Council, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs
Sarah Wise	CCG Manager, North & West Reading CCG

1. MINUTES

The Minutes of the meeting held on 17 April 2015 were confirmed as a correct record and signed by the Chair, subject to the following amendments:

Minute 4, Primary Care Update Report:

The surgery in South Reading CCG that had been inspected by the Care Quality Commission was Melrose Surgery and not Melrose Avenue Surgery and the money that had been set aside by the Council to work with Berkshire Healthcare NHS Foundation Trust and the local community had been for Circuit Lane Surgery.

In an update to Minute 10, on the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2013-14, Wendy Fabbro reported that the Chair of the West of Berkshire Safeguarding Adults Partnership Board had resigned and that Brian

Walsh had been appointed as Interim Chair from September 2015. In the meanwhile, Wendy Fabbro would be the point of contact for any issues that arose.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

The following questions were asked by Tom Lake in accordance with Standing Order 36:

(a) AAA Screening

Given the low take-up of Abdominal Aortic Aneurysm (AAA) screening in South Reading are any measures in place to increase take-up?

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

Background

Arterial aneurysms are caused by a weakening in the walls of blood vessels leading to a ballooning of the vessel in the region of the weakness. These can leak or burst with disastrous consequences. The aorta, the largest artery in the body, can develop an aneurysm where it passes through the chest (a thoracic aneurysm) or in the abdomen. Here, because a number of smaller arteries branch off from the abdominal aorta, an aneurysm can compromise the blood flow to other organs, most significantly the kidneys, as well as leak or burst. About 80% of people who have a burst aortic aneurysm will die before emergency surgery or in spite of it.

The most common cause of abdominal aortic aneurysm is smoking.

It is possible to screen for abdominal aortic aneurysm and, if one of sufficient size is detected, offer elective surgery (which has a much lower mortality rate than emergency surgery for a leaking or burst aneurysm) or keyhole surgery repair by passing a graft up from one or other femoral artery in the groin into the aorta and inflating it within the lumen to seal off the aneurysm (this is known as EVAR - endovascular aortic aneurysm repair).

Abdominal aortic aneurysm is more common over the age of 65 years and is some six times more common in men than women (but this is likely to be related to past smoking differences between the sexes so we can expect proportionately more women to be affected in the future).

Currently in England, abdominal aortic aneurysm screening is offered to men aged 65 years and over. The programme, commissioned by NHS England, screened more than 260,000 men in 2013/14 and detected some 3,700 aneurysms¹ (although not all of these will have required an intervention). The national uptake rate was 78.2%.

AAA screening uptake in Reading

Current data show that some 66% of eligible men in South Reading underwent AAA screening in 2013/14. However, these data are incomplete as they are based partly

¹ Public Health England. *NHS Screening Programmes for England 2013/14*. Public Health England. London. 2015

on PCT-level data and partly on CCG-level data. Full year data should be available in August.

Other than in Slough, uptake is lower in South Reading than in other Berkshire CCG areas (average 75-80%) which is consistent with the national experience of lower uptake in more deprived areas. We understand that NHS England is working with screening providers to try to increase uptake.

A health equity audit, with a particular focus on accessibility, has recently been undertaken and we expect to hear the outcomes of this in the coming weeks with a view to developing an improvement plan.

Reducing the risk of developing abdominal aortic aneurysm

The main risk for aortic aneurysm is smoking. It is noteworthy that in Sweden, where concerted work over several years has reduced the prevalence of smoking to 11% in men and 14% in women (one of the lowest in the industrialised world,² has led to a statistically significant reduction in the prevalence of abdominal aortic aneurysm sufficient to suggest that the thresholds for screening could be raised and in future confined to smokers.³

(b) Primary Care Strategy

The NHS Primary Care Strategy for Berkshire West has recently been made public and envisages merging or integration of smaller practices to a 10,000 minimum list size. Will the process of integration take into consideration transport and access issues or influence local transport policy, especially given that these matters are more important for vulnerable or deprived patients?

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

There will be full patient and public engagement around any significant changes to service provision resulting from implementation of the Primary Care Strategy. This will include any changes in the location of GP surgeries. Accessibility for patients, including public transport links, will be one of the factors taken into account by commissioners when considering any merger, relocation or premises development proposals as well as when commissioning new contracts. The involvement of local authority Health and Wellbeing Board representatives in the Joint Primary Care Co-Commissioning Committee will support joint working around transport and planning considerations. However, at this stage the draft Strategy only sets out high level principles for the future of primary care rather than specific plans for any changes to practices or surgery locations.

Some of the Reading practices that may work together in future are already located in close geographical proximity. It is also important to note that the upscaling of practices described may be achieved by practices working together in networks or

² See www.ncbi.nlm.nih.gov/pmc/articles/PMC2598496/ (accessed 10 July 2015)

³ Svensjo S, Bjorck M, Gurtelschmid M, Gidlund KD, Hellberg A, Wanhainen A. Low prevalence of abdominal aortic aneurysm among 65 year-old Swedish men indicates a change in the epidemiology of the disease. *Circulation* 2011; 124:1118-23

federations as much as through formal mergers and does not necessarily imply any change in the location of services.

Irrespective of the discussion around practices working at greater scale, an initial priority will be to address issues with GP premises identified by CQC visits. The CCGs are working with NHS England to consider how this can best be delivered.

(c) Child Obesity

What are the current local trends in child obesity? What measures are in place to help children start a life of healthy activity and good nutrition?

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

Background

Overweight and obesity⁴ are an increasing problem in the population. This is principally because obesity substantially increases the risk of developing various long-term conditions (most notably diabetes) and the consequential impact of these conditions on health inequalities as well as on health and social care costs.⁵ Overall, taking the risks of diabetes and the other life-shortening conditions associated with obesity into account, it has been estimated that obesity reduces life expectancy by some nine years and accounts for 30,000 deaths in the UK each year.⁶

What is happening in Reading?

The National Child Measurement Programme (NCMP) is a mandatory public health service for councils. It enables trends in childhood obesity to be monitored as well as increases awareness of the issue and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues. NCMP data show that the levels of childhood overweight and obesity in Reading in reception class children have largely remained largely in line with the England average and are slightly higher than the

⁴ The body mass index (BMI), which is the most commonly used way of measuring someone's relative weight and height, is calculated by dividing weight (in kilograms) by the square of the height (in metres). Someone with a healthy weight has a BMI in the range 18.5-24.9. A BMI of 25-29.9 is defined as being overweight. 'Class I obesity' is defined as a BMI of 30-34.9, 'Class II obesity' as a BMI of 35-39.9, and 'Class III' or 'morbid' obesity a BMI of 40 or greater.

By way of example, someone who is 5'9" tall (1.75m) and who weighs 12st 7lb (79.63kg) has a BMI of 26 and is clinically overweight. If this same person weighed 14st 13lb they would have a BMI of 31 and be clinically obese

⁵ Obesity in childhood is associated with increasing the risk of developing diabetes, asthma, other respiratory conditions, musculoskeletal conditions, psychosocial and mental health problems, being bullied and having a lower educational attainment.

Obesity in adulthood is also associated with a substantially increased risk of heart attack and stroke, high blood pressure, osteoarthritis, obstructive sleep apnoea (a condition that interrupts breathing during sleep causing a drop in blood oxygen levels causing daytime fatigue and difficulties in cognition, but, more importantly, increases the risk of heart failure and death), some types of cancer, heart failure, pulmonary embolism, gallbladder disease, chronic back pain

⁶ Holt RIG. Obesity – an epidemic of the twenty-first century: an update for psychiatrists. *J Psychopharm* 2005; 19(6) Suppl: 6-15

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South East England average, except between 2009-2011, where prevalence reached a peak of 26.2%. Since this peak, there has been a levelling out to 22-23.5% between 2011-2014 (see Table 1).

The levels of childhood overweight and obesity in Reading in year-6 have generally remained in line with the England average, with the exception of a peak in 2009/10. They do however tend to be slightly higher than the South East average. Since peaking at 36.2% in 2009/10, prevalence has now levelled out to 34.5/6% between 2012/14 (see Table 2).

Table 1: Proportion (%) of overweight and obese children in Reading schools - reception class.

Period		Reading Value	South East	England
2006/07	●	25.3	21.2	22.9
2007/08	●	21.3	20.8	22.6
2008/09	●	22.1	21.7	22.8
2009/10	●	26.4	21.6	23.1
2010/11	●	26.2	20.9	22.6
2011/12	●	23.5	20.8	22.6
2012/13	●	22.0	20.3	22.2
2013/14	●	23.5	20.5	22.5

Source: Health and Social Care Information Centre, National Child Measurement Programme

Table 2: Proportion (%) of overweight and obese children in Reading schools - Year 6

Period		Value	South East	England
2006/07	●	32.9	29.7	31.7
2007/08	●	34.1	29.8	32.6
2008/09	●	34.6	30.1	32.6
2009/10	●	36.2	31.0	33.4
2010/11	●	34.6	30.6	33.4
2011/12	●	35.4	30.8	33.9
2012/13	●	34.5	29.7	33.3
2013/14	●	34.6	30.3	33.5

Source: Health and Social Care Information Centre, National Child Measurement Programme

● - Similar to England Average.

● - Worse than the England Average.

A significant point to note is that there is a substantial increase in the proportion of overweight and obese children by the time they reach year 6.

What is being done in Reading to help to address this?

There are a number of initiatives and work being done by specialists, including:

Health Visitors

The health visiting service (shortly to become a council responsibility) consists of specialist community public health nurses and teams who provide expert information, assessments and interventions for babies, children and families and for families with complex needs. This includes advice on breastfeeding, healthy weight, healthy nutrition and physical activity.

School Nurses

The school nursing service (already a council responsibility) provides public health interventions and health care support to school age children and their families to enable children to make the most of their education and wider social opportunities, to improve health and health outcomes for children and families. It provides services set out in the Healthy Child Programme 5 - 19 years, including working with others to deliver universal services. Priorities include the NCMP programme and targeted support and advice to families with overweight/obese children on diet/healthy lifestyles and onward referral.

Breast-feeding peer support

Breastfeeding contributes to the health of mother and child in both the short and long terms and provides all the nutrients a baby needs.

Let's Get Going

The public health team commissions a weight management and healthy lifestyle service for children aged 7-12 years which offers family based advice on healthy eating, behaviour change and a practical physical activity element in local schools.

Beat the Street

RBC and Reading CCGs have jointly funded 'Beat the Street', an initiative designed to inspire people to walk more. People scan a card or key fob onto 'Beat Box' scanners located around the community to indicate that they have walked between the boxes, earning points that add up to win prizes for their team or school. The 2015 Beat the Street competition ended on Wednesday 24 June and 23,992 players (11% of the population) travelled a total of 306,600 miles. This is a 63% increase in participants from 2014.

Health Walks

A health walks co-ordinator is co-funded by RBC's public health team and leisure and transport teams to encourage and increase opportunities for walking in the community and to reduce barriers to physical activity across the population. There is a particular focus on the least active segments of the. The programme's co-ordinator has organised walking events for local schools and walks are open to children accompanied by an adult.

Across Reading Borough Council

Across other council directorates, we commission a range of healthy lifestyle programmes and offers aimed at children and families to provide them with opportunities to be physically active including Reading Play (see <http://www.readingplay.co.uk/>), Reading Sport and Leisure (see <http://www.readingleisure.co.uk/activities-children/>) and parent and child cycle

training in partnership with CTC (see <http://www.ctc.org.uk/article/cycling-guide/parent-and-child-cycle-training-in-reading>).

3. PETITION - NHS COMMUNITY CHILD & ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) / STAFF

A petition with regard to CAMHS was presented to the Board by the Lead Petitioner, Paul Farmer. The wording of the petition, which had 33 signatures, was as follows:

- “1. Without any local NHS community Child & Adolescent Mental Health (CAMH) services/staff being commissioned at weekends (even emergency services/staff) Berkshire’s young folk with mental health issues (and their families) are still being left to face all crises alone.
2. Without any local specialist NHS CAMH services/staff being commissioned, Berkshire’s under 16 year old victims of sexual abuse/rape (despite a confirmed increase of 40% in reported UK cases in 2014 - The professional body for policing) and their families are still being left to face the many (and long-term) mental health traumas associated with child/adolescent sexual abuse/rape alone (it has recently been officially acknowledged that over 75% of all adult mental health problems first surface during childhood or adolescence and 25% as a direct result of childhood or adolescent sexual abuse or rape - the Independent Mental Health Task Force Study 2014/15).
3. Also only 78 full time equivalent community NHS CAMH staff are still being commissioned for Berkshire (the same level as year end March 2000!!!) - despite acknowledged increases in demand each year since 2000!

So, please sign our petition for:

- a) Expert NHS Support at weekends for Berkshire’s young folk with mental health problems, and for the ever rising numbers of victims of childhood/adolescent sexual abuse/rape in Berkshire; and for
- b) More NHS community staff/services for Berkshire’s young folk with mental health problems in general and help try to take away their fear and isolation and help try to increase the commissioning of NHS services/staff which support them across Berkshire.

Further notes/points:

The National Institute for Health and Care Excellence (in Jan 15) estimated that:

- a) £44m a year could be saved by supporting young folk with mental health problems as soon as they surface - thereby preventing adult mental health problems and/or psychiatric hospitalisation!
- b) That 1 in 20 A&E cases were caused by mental health cases - the majority of which surfaced during the individual’s childhood or adolescence!
- c) The Princes Trust (in 2015) has revealed that 1 in 9 of the UK’s young folk are emotionally or sexually abused at home and as a result twice as likely as their peers to suffer mental health problems.”

RESPONSE by Councillor Hoskin (Chair of the Health & Wellbeing Board):

Thank you for presenting your petition. Child and Adolescent Mental Health Services (CAMHS) are an extremely important area of local healthcare provision about which this Health and Wellbeing Board takes a very close interest.

The Board commissioned and received at its last meeting a joint report from Reading's NHS Clinical Commissioning Groups and Reading Borough Council on the strategic direction and service improvement plans of CAMHS. The Board made a partnership commitment to its Action Plan which aims to build a transformed comprehensive and integrated full CAMHS service to Reading families.

With regard to the specific issues you have raised in your petition I hope the following response is helpful.

CAMHS commissioning at weekends

- The psychological medicines service at the RBH has been commissioned from NHS Berkshire Healthcare Foundation trust (BHFT) since 2013. The service operates 24 hours a day, 7 days a week. This service is commissioned to see young people under the age of 18 years and provides high quality outcome focussed interventions to those presenting at the Emergency Department with mental health problems and also those admitted to medical wards with physical health complications but have co-morbid mental health problems.
- CAMHS services follow NICE guidance. There is an on call CAMHS psychiatrist available 7 days a week 24 hours a day in addition to the psychological medicines service staff.
- The Berkshire Adolescent Unit is now open 24/7.
- There has been an expansion of on line support services available 7 days a week. There is growing evidence to suggest that online help is a preferred support option for some children and young people. Berkshire West CCGs have invested in Young SHaRON- an on line support platform for young people which is moderated by CAMHS workers. This extends the hours that CAMHS support is available. The CCGs have no plans to reduce face to face and telephone support.
- Berkshire West CCGs are working with BHFT to develop services over weekends when clinically appropriate.

Specialist mental health services for young people who have been sexually abused

The Ministry of Justice has commissioned Trust House Reading <http://www.trusthousereading.org/>

Trust House Reading is a subsidiary of The Survivors Trust (www.thesurvivorstrust.org). They are a rape and sexual abuse support centre providing specialist support to women, men and children living in Berkshire who have been affected by rape or sexual abuse. They can support people who have historic or recent experiences of sexual violence and also supporters of survivors such as friends and family.

All services are free and confidential.

They include:

- One-to-one counselling
- Telephone and email helpline
- Emotional and practical ISVA (Independent Sexual Violence Advisor) support
- Play therapy

Being a victim of sexual abuse is not a mental illness. Some victims will require a medical response and CAMHS continues to provide a service for these individuals.

Number of CAMHS practitioners

The total number of staff providing specialist Tier 3 CAMH services through Berkshire Healthcare Foundation Trust is 96.36. That figure is inclusive of managers and administrators. The number for purely clinical staff is 69.63 staff in the Tier 3 specialist service.

This is data for the year ending March 2015. I am afraid that we couldn't obtain data from 2000 but can confirm that the CCG's have invested significantly in the specialist service for 2015-16 onwards and that that will enable an increase in clinical staff of approximately 28 across Berkshire.

4. PRESENTATION ON READING YOUTH CABINET'S CAMPAIGNS ON MENTAL HEALTH AND PSHE

Manasi Panshikar and David Totterdale, members of the Reading Youth Cabinet, gave a presentation on the current campaigns for the Youth Cabinet, which were on Mental Health and Personal, Social and Health Education (PSHE).

They explained that increased social and education pressures had led to higher levels of children and young people with mental health issues and so the Youth Cabinet campaign aimed to raise awareness of mental health and wellbeing through education and to increase the level of support available.

They also explained that the other part of their campaign was on PSHE. They were concerned as PSHE was intended to provide a rounded education that equipped young people to cope with everyday life and to develop emotional resilience, but many of the staff that were teaching PSHE had no formal training in the subject and so lessons were often based on the personal experience of the teacher, which was inconsistent and not always relevant to the pressures facing young people today.

The meeting expressed support for the campaigns and thanked the Youth Cabinet members for their presentation.

Resolved -

- (1) That the Reading Youth Cabinet members be thanked for their presentation on the Youth Cabinet's campaigns on Mental Health and PSHE;
- (2) That representatives from the Youth Cabinet be invited to contribute to the Council's PSHE Support Group;
- (3) That the Adult Social Care, Children's Services and Education Committee be informed that the Council's Education Strategy (Reading First Raising Attainment Strategy 2015-18 & Improvement Plan) should encompass the resources required for young people, teachers and parents to support positive mental health and wellbeing;

- (4) That the Youth Cabinet be invited to a future meeting to provide an update on the progress made on these campaigns.

5. BERKSHIRE WEST PRIMARY CARE STRATEGY 2015-19

Eleanor Mitchell and Maureen McCartney presented the Berkshire West Clinical Commissioning Groups' (CCGs) Primary Care Strategy 2015-19. The CCGs 5 Year Strategic Plan described how, by 2019, enhanced primary, community and social care services in Berkshire West would work to prevent ill-health within the local populations and support patients with complex needs to receive the care they needed in the community, only being admitted to hospital where this was absolutely necessary. This Primary Care Strategy built on the overarching strategy by describing a more detailed vision for primary care services in Berkshire West anticipating that primary care would play a pivotal role in delivering new models of care and in ensuring the sustainability of the broader health and social economy in the light of increased demand and financial pressures. In order to deliver this vision the following five strategic objectives had been developed for primary care:

- Addressing current pressures and creating a sustainable primary care sector;
- Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting;
- Managing the health of a population in partnership with others. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary, community and social care to support patients at home;
- Offering extended provision to improve access and better meet the needs of patients requiring urgent care. Using new approaches to ensure access to primary care in line with patient need;
- Making effective referrals to other services when patients will most benefit.

Each of these objectives will be supported by specific workstreams.

Maureen McCartney explained that the strategy set out a high level direction of travel for developing primary care and was the basis for ongoing dialogue with partners and the public. The high level principles reflected what patients told the CCGs at the "Call to Action" and patient engagement events that were held over the preceding 18 months. The CCGs would be engaging with all three HWBs in Berkshire West on the strategy. She emphasised that this was one point in an ongoing dialogue and as specific proposals emerged the CCGs expected to consult on these.

She also confirmed that the four Berkshire West CCGs had recently been approved to jointly commission GP services with NHS England under co-commissioning arrangements and that there was a national governance process in relation to how these responsibilities were discharged. The Joint Primary Care Co-Commissioning Committee had met for the first time on 24 June 2015 with Wendy Fabbro representing Reading Borough Council and Healthwatch also represented on the Committee. The work of this Committee would be guided by the Primary Care Strategy.

Dr George Boulos gave an overview of some of the work that had already been carried out to deliver elements of the strategy in the North & West CCG.

Eleanor Mitchell added that the South Reading CCG were working with GP practices but that some would struggle to increase their hours or capacity due to issues with staffing and being sited in buildings that could not be extended. However, they embraced the need to provide a sustainable health care service that reflected the needs of the local population and so would endeavour to find creative solutions by working together.

Wendy Fabbro stated that the Council was keen to be involved in the delivery of the Primary Care Strategy, but felt that the role of the Council should be one of co-production rather than consultation, especially as this linked with the Council's delivery of adult social care and the Better Care Fund.

It was also noted that the Adult Social Care, Children's Services and Education (ACE) Committee could provide a critical role in providing scrutiny of the emerging strategy and by ensuring the patients and Healthwatch were actively involved.

Mandeep Kaur Sira explained that Primary Care was a priority for Healthwatch as this was the theme of over 30% of their contacts.

The Chair concluded that this was an important and critical strategy for the health and wellbeing of people in Reading and so it was essential that the Council had comprehensive involvement through co-production with the CCGs and Healthwatch and that all residents, not just current service users, should be encouraged to be involved.

Resolved - That the Primary Care Strategy and position be noted.

6. SOUTH READING & NORTH & WEST READING CCG QUALITY PREMIUM TARGETS 2015/16

Eleanor Mitchell and Maureen McCartney submitted a report to outline the Quality Premium targets that had been prioritised by the South Reading and the North & West Reading CCGs. The report explained that, under the National Health Service Act 2006 (as amended by the Health and Social Act 2012), NHS England had the power to make payments (Quality Premiums) to CCGs to reflect the quality of services that they commissioned, the associated health outcomes and reductions in inequalities.

The Quality Premium measures agreed in 2015/16 would be paid to CCGs in 2016/17 - to reflect the quality of the health services commissioned by them in 2015/16 - and would be based on six measures that covered a combination of national and local priorities, some of which required the approval of the Health and Wellbeing Board.

The six measures were within the following categories:

- Mental Health (30%);
- Urgent Care (30%);
- Potential Years of Life Lost (10%);
- Antibiotic Prescribing (10%);
- Local Measure 1 (10%);
- Local Measure 2 (10%).

The report outlined the measures in more details and the review of local data that had led to the choice of the targets that had been set by the individual CCGs.

The report stated that within the Mental Health Quality Premium Indicator there were four measures and within the Urgent Care Quality Premium Indicator there were three measures and that the selection of one or more of these measures had to be chosen, based on local need, in conjunction with the local NHS England team and the relevant Health and Wellbeing Board.

In addition the local targets had to be chosen from an area of local concern that reflected local priorities and these had been linked to the Health and Wellbeing Strategy for Reading.

Resolved -

That the following quality premium measure targets set for North & West Reading CCG (NWRCCG) and South Reading CCG (SRCCG) for 2015/16 be noted and agreed:

- (a) That the weekend discharge indicator be picked for the whole 30% of the urgent and emergency care measure (NWRCCG & SRCCG);
- (b) That the paid employment indicator be picked for the whole 30% of the mental health measure (NWRCCG & SRCCG);
- (c) That the local Quality Premium Indicators for SRCCG be:
 - (i) Increase referrals to Eat 4 Health;
 - (ii) Increase referrals to alcohol service IRIS;
- (d) That the local Quality Premium Indicators for NWRCCG be:
 - (i) Increase the number of carers identified by GP practices;
 - (ii) Increase the uptake of bowel cancer screening.

7. IMPROVING SUPPORT TO THE EX-GURKHA COMMUNITY: ACCESS TO AND EXPERIENCE OF HEALTH AND SOCIAL CARE SERVICES IN READING

Mandeep Kaur Sira and Melanie O'Rourke submitted a joint report to update the Board on a Healthwatch Reading survey that had been commissioned by Reading Borough Council, on behalf of a consortium of local authorities in the south-east of England, to explore how the ex-Gurkha community accessed health and social care services. The report set out Healthwatch Reading's recommendations to care providers and the providers' responses. A full copy of the Healthwatch Reading report 'How the ex-Gurkha community access and experience health and social care services in Reading' was attached to the report at Appendix 1.

The report stated that Healthwatch Reading had gathered feedback from more than 100 members of the ex-Gurkha Community on how they accessed health and social care services and then their experience of those services.

The report explained that most people who had taken part in this survey had reported difficulties in accessing and using services, principally because of speaking/reading little English and not receiving clear guidance on how to obtain interpreter support. The problems were compounded in that the ex-Gurkha community in Reading needed to understand a very different healthcare system from the one that they knew in Nepal - with no universal access but many more medicines available over the counter and more direct access to secondary care.

The report also stated that the ex-Gurkha community in Reading had a high incidence of a number of long term conditions, that many were living on low incomes and that most of the community were aged 60-75 years with significant numbers living in the UK without the support of adult children and providing unpaid care to others.

The report set out the recommendations made following the survey and the responses received by health and social care providers, many of which had started to address the issues raised and had committed to work in partnership to make further improvements.

Resolved -

- (1) That the findings of Healthwatch Reading and the responses from health and social care providers as set out in the report '*How the ex-Gurkha community access and experience health and social care services in Reading*' be noted;
- (2) That the Reading Integration Programme Manager be directed to develop and monitor a whole system Action Plan based on the report and responses received, and that this Action Plan be monitored through the Reading Integration Board;
- (3) That a progress report be submitted to the Health & Wellbeing Board in January 2016.

8. HEALTHWATCH READING ANNUAL REPORT 2014/15

Mandeep Kaur Sira submitted the 2014/15 Annual Report for Healthwatch Reading.

She explained that this was their second annual report and that during 2014-15 they had received over 400 contacts from members of the public. The top three issues that people had reported were GP services (31%), hospital services (21%) and mental health services (11%).

The report outlined the role of Healthwatch as making health and social care better for ordinary people by designing local services around their needs and experiences. Their mission was to campaign for better care for the community by advising people of their rights, giving them information and signposting to other services, by advocating on behalf of local people to raise concerns, make a complaint or support them to have their voice heard, and by taking action by listening to people to understand their experiences and influencing those with the power to change things.

(a) Engaging with people who used health and social care services

The report explained that Healthwatch Reading had organised or taken part in nearly 100 different engagement events and activities that had included more than 3,000 individuals and groups, including some of the most vulnerable and disadvantaged, and given them the opportunity to talk in-depth about their experiences of health and social care services. This information had then been used to inform and influence local providers.

(b) Providing information and signposting for people who used health and social care services

The report stated that approximately 50% of Healthwatch's work was providing information, advice and advocacy. In 2014 they had been awarded the contract to provide advocacy services for those who wished to raise a concern or make a complaint about an NHS service and they would also be providing advocacy under the Care Act in 2015-16.

(c) Influencing decision makers with evidence from local people

The report also stated that Healthwatch had been involved in a number of projects that had resulted in being able to influence how services were developed and commissioned.

Resolved - That the report be noted.

9. INTEGRATION UPDATE

Further to Minute 3 of the meeting held on 17 April 2015, Melanie O'Rourke submitted a report outlining the local non-elective performance target (NEL) for admissions to hospital, national and local performance indicators under the Better Care Fund (BCF), an indication of the impact of the local BCF scheme - Discharge to Assess, and a proposal that the submission of quarterly returns be delegated outside the Health & Wellbeing Board meeting structure. There was a table with details of performance and reporting arrangements under the BCF and the wider Integration Programme attached to the report at Appendix A.

The report illustrated the disparity between the submission dates to NHS England and the dates of the Health & Wellbeing Board and so suggested that the authority for reporting on BCF performance be delegated to the Director of Adult Care and Health Services in consultation with the Chair of the Health & Wellbeing Board.

In addition, further to Minute 3 (3) of the last meeting when the authority to review the local non-elective target had been delegated, it was reported that the final figure submitted had been an increase of non-elective activity of 3.3%. The report also stated that any increase in activity into hospital could have an adverse impact on demand for adult social care, but the meeting agreed that it was important to consider people rather than just targets and to also monitor outcomes in terms of improvements to people's lives.

The report also described the benefits of the Discharge to Assess service, which had started on 1 April 2015 and which aimed to facilitate timely discharge from hospital to either a community setting or a bed-based setting at The Willows to prevent long

term admissions into care homes and to increase the number of people that were able to return to their home or into extra care housing schemes.

Resolved -

- (1) That the responsibility of the Board for monitoring and reporting on BCF performance, including the technicalities of reporting to NHS England, be noted;
- (2) That authority be delegated for the Director of Adult Care and Health Services, in consultation with the Chair of the Health & Wellbeing Board, to approve BCF performance submissions outside of the Health and Wellbeing Board timetable;
- (3) That the revised non-elective target submitted to NHS England on 15 May 2015 be approved;
- (4) That the early indicators of the impact of the Discharge to Assess Scheme be noted.

10. UPDATE REPORT ON INFORMATION SHARING WORK BEING TAKEN FORWARD BY THE LSCB

Further to Minute 5 of the last meeting, Sylvia Chew submitted a report that set out the progress of the Local Safeguarding Children Board (LSCB) Information Sharing Task and Finish Group.

The report explained that, in March 2015, following the publication of the Government response to the child sexual exploitation (CSE) cases in Rotherham, all Chief Executives, Directors of Children's Services, LSCBs and Health and Wellbeing Boards had received a joint letter from Government Ministers stating that the effective sharing of information was a key factor in keeping children safe.

The LSCB had set up an Information Sharing Task and Finish Sub Group to produce a clear information sharing protocol on this topic as there was unanimous agreement that CSE was a current high risk area and that the protocol was vital to support front line staff in making appropriate decisions.

The report stated that a draft document had already been produced in West Berkshire, and that the group would review this as it had been agreed that moving towards a West of Berkshire or Pan Berkshire approach would be beneficial for many agencies that spanned more than one local authority/LSCB area. However, the different organisations within Health did not all use the same database, so sharing information between Health colleagues, such as details of presentations at Accident and Emergency and Health Visitors needed clarity.

The group would consider the current Reading Information Sharing Protocol against the LSCB Procedures and recent Government guidance and make any recommended changes. All partners would be asked to sign up to the protocol.

Resolved -

- (1) That the report be noted;

- (2) That a further report be produced for the Board once the protocol had been agreed.

11. READING CHILDREN'S TRUST CHILDREN AND YOUNG PEOPLE'S PLAN 2015-2018

Sylvia Chew submitted a report providing a summary of the Reading Children's Trust (CTB) Children and Young People's Plan (CYPP) 2015-18, a copy of which was attached to the report at Appendix 1, and which had been endorsed by the Adult Social Care, Children's Services and Education Committee on 29 June 2015.

The report explained that purpose of the Children's Trust was to hold all partners to account for their contribution to improving the life of children who lived in Reading. It provided a strategic framework within which partners could commission services together, consult with each other and agree a common strategy on how they would co-operate to improve children's wellbeing and to help embed partnership working in the partners' routine delivery of their own functions.

The Children's Trust Board had reviewed data from the Joint Strategic Needs Assessment, data from the last CYPP and the priorities from key strategies and plans from partner organisations and had produced a range of areas of concern which were collated and grouped into the following three overarching priorities which formed the basis of the new CYPP:

- Priority 1 - Having the best start in life and throughout;
- Priority 2 - Learning and employment
- Priority 3 - Keeping children safe

Resolved - That the Children & Young People's Plan 2015-18 be noted.

12. DATES AND TIMES OF FUTURE MEETINGS

Resolved -

That the meetings of the Health & Wellbeing Board for 2015/16 be held at 2.00pm on the following dates:

- Friday 9 October 2015
- Friday 22 January 2016 (moved from 29 January 2016)
- Friday 18 March 2016

(The meeting started at 2.00pm and closed at 4.05pm)

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	Health and Wellbeing Board		
DATE:	9 th October 2015	AGENDA ITEM:	5
TITLE:	End of Life Care Briefing		
LEAD COUNCILLOR:	Cllr Rachel Eden	PORTFOLIO:	Adult Social Care
SERVICE:	Adults	WARDS:	All wards
LEAD OFFICER:	Melanie O'Rourke	TEL:	0118 937 4053
JOB TITLE:	Head of Adult Social Care	E-MAIL:	Melanie.o'rourke@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To provide the Health and Wellbeing Board members with an overview of End of Life Care locally and to aid discussion on how the Reading locality can further develop our care and support for those at the end of life.
- 1.2 It is worth noting that although many references to End of Life Care is centred around older people, people of all ages (from birth) are included in this scope of work.

2. RECOMMENDED ACTION

- 2.1 Note the presentation by Dr Barbara Barrie
- 2.2 To agree to the creating of a working group and comment on the proposed membership of the group.
- 2.3 For the above action plan to be brought back to a future Health and Wellbeing Board

3. BACKGROUND

- 3.1 Members of the board may be aware of the work around End of Life Care nationally. At times controversy has surrounded End of Life Care. The Liverpool Care Pathway, and the exposure from the Daily Mail about how this was applied, and more recently in September 2015 the proposed Bill around Assisted Suicide.

3.2 The approaches to End of Life Care have changed over recent years and there are now some very helpful documents to support good practice in this area. These include:

- 1) One chance to get it right (Leadership alliance for the Care of Dying people)
- 2) Dying without dignity (Parliamentary and Health Service Ombudsman)
- 3) More Care, Less Pathway, A review of the Liverpool Care Pathway (Independent review)

4. NATIONALLY

4.1 In September 2015 the National Palliative and End of Life Care: A national framework for local action 2015 - 2020, was launched.

4.2 The National Palliative and End of Life Care Partnership, is made up of statutory bodies including NHS England, the Association of Directors of Adult Social Care Services, charities and groups representing patients and professional and has developed a framework for action in making palliative and end of life care a priority at a local level.

The national framework sets out six 'ambitions' - principles for how care for those nearing death should be delivered at a local level:

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is coordinated
5. All staff are prepared to care
6. Each community is prepared to help

4.3 This is complimented by a range of other reports which promotes good quality End of Life care.

5. LOCALLY

5.1 It is noted that Readings Re-ablement and intermediate care teams provide high quality End of Life Care, which is not often included in re-ablement services. This provides a good basis on which the whole health and social care system can support high quality End of Life Care.

5.2 At a local level, there is an infrastructure in place to improve how we delivery End of Life Care, which is led by Dr Barbara Barrie, who has a special interest in this area.

5.3 To start this process, Dr Barbara Barrie will be presenting the Health and Wellbeing Board with the key facts and information to raise awareness (see Appendix 1)

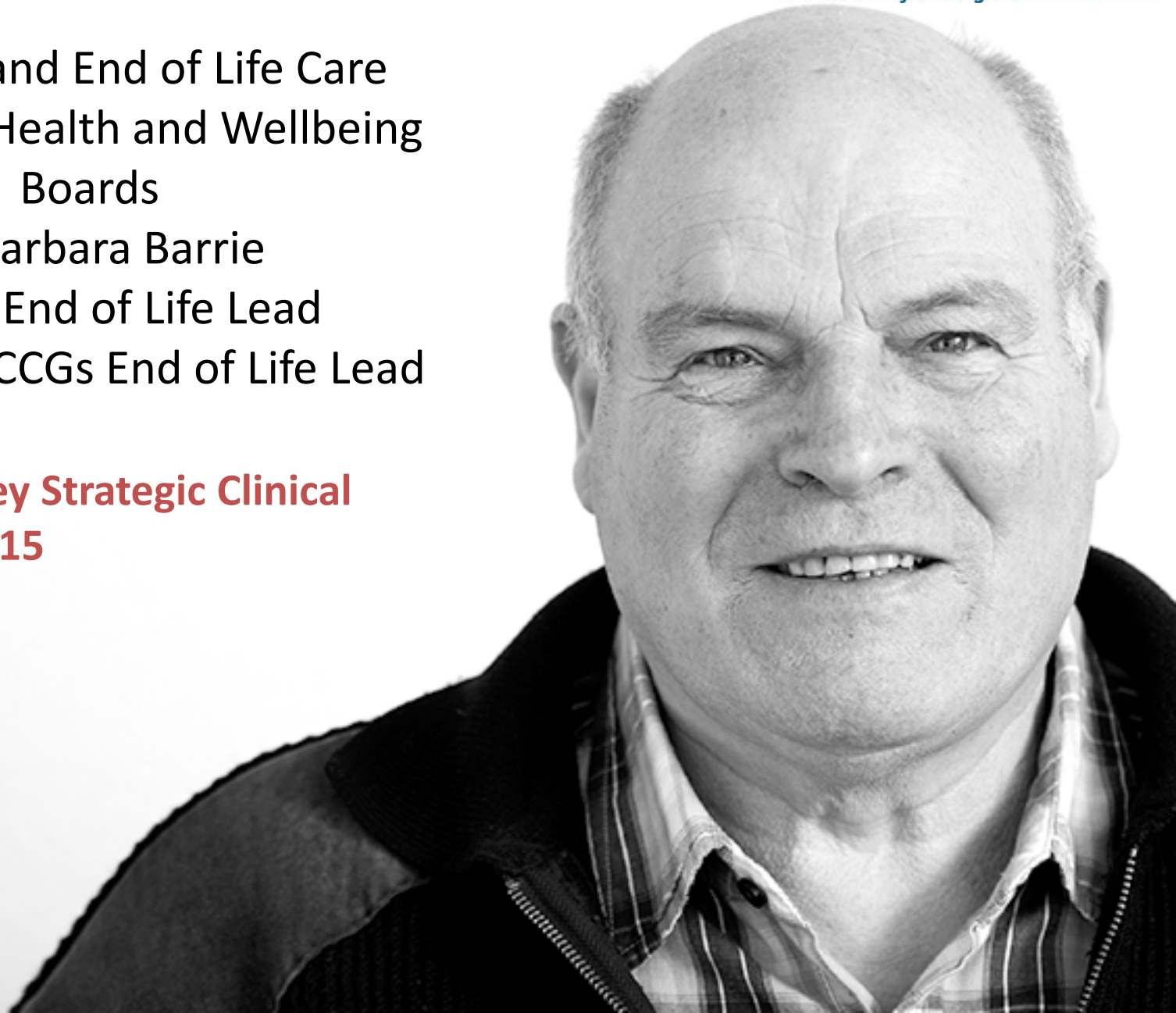
6. PROPOSAL

- 6.1 To create a Reading locality steering group to stocktake local End of Life services, how we communicate this important area of work and to map the local offer within nationally recognised frameworks, namely; Gold Standard Framework, Ambitions for Palliative and End of Life Care: A national framework for local action 2015 - 2020.
- 6.2 The proposed membership of this would include participants from: CCG's, Local Authority officers, BHFT, carer, voluntary sector.
7. CORPORATE AIMS
 - 7.1 Safeguarding and protecting those that are most vulnerable.
 - 7.2 Providing the best life through education, early help and healthy living.
8. FINANCIAL
 - 8.1 There are many routes to receiving palliative and end of life care, and with this a range of funding streams which can prove complicated, including; Continuing Health Care funding, through national and local charities (some supported by national funding), such as MacMillan and Duchess of Kent, and through the Local Authority 'in-house' care provision.
9. BACKGROUND PAPERS
 - 9.1 Once chance to get it right. (Leadership alliance for the Care of Dying people).
 - 9.2 Dying without dignity (Parliamentary and Health Service Ombudsman)
 - 9.3 More Care, Less Pathway, A review of the Liverpool Care Pathway (independent review)
 - 9.4 Ambitions for Palliative and End of Life Care: (A national framework for local action 2015 - 2020). Association of Directors of Adult Social Care Services 2015.

Palliative and End of Life Care
The role of Health and Wellbeing
Boards

Dr Barbara Barrie
TVSCN End of Life Lead
Berks West CCGs End of Life Lead

**Thames Valley Strategic Clinical
Networks 2015**



“Care of the dying is the litmus
test of the NHS....”

**End of Life care is everybody's
business**

Case Study

Organ failure trajectory

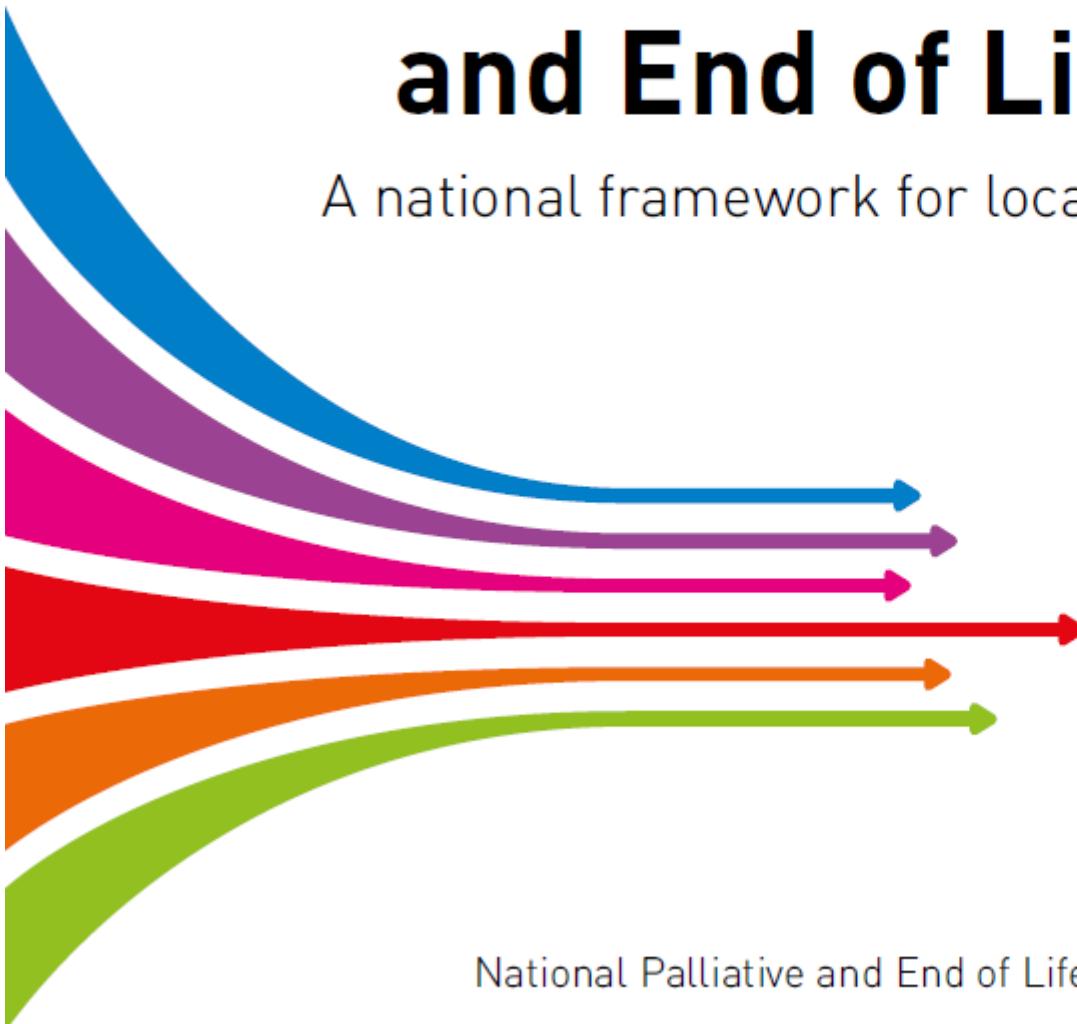


Case study

- Sheila -82yrs old –retired teacher
- Type 2 diabetes, peripheral neuropathy, heart failure
- Housebound, deteriorating vision, care package
- 2 recent hospital admissions-expressed a wish not to go back into hospital
- Advanced care plan completed –DNACPR
- Died at home 4 months later

Ambitions for Palliative and End of Life Care:

A national framework for local action 2015-2020



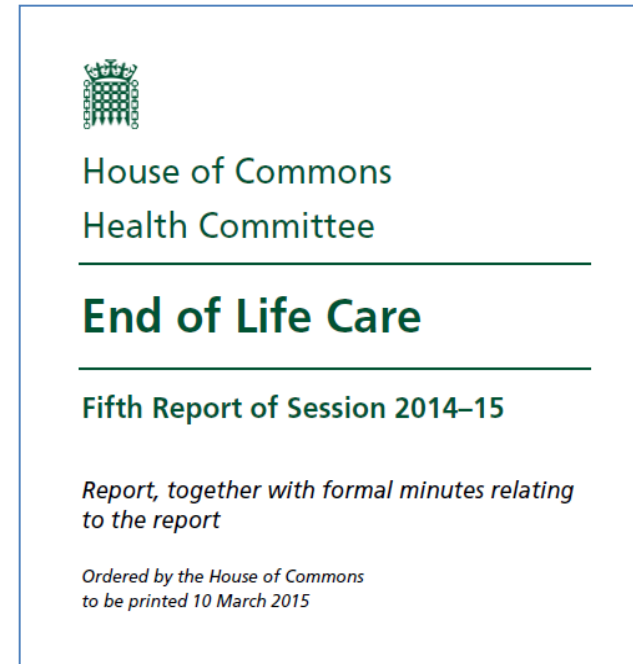
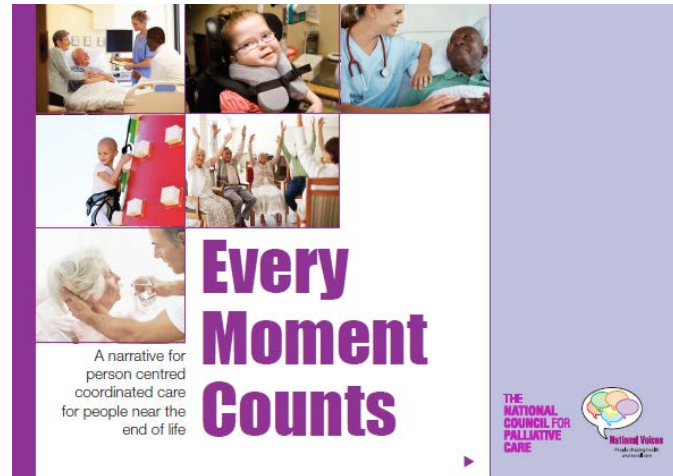
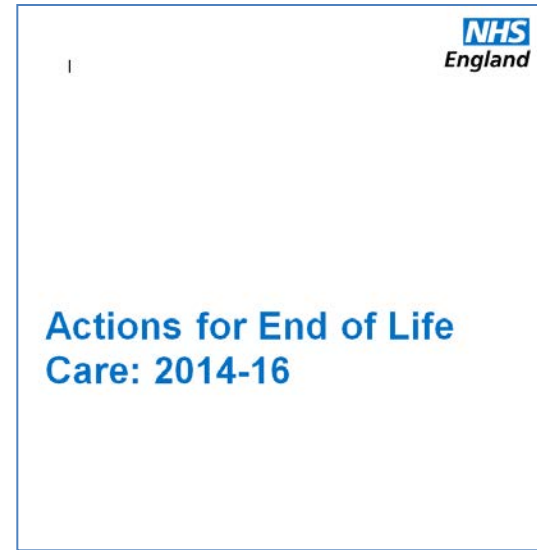
National Palliative and End of Life Care Partnership

Six ambitions to bring that vision about

- 01 Each person is seen as an individual
- 02 Each person gets fair access to care
- 03 Maximising comfort and wellbeing
- 04 Care is coordinated
- 05 All staff are prepared to care
- 06 Each community is prepared to help

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."

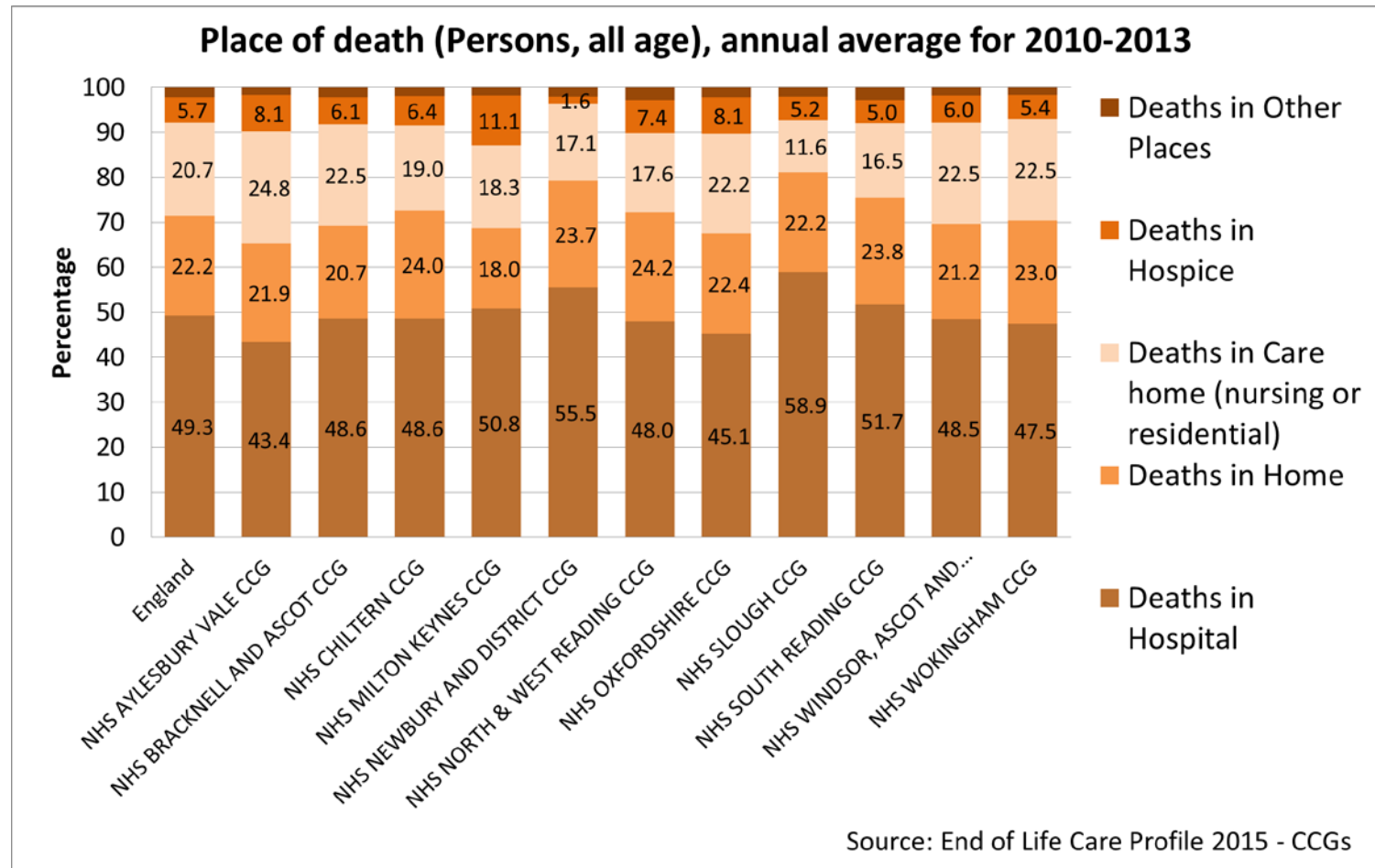




What is a good death?

- 34% of patients ranked “dying in preferred place” as important
- 33% wished to “have as much information as possible”
- 33% wished to be able to “choose who makes decisions about my care”

End of Life Care



A 16% variation in deaths in hospitals exists across Thames Valley

End of Life Care

National Survey of Bereaved People (VOICES) by CCG

Combined data from the 2011 and 2012 VOICES surveys

Session	Overall quality of care	Dignity and Respect		Support for carer and family		
Question	Q51. Overall, and taking all services into account, how would you rate his/her care in the last three months of life?	Q14. Overall, do you feel that the care he/she got from the district and community nurses in the last three months was excellent?	Q19. Overall, do you feel that the care he/she got from the GP in the last three months was excellent?	Q46. Were you or his/her family given enough help and support by the health care team at the actual time of death?1	Q47. After he/she died, did staff deal with you or his/her family in a sensitive manner?	Q49. Looking back over the last three months of his/her life, were you involved in decisions about his/her care as much as you would have wanted?
Answer	Outstanding/Excellent	Excellent	Excellent	Yes, definitely	Yes	I was involved as much as I wanted to be
England	43.21%	78.62% (26,000 respondents)	72.40%	59.76%	93.53%	77.93%
NHS Aylesbury Vale	41.68%	73.33% (n=63)	76.85%	55.32%	94.84%	80.90%
NHS Bracknell and Ascot	46.55%	82.39% (n=21)	73.74%	59.47%	96.14%	74.47%
NHS Chiltern	43.19%	79.08% (n=109)	76.45%	59.78%	94.09%	80.41%
NHS Milton Keynes	38.40%	78.50% (n=73)	69.09%	53.80%	93.12%	76.06%
NHS Newbury and District	44.81%	86.97% (n=37)	79.69%	54.69%	95.75%	81.98%
NHS North & West Reading	48.20%	87.97% (n=47)	68.56%	66.31%	96.34%	89.95%
NHS Oxfordshire	47.09%	80.73% (n=242)	74.99%	59.03%	92.79%	78.88%
NHS Slough	31.93%	55.14% (n=22)	56.52%	52.70%	91.16%	63.95%
NHS South Reading	26.91%	63.01% (n=23)	61.56%	66.92%	91.40%	68.41%
NHS Windsor Ascot and Maidenhead	37.52%	82.66% (n=47)	65.41%	54.44%	92.30%	76.39%
NHS Wokingham	49.08%	80.26% (n=57)	81.93%	59.68%	91.31%	84.67%

Key	Above national average	Below national average
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VOICES - England, 2014 was published on 9th July 2015

<http://www.ons.gov.uk/ons/rel/subnational-health1/national-survey-of-bereaved-people--voices-/2014/stb-voices-2014.html>

**“English Health and Wellbeing
Boards neglect needs of dying
people”**

*National Council for Palliative Care
Sept 2014*

Understanding the case for change

End of life care should be prioritised by Health and Wellbeing Boards because:

- ❖ Every year approximately half a million people die in England. This is expected to rise by 17% by 2030, with a **significant increase in the proportion who are aged over 85 years**.
- ❖ High quality generalist end of life care provided by non specialist health and care staff as core work, is required by all. A proportion of people have complex needs and require specialist palliative care.
- ❖ For at least three quarters of deaths it is not sudden but is expected, **providing opportunity to plan**.
- ❖ In the **last 12 months of life people have on average 3 or more unplanned admissions** to hospital.
- ❖ Nearly 30% of current acute hospital in-patients will die during the next 12 months.
- ❖ It is often inadequately provided for –over 90,000 people a year do not receive the palliative care they need
- ❖ It often lacks proper oversight (various services might be commissioned but no one person looks at coordination, integration and outcomes)
- ❖ There are solutions, and getting it right can save money

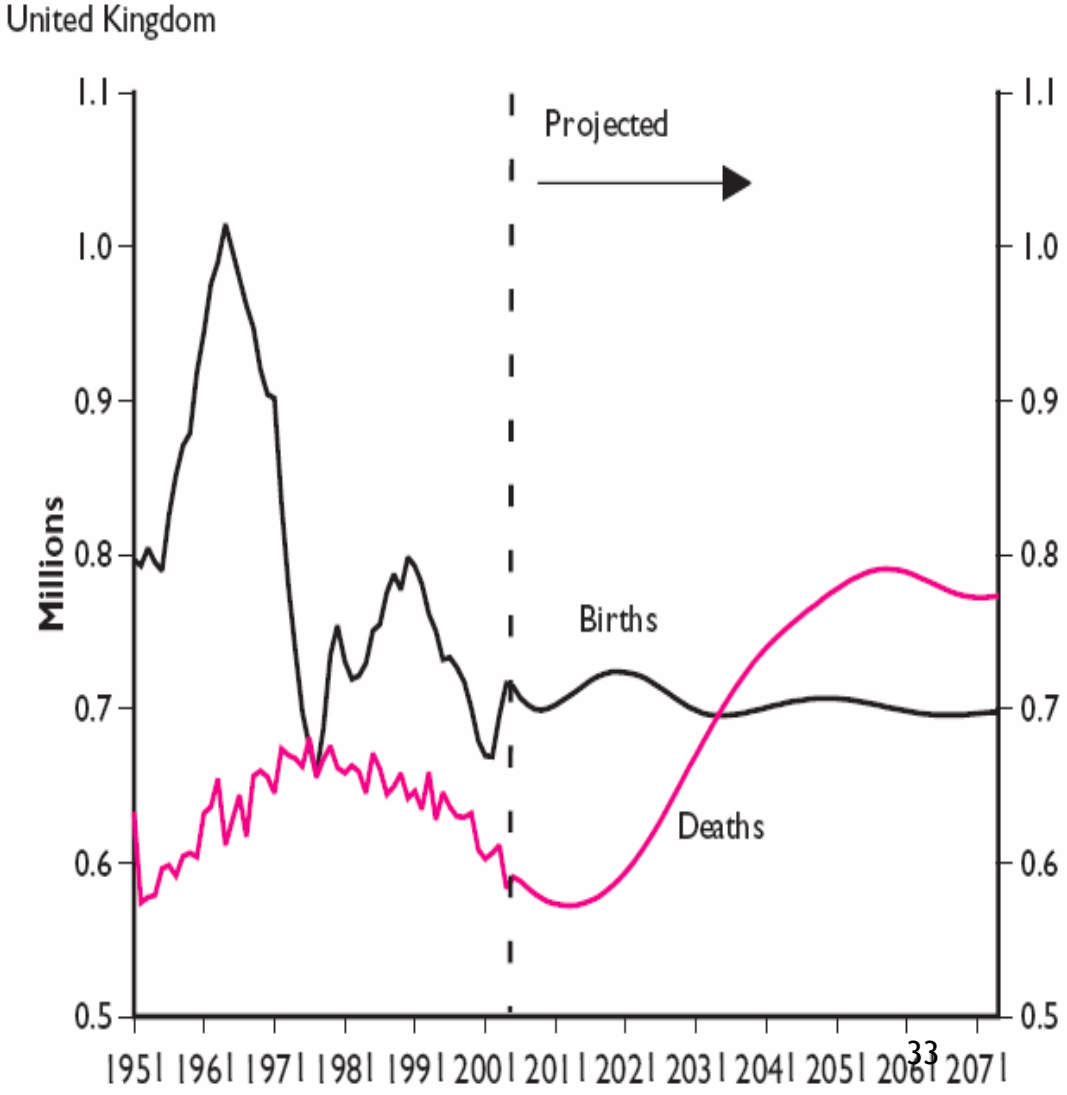
Understanding the case for change

End of Life Care should be prioritised by Health and Wellbeing Boards because:

- ❖ The presence of end of life care in CCG strategies is not consistent across TV.
- ❖ In a review of TV HWB strategies less than half included any reference to end of life care.
- ❖ [End of life care and complaints is a recurring theme in the Ombudsman's Casework. \(“Dying without Dignity”\)](#)
- ❖ Key themes feature again and again in the 12 case studies;
 - poor symptom control
 - poor recognition of dying
 - poor communication
 - inadequate OOH services
 - poor care planning
 - delays in diagnosis and referral
- ❖ ‘With right care and treatment, peoples’ suffering can be avoided or lessened, as can the anguish their relatives and carers experience subsequently.’ (Ombudsman Report)

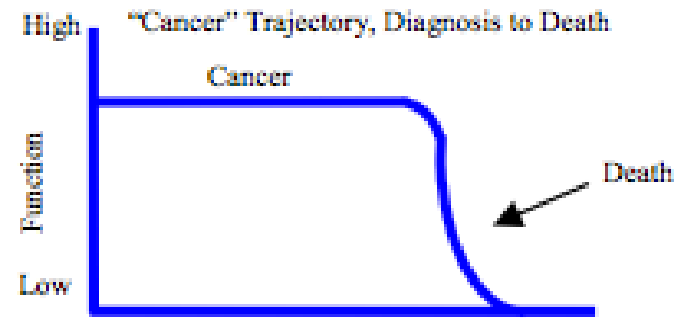
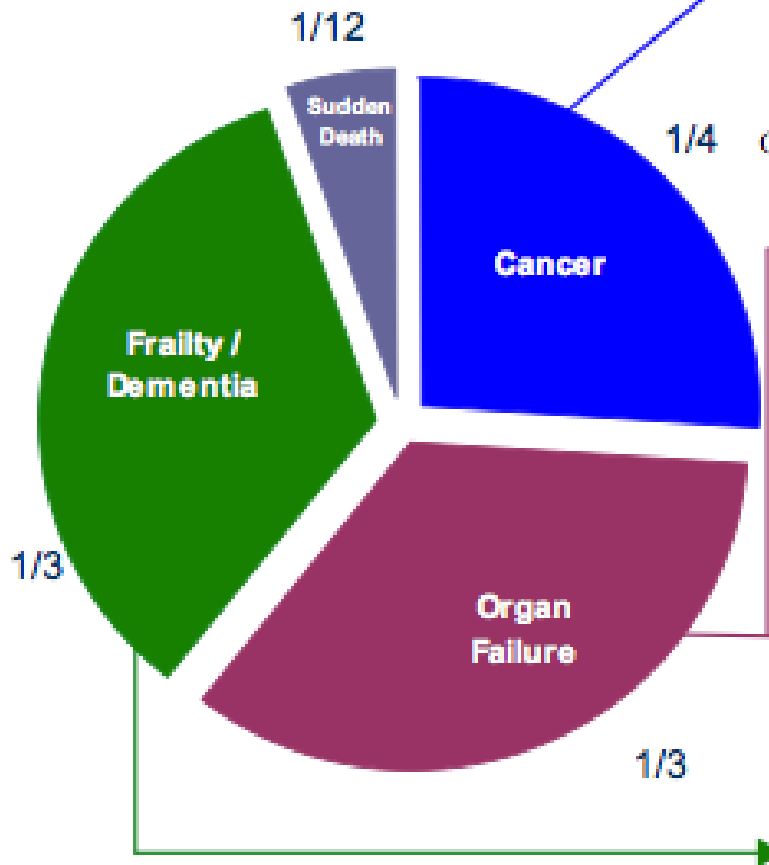
UK projections 1951-2074

Government Actuary Department ,
2004

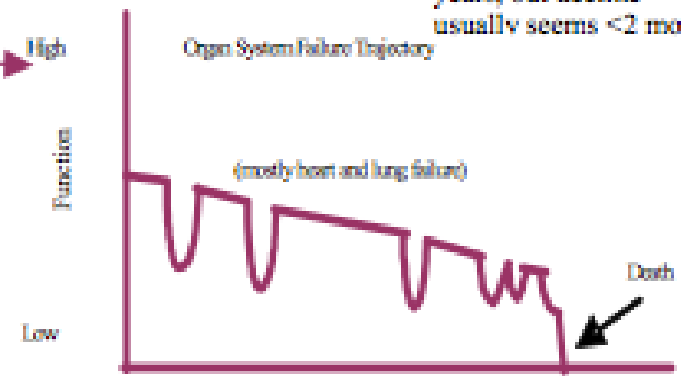


- The population is ageing
- The number who die each year will increase by 17-20% by 2030
- Expensive
 - 15-20% of health care resources are spent on those in the last year of life
 - If current trends continue hospitals will need >20% more beds

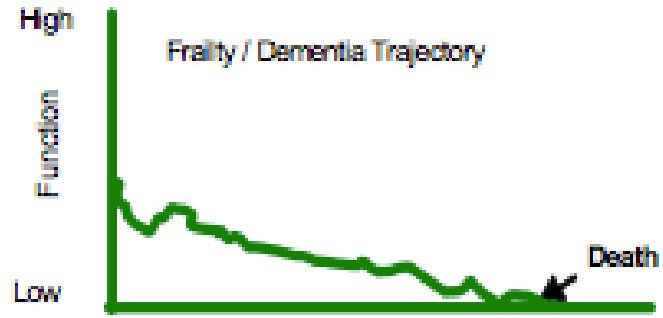
**GP's workload - Average 20 deaths/GP/yr
(approximate proportions)**



Onset of incurable cancer → Time - Often a few years, but decline usually seems <2 months



Begin to use hospital often, self-care becomes difficult → Time ~ 2-5 years, but death usually seems "sudden"

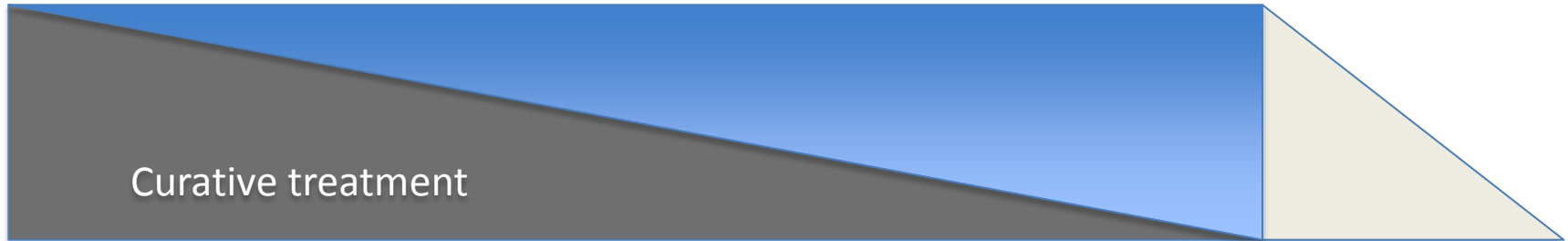


Onset could be deficits in ADL, speech, ambulation → Time ~ quite variable - up to 6-8 years

Early identification 'rectangles to triangles'



Modern concept of palliative care



Bereavement care

Assessing

- **Need** : 0.83% of your population will need end of life care each year. For each person assume one more is caring. Ensure your JSNA includes people approaching end of life and their carers (*NICE modelling tool*, www.endoflifecare-intelligence.org.uk)
- **Commissioning decisions** – has local CCG(s) strategy assessed local end of life care need? Are the right services being commissioned to meet that need ? What is the Local Authority commissioning? (*review the LA performance against 16 indicators at www.endoflifecare-intelligence.org.uk/profiles/la*)

Innovating and Integrating

- **Think broadly**...End of life care is bigger than health. People approaching end of life spend most of their time in the community and have many social care needs. *Does your JHWS include a vision and outcomes for people approaching end of life?*
- **Link** with your End of Life Network –Thames Valley SCN-valuable resource
- **Designate** a member of HWB “End of Life care champion “ to lead on this area
- **Ensure** Board level accountability for End of Life Care –include on Dashboard
- **Check** the CCG(s) strategy for end of life aligns with your strategy

Innovating and integrating

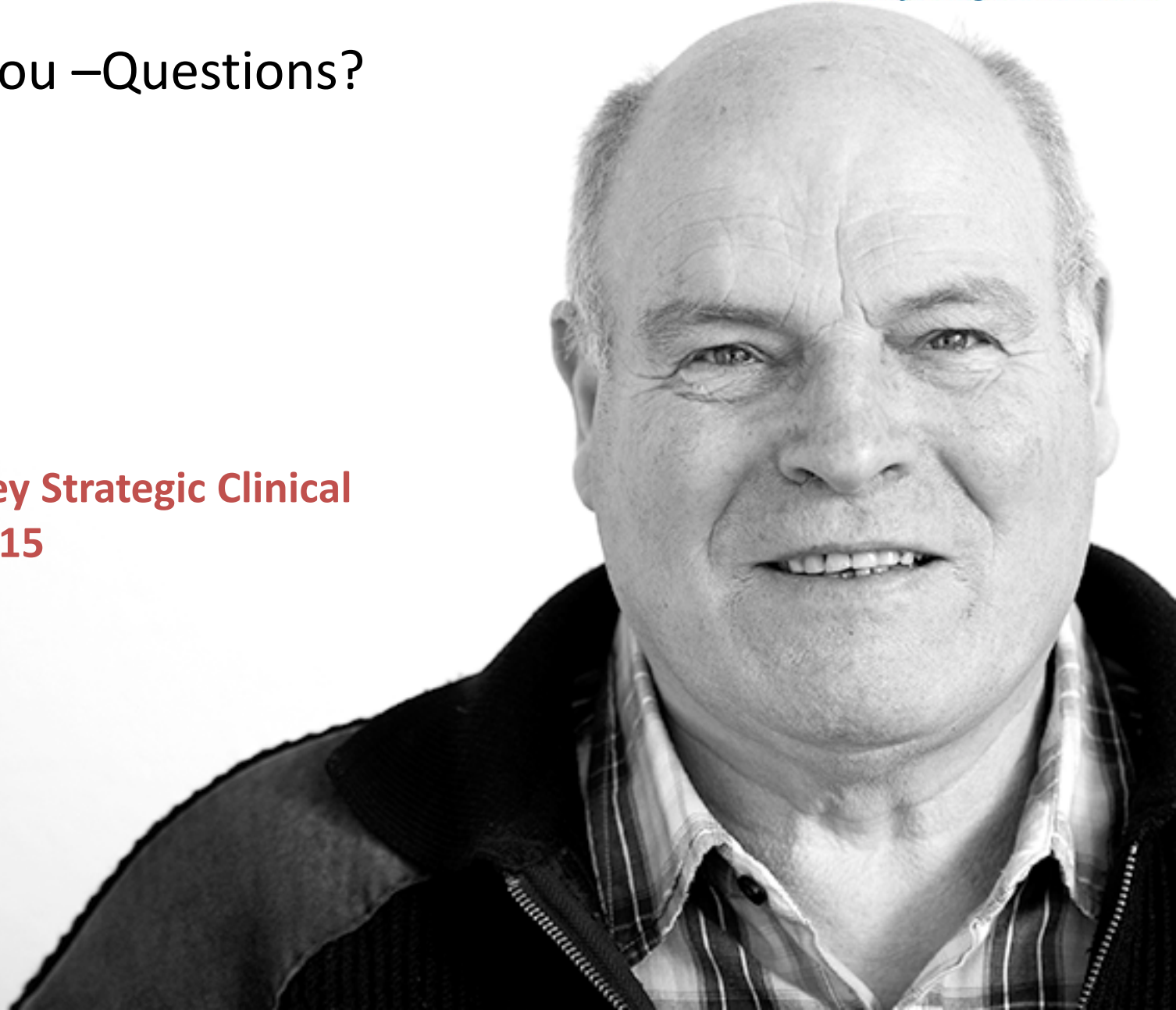
- Are health, social care and housing services integrated?
- Review what local people are saying about integration and coordination of care at end of life
(www.dh.gov.uk/health/2012/07/voices)
- Consider forming a working group/reference group –ask statutory, voluntary, and independent end of life service providers to join. Meaningfully involve people approaching end of life and their carers
- Link this group to CCG EOL Steering group –ensure strong representation
- Consider long-term development of suitable environments for an ageing population to live and die in

**“You matter because you are you,
and you matter to the end of your
life”**

Dame Cicely Saunders (1918 -2005)

Thank you –Questions?

**Thames Valley Strategic Clinical
Networks 2015**



READING BOROUGH COUNCIL
REPORT BY MANAGING DIRECTOR

TO:	HEALTH & WELLBEING BOARD		
DATE:	9th October 2015	AGENDA ITEM:	6
TITLE:	READING'S ARMED FORCES COMMUNITY COVENANT AND ACTION PLAN - MONITORING REPORT		
LEAD COUNCILLOR:	Cllr Lovelock	PORTFOLIO:	Leader of the Council
SERVICE:	Corporate Policy	WARDS:	All
LEAD OFFICER:	Jill Marston	TEL:	0118 937 2699
JOB TITLE:	Senior Policy Officer	E-MAIL:	jill.marston@reading.gov.uk

1.0 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Community Covenant is a voluntary statement of mutual support between a civilian community and its local armed forces community.
- 1.2 Reading's Community Covenant was launched on 7th July 2012 at the Afghanistan Homecoming Parade at Brock Barracks.
- 1.3 This report presents a six monthly update on progress against the actions outlined in the action plan, including a number of health related actions, and on the general development of the Community Covenant.

2.0 RECOMMENDED ACTION

- 2.1 To note the progress against the actions set out in the Armed Forces Community Covenant action plan.

3.0 POLICY CONTEXT

- 3.1 In 2011, the Government published a new Armed Forces Covenant, as a tri-Service document which expresses the enduring, general principles that should govern the relationship between the Nation, the Government and the Armed Forces community.

3.2 The Community Covenant complements the Armed Forces Covenant but enables service providers to go beyond the national commitments. It allows for measures to be put in place at a local level to support the Armed Forces and encourages local communities to develop a relationship with the Service community in their area.

4.0 THE PROPOSAL

Background

4.1 A Community Covenant is a voluntary statement of mutual support between a civilian community and its local armed forces community. It is intended to complement the Armed Forces Covenant, which outlines the moral obligation between the nation, the government and the armed forces, at the local level.

4.2 The aims of the Armed Forces Community Covenant are to:

- encourage local communities to support the armed forces community in their areas
- nurture public understanding and awareness amongst the public of issues affecting the armed forces community
- recognise and remember the sacrifices faced by the armed forces community
- encourage activities which help to integrate the armed forces community into local life
- to encourage the armed forces community to help and support the wider community, whether through participation in events and joint projects, or other forms of engagement

4.3 The Reading Armed Forces Community Covenant was launched at the Afghanistan Homecoming Parade at Brock Barracks on 7th July 2012.

4.4 In addition to the Council, the covenant has been signed by Brigadier Baverstock, Regional Brigade Commander 145 (South) Brigade (now HQ 11 Infantry Brigade), on behalf of the Armed Forces, and a range of other key partners.

4.5 Reading doesn't have a large military 'footprint', with no regular forces stationed in the town. However, Brock Barracks is the headquarters for the Territorial Army unit 7th Battalion The Rifles, and Reading is home to a large ex-Gurkha community. Reading's Community Covenant therefore focuses on Veterans and Reservists and aims to be proportionate in its scope to the size of the Armed Forces community in Reading.

Further development of the Community Covenant and action plan

4.6 The Community Covenant working group with key stakeholders meets on a six monthly basis, the most recent held on 21st July 2015.

4.7 Progress to date against the actions in the action plan is shown in Appendix A. Several of the actions in action plan related to health and wellbeing have now been completed:

- A leaflet on accessing health services has been translated into Nepalese and is being used by SSAFA to run classes.
- A discount scheme for serving personnel (both full time and reservists) for leisure facilities in Reading is in place
- Reading Borough Council website includes key support contacts at <http://beta.reading.gov.uk/communitycovenant>

4.8 7 Rifles are keen to connect with the Health & Wellbeing Board; the Regimental Operations Support Officer is due to attend this meeting, with the Regimental Medical Officer possibly attending in future.

New Community Covenant grant fund

4.9 A new Community Covenant fund has recently been launched, with £10 million available every year.

4.10 The priorities this year are:

1. community integration projects
2. the coordination and delivery of support to the armed forces community
3. projects which address issues facing veterans in the criminal justice system

4.11 There will be 2 application routes:

- small grants for projects requiring up to £20,000 (1 year projects)
- large grants for projects requiring between £20,001 and £500,000 (up to 3 year projects)

4.12 The deadline for the next round of small grants is 17th Dec 2015.

4.13 7 Rifles are interested in applying for funding for a public concert, to be organised by RBC with the band provided by the Armed Forces, under the priority of community integration. 7 Rifles would also like to bid for funding to produce some display boards to install outside of Brock Barracks, showing the history of the Barracks. A bid around mental health services for Veterans is also in development.

4.14 A meeting of organisations working with the ex-Gurkha community took place in February with a view to starting to identify common needs that may be addressed through the Community Covenant fund. It was agreed that a working group meets periodically, organised by the main ex-Gurkha groups in rotation.

5.0 CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The development of an Armed Forces Community Covenant for Reading contributes in particular to the Council's strategic aim to 'promote equality, social inclusion and a safe and healthy environment for all' by working to ensure that both serving and ex-Armed Forces personnel can access appropriate support and are able to integrate well into the community.
- 5.2 This work also relates particularly well to the Sustainable Community Strategy's 'people' theme where 'we look after each other' and the 'prosperity' theme by aiming to ensure that veterans and reservists are not excluded from the economy.

6.0 COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Two of the key aims of the Armed Forces Community Covenant are to:
- encourage local communities to support the armed forces community in their areas
 - encourage the armed forces community to help and support the wider community, whether through participation in events and joint projects, or other forms of engagement

7.0 EQUALITY IMPACT ASSESSMENT

- 7.1 The covenant is intended as a vehicle for partners across Reading to help enable Veterans or Reservists to access health services, particularly mental health services, training and employment opportunities.

8.0 LEGAL IMPLICATIONS

- 8.1 The general power of competence, introduced as part of the Localism Act 2011, replaces the well-being power from February 2012. The Act gives local authorities the power to do anything which an individual generally may do, which they consider is likely to be of benefit (directly or indirectly) to the whole or any part of their area. It therefore gives local authorities the power to do anything they want, so long as it is not prohibited by other legislation.

9.0 FINANCIAL IMPLICATIONS

- 9.1 £30m of central government funding was allocated over four years to 2014/15 to financially support Community Covenant projects at the local level which strengthen the ties or the mutual understanding between members of the armed forces community and the wider community in which they live. Reading has submitted bids in three bidding rounds. £10m per annum has now been made available in

perpetuity from 2015/16 onwards through the new Armed Forces Covenant fund.

10.0 BACKGROUND PAPERS

- 10.1 Armed Forces Community Covenant guidance notes, July 2012,
www.gov.uk/government/publications/community-covenant-pledge
- 10.11 Community Covenant Grant Scheme: terms and conditions,
www.gov.uk/government/collections/covenant-fund

**READING ARMED FORCES COMMUNITY COVENANT
ACTION PLAN SEPT 15**

The Armed Forces Community Covenant's key objectives:

Recognise, Remember, Integrate and Support

Armed Forces community comprises serving personnel (regular and reserves) and their dependants; and veterans and their dependants.

HQ 11 Infantry Brigade Workstrands:

- Health and Wellbeing
- Economy and Skills
- Education, Children and Young People
- Environment and Infrastructure
- Safer & Stronger Communities

Ref	Outcome	Responsibility	Timescale	Progress/ key actions
HEALTH AND WELLBEING - <i>To ensure that the wellbeing of the Armed Forces community is not undermined by the nature of service life</i>				
Recognise: <i>Map and identify veterans status and represent special requirements of Armed Forces community in order to allow NHS to meet needs</i>				
1	Feedback and input to Health and Wellbeing Board	ROSO 7 Rifles	ongoing	7 Rifles (Regimental Operations Support Officer) to attend next meeting on 9 th Oct; Regimental Medical Officer may attend in future
3	Devise protocol for GPs to register Veteran status	Clinical Commissioning Groups	ongoing	GPs currently being encouraged to record status; lead officer in Berkshire West for CCG responsibilities for armed forces commissioning is currently progressing with Reading practices
4	Raise awareness of and signpost to Veteran's mental health service for the South Central region	Covenant partnership/ Armed Forces	ongoing	<ul style="list-style-type: none"> • JCP, SSAFA, RBL promote the service • SSAFA and RBL working with South Central Veterans mental Health Service within current casework

Ref	Outcome	Responsibility	Timescale	Progress/ key actions
		charities/other partners		<ul style="list-style-type: none"> • Veterans Mental Health Service to attend next 7 Rifles 'health fair'
5	Development of a leaflet on accessing health services to be translated into Nepalese	Clinical Commissioning Groups/SSAFA/RBC	Spring 2014	ACHIEVED <ul style="list-style-type: none"> • SSAFA running classes using leaflet
6	Develop and promote a discount scheme for serving personnel (both full time and reservists) for arts and leisure facilities in Reading	RBC/ ROSO 7 Rifles	Promotion ongoing	ACHIEVED <ul style="list-style-type: none"> • Scheme developed and in place for leisure facilities • Delivery of scheme via the Defence Discount Scheme being considered for both arts and leisure facilities
7	Consolidation of appropriate contact/ support lists in order to provide better signposting	ROSO 7 Rifles/ RBC	2014	ACHIEVED Reading Borough Council website includes key support contacts at http://beta.reading.gov.uk/communitycovenant
ECONOMY AND SKILLS - Enhance the economic prosperity of Service personnel (including reservists), their families, and Veterans whilst benefitting the local economy wherever possible				
Integrate: Ensure Armed Forces benefit from ongoing economic development in county				
Support: Facilitate a sustainable pathway for Service leavers into civilian employment				
8	Keep local authorities and business updated on re-structuring of Defence so that they understand the context of Service redundancies	ROSO 7 Rifles	ongoing half yearly	<ul style="list-style-type: none"> • Briefing provided at July 15 working group meeting; 7 Rifles actively recruiting • Employers to be briefed via MOD employer engagement strategy e.g. Sandhurst event in Feb 2015
9	Work with local businesses to encourage employment of Service leavers and reservists	Reading UK CIC/ Jobcentre Plus/	ongoing	<ul style="list-style-type: none"> • Tesco Distribution and Veolia Environmental Services are keen to employ ex-forces personnel • JCP promoting Veterans Interview Programme to employers; promoting relevant employer events; circulating requests from employers for Service leavers

Ref	Outcome	Responsibility	Timescale	Progress/ key actions
				<ul style="list-style-type: none"> • Reading UK CIC collaborating with other local authorities on business lunch at Sandhurst in Feb 2015 • MOD employer engagement strategy to promote to employers the value of employing Reservists • 7 Rifles work with Gravity Personnel to promote the benefits of recruiting Reservists • Plans for UK CIC and Business Improvement District newsletters to promote benefits of employing Reservists
10	Encourage Jobcentre Plus to register Veterans	Jobcentre Plus	ongoing	<p>ACHIEVED</p> <p>Jobcentre Plus systems have been changed and advisors now ask about and record Armed Forces status at the first interview; statistics are now available from the system (JSA claimants only) and initial figures discussed by the working group</p>
11	Promote the Armed Forces (Regular and Reserve) as a career for the residents of Reading, particularly young people Not in Education, Training or Employment	Reading UK CIC/ 7 Rifles/ Jobcentre Plus	ongoing	<ul style="list-style-type: none"> • Almost daily recruiting activities in Oxon, Bucks and Berks in support of Operation Fortify recruiting initiative • JCP advisors kept up to date with Armed Forces vacancies, and promote Army Reserve generally • MOD employer engagement strategy • Armed Forces exhibited at successful job fair in Broad St Mall in June 2015 • Next Reading jobs fair in Oct in Hexagon
12	Support Service leavers, former Armed Forces personnel and reservists to access careers guidance, CV support and interview preparation courses	Jobcentre Plus / New Directions/ other partners	ongoing	<ul style="list-style-type: none"> • Reading University involved in Troops to Teachers programme to train ex-forces personnel as teachers once they leave the Services • SERFCA have set up jobs4reservists website • New Directions offer employability course in partnership with JCP, covering employability and essential IT skills -for Universal Jobmatch/ CV creation • Royal British Legion's CivvyStreet (online resettlement, learning and work service at https://www.civvystreet.org)
13	Defence discount service/ card	Reading UK CIC	2014/15	Article to go in next Business Improvement District newsletter to encourage support from businesses and speaker to be

Ref	Outcome	Responsibility	Timescale	Progress/ key actions
				invited to next BID committee.
14	Promotion of relevant events to businesses/ employers	Reading UK CIC/ROSO 7 Rifles/Jobcentre Plus	ongoing	JCP and Reading UK CIC general promotion of relevant events e.g. Sandhurst business lunch in Feb 2015
15a	Development of Reading Borough Council protocol for employment of Reserve Forces personnel	RBC	March 2014	ACHIEVED Agreed at Personnel Committee March 2014
15b	Promotion of Corporate Covenant scheme	RBC/ Reading UK CIC/ Covenant partnership	ongoing	Article in Feb 2015 edition of Reading UK CIC e-News
<p>EDUCATION, CHILDREN AND YOUNG PEOPLE - <i>Develop a comprehensive understanding of the needs of Service children; remove and negate disadvantage which results from the mobility of Service life. Develop youth opportunities across the community, supporting the Cadet Forces.</i></p>				
<p>Integrate: <i>Promote an understanding of the needs of Service children so that they are not disadvantaged in the state education system</i></p>				
<p>Support: <i>Enable optimal educational opportunity for Service children within the context of the state education system</i></p>				
16	Survey schools to determine numbers of Service family pupils and ensure schools maximise the value of the Service Pupil Premium by encouraging registration and promoting best practice in utilisation of funding	RBC/ Schools in Reading Borough area/ 7 Rifles	annual survey (next due Jan 15)	<ul style="list-style-type: none"> • Latest figures (Jan 15) - 9 service children in Reading schools • Reminder to encourage parents to inform school of Armed Forces status to be sent to schools in first term of academic year 15-16
17	Being sensitive and supportive to the possible emotional and psychological needs of some Service children	RBC/ Schools in Reading Borough area/ 7 Rifles	ongoing	<ul style="list-style-type: none"> • Reminder to encourage parents to inform school of Armed Forces status to be sent to schools in first term of academic year 15-16

Ref	Outcome	Responsibility	Timescale	Progress/ key actions
<p>ENVIRONMENT AND INFRASTRUCTURE - <i>Ensure that the wider Armed Forces' infrastructure requirements (inc Housing) are met in synchronisation with the Defence Infrastructure Organisation (DIO) and cognisant of the requirements of the local community. Where possible, create efficiencies with the local community</i></p>				
<p>Support: <i>Develop a common understanding of infrastructure needs of the Armed Forces community, in order to inform Local Authority planners to optimise provision. This incorporates a common, equitable housing protocol for Veterans within the local area.</i></p>				
18	Develop and implement a plan for the identification of Veterans locating to the Reading area in order to ensure that they are informed and included in relevant initiatives	ROSO 7 Rifles / RBC/ charities	ongoing	<ul style="list-style-type: none"> • Some Veterans claiming JSA can now be identified and support offered • Support, initiatives and opportunities disseminated via charities' existing mechanisms (SSAFA, RBL, Reading Ex-British Gurkha Association, Forgotten British Gurkhas)
19	Ensure Veterans receive equitable treatment in allocation of social housing	RBC	ongoing	<p>ACHIEVED Incorporated into Reading Borough Council's Housing Allocations Scheme</p>
20	Explore options for facility sharing in line with local needs and Defense Infrastructure Organisation plans	PSAO HQ Coy 7 Rifles/ RBC	ongoing	<ul style="list-style-type: none"> • Greater use of Brock Barracks for community purposes agreed and promoted via alternativevenues.org • Promoted to community groups via Reading Voluntary Action newsletter and Reading Borough Council website
<p>SAFER AND STRONGER COMMUNITIES - <i>Develop a stable and robust Armed Forces community which integrates into the wider society, whilst retaining a sense of itself</i></p>				
<p>Integrate: <i>Promote common understanding and closer integration between military and civil communities</i></p>				
21	Ensure that appropriate links are in place between the Local Authority and Armed Forces in order to allow the effective activation of Military Aid to the Civil Community (MACC) in the	RBC/ TM or TM(V) 7 Rifles	ongoing	Civil emergency liaison in place; Armed Forces assistance during flooding events in 2014

Ref	Outcome	Responsibility	Timescale	Progress/ key actions
	event of a civil emergency (e.g. severe weather event) and/ or community projects where manpower is required			
Support: Support civil agencies in their dealings with members of the Armed Forces community, in order to optimise outcomes and use resource more efficiently				
22	Establish and implement domestic violence protocol between Service and Civil Police, agencies and charities to recognise military needs and ensure equitable service	ROSO 7 Rifles	ROSO to advise	ACHIEVED Protocol in place
23	Identify key areas for application of Community Covenant grant funding which will benefit both the civil and Armed Forces communities	RBC/Covenant partnership/ ROSO 7 Rifles	Ongoing	<ul style="list-style-type: none"> • Grant fund promoted on RBC website and via Reading Voluntary Action • Successful bid for £21,730 for 'health weeks' project aimed at raising awareness of health and social care services amongst the ex-Gurkha community, December 2012 • Successful bid for £10,000 for museum centenary project, December 2013 • Meeting with ex-Gurkha groups and organisations working with the Nepali community to discuss issues and needs in Feb 15 • New Covenant grant fund launched Aug 2015, first deadline 17th Sept
24	Encourage organisations and communities to sign up to the Armed Forces Community Covenant	RBC/ Covenant partnership/ ROSO 7 Rifles	Ongoing	Latest signatories include Thames Valley Chamber of Commerce, Reading College and University of Reading

Ref	Outcome	Responsibility	Timescale	Progress/ key actions
RECOGNISE AND REMEMBER - Encourage recognition and remembrance of the unique sacrifices made by Armed Forces personnel in defence of society				
<i>Recognise: Support civil events that allow the community to recognise the Armed Forces</i>				
25	Support the annual Armed Forces Day	PSOA HQ Coy 7 Rifles/RBC	Annual (June)	<ul style="list-style-type: none"> • Armed Forces Day took place 27th June 2015 in Broad St and Forbury Gardens • Reserves Day (wear your uniform to work) took place 25th June
26	Armed forces participation in public events as appropriate	RBC/ PSAO HQ Coy 7 Rifles (PSOA HQ Coy)	ongoing	<p>Numerous recruiting and other community events throughout the year including:</p> <ul style="list-style-type: none"> • 7th June Reading fun run/walk • 4th July Oxford Road fun day • 31st Aug Tilehurst Festival • 30th Sept part time job fair at Reading Uni • 12-16th Oct University of Reading – recruiting stand all week on campus
<i>Remember: Commemorate those members of the Armed Forces who have made the ultimate sacrifice</i>				
27	Plan and conduct remembrance event at Brock Barracks as focal point for annual armistice event in Reading	PSAO HQ Coy 7 Rifles	ongoing	Event held Nov 9 th 2014 in Forbury Gardens.
28	Plan and conduct appropriate event(s) in support of the centenary anniversary of the outbreak of the First World War	RBC/ Adj 7 Rifles/ communities	Aug 2014	<ul style="list-style-type: none"> • Successful bid submitted to Community Covenant Grant Fund by Museum service for funding to support their forthcoming exhibition, 'Reading at War', to mark the centenary of the beginning of the First World War • As part of this work, a poet was commissioned to work with 7 Rifles • Royal British Legion commemoration services on 6th July and 4th Aug 2014 at Reading Minster

Ref	Outcome	Responsibility	Timescale	Progress/ key actions
				<ul style="list-style-type: none"> • Operation Reflect activities including 7 Rifles visits to 5 primary schools • Commemorative paving slabs for home towns of Victoria Cross winners, due to be placed with Trooper Potts VC Memorial • Trooper Potts VC Memorial due to be unveiled on 4th October 2015 outside the Crown Courts in Reading

List of abbreviations

SSAFA – Soldiers, Sailors and Airmen Families Association
 SERFCA – South East Reserve Forces and Cadets Association
 ROSO – Regimental Operations Support Officer
 RBC – Reading borough Council
 NHS – National Health Service
 GPs – General practitioners
 JCP – Jobcentre Plus
 CCGs – Clinical Commissioning Groups
 MOD – Ministry of Defence
 JSA – Job Seekers Allowance
 TBC – to be confirmed
 AF – Armed Forces
 BID – Business Improvement District
 PSAO HQ Coy – Permanent Staff Admin Office HQ Company
 TM or TM(V) – Training Major
 CCRF- Civil Contingency Reaction Force
 CIMIC – Civil Military Corporation
 Adjt - Adjutant

JOINT REPORT FROM SOUTH READING CLINICAL COMMISSIONING GROUP, NORTH &
WEST READING CLINICAL COMMISSIONING GROUP, READING BOROUGH COUNCIL

TO:	HEALTH AND WELLBEING BOARD		
DATE:	9 OCTOBER 2015	AGENDA ITEM:	7
TITLE:	Update status report on comprehensive CAMHS		
LEAD + JOB TITLE:	Gabrielle Alford Director of Joint Commissioning, Berkshire West CCGs Andy Fitton, Acting Head of Early Help and Family Intervention, RBC	TEL:	
		E-MAIL:	Gabrielle.alford@nhs.net andy.fitton@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To provide an update on service development and improvement across the comprehensive CAMHS system.

2. RECOMMENDED ACTION

For the Health and Wellbeing Board

- 2.1 To note the progress made in terms of strategic direction and service improvement.
- 2.2 To delegate responsibility for approving the Reading Transformation plan to Director of Children, Education and Early Help Services, RBC, in consultation with lead members of Children's services and Health.
- 2.3 To replace the attached plan to this report with the final Transformation plan for future reporting on service improvements to the Health and Wellbeing board.

3. POLICY CONTEXT

- 3.1 The report of the government's Children and Young People's Mental Health Taskforce, "Future in mind - promoting, protecting and improving our children and young people's mental health and wellbeing", was launched on 17 March 2015 by Norman Lamb MP, Minister for Care and Support. It provides a broad set of recommendations across comprehensive CAMHS that, if implemented, would facilitate greater access and standards for CAMHS services, promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.
- 3.2 In August 2015, NHS England published guidance on how Local Transformation Plans should be developed, assured and publicised. There is a requirement for

system wide transformation over 5 years with plans signed off by the local Health and Wellbeing Board before additional recurrent funding is released to CCGs.

- 3.3 At the same time, access and waiting time standards for children and young people with Eating Disorders was published. The emphasis is on treatment in the community. The population size required for the recommended specialist Eating Disorder service is commensurate with the Berkshire population. This element of transformation work therefore needs to be developed with Berkshire East CCGs. Additional recurrent funding for 5 years is attached to the Eating Disorders service transformation and the trajectory for change must be incorporated in the wider CAMHS Transformation Plans. Funding for the Eating Disorders work has already been released to CCGs.

4. PROGRESS TO DATE

- 4.1 The JSNA document which describes Child and Adolescent Mental Health Services (CAMHS) is currently been refreshed. An updated final copy will be available in March 2016 to the Health and Wellbeing board and partners by Public Health.
- 4.2 The action plan in Appendix 2 has been updated from April 2015 with current progress. Noted points of progress are highlighted in points 4.3 to 4.15 below.
- 4.3 June 2015 Tier 3 Waiting times performance across Berkshire West (i.e. Reading, Wokingham and West Berkshire Local Authorities) are;
- 4.4 100% of urgent referrals continue to be assessed by tier 3 CAMHS within 24 hours to manage the immediate risks.
- 4.5 53% of Tier 3 CAMHS patients (excluding ASD) waited less than 6 weeks to start their intervention with the service.
- 4.6 11% of Berkshire West CAMHS ASD patients waited less than 12 weeks to start their assessment towards a diagnosis decision with the service.
- 4.7 Currently the longest waits continue to be in the ASD diagnostic pathway which accounts for more than 50% of current waiting list.
- 4.8 Data from the NHS Benchmarking network suggests that referrals and average waiting times for CAMH services have increased year on year since the report was first published in January 2011. Data from the 2013 survey (latest published) gives the median wait time for urgent access to CAMHS as 3 weeks, with the average wait for routine access at 15 weeks. Recent surveys by the National Autistic Society suggest that average waiting times for an ASD assessment are 3.5 years
- 4.9 West of Berkshire has committed an additional £1m recurrently and an additional £0.5M this financial year to BHFT to mainly address waiting times, in response to the Action plan point 1 & 3. BHFT are currently completing an extensive recruitment drive in response to this Investment.

- 4.10 Clear targets have been agreed between the CCG and BHFT linked to this investment. These targets are set to reduce waiting times to:
- 95% of young people on all but the ASD pathway will access their service within 6 weeks by March 2016.
 - 95% of young people on the ASD care pathway will access their service within 12 weeks by March 2016.
- 4.11 All partners agree that these service improvements are needed, but there is recognition that these are challenging targets. In particular the radical improvement in wait times for the ASD pathway will be difficult to meet.
- 4.12 In July 2015 a Children's Trust workshop focused on a partnership response to the Future in Mind document. An excellent session brought out some key partnership learning and commitments that are relevant for the coming months. The main points for the partnership are to:
- Engineer a new model of delivery that tackles access and prevents young people being lost in the system.
 - Invest in our staff and workforce, strengthening the working culture and level of support at all levels of service delivery, but in schools in particular.
 - Build a stronger Early Intervention offer that builds the resilience in children and young people and providing support as early as possible.
 - Include families in the support process as well as include peers and friends in supporting the delivery of services, particularly to help young people feel and think differently about mental health issues, achieving less fear, stigma and discrimination.
- 4.13 Young people and families within Reading continue to play an increasingly active role in developing our service, ensuring their lived experience of their mental health issues, and subsequent experience of CAMHS, plays an influential role within service design, planning and delivery at CAMHS. Our Reading participation groups are consistently well attended by young people, parents/carers and professionals from a variety of voluntary organisations representative of the issues relevant to CAMHS.
- 4.14 Our participation groups and events offer opportunities to develop the ideas put forward by our service users, including work to improve the environment within the CAMHS building, the information available to service users (within leaflets, online, and at CAMHS) and help shape exciting technological advancements to support young people and families (such as our CAMHS App, SHaRON young, and CAMHS Web). Young people and parents also enjoy the opportunity to meet other families experiencing similar difficulties within a supportive environment, as well as unique opportunities for self-development such as our collaborative work with Reading University which enables families to take part in the design and delivery teaching sessions to CAMHS trainees.
- 4.15 Common Point of Entry will be an 8am to 8pm, Monday to Friday service for families from October 2015. Weekend access continues to be through the Royal Berkshire Hospital and the Psychological Medicine service, which is available 24/7.
- 4.16 Berkshire Adolescent Unit is now open as a 7 day, 52 weeks a year unit, supporting a range of very vulnerable young people in the county

5. FUTURE OPPORTUNITIES

- 5.1 With the new national requirement for system wide transformation of emotional and mental health services for children and young people over a 5 year period comes the opportunity to write a local, partnership based long term plan to address and tackle complex and important issues of service improvement in comprehensive CAMHs.
- 5.2 A first draft of the plans must be submitted by 18 September 2015. Following this feedback will be provided by the regional team on the plans so that a final version can be submitted by 16 October 2015.
- 5.3 Plans must be signed off by the Health and Wellbeing Board as part of the assurance process. The CCG and RBC recommend that the final Transformation plan replaces the short term plan attached to this report for future reporting on service improvements to the Health and Wellbeing board. Once the plan has been assured by the regional team, additional funding will be released to the CCG, which is broken down as follows;
 - North and West Reading £138,460
 - South Reading £151,892
 - Wokingham £188,994
 - Newbury and District £145,265
- 5.4 Reading Borough Council has the opportunity to commission School Nursing and Health Visiting to support integrated pathways, universal prevention services and early identification for support. This continues to be explored with Public Health colleagues. Berkshire Healthcare Trust are also working to integrate the range of children's services they provide, which offers opportunities to support earlier identification, prevention and intervention support.

6. NEXT STEPS

- 6.1 To continue implement key areas in the current action.
- 6.2 To complete the Transformation plan and submit this to NHS England
- 6.3 Begin implementation of the new Transformation plan and report back to future Health and Wellbeing board meetings as required.

7. COMMUNITY ENGAGEMENT AND INFORMATION

- 7.1 A significant engagement exercise was undertaken in early 2014. There will be future consultation planned with service users as part of the Transformation plan process.
- 7.2 It is crucial to build on the July 2015 Children's Trust workshop, creating further discussion opportunities with Schools, GPs and voluntary sector partners already working in our communities.

8. BACKGROUND PAPERS

- 8.1 Future in Mind paper;

<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

8.2 Transformation plan guidance;

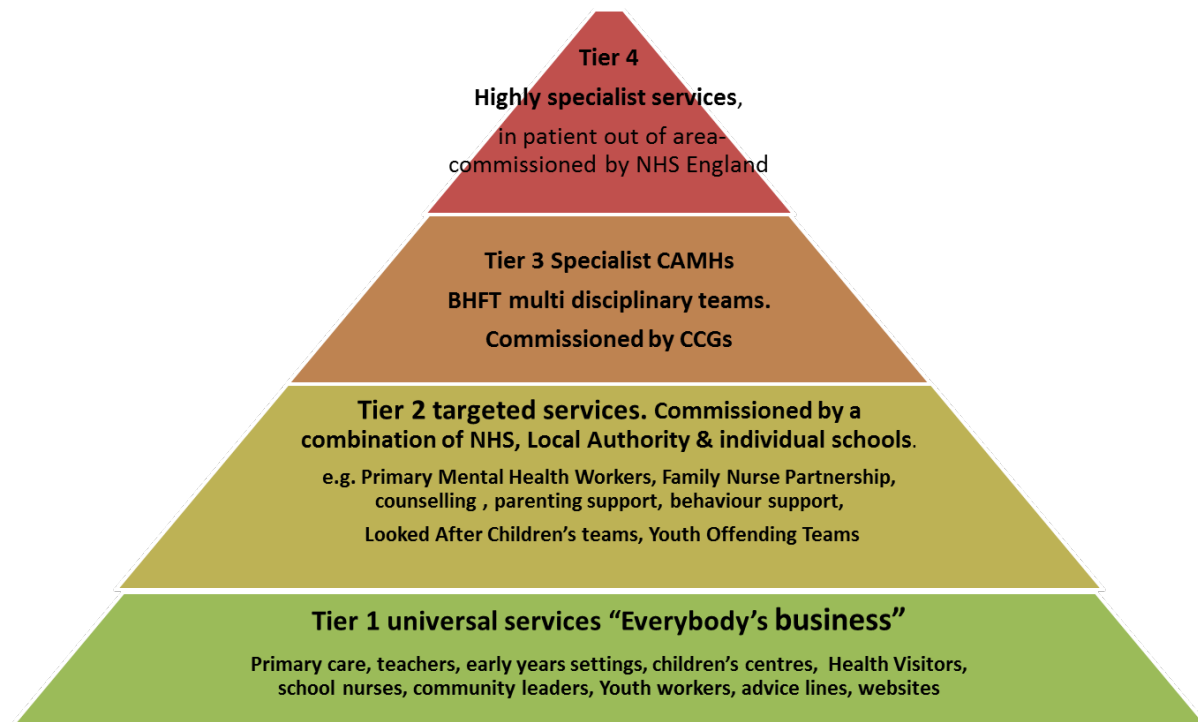
<http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>

Appendix 1 - Acronyms used in the report

Acronym	Full description
CAMHS	Child and Adolescent Mental Health Service
CCGs	Clinical Commissioning Group
JSNA	Joint Strategic Needs Assessment
ASD	Autistic Spectrum Disorder
BHFT	Berkshire Healthcare Foundation Trust
CATs	Children's Action Team
CPE	Common Point of Entry for BHFT
EHWB	Emotional Health Wellbeing
LSCB	Local Safeguarding Children's Board
DoH	Department of Health
HV	Health Visitor
YOS	Youth Offending Service
ADHD	Attention Deficit Hyperactivity Disorder
RBH	Royal Berkshire Hospital
ELSA	Emotional Literacy Support Assistants
PMHW	Primary Mental Health Workers

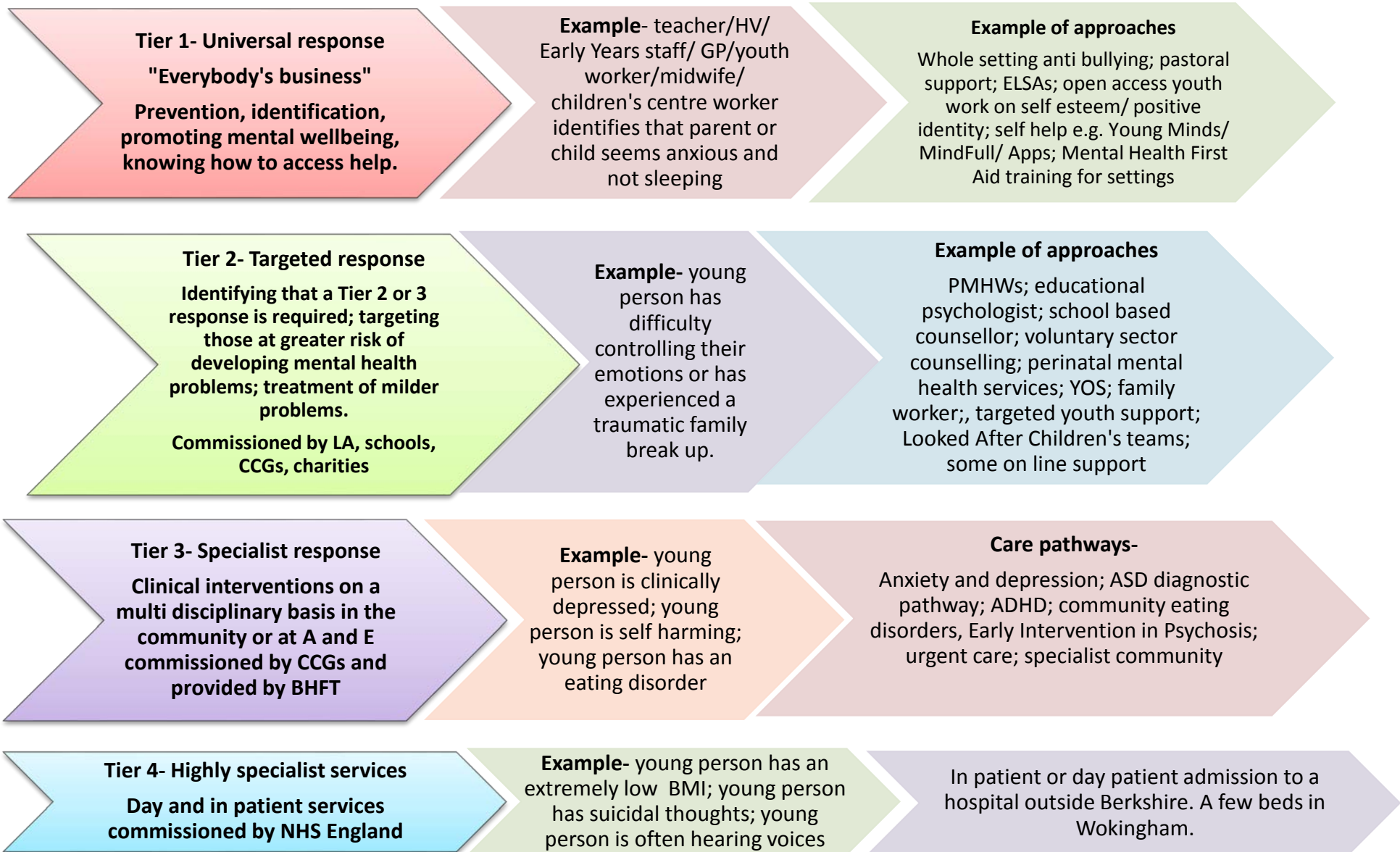
Appendix 2

How emotional health and wellbeing/ CAMHs services are commissioned in Berkshire



A "good" CAMHs service has timely, effective and efficient integrated working across Tiers (and therefore agencies) - reference Joint Commissioning Panel for Mental Health 2013 www.jcpmh.info. This means that children, young people and families should be able to access emotional health and wellbeing support in early year's settings, voluntary sector, schools, the community and primary care before needs escalate to Tiers 3 or 4.

Appendix 3: Comprehensive Mental Health service provision for children and young people in Reading



Appendix 4 - Reading Action plan to improve Comprehensive CAMHs service delivery - Oct 2015 update

NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN – OCTOBER 2015
1	Reduce waiting times for help and increase resources to meet the increased demand.	Berkshire West CCGs have secured additional winter resilience funding from NHS England for 2014/15 to provide enhanced CAMHs help that reduces the number of young people whose needs escalate to crisis point.	CCGs	Now complete – will remove from plan	<ul style="list-style-type: none"> Winter resilience work completed. Key learning is the need to improve urgent care and crisis response lead to CPE going live in October with 8 to 8 opening hours, Monday to Friday and the Short Term care team in place to tackle urgent care needs of children on the waitlist.
		Redesign the CAMHs care pathway so that more help and advice is available at an earlier stage, meaning that fewer children and young people will a service from specialist CAMHs.	Local Authority (children's services), LA (Public Health), CCGs, BHFT	Dec 2015	<ul style="list-style-type: none"> Have reviewed work in Slough and considered use in Reading. Applied, but unsuccessful with bid to DoH for money to improve work with schools. Not enough progress but focus on Transformation Plan has overtaken this action and will a central aspect of the service improvement ahead.
		Consideration of business case to increase investment into Tier 3 CAMHs.	BHFT and CCGs	Now complete – will remove from plan	<ul style="list-style-type: none"> Business case approved and additional £1m recurrently and £0.5m non-recurrent funding allocated
		Work with schools, children's services voluntary sector and CAMHs to develop a more integrated approach to accessing help when ASD is suspected or diagnosed. Access to help should be based on the child's needs not just the presence/ absence of a diagnosis.	Local Authority (children's services), CCGs, BHFT, schools	March 2016	<ul style="list-style-type: none"> Key focus in Transformation Plan has overtaken this action and will a central aspect of the service improvement ahead. Element of initial scoping between BHFT and VCS to look at support to families. Workshops now in place for families referred for assessment Within BHFT initial work has started to integrate physical and mental health pathways for children.
2	Increase Tier 2 provision, to ensure	To discuss how existing and new resources and services at Tier 2 become a shared Early Help	Local Authority (children's	Now complete –	<ul style="list-style-type: none"> Children Trust workshop help in July 15 on this topic

	timely 'early intervention', reducing escalation of mental health problems and reducing the need for specialist Tier 3 and 4 services.	responsibility across the LSCB partnership.	services)	will remove from plan	<ul style="list-style-type: none"> Key focus in Transformation Plan has overtaken this action and will a central aspect of the service improvement ahead
		Pilot and research studies are underway to <ul style="list-style-type: none"> evaluate online (Young SHaRON/online counselling), telephone and face to face support. A CAMHS app to be finalised following engagement with service users. Identify and support women with perinatal and postnatal mental health issues earlier. Develop the workforce, including GPs, Early Years, schools, children's centre staff, school nurses, youth workers 	BHFT and CCGs Local Authority (Public Health) LA (Public Health) with CCGs	Now complete – will remove from plan June 2015 March 2016 March 2016	<ul style="list-style-type: none"> Young SHARON will be released in Autumn 2015 CAMHS App continues to being trailed in 3 Slough and co work with National provider not concluded. Service mapping complete. Training offer being piloted. Consultation with families started. Training continues from CATs and BHFT has begun roll out of PPEPCare training for GP surgeries (60 participants)
3	Free CAMHS staff to work more collaboratively with partner agencies.	Consideration of business case to increase investment into Tier 3 CAMHS to enable this to happen.	BHFT and CCGs	Now complete – will remove from plan	<ul style="list-style-type: none"> Investment agreed, see point 1 above. Recruitment drive underway in BHFT to clear waitlists as this is the first priority. More collaboration will be enabled later.
t4	Improve support in schools.	A pilot project on school based management of ADHD.	BHFT and LA (children's services)	Dec 2015	<ul style="list-style-type: none"> Pilot paused in single school in Reading and project is being redesigned in light of learning from pilot and is anticipated to restart early in 2016 dependant on staff recruitment.
		Offer schools a package of support, supervision and training to enhance the current Emotional Literacy Support Assistant (ELSA) role in schools.	LA (children's services)	Now complete – will remove from plan	<ul style="list-style-type: none"> Package of support is on school websites for schools to purchase range of support including formal supervision, training for new and existing ELSAs

		To provide regular training opportunities for school staff in the general field of mental health as well as specific topics such as self-harm or anxiety.	LA (children's services) LA (Public Health) BHFT	March 2016	<ul style="list-style-type: none"> • Training is taking place on an ongoing basis from the CATs • Two schools have invested in whole school Emotional First Aid training. More planned. • PEPP Care training has been offered to GPs, in July 2015.
5	Provide more detailed information about services and how to access them.	Make sure that up to date information is on key websites including the local offer.	LA (children's services) LA (Public Health) BHFT CCGs	Now complete – will remove from plan	<ul style="list-style-type: none"> • Reading local offer website has up to date information on community, LA and health Emotional and Mental Health services. • BHFT have launched a new CAMHS website and work on the website continues
		Following engagement with service users, BHFT to update information, resources and the website.	BHFT	Now complete – will remove from plan	<ul style="list-style-type: none"> • Engagement with service users to develop website and resources completed and used in website improvements. Engagement continues that feeds website improvements.
6	Deliver improved communications and administration.	<p>Engage with service users and their families to find out what they want to know about the service</p> <ul style="list-style-type: none"> • Service leaflet on what to expect from BHFT CAMHS. • Review service letters to be clear on wait times and service offer. • Improve website, add a section called "Our service". Site to be available as an App for smart phones and tablets • Improve information in waiting areas. • Text reminder system to be set up. • Implement online tool "CAMHS web" which will facilitate shared decision making with young people- they will be able to access their own care plans which they have jointly agreed and developed with their clinician using tablets and smart phones. This will facilitate the self-reporting of outcomes. 	BHFT	All now complete – will remove from plan	<ul style="list-style-type: none"> • Our service users have helped us to develop a set of seven information sheets about our service. This focuses on pre-referral information sheet, information on what to expect at CAMHS, and information about each pathway • Transparent information about our waiting times, the reasons for these, and the steps we are taking to reduce them is now available online. Our administration/reception team have been briefed on the information that service users have informed us is most helpful to them when they make telephone calls to CAMHS. • CAMHS web, an online portal for service users, is now being introduced across the service allowing young people to access tools to enhance therapeutic communication, disclosure and collaborative practice. The tools also provide a self-help

					element. We are the first CAMHS service to introduce these tools across the entire service
7	Improve the environment where CYP are seen or are waiting including more privacy for confidential conversations and availability of toys	<p>Service users suggestions to improve clinical spaces and waiting rooms are</p> <ul style="list-style-type: none"> • Artwork, produced by service users, to be displayed throughout CAMHS buildings. • Positive and inspiring messages within CAMHS buildings. • Uplifting posters. • Access to helpful and reliable information on the issues they are experiencing within the waiting areas. • Fidget toys and stress balls as distraction aids. • A selection of up-to-date magazines. • Annuals and other books to 'dip into' whilst they are waiting for their appointment. • Less "gloomy" information and publicity on issues that are not directly related to young people's mental health. 	BHFT	All actions now complete – will remove from plan	<ul style="list-style-type: none"> • Participation group have generated many pieces of artwork depicting positive and uplifting messages and images that they feel are helpful to other service users. • The artwork, which takes the form of painted canvasses, mounted quotes and other decorative features, is now on display at Reading CAMHS. The group have also begun to develop smaller (A5) pieces that will be used to populate an attractive tree stencil which they have selected for the corridor area of Reading CAMHS. • We have worked with our service users to decide which information/publicity about other issues and services they find most helpful. • Service users have helped us make decisions about the mental health information they would like to see within our waiting areas. There is now a folder of information sheets covering all of the issues that are treated at CAMHS in formats, aimed at both young people and parents, within all of our CAMHS localities.
8	Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).	To discuss how existing and new resources and services that support children with ASD and ADHD can be better coordinated across the LSCB partnership.	Local Authority (children's services) CCG BHFT	March 2016	<ul style="list-style-type: none"> • CCG have awarded grants to voluntary sector organisations who support young people with ASD namely Berkshire Autistic Society ASD Family Help (predominantly Wokingham families), Children on the Autistic Spectrum, Young People's Project (CATSYPP), Parenting Special Children & Reading Mencap • Will be a focus in Transformation Plan has overtaken this action and will a central aspect of the service improvement ahead

9	Provide better access to services in a crisis and out of hours.	Secure additional resources to extend the availability of CAMHs help in a crisis into the evening and over weekends and Bank Holidays.	CCGs	March 2016	<ul style="list-style-type: none"> CPE from Oct 15 will be operating an 8 to 8 service through the week. Short term care team established to support children on the waitlist that need urgent immediate support, likely to be 3 interventions Evening and weekend access continues to be through the RBH. CAMHs on call consultant available out of hours
		Secure staff to be able to offer this service.	BHFT	March 2016	<ul style="list-style-type: none"> See above as update the same.
		Evaluate effectiveness of the service with a view to mainstreaming this with recurrent funds.	BHFT and CCG	March 2016	<ul style="list-style-type: none"> This needs to be completed now by March 2016 to enable an effective evaluation.
		Enhance the Early Intervention in Psychosis service for young people.	BHFT	Now complete – will remove from plan	<ul style="list-style-type: none"> Service now in place
		Evaluate the new Psychological Medicines Service for teenagers aged 16+ that has opened at Royal Berkshire Hospital (RBH), providing rapid response mental health assessments for people who are being treated for physical conditions.	BHFT with RBH	March 2016	<ul style="list-style-type: none"> Still to do.
		CCGs are working with the police, ambulance service, Local Authorities, Public Health, hospitals, Drug and Alcohol Teams and BHFT to develop and implement the action plan as part of the Crisis Care Concordat.	BHFT CCG LA SCAS Police RBH	Now complete – will remove from plan	<ul style="list-style-type: none"> Crisis Care Concordat Declaration was signed off Dec 2014 Action plan published and regular review of work begin. Street and ambulance triage service in place. Initial learning is that this work has enabled more rapid assessment when child presenting at A&E; that children are being discharged quicker appropriately and improved confidence across RBH staff in mental. See above as same update
10	Provide a local 24/7 inpatient service for those CYP with the	To increase opening hours of the Berkshire Adolescent Unit from 4 nights per week to 7 nights per week	NHS England BHFT	Dec 2015	<ul style="list-style-type: none"> Berkshire Adolescent unit is now a 24 hours a day, 7 days a week, for 52 weeks a year service for vulnerable young people from

	most complex needs.				the county.
		To increase the number of Tier 4 beds available in Berkshire	NHS England BHFT	March 2017	<ul style="list-style-type: none"> • Still waiting for National review of needs of beds/ unit is concluded. • Eating disorder service improvement begun across Berkshire to meet time, access and waiting time standards for children and young people with Eating Disorders. Due to size of population affected a specialist Eating Disorder service has been recommended for the county.

JOINT REPORT FROM READING BOROUGH COUNCIL, SOUTH READING CLINICAL COMMISSIONING GROUP, NORTH & WEST READING CLINICAL COMMISSIONING GROUP, BERKSHIRE HEALTHCARE FOUNDATION TRUST and ROYAL BERKSHIRE HOSPITAL

TO:	HEALTH AND WELLBEING BOARD		
DATE:	9 Oct 2015	AGENDA ITEM:	8
TITLE:	UPDATE ON JOINT WORKING TO SUPPORT CHILDREN & FAMILIES		
LEAD:	CLLR JAN GAVIN	TEL:	
JOB TITLE:	LEAD COUNCILLOR FOR CHILDREN'S SERVICES & FAMILIES	E-MAIL:	jan.gavin@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 In September 2013, a report to the Health & Wellbeing Board set out the opportunities identified across the Council's Children's Services and Public Health teams, the two Clinical Commissioning Groups and local health services to strengthen joint working to improve health outcomes for children and families.
- 1.2 The Board agreed to set up a sub-group to progress the opportunities and to report regularly. The most recent report was in Jan 2015 giving an update on the revised Action Plan (Sept 2014) agreed by the sub-group is attached as Appendix A.

2. RECOMMENDED ACTION

- 2.1 To note the progress made against the sub groups three key themes in its action plan.
- 2.2 To agree for the sub-group to end as a task and finish group.

3. POLICY CONTEXT

- 3.1 A number of national policy and guidance documents (such as the Department of Health's 'Healthy Child Programme', the government's 'Working Together to Safeguard Children' guidance, and the NHS Outcomes Framework) recommend local agencies working together in an integrated way to better support health outcomes for children.
- 3.2 Locally, the sub-group's work also aligns with Reading's Health & Wellbeing Strategy, particularly Goal Two - "Increase the focus on early years and the whole family to help reduce health inequalities" - and Goal One - to "promote and protect the health of all communities particularly those disadvantaged".
- 3.3 Reading's Early Help Strategy was published in November 2013, broadly covering the range of services supporting children and families below the threshold of Children's Social Care or very specialist interventions. The sub-group's work

supports the delivery of a number of key actions identified within the Strategy to support health priorities - for example, increasing breastfeeding support.

4. PROGRESS TO DATE

- 4.1 Following the Board's approval, regular meetings have been held. Membership includes Reading Borough Council (both Public Health and Children's Services), South and North & West Reading CCG's, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital (Senior Children's Nurse)
- 4.2 The group has reviewed, revised and streamlined its Action Plan. The action plan now has 3 key themes;
 - Theme 1 - Improved Access and knowledge of family services (across both Health and RBC)
 - Theme 2 - Education opportunities and Support for Families
 - Theme 3 - Increasing our quality and impact in specific areas (supporting breastfeeding, uptake of immunisations/ reducing Post Natal Depression (PND)/ reducing obesity
- 4.3 Progress to date against the Plan is set out below under the three themes below (point 4.4 onwards).

Theme One - Improved Access and knowledge of family services (across both Health and RBC)

- 4.4 A pilot scheme set up across South and East CCG, RBC and Berkshire Healthcare Foundation Trust (BHFT) has been set up to provide a single referral route for local GPs to contact their local Children's Centre. There continues to be a lack of GP engagement with the pathway but it is acknowledged that a change in GP practice can take time. Both CCGs along with Children's Services, RBC, are committed to find a solution to this issue. The partnership is formed and we are proposing that this piece of work continues to be discussed at the Strategic Children's Centre quarterly meeting.
- 4.5 Another event is being sought, by the Public Health team to continue the children's health messages aiming at improving dental health, breastfeeding rates as well as obesity rates.

Theme Two - Education opportunities and Support for Families

- 4.6 CCG and Public Health funding has paid for a project manager to bring momentum to 2 actions from the plan. Firstly establishing 'Health education sessions' in and around our Children's Centres. Currently these are not as well developed but the project manager will be prioritising this in the coming months. This will focus on developing ideas and testing them with Health visiting, Speech and Language and Children's Centre colleagues. This item can be monitored through the Children's Centre Strategic group.

Theme Three - Increasing our quality and impact in specific areas (supporting breastfeeding, uptake of immunisations/ reducing PND/ reducing obesity). The action plan identifies the following aims:

- 4.7 Public Health are already starting to coordinate work between key partners (Breastfeeding network, Children's Centres, Health visitors and Midwives) to look closely at data and explore how to improve breastfeeding rates in particular areas e.g. South Reading.
- 4.8 Significant progress is being made with the peri-natal mental health action on our plan. The recently appointed project manager has researched and will be piloting training of staff to improve workforce confidence in this area. Mapping of current available services is complete, identifying gaps in provision which has led to a pilot partnership project with Home Start being tested. Finally a family consultation on this issue has begun which will inform delivery model and approaches for a range of services going forward. Peri-natal mental health is part of the CAMHs transformation plan which will enable this project results be discussed with key partners.
- 4.9 Reading, alongside other places in the UK are experiencing a rise in childhood obesity and the sub group is now confident that the Health & Wellbeing board in receiving the 3 key issues for children report at the same meeting is taking this issue seriously. Our group has not made significant progress in this area and would recommend to the board that within the overall Obesity strategy that a set of partnership actions are put in place that are specific to children. The partners at the sub group would fully support coordinated action with full participation as asked.
- 4.10 In addition to the actions above partners led by Public Health have been exploring how to work with Schools on identifying and responding to students health issues, by piloting ideas with JMA . A key learning is the need to build the confidence of the school workforce in key areas of children's emotional and mental health. As a result PMHW led training has been organised to be delivered to a large group of JMA staff by December 2015.

5. FUTURE OPPORTUNITIES

- 5.1 While making progress on a number of actions over the last 18 - 24 months, the sub-group has recognised that the task and finish approach of the group has come to an end. It has reached this conclusion based on a two key factors.
- 5.2 Firstly, stronger professional relationships have formed between partners and all recognise that children's health improvements are important going forward. In many respects this is the sub group's most significant achievement, cementing the ability for partners to coordinate and work more closely together without the need of a specific plan.
- 5.3 Secondly there are other places, most notably Children's Centre Strategic group, where Health colleagues have already agreed to join, and the emerging CAMHs Transformation plan that are partnership meetings & processes that will monitor key issues and projects that this sub group have been sponsoring. This will continue to build on the productive working relationships that have been developed through the sub-group.

6. NEXT STEPS

6.1 It is proposed that the sub-group now stops and is recognised for being a successful task and finish group.

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 The group's work has been informed by a number of consultations with children, young people, parents and carers. This includes the consultations completed on the Health and Wellbeing Strategy and the Early Help Strategy, as well as the 'Listening into Action' work by Berkshire Healthcare Foundation Trust to understand the views of parents about health visitors and other services.

8. BACKGROUND PAPERS

8.1 'Joint Working Opportunities to Support Children & Families Across Health And Children's Centres' - reports to the Health & Wellbeing Board, 20th September 2013 & 21st March 2014 & 24th March 2015.

8.2 Reading's Early Help Strategy 2013-16

8.3 Reading's Health and Wellbeing Strategy 2013-16

8.4 Healthy Child Programme guidance

8.5 'Working Together to Safeguard Children' Guidance

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE AND HEALTH SERVICES

TO:	HEALTH & WELLBEING BOARD		
DATE:	9 OCTOBER 2015	AGENDA ITEM:	9
TITLE:	READING'S AUTISM STRATEGY AND ACTION PLAN		
LEAD COUNCILLORS:	CLLR EDEN CLLR JONES CLLR GAVIN CLLR HOSKIN	PORTFOLIO:	ADULT SOCIAL CARE EDUCATION CHILDREN'S SERVICES HEALTH
SERVICE:	DISABILITY SERVICE	WARDS:	ALL
LEAD OFFICER:	MELANIE O'ROURKE	TEL:	0118 937 4164
JOB TITLE:	HEAD OF ADULT SOCIAL CARE	E-MAIL:	Melanie.O'Rourke@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 A range of partners contributed to the development of Reading's Autism Strategy that sets out the plans to improve support for children, young people and adults with autism in the borough. The Strategy was approved by Reading's Health and Wellbeing Board at their meeting on 17th April 2015.
- 1.2 The Health and Wellbeing Board endorsed the establishment of the Autism Partnership Board to progress the delivery of the Strategy through an Action Plan to set out the detail of work needed. This report presents the Autism Strategy Action Plan developed by the Autism Partnership Board as Appendix A to this report.
- 1.3 The Action Plan aims to present focused areas of work that are deliverable by partners who make up the Autism Partnership Board. The Board recognises that the Action Plan will need to be updated on a regular basis as progress is made in these areas to deliver the objectives set out in the Strategy.

2. RECOMMENDED ACTION

- 2.1 To note the Action Plan produced by the Autism Partnership Board that sets out the areas for progress to deliver the Autism Strategy's key objectives.
- 2.2 To agree for the Autism Partnership Board to continue to progress work on the Action Plan and to bring yearly updates to the Health and Wellbeing Board.

3. POLICY CONTEXT

- 3.1 The Department of Health published 'Think Autism' in 2014 as an update to the first national autism strategy, 'Fulfilling and Rewarding Lives'. The new document updated the strategy with the progress made since 'Fulfilling and Rewarding Lives' was published in 2010, and confirmed the government's commitment to delivering the priorities identified in the strategy that aimed to improve the lives of adults with autism.
- 3.2 The statutory guidance published alongside the 'Think Autism' strategy set out the responsibilities of local authorities and other agencies such as health organisations to support the implementation of the strategy in local areas, including their statutory duties from the Autism Act 2009 or other Acts of Parliament such as the Care Act.
- 3.3 'Think Autism' covers support for adults with autism, and the transition of children and young people into adult services. Support for children and young people with autism is addressed separately, with statutory responsibilities for local authorities that impact on this support contained in the Children and Families Act.

4. READING'S AUTISM STRATEGY AND ACTION PLAN

- 4.1 A Steering Group made up of representatives from across Council services, health services, voluntary sector organisations and families of people with autism led the work to develop an Autism Strategy for Reading. This Strategy was informed by a needs assessment completed by Berkshire Autistic Society in 2013 that included consultation with people with autism and their families, mapping of existing provision in Reading, and an examination of population projections and data to understand need.
- 4.2 The draft Strategy was consulted on with wider partners across the local authority, health services, the voluntary sector, and people with autism and their families. After taking this feedback into further drafts, a final version of the Strategy was presented to the Health & Wellbeing Board for sign-off in April 2015. The Strategy set out some high-level priorities for improving support for people with autism in Reading:
 1. Increasing awareness and understanding of autism
 2. Improving access to diagnosis
 3. Supporting better outcomes for people with autism
 4. Supporting people with autism to live safely and as independently as possible
 5. Supporting families and carers of people with autism
 6. Improving how we plan and manage support
- 4.3 The Health & Wellbeing Board report in April 2015 noted that the Strategy touched a wide range of services within the Council and across partners, as it spanned support for autistic children, young people, adults, and their families and carers. Rather than duplicating existing work in these areas, the Strategy

aimed to align with these services and to ensure the needs of autistic people are taken into account within ongoing wider work, for example through the delivery of the Special Educational Needs and Disability Strategy and the Berkshire West Joint Commissioning Plan for Services for People with Learning Disabilities and Challenging Behaviour.

- 4.4 Following sign-off of the Strategy, the Steering Group that led the production of the document changed into a permanent Autism Partnership Board to oversee the delivery of Strategy. The Health & Wellbeing Board endorsed this approach. The Autism Partnership Board retains a broad membership that includes people with autism and their families and carers.
- 4.5 The Autism Partnership Board has worked to develop an Action Plan for the delivery of the Autism Strategy. This focuses on actions that are achievable and that will allow for progress against the six priorities identified in the Strategy, with a lead organisation - although it is recognised that partnership working is needed to effectively deliver some of this work. The majority of the actions are to be delivered in the next year, and the Plan will be refreshed in the future to look at how these first actions can be built upon for further progress to be achieved.
- 4.6 The Autism Strategy was developed with the aim of strengthening partnership working, to make the most effective use of existing resources. This collaborative approach has continued into the development of the Action Plan, where a wide range of partners have contributed. The actions cover work across a number of services and organisations that supports the overarching priorities. Both the Strategy and the Action Plan are set in the context of reducing budgets across Council services and other partners. There is no additional resource available to deliver the Action Plan. The Action Plan is focused on how existing resources across partners can be used most effectively, and the actions identified fit with work already underway or planned for the organisations involved.
- 4.7 The Strategy and the Action Plan aim to align with existing local plans and strategies across the wide range of areas that cross-over with support for people with autism. The Partnership Board will ensure that the ongoing work on the Action Plan continues to align in this way as updated plans and strategies are developed. This includes the Raising Attainment Strategy 2015-18 which sets out the Council's ambitions to ensure that children achieve well at school, including those with Special Educational Needs (which may include children with autism).
- 4.8 The Action Plan includes information on what the impact of achieving the actions will be on the outcomes for people with autism, and how we will measure when we have achieved this. Some of the actions refer to new services and approaches where a baseline measure will need to be identified initially. Further work to agree these measures and the way that information such as service user feedback can best be collected and analysed will be carried out by the Autism Partnership Board. This will be used to report progress on delivery of the Autism Strategy. It will also inform the refresh of the Action Plan and the completion of the Autism Self-Assessment.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The Strategy supports Priority 1 in the Council's Corporate Plan 2015-18, "Safeguarding and protecting those that are most vulnerable". The focus on early support through universal services also supports Priority 2, "Providing the best life through education, early help and healthy living".
- 5.2 The Strategy is aligned with Reading's Health & Wellbeing Strategy 2013-16, which includes a Goal to 'reduce the impact of long term conditions with approaches focused on specific groups'.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Consultation with people with autism, their families and carers, and a wide range of partners and providers heavily informed the needs assessment completed by Berkshire Autistic Society and the production of the Autism Strategy. Ongoing engagement with people with autism and their families will be central to delivery of the actions set out within the Action Plan.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 An Equality Impact Assessment was completed for the Autism Strategy that did not identify any negative adverse impact on any group with protected characteristics as defined by the Equality Act.

8. LEGAL IMPLICATIONS

- 8.1 The Strategy and Action Plan have been developed with regard to the statutory duties for local authorities from the Autism Act 2009 and other related legislation. Key requirements from this legislation include the responsibilities for local authorities to:

- Develop the area's commissioning plan around services for adults with autism using the best available information about adults with autism in the area
- Appoint a joint commissioner/senior manager who has in their portfolio a clear commissioning responsibility for adults with autism
- Ensure that the views of adults with autism and their carers are taken into account in the development of services locally

9. FINANCIAL IMPLICATIONS

- 9.1 As noted above, the Action Plan was developed in the context of making the most effective use of existing resources. There are no new resources for delivering the Autism Strategy. There is also no ring-fenced funding available for autism.
- 9.2 The Action Plan aims to be realistic about what is achievable with existing resources for the Council and other organisations, within the context of reducing budgets. It sets out those areas where there are deliverable actions to make progress towards the longer-term objectives in the Autism Strategy and where a tangible difference could be had on outcomes for people with autism, their carers and families.

- 9.3 While there are no specific savings proposed as part of the Autism Strategy Action Plan, delivery of the actions should mean that partners are in a better position to support people with autism within constrained resources. One of the drivers of the Autism Strategy is to enable autistic people to live more independent, fulfilling lives. Achieving some of the actions in the autism strategy around increased awareness, better trained staff and effective community-based support should mean we can reduce or delay the number of autistic people who need more costly, intensive support from health and/or social care services.
- 9.4 In 2015 the Department of Health invited bids for funding from an Autism Innovation Fund. It also awarded all local authorities an Autism Capital Grant of £18,500 to support the local delivery of 'Think Autism'. There is no expectation that this funding will be repeated and no new money is expected to support the delivery of the Action Plan. However, the work to develop the Action Plan does mean that the Autism Partnership Board is prepared so that any future opportunities for additional resources that are identified can be put to the most effective use.

10. BACKGROUND PAPERS

- 10.1 Reading's Autism Strategy
- 10.2 Equality Impact Assessment for Reading's Autism Strategy
- 10.3 'Think Autism: Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update' (2014)
- 10.4 'Fulfilling and Rewarding Lives: The Strategy for Adults with Autism in England' (2010)

Priority 1 - Increasing Awareness and Understanding of Autism						
<i>Services across different organisations in Reading are "autism-friendly" and responsive to the needs of people with autism through improved knowledge and awareness.</i>						
No.	Action	Lead	Progress	Completed by	Outcomes - what will the difference be?	How will we know we've achieved this?
1.1	Write to the leads for key organisations in Reading: <ul style="list-style-type: none"> - Promote the Autism Strategy - Ask what they will do to improve their support for autistic people, with ideas of what they could do - Ask if they will nominate a "champion" to help with this work - providing a brief of the expectations of the role and the support e.g. training offered 	Chair of Partnership Board	Identified organisations/services: Council (Housing, Transport, Leisure, Education, Children's, Adult Social Care, Customer Services), Health services, schools, colleges, Voluntary Sector, employers Brief to be developed by the Partnership Board at October meeting.	December 2015	People with autism can access services that are more autism aware that have champions in place to support the principles of the Autism Strategy	75% of organisations written to have responded and identified their own autism champion and their actions to support people with autism
1.2	Circulate information about current providers offering autism awareness training to leads & make this information available on the Reading Services Guide	RBC Disability Service	Work with Consultation & Engagement Officer to add page to the RSG	December 2015	People can better support autistic people after accessing training to understand their needs and develop knowledge and skills	Information published and number of visits to the site to establish engagement 25% increase on numbers accessing autism training after 6 months on current baseline.
1.3	Increase knowledge among Child & Adolescent Mental Health Service (CAMHS) staff of people with learning disabilities and autism through delivering training and sharing best practice.	Child & Adolescent Mental Health Service	Underway - staff from ASD Pathway working with staff across CAMHS e.g. sharing ideas of effective interventions. Depression & Anxiety Pathway now more open to autistic children.	Review progress June 2016	Autistic children get effective support from CAMHS staff with better expertise around autism	Increase in the number of CAMHS staff completing training.
1.4	Use Educational Psychology training days with schools to test and measure effectiveness of new ways of supporting autistic children in classrooms (supporting a shift to needs-led rather than diagnosis-led approaches)	Educational Psychology	Training day to be identified and planned in Autumn term Deliver training in Spring term to allow for evaluation	March 2016	Autistic pupils will get effective support from staff with knowledge about the best way to support them	Numbers attending training days, feedback from training attendees on the course and the impact for pupils
1.5	Upskill Adult Social Care teams around assessment and care planning for autistic people, particularly knowledge of the wide range of needs across the spectrum	RBC Adult Disability Team	Promotion of online autism training course to all teams Pilot specialist face-to-face autism training for Adult Disability Team Evaluate feedback on training to consider running more widely	November 2015 December 2015 February 2016	People with autism will get effective support from Adult Social Care teams from staff with expertise	50% of staff in the Adult Disability Team have completed autism training
1.6	Cascade National Autistic Society posters to GP surgeries and other health services	South, Central and West Commissioning Support Unit	Plan to attend Practice Manager meetings to promote the Autism Strategy and poster resources	January 2016	GP surgeries are better aware of the needs of autistic people and able to meet their needs	Strategy and posters sent to all GP practices requesting to visit. 50% of practices visited to promote the Autism Strategy.

Priority 2 - Improving Access to Diagnosis & Beyond						
<i>Autism diagnosis services for children and adults are timely and link service users and their families to appropriate support including pre-diagnosis and after a diagnosis service.</i>						
No.	Action	Lead	Progress	Completed by	Outcomes - what will the difference be?	How will we know we've achieved this?
2.1	Review the diagnosis pathways for children and adults including:	South, Central and West Commissioning	Meeting to agree terms of reference Review completed	November 2015 October	People with autism and families have an improved experience of diagnosis	Review recommendations are put in place Diagnosis services meet

<ul style="list-style-type: none"> • Capacity • Pre-assessment support, and any alternatives to diagnosis offered • Quality and appropriateness of diagnosis • Post-assessment support including follow up or other services offered or signposted • Support offered to families and carers • Support available by linking with partners 	Support Unit		2016	services, with clarity about what they can expect, reduced waiting times and more consistent support	the NICE guidelines for service provision Waiting times for diagnosis reduced - proposed target of 95% of young people on the ASD care pathway will access their service within 12 weeks by March 2016
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Priority 3 - Supporting Better Life Outcomes for People with Autism						
<i>Services and support in Reading is effective in helping people with autism to be and stay healthy, to have good well-being and to engage with education, work, social and leisure activities</i>						
No.	Action	Lead	Progress	Completed by	Outcomes - what will the difference be?	How will we know we've achieved this?
3.1	Support autistic people to access health services by: <ul style="list-style-type: none"> • Introducing a single referral route for CAMHS and Children and Young People's Integrated Therapies • Explore developing a Reading 'health passport' for autistic people 	CAMHS, South, Central and West Commissioning Support Unit, Partnership Board	Progress to be confirmed by next meeting To review existing health passports by Talkback and NAS at October meeting to see how these could be used/adapted	2016 March 2016	Autistic people have easier access to the health services with reduced duplication and referrals, that supports them to stay healthy	New referral route set up Health passport is launched and 50 people complete this in the first 6 months with feedback to review the Passport.
3.2	Review short breaks commissioned in the voluntary sector for autistic children and young people	RBC Commissioning, Reading Families Forum	Review underway and will inform bidding process for grant funding for 2016-17.	March 2016	Provision is autism friendly and appropriate to meet the needs of children and young people with autism	Feedback from families that short breaks are fully accessible and appropriate for their needs
3.3	Address low attendance at school of autistic pupils through the Emotional Wellbeing Strategy Group and working with the Virtual Head for Children Missing Out on Education	Educational Psychology		Review progress March 2016	Attendance among pupils with autism increases, leading to better educational outcomes	Increase attendance rates for pupils with ASD
3.4	Increase the number of people with autism in employment by promoting the supported employment service among partners as support available to autistic people looking for employment, including raising awareness among employers	Royal Mencap Partnership Board	Achievements and areas for further work to be reviewed one year into service	March 2016	The Supported Employment service provides support to 10 autistic people in their search for employment in 2015-16.	Set a baseline in 2015/16 and set targets based on this to increase by 25% in 2016-17 for the number of people with autism referred to the service, starting and sustaining apprenticeships, and taking up full-time or part-time employment
3.5	Ensure that the Adult Social Care Wellbeing Framework for preventative services funding is aligned with the Autism Strategy with the introduction of new peer support service for autistic people and their families.	RBC Disability Service	Consultation on draft Framework ongoing until Autumn 2015	February 2016	Autistic people and families can access peer support that helps them live well independently	Number of families linked to a peer support worker, Number of families undertaking self-management training

Priority 4 - Supporting people with autism to live safely and as independently as possible						
<i>Autistic people in Reading can find somewhere appropriate to live and be confident about being part of their community, even if they have very high levels of need</i>						

Autism Strategy Action Plan

(September 2015)

No.	Action	Lead	Progress	Completed by	Outcomes - what will the difference be?	How will we know we've achieved this?
4.1	Work with the providers on the Supported Living Accreditation Select List (SLASL) to ensure they can offer consistent and good quality support for people with autism	RBC Commissioning	Audit of current training levels completed and to be reviewed by Partnership Board	April 2016	Autistic people who need supported living can get appropriate support from a SLASL provider with the skills to meet their needs	75% of SLASL providers will have core staff trained to work with people with autism so they are skilled to support these people
4.2	Ensure that the Council's Learning Disability, Mental Health and Accommodation with Care strategies highlight the needs of autistic people	RBC Commissioning	Strategies currently being drafted. Learning Disability Partnership Board Housing group is supporting this work and ensuring autism is covered.	February 2016	Future supported living plans ensure there is sufficient appropriate accommodation for people with autism	Council commissioning strategies and plans in place
4.3	Review learning from existing safety schemes (Safe Places, BAS Autism Alert Card) to understand what more needs to be done to highlight safe places in the community to people with autism	Learning Disability Partnership Board - Living and Working group	Use review to consider possible card for sensory issues. Lead to be identified from the Autism Partnership Board to support this work.	August 2016	Safety schemes support more people with autism to feel safe when they are outside their homes	Increase in the number of people with a BAS Autism Alert Card
4.4	Engage with the Berkshire West Joint Commissioning Plan for Services for People with Learning Disabilities, Autism and Challenging Behaviour with partners	RBC, South, Central and West Commissioning Support Unit	'Positive living' model developed in Reading in line with the Berkshire West work. Further steps to implement actions are within the separate action plan.	March 2017	Provide specialist community support that reduces the need for inpatient assessment and treatment and where admissions are necessary, reduces the length of time	Principles of the work incorporated in the Learning Disability Strategy Residents of Reading in this cohort can access specialist community support that reduces the use of inpatient assessment
4.6	Review advocacy services for people accessing Adult Social Care to ensure support is available for autistic people who need this from trained staff with knowledge and expertise	RBC Disability Service	To be considered as part of any further review of services or recommissioning.	May 2016	Support from appropriately trained advocates means that people with autism can engage effectively with Adult Social Care services	Review numbers accessing new advocacy services to engage with Adult Social Care services. Service users give positive feedback on advocacy support

Priority 5 - Supporting families and carers of people with autism						
<i>Families and carers of autistic people are made aware of and can access appropriate support for their needs that enables them to stay well and continue to provide support</i>						
No.	Action	Lead	Progress	Completed by	Outcomes - what will the difference be?	How will we know we've achieved this?
5.1	Ensure that the recommissioning of carers support as part of the Adult Social Care Wellbeing Framework is aligned with the Autism Strategy	RBC Disability Service	Consultation on draft Framework ongoing until Autumn 2015	May 2016	Carers of autistic people can take planned breaks to enjoy a life outside of caring and support their wellbeing	Number of carers of receiving planned breaks from caring
5.2	Promote the rights of carers to assessment and support among carers of autistic children, young people and adults with consistent messages	Reading Borough Council	Ensuring information and advice from the Council promotes support for carers	March 2016	Carers of people with autism are aware of what support they are entitled	Increasing number of carers of people with autism known to the

					to and access this	Council
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Priority 6 - Improving how we plan and manage support						
<i>Data and other information is used to understand the level of need in Reading and to deliver the Autism Strategy in the most effective way through work with a wide range of partners</i>						
No.	Action	Lead	Progress	Completed by	Outcomes - what will the difference be?	How will we know we've achieved this?
6.1	Work with Public Health to refresh the information available in the Joint Strategic Needs Assessment (JSNA)	RBC Disability Service	Work underway on areas where data is required within the JSNA to better understand needs	March 2016	More detailed and robust information on the needs of people of autism in Reading is available to inform service development and commissioning	Publish more detailed autism information in Reading's JSNA JSNA information on autism used in all plans and strategies
6.2	Establish the Autism Partnership Board with appropriate membership to oversee the delivery of the Autism Strategy and review the effectiveness of the Action Plan on improving outcomes	RBC Disability Service	First Autism Partnership Board meeting July 2015. Terms of Reference for the group agreed.	July 2015 - Completed	A wide range of partners, including the people with autism and their families/carers support the delivery of the Strategy in an effective way	More than 10 organisations represented at the Partnership Board across different sectors attending at least four meetings each year

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH SERVICES

TO:	Health and Wellbeing Board		
DATE:	9 October 2015	AGENDA ITEM	10
TITLE:	Reading Health and Wellbeing Strategy Action Plan - Summary Update		
LEAD COUNCILLOR:	Councillor Hoskin	PORTFOLIO:	Health
SERVICE:	Public Health	WARDS:	Borough Wide
LEAD OFFICER:	Andrew Burnett	TEL:	0118 937 3623
JOB TITLE:	Interim Consultant in Public Health Medicine	E-MAIL:	Andrew.burnett@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide a headline summary to the Reading Health and Wellbeing Board (Board) on progress made against the Reading Health and Wellbeing Strategy action plan. The report also updates the Board on some of the key initiatives that will be delivered during the remainder of this year.

1.2 A full copy of the Health and Wellbeing Action Plan update is attached as Appendix A

2. RECOMMENDED ACTION

2.1 The Board is recommended to note the progress made on delivery of the Reading H&WB Strategy Action Plan

3. POLICY CONTEXT

3.1 The Health and Social Care Act 2012 gave local authorities a much stronger role in shaping services and improving the health of local people. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments and Health and Wellbeing Strategies through Health and Wellbeing boards. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process. Boards need to work with a wide range of local partners and the community beyond the Board's membership. Working with local partners will support Boards to undertake a thorough and broad assessment of local needs by using the evidence and expertise these partners can provide.

3.2 The Reading Health and Wellbeing Board has set out an agreed, integrated health and well-being strategy for the Borough, which includes locally-determined priorities. The strategy is being used to inform the commissioning of services by the local Clinical Commissioning Groups and the Council.

3.3 Local authorities also have opportunities to use their new public health responsibilities and resources to put health and wellbeing at the heart of everything they do, thereby helping people to lead healthier lives, both mentally and physically, including:

- Including health in all policies so that each decision seeks the most health benefit for the investment, and asking key questions such as “what will this do for the health and wellbeing of the population?” and “will this reduce health inequalities locally?”
- Investing public health grant in high-quality public health services;
- Encouraging health promoting environments, for example, access to green spaces and transport and reducing exposure to environmental pollutants
- Supporting local communities - promoting community renewal and engagement, development of social networks
- Focusing on wellness services that address multiple needs;
- Making effective and sustainable use of all resources, using evidence to help ensure these are appropriately directed to areas and groups of greatest need and represent the best possible value for money for the local population.

4. THE PROPOSAL

4.1 Current Position:

The Health and Wellbeing Strategy’s vision for a healthy Reading is underpinned by 4 key goals:

- Goal One: Promote and protect the health of all communities particularly those disadvantaged: communicable diseases, immunisations and screening, BME groups
- Goal Two: Increase the focus on early years and the whole family to help reduce health inequalities: maternity, family support, emotional health, domestic violence
- Goal Three: Reduce the impact of long term conditions with approaches focused on specific groups: self-care, carers, learning disability
- Goal Four: Promote health-enabling behaviours and lifestyle tailored to the differing needs of communities: tobacco, drugs and alcohol, obesity

Associated with each goal is a set of objectives (sub-goals) which are shorter-term measurable steps that will move us towards achieving the longer-term goals and a supporting action plan.

4.2 The following provides a headline summary of key activities and achievements that have supported the delivery of the vision and goals. It should be noted that a significant amount of additional work has been undertaken across the local partnership to support the delivery of the local vision and some further detail on these initiatives is included in Appendix A.

Goal One: Promote and protect the health of all communities particularly those disadvantaged	
What Have We Achieved?	What Do We Still Need To Do?
<p>Reading MMR catch up campaign has been delivered</p> <p>The sexual health service has been re-commissioned and dual testing for chlamydia and gonorrhoea has been implemented</p> <p>Over 90 professionals and volunteers have been trained to carry out point-of-care testing for HIV and Hepatitis C.</p> <p>An awareness campaign targeting sex workers has been delivered.</p> <p>Two Personal Independence Co-ordinators appointed.</p> <p>Healthwatch attendance at key CCG groups established.</p> <p>Alcohol enforcement action taken against 15 local retailers - 400 bottles seized.</p> <p>The Safe Place scheme to provide support for people with a Learning Disability has been put in place</p> <p>Seasonal flu campaign for 14/15 was delivered</p>	<p>Further improvements are required in MMR for 2 doses (5yr olds) and HPV coverage. (NHS England Campaign)</p> <p>Cancer Research UK will promote and raise awareness on bowel cancer screening through primary care and community groups as well as national and local campaigns with a focus in South Reading.</p> <p>Incidence of TB remains significantly higher than the South East and England average. We need to plan and deliver a TB health education programme</p> <p>CCG level communications plans to be developed to further reach BME and vulnerable groups.</p> <p>Review local condom distribution arrangements.</p>

Goal Two: Increase the focus on early years and the whole family to help reduce health inequalities	
What Have We Achieved?	What Do We Still Need To Do?
<p>Perinatal mental health worker in post and action plan being implemented.</p> <p>Children's Health Day successfully implemented in partnership with BHFT, RBH, CSO comms and Reading CCGs.</p> <p>Compliance visits on quality of provision completed for early years settings and action plans developed.</p> <p>Breastfeeding intitation rates exceed</p>	<p>Deliver on the Domestic Violence strategy action plan</p> <p>Continue to work with Berkshire Healthcare Foundation Trust to promote breastfeeding on the hospital wards</p>

regional and national rates. During 2014/15 552 new mums responded to contact from peer support service and 406 took up the support offered.	
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Goal Three: Reduce the impact of long term conditions with approaches focused on specific groups	
What Have We Achieved?	What Do We Still Need To Do?
<p>QIPP projects have been approved and are being implemented for a number of patient pathways through 2015/16.</p> <p>QIPP project in place to look at advanced respiratory care for emphysema and COPD patients.</p> <p>Neighbourhood cluster models are being implemented through pilots across wards of Reading.</p> <p>South Reading CCG met the 67% dementia diagnoses target by March 2015.</p> <p>Baseline data obtained from GP practices on number of carers on their lists.</p> <p>Through the provision of the Home Improvement Agency contract circa 3,000 customers were assisted through grants, minor adaptations and handihelp services</p>	<p>CSU to implement a media campaign to raise awareness of self-care for long term conditions.</p> <p>Measure outcomes from neighbourhood cluster pilots using the wellbeing star model.</p> <p>N&W Reading CCG work to achieve 67% dementia diagnoses target by Sept 2015.</p> <p>CCGs to work with GP practices in 2015/16 to increase the number of known carers by 100% (1,251 known carers increased to 2,503). Develop a communication/engagement plan.</p>

Goal Four: Promote health-enabling behaviours and lifestyle tailored to the differing needs of communities	
What Have We Achieved?	What Do We Still Need To Do?
<p>CCG place updates via their social media channels, GP information screens and website to ensure maximum uptake of enhanced services for drug and alcohol misuse.</p> <p>Beat the Street competition 2015 delivered. 23,992 players (11% of the population) travelled a grand total of 306,599.2 miles. This is a 63% increase in participants from 2014</p> <p>6318 people were invited for a health check in 2014/15</p>	<p>CCG to implement an action plan to reduce Alcoholic Liver Disease during 2015/16.</p> <p>GP practices to increase referrals from 139 to 250 into the Eat for Health service</p> <p>Finalise and publish our local Healthy Weight Strategy</p> <p>Complete the retender process for Let's Get Going (school based healthy weight programme)</p>

<p>Pathways for people wishing to stop smoking included and described within the scope of retendering for local stop smoking services.</p> <p>Eat4Health weight management services have been retendered with stronger links made to local primary care services</p> <p>A Berkshire wide workshop on treatment pathways for obesity has been delivered and will inform the forward programme to develop obesity services at Tier 1-4.</p> <p>The first year of the ReadyBike cycle hire scheme delivered a total of 26,336 rentals covering an estimated 135,523 miles cycled.</p>	
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5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The action plan supports the ambitions and priorities for the Reading Health and Wellbeing Board within the overall vision to improve the health and wellbeing of people in Reading. The Health and Wellbeing Strategy and action plan will be used to inform the commissioning of services by the local Clinical Commissioning Groups and the Council.

5.2 The Health and Wellbeing Strategy Action Plan is also supported by the delivery of the requirement to conduct a JSNA to inform the Reading Health and Wellbeing Strategy and subsequent commissioning plans as set out in the Health and Social Care Act (2012). The next iteration of the Reading Health and Wellbeing Strategy will be based on a full Joint Strategic Needs assessment which we expect to be completed for the March Health and Wellbeing Board. We will be developing a plan and a process for a new Health and Wellbeing Strategy and these will include details of how we will involve and consult all stakeholders including the voluntary sector in the next few months.

6. EQUALITY IMPACT ASSESSMENT

6.1 Reading Borough Council must meet the Public Sector Equality Duty under the Equality Act 2010 and consideration will be given to this throughout the Phase 3.

The Health and Wellbeing Strategy Action Plan will continue to be developed with an awareness of inequalities of health and the JSNA will continue to be a key tool to support the identification of inequalities across the goals.

The plan has a clear focus on on vulnerable groups who are known to experience health inequalities and narrowing the health gap.

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.

8. FINANCIAL IMPLICATIONS

8.1 On the 31 July 2015, the Department of Health (DH) proposed, by way of a consultation, its intention to make in-year savings of £200m from the Public Health Grant across all local authorities. RBC has responded to DH's consultation expressing its preference for DH to devise a formula to claim a larger share of the saving from local authorities that are significantly above their target allocation. We consider that this approach will, subject to approval, enable us to meet a DH-imposed cut to our Public Health Grant in 2015/16, meet an anticipated Public Health Grant in 2016/17 that is reduced by a similar amount, and leave some funding in the anticipated 2016/17 grant for use in newly identified and robustly-evaluated projects/services to help address needs identified in a revised RBC joint strategic needs assessment.

9. BACKGROUND PAPERS

None

Health and Wellbeing Action Plan - Summary Update

G oa bj	O	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	What have we achieved?	What do we still need to do?
1	1.1	Assess the need, demand and service provision for sexual health services across Reading and identify gaps (Extended).	Undertake a sexual health needs assessment	Public Health	Green	Needs assessment completed and used to inform content of sexual Health Services tender (process completed)	No further action needed - assessment completed
1	1.1	Increase HIV testing and HIV prevention awareness within BME communities	Commission a community based HIV needs assessment to map Reading based African community groups and to assess the acceptability and feasibility of approaches to increase HIV testing	Public Health/Adult Social Care	Green	Community Health Action Trust commissioned. Project Completed	
1	1.1		Enhanced testing in primary care	Public Health	Amber	RBC has expressed interest in a national HIV self sampling service for high risk populations aged 16 and over - and being part of the framework agreement to be commissioned by Public Health England	Implement self sampling service - subject to the final specification, tender agreement and price
1	1.1	To reduce transmission of HIV & reduce late diagnosis	Increase awareness and information about HIV and HIV services (including eligibility, confidentiality, treatment and what it means to live with HIV); and promote preventative services	Public Health, NHS England, voluntary orgs (Secondary Care Blood Donation Service)	Amber	Community Health Action Trust project commissioned and undertaken. Reading sex workers HIV awareness campaign delivered and independently evaluated. Scope and detail of HIV services clearly described within the integrated sexual health service specification.	Develop Sexual Health IT Platform for promotion and dissemination of sexual health information. Review local condom distribution arrangements and ensure continued provision of condoms to groups at risk of HIV
1	1.1		Increase opportunity to and uptake of HIV testing and disseminate information about opportunities for testing to targeted/vulnerable groups	Public Health, Adult Social Care	Amber	As above.	Develop Sexual Health IT Platform for promotion and dissemination of sexual health information. Review local condom distribution arrangements and ensure continued provision of condoms to groups at risk of HIV
1	1.1		Extend opportunities for accessible confidential testing for HIV, and ensure information is available and accessible in a range of formats appropriate to at-risk HIV groups. Care planning, diabetes/care homes. Directory of signposting services to support self care.	PDSN Network, Adult Social Care, Public Health	Amber	As above.	Develop Sexual Health IT Platform for promotion and dissemination of sexual health information. Review local condom distribution arrangements and ensure continued provision of condoms to groups at risk of HIV

Health and Wellbeing Action Plan - Summary Update

G oa bj	O	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	What have we achieved?	What do we still need to do?
1 1.1		To provide high quality care/treatment	Primary Community Prevention	Secondary care/Hospital	Green	<p>Over 90 professionals and volunteers working in drug and alcohol treatment services have been trained to carry out point-of-care tests for Hepatitis C and HIV, focussing on increasing the proportion of injecting drug users that receive a test.</p> <p>Asian Blood Borne Virus (BBV) project raises awareness of BBVs and tackles stigma and discrimination by providing regular workshops for South Asian communities and testing for Hepatitis C and HIV at clinics set up across Reading.</p> <p>Two workshops updating on latest BBV research were provided to all trainees in both projects.</p>	BBV worker employed within the IRIS Service to continue to undertake background reports and proactive case management
1 1.2		Respond to local needs for vulnerable people	Safe Place scheme in the town Centre providing support of people with a learning disability	Community Safety, Adult Social Care	Green	The Safe Place scheme to provide support for people with a Learning Disability has been put in place.	Relaunch and re promote the Safe Place scheme for service users and providers.
1 1.2	Anti-Social Behaviour Risk assessment leads to enhanced response for vulnerable people and communities		Community Safety, Housing, Neighbourhoods and Community Services	Green	Police anti-social behaviour risk assessment has been reviewed and a risk assessment put in place.	Take forward a common approach to risk assessment across all partners and agencies as an action within the draft Anti Social Behaviour Strategy	
1 1.2		Improve living conditions for vulnerable and disabled residents	Reduce the number of Category 1 hazards under the Housing Health & Safety Rating System, to improve living conditions.	Regulatory Services	Green	Monitoring and taking action if Category 1 hazards are identified in properties has continued. AGE UK Berkshire commissioned to provide service for one year pilot for reducing social isolation. 2 Personal Independence Co-ordinators (PICs) have been appointed. Referral criteria and co-ordination process arrangements in place	Continue to reduce the number of Category 1 hazards.

Health and Wellbeing Action Plan - Summary Update

G oa bj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	What have we achieved?	What do we still need to do?
1 1.2		Undertake enforcement action for overcrowding in private sector housing	Regulatory Services	Green	Officers inspect properties both as a result of service requests and during proactive inspections and both formal and informal action is taken to deal with overcrowding. Inspection of properties both as a result of service requests and during proactive inspections and both formal and informal action is taken to deal with overcrowding is continuing	Continue with enforcement actions to further reduce overcrowding in private sector housing.
1 1.2	Provide better access to information on how to protect own health.	Develop better information pathways to support travelling communities	Housing, Neighbourhoods and Community Services	Amber	Community safety carry out a very basic welfare assessment that is aimed at looking at whether or not there are any significant health, housing, education or mechanical issues. Health visitors and the HOLT nurses conduct outreach to ensure healthcare is accessed.	Clarification needed on who/which organisation this action sits with. Health or education might be in a better position to achieve it.
1 1.2		Develop better information pathways to support BME communities	All Health and Wellbeing Partners	Amber	Information pathways have been established through providers of commissioned health and wellbeing services, Council services and partner organisations including Reading Voluntary Action, online through our Reading Services Guide and the Council's website, via local forums and community events and the local media. Healthwatch attendance at key CCG groups established. Action plan in place to address findings in a Healthwatch report on the ex-Ghurka community accessing health services.	Explore opportunities on an ongoing basis and new pathways adopted as appropriate. CCG level communications plans currently in discussion internally.
1 1.2	Protect the vulnerable from aggressive doorstep selling, rogue traders and scams	Support the National Scams Hub and provide advice to victims. Provide a rapid response and full investigation of doorstep selling offences.	Regulatory Services	Green	List of potential victims is received from National Scams Hub montly. Strategy on working with neighbouring boroughs and police to visit potential victims and support or refer them to the appropriate agency and take enforcement action against fraudsters has been implemented - officers are undertaking visits.	Work is ongoing to support the National Scams Hub and provide advice to victims.
1 1.2		Provision of Grants & Loans (inc Disabled Facilities Grants)	Regulatory Services	Green	Grants & Loans (inc Disabled Facilities Grants) continue to be provided through the Home Improvement Agency who have a vetted list of contractors.	Work is ongoing

Health and Wellbeing Action Plan - Summary Update

G oa bj	O	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	What have we achieved?	What do we still need to do?
1	1.3	Increase take up of screening and immunisation	Review screening checks for communicable diseases, e.g. tuberculosis & measles, chlamydia, flu	Commissioned by PHE Area Team and Public Health, provided by Primary Care	Green	Dual testing' for Chlamydia and Gonorrhoea is being implemented. Seasonal flu campaign for 14/15 was delivered	Work in partnership to deliver a more co-ordinated flu campaign across Berkshire for 2015/16.
1	1.3		GP Practice targets for health checks are achieved and a wide range of community interventions ensure access to health checks through alternative settings	Public Health	Amber	6318 people were invited for a health check in 2014/15	Continued delivery of health checks within local GP practice.
1	1.3		Develop targeted improvements to increase uptake of screening in people with a learning disability	Reading Learning Disability Partnership Board, Adult Social Care	Amber	Being Healthy sub group of the Learning Disability Partnership Board have worked with People With Learning Disabilities, Healthwatch and Berkshire Healthcare Foundation Trust to increase uptake.	Build targets into the new disability strategy currently being developed.
1	1.3	Increase uptake of cervical, bowel and breast screening in low take up areas of Reading	Provide support and oversee local screening programmes	Cervical & breast screening commissioned by Area Team/PHE, bowel screening commissioned by PHE, all three screenings provided by Primary Care	Amber	CRUK co-ordinated Bowel Screening Campaign targetting South Reading CCG area alongside other specific areas across England. Public Health, South Reading CCG and local comms teams worked together to facilitate the campaign locally.	Evaluate changes in screening uptake from previous 61.9% rate.
1	1.3	Increase the consistent up take of immunisations across Reading to ensure national coverage targets are achieved	Provide advice to PHE Immunisation leads as appropriate to ensure effective evidence based interventions are developed to meet local needs	Commissioned by NHS, provided by Public Health, CCGs	Amber	PHE funded radio ad campaign in September 2015 to encourage vaccination uptake for under 5's. Heart Thames Valley created and aired the ad between 7th Sept - 4th Oct. 104 spots in total with 375,000 Impacts (total number of times the ad will be heard)	Evaluate if any evidence of increased uptake linked to radio campaign. Work with South and North & West Reading CCG's to ascertain any impact of campaign.
1	1.3		Work with health visitors to improve year 1 immunisation targets	Commissioned by NHS England, provided by primary care	Green	DTaP/IPV/Hib at 1 year uptake across West Berks averaged 93.7% during 2014/15...95% target achieved in qtr 3.	Continue activities with the Berkshire Wide Immunisation Working Group to improve uptake rates.

Health and Wellbeing Action Plan - Summary Update

G oa bj	O	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	What have we achieved?	What do we still need to do?
1	1.3	To promote MMR vaccine uptake - Develop to increased uptake of MMR	Scrutinise vaccine uptake results and provide leadership. Campaign - Primary Health/Children Centres/Health Visitors	Commissioned by Public Health England, provided by Berkshire Healthcare Foundation Trust and GP practices	Amber	PHE funded radio ad campaign in September 2015 to encourage vaccination uptake for under 5's. Heart Thames Valley created and aired the ad between 7th Sept - 4th Oct. 104 spots in total with 375,000 Impacts (total number of times the ad will be heard)	Evaluate if any evidence of increased uptake linked to radio campaign. Work with South and North & West Reading CCG's to ascertain any impact of campaign.
2	2.1	Improve maternity pathways and parenting support for all family types.	Participate in the maternity working group and work jointly with the midwifery team.	Early Help	Amber	South Reading CCG began the pilot in Oct 2014. A joint partnership arrangement with BHFT, children's centre's and N&W Reading CCG to further expand the pilot geography. Perinatal mental health worker in post since April 2015 and has produced an action plan.	Implement the action plan.
2	2.1	Increase the availability and accessibility of antenatal education opportunities	Review and scope out existing provision of antenatal education from statutory and voluntary providers. Provide input and detail to commissioners (NHS England).	Early Help	Amber	Project management resource in place and review has started. Progress has been delayed.	Report to be produced and shared accordingly.
2	2.1		Educating new parents on appropriate use of A & E and how to manage common childhood ailments	Commissioned by CCGs, supported by Public Health, Children's Directorate	Amber	The minor ailments clinic for under 5's established between December 2014 and April 2015. After a slow start the clinic picked up referrals once direct booking had been publicised. Local partners helped to promote revised messages in a short space of time. The project was evaluated by the Urgent Care board and decided not to carry the service forward using the winter resilience money due to lack of demand.	The CCG to consider an adaptation to the model and location at a later date.
2	2.1	Increase access to good quality & affordable childcare.	Provide 15 hours free early education childcare to all two year olds meeting the free school meals criteria	Early Years & Extended Schools	Amber	Achieved 60% of 850 of places through all types of settings including schools.	Continue the market advertising drive to exceed 850 target in year.
2	2.1	Improve quality of provision in private, voluntary and independent sector		Early Years & Extended Schools	Green	Compliance visits completed for all settings. Each visit highlighted actions to improve settings.	Deliver on identified actions.
2	2.1	Provision of childcare for older children aged five and over	Joint working - engagement with schools.	Early Years & Extended Schools	Green	Individual guidance and advice offered to all settings to maintain existing high standards.	Maintain level of support.

Health and Wellbeing Action Plan - Summary Update

G oa bj	O	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	What have we achieved?	What do we still need to do?
2	2.2	To engage with single plan, local offer, joint commissioning, personal budgets.	Provide impartial support to parents seeking assessment for children with special educational needs or disabilities through the parent partnership service	SEN team	Green	The service has now been rebranded as Reading Information Advice and Support Service for SEND (known as Reading IASS) to accord with the requirements of the new legislation. New staff are in place, trained and taking on casework. The number of parents/carers we support is growing, both through individual and group work.	Two members of staff are on one year contracts and it is hoped that these can be extended as this can be funded from the external funding. The service is being developed this year to enable the team to support children and young people as well as parents/carers.
2	2.2		Influence decisions for the SEN panel for support children aged 0-5 with SEN	SEN team	Green	Early years SEN identification panel has been established and with an allocation of £40k. This panel provides additional resources for children with special needs in early years settings.	An early years review of the financial structure and SEN provision for all early years settings/providers is underway.
2	2.2	Reduce speech and language inequality	Implement the language strategy and deliver supported projects	Early Years & Extended Schools	Green	Early years service currently working with the literacy trust on a pilot project for a tool to assess childrens language and communication development in early years.	10 school and early year settings involved in the pilot. Due to complete March 2016 and the final report will make recommendations on the way forward.
2	2.2		Provide access to speech and language therapies within the Early Years settings	Early Years & Extended Schools	Amber	Speech and language therapy now provided by integrated therapy. Contract discussions with the local authority taking place about future provisions.	A proposal being considered for future working practice by Head of Education.
2	2.2		Improve access for BME groups to early speech and language intervention	Early Help, Adult Social Care	Amber	Existing contract for speech and language support to targeted children was extended, however, this was not specifically targeted at BME children.	BME provision to be included as part of proposal for future working practice for speech and language therapy.
2	2.2	Increase the prevalence of breastfeeding across all areas of Reading but with a particular focus on the low rate wards	Support the Unicef Baby Friendly Initiative to achieve UNICEF accreditation. Breastfeeding network commissioned to work with breastfeeding volunteers locally.	Public Health / Berkshire Healthcare Foundation Trust	Green	Support continues for BFI accreditation across Berkshire West. Over 130 staff attended various training sessions.	Continued delivery of the BFI programme by BHFT.
2	2.2		Continued implementation of the Breastfeeding Peer Support Project	Commissioned by NHS England, provided by BHFT, Public Health, Breastfeeding Network	Green	Breastfeeding peer support service continues to be delivered. Breastfeeding initiation rates exceed regional and national rates. During 2014/15 552 new mums responded to contact from peer support service and 406 took up the support offered.	Continue with service and monitor uptake of service during 2015/16

Health and Wellbeing Action Plan - Summary Update

G oa bj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	What have we achieved?	What do we still need to do?
2 2.2		Promote breastfeeding in collaboration with key stakeholders	Commissioned by NHS England & provided by BHFT	Green	Peer support service continue to work collaboratively on the maternity wards and with the midwifery team. Provide support to new mums, where needed on the maternity wards. 756 mums supported on the maternity wards. Health visitors provide ongoing support to encourage breastfeeding. 58% of new mums still breastfeeding (either totally or partially) at 6-8 weeks (Q1 2015/16)	Continue to work with Berkshire Healthcare Foundation Trust to promote breastfeeding on the hospital wards.
2 2.2	Improved Oral Health in the <5s	Mid term evaluation of the Brushing for Life project. Continued Implementation of the Brushing for Life intervention	Public Health / BHFT	Green	Public Health continue to provide toothbrushes to children centres through Brushing for Life. 1400 toothbrush /toothpaste packs bought and distributed to date.	Complete Brushing for Life evaluation to access outcomes and value for money.
2 2.2	Reduce the prevalence of unplanned teenage pregnancies	Continued implementation of designated young people friendly drop-in clinics and promotion of the Young people's health website (JUICE).	Public Health	Green	JUICE points provision available across sites in Reading. JUICE points provision included within sexual health services specification.	Continue to monitor uptake of juice points.
2 2.2	Better access for parent to health and wellbeing information and support	Improve/develop use of technologies to get information to parents on H&WB information & support including Mental Health Issues	Early Help	Amber	A post funded by public health for one year to assess perinatal mental training needs. Research conducted and action plan in place.	Implement action plan.
2 2.2		Children's Centres as a 'hub' to access support to children & families (L 5 years)	Early Help, CCGs	Amber	A childrens health day was successfully implemented in partnership with BHFT, RBH, CSU Comms team, South and N&W Reading CCGs. Representation on the day included Beat the Street and the South Central Ambulance Service.	Host a further childrens health day in the near future. A planning meeting with key partners to be organised to progress this.
2 2.3	Increase the number of victims of domestic abuse identified and referred by GP. Needs to cover whole health professional	Implement the IRIS project as a Pilot in 12 of the Reading practices (6 in each CCG). Higher referral rates to police & early help services.	Public Health, Berkshire Women's Aid	Green	12 Practices recruited to project and all received level 1 training. A new co-ordinator in post to help support practices for delivery of the service.	Co-ordinator to support practices in making appropriate referrals to the DA support services.
2 2.3		Review Domestic Violence commissioning strategy	Housing, Neighbourhoods and Community Services	Green	Strategy is completed and agreed across agencies.	Deliver the strategy action plan.

Health and Wellbeing Action Plan - Summary Update

G oa bj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	What have we achieved?	What do we still need to do?
3 3.1	Implement projects within the scope of the Long Term Conditions board to enhance and improve LTC services and support	Patient education programmes - talking health and web based. Moderated online network	Long Term Conditions programme board, CCG, Adult Social Care	Green	The neighbourhood cluster models are being implemented through a number of pilots across the wards of Reading e.g. Uge UK, social prescribing, health/social care. Children Maternity Mental Health and Voluntary Sector Programme board have reviewed a business case for Alcohol Liver Disease across the health economy. Patient information updates happening on the CCG social media channels. GP information screens and CCG websites.	The outcomes from the cluster models pilots will be measured using the wellbeing star model. Plans to implement Alcoholic liver disease action plan during 2015/16.
3 3.1		Chronic Fatigue Syndrome service - create a community CF/ ME Service	Long Term Conditions programme board, CCG, Adult Social Care	Green	An integrated Chronic Fatigue Syndrome service has been put in place with Berkshire Healthcare Foundation Trust.	Completed.
3 3.1		Diabetes Education, commission and implement structured patient education programmes for both Type 1 and Type 2	Long Term Conditions programme board, CCG, Adult Social Care	Green	Programmes have been put in place. Monthly highlight reports are submitted to Long Term Conditions programme board.	Ongoing.
3 3.1		Epilepsy, establish an epilepsy nurse specialist post. Develop Website	Long Term Conditions programme board, CCG, Adult Social Care	Green	Epilepsy nurse specialist post has been established and pathway is been developed.	Workshop to be held in November 2015 to finalise the local epilepsy pathway.
3 3.1		Care home in reach services - Dementia	Long Term Conditions programme board, CCG, Adult Social Care	Green	Improvements to care of people with dementia have been delivered in 3 care homes in Reading by training care staff and working alongside them to model good practice. A dementia friendly garden has been constructed at The Willows Care Home in Reading. Report on Dementia Service Development Across the West of Berkshire to be presented to the Health and Wellbeing Board in October and was well received.	Continue to work closely with care homes and support them in delivering improvements to care of people with dementia.

Health and Wellbeing Action Plan - Summary Update

G oa bj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	What have we achieved?	What do we still need to do?
3 3.1		Older people's mental health	Long Term Conditions programme board, CCG, Adult Social Care	Amber	Dedicated Mental Health Project Manager is now in place and is currently developing a benefit analysis of Mental Health Integration. South Reading CCG met the 67% dementia diagnoses rates target by March 2015 and continuing to work to maintain this achievement.	Ensure N&W Reading CCG meet the 67% dementia diagnoses rate by September 2015.
3 3.1	Facilitate access to appropriate treatment(s) and support in managing long term conditions independently	Offer preventive health checks in community locations to adults aged 40-74 who are at risk of developing vascular disease. Target specific groups better.	Public Health	Green	6318 people were invited for a health check in 2014/15	Health check continues to be offered to eligible patients via GP practices. Monitor uptake and performance.
3 3.1	Co-Production with patient participation groups	For pathway & support	Adult Social Care	Green	Links established with patient participation groups, led by GP surgeries.	Ongoing.
3 3.1	Support the work of the Home Improvement Agency	Enable the ability for people to remain living in their own homes by reducing accidents in the home	Regulatory Services	Green	Through the provision of the Home Improvement Agency contract circa 3,000 customers were assisted through grants, minor adaptations and handihelp services.	Ongoing.
3 3.2	Increase public say in support available	Deliver activity within the Learning Disability Plan - A Big Voice. 2014 end date. Refresh of Learning Disabilities plan ongoing	Adult Social Care	Amber	Consultation event has taken place regarding priorities for inclusion in the Learning Disability Big Plan. The Learning Disability Big Plan was signed off at the Partnership Board.	Develop a new Disability Strategy within the context fo the Adult Socia Care Strategy Framework
3 3.2	Increase engagement for planning Long Term Conditions (LTC) services for those with learning disabilities	Support the Reading Learning Disability Partnership Board to engage with LTC projects	Adult Social Care	Amber	Reading Learning Disability Partnership Board received a presentation on priorities within the H&WB Strategy and action planned involvement in taking forward. New sections on a range of LTCs e.g. asthma, COPD and epilepsy have been developed within the LD Health Passport	Continue to promote awareness
3 3.2		Access to services for people with learning disabilities. Health & Social Care Joint Assessment	Adult Social Care	Amber	Joint Health & Social Care Assessment not yet established but a Workforce Development Workstream has been developed addressing issues across the West of Berkshire across key partners.	Join Health & Social Care assessment to be delivered as part of the Berkshire West Integration project.
3 3.2		LD Liaison Nurse in Royal Berkshire Foundation Trust	Adult Social Care	Green	The Liason nurse role continues to work well. The nurse is active in many health forums. LD awareness raising sessions have been delivered to acute nursing staff	Deliver further awareness raising sessions to staff across the Trust
3 3.2		Learning Disabilities Health Checks	Adult Social Care	Amber	LD Nurse delivered a practical session to service users about the LD health check.	Further promote awareness of the LD Health Check amongst people with LD, their supporters and carers

Health and Wellbeing Action Plan - Summary Update

G oa	O bj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	What have we achieved?	What do we still need to do?
5	5.2		Identify those who do not access services who we should target	Adult Social Care	Amber	Reading Services Guide has been developed to enable residents better access to information about services.	Develop Information and Advice Strategy that will increase awareness of services.
5	5.3	Strengthen the quality of support provided for carers in Reading.	Review National Carers Strategy against local provision. Plan in place & resource in place across West Berkshire. Now needs to be implemented.	Adult Social Care/ Clinical Commissioning Groups	Amber	National Carers Strategy review has been delayed, hence Berkshire West work delayed as well. A Carers Collaborative commissioning group comprising is in the process of scoping the development of joint Carers Strategy. Baseline data has been obtained from GP practices and arrangements have been put in place to monitor in-year increases in numbers.	Identify resource to carry out local data analysis once the National Carers Strategy has been reviewed by Department for Health. The CCG will work with GP practices in 2015/16 to increase the number of known carers by 100% (1,251 known carers increased to 2,503). Communications/engagement plan is being developed which will include posters on the benefits of notifying GP practices of any caring role held and the need to link in with Patient Participation Groups, local carer charities, etc.
5	5.3	Increase take up of service from marginalised groups.	Deliver activity within the Reading Carers Action Plan. Including: Reading Carers Communication. Gaps identified.	Carers Steering Group, Adult Social Care	Green	i. Berkshire West Carers Information Advice and Support contract is in place with targets to reach hidden carers, and prospectus drafted to re-commission these services from April 2016 with similar targets. ii. Reading Carers Information Pack was updated April 2015. iii. Carer Aware and Young Carer Aware e-learning tools launched to raise carer awareness amongst a wide range of professionals.	i. monitor contract on a quarterly basis ii. re-commission carers information advice and support services from April 2016 with clear targets in relation to raising awareness of carer rights and reaching hidden carers. Iii. Reformation Pack view and update the Reading Carers Information Pack in partnership with the Reading Carers Steering Group
5	5.3	Support carers of adults with long term conditions - including young carers - to access support services and identify other services which can ease the burden of caring	Respite opportunities. Some respite available. Lack of capacity. Strict criteria needs to be met.	PDSN Network, Adult Social Care	Green	About Me' e-learning tool launched to support development of carer resilience.	Review what has been commissioned and plan for re-commissioning to reflect priorities which emerge from the Berkshire West Carers Commissioning Strategy, and also refreshed Better Care Fund plans from April 2016.
5	5.3	Service provision and needs are better matched.	Review future commissioning plans against the needs of carers	Carers Steering Group, Adult Social Care	Green	i. A Reading Carers Needs Analysis has been completed. Ii. Carers have been involved in developing the service descriptions for re-commissioning the carers information advice and support service. Iii. We have involved carers in the reference group for development of our market position statement.	Develop Berkshire West Carers Commissioning Strategy supported by Reading Carers Action Plan

Health and Wellbeing Action Plan - Summary Update

G oa bj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	What have we achieved?	What do we still need to do?
3 3.3		Support for carers in a wider sense. E.g.; support at home etc.	Carers Steering Group, Adult Social Care	Green	Maintained the Carers Steering Group to seek and respond to feedback on the appropriateness of service provision.	Continue to engage cares and support carer forums, particularly to inform the Berkshire West Carers Commissioning Strategy and refreshed Reading Carers Action Plan
3 3.3		Development of the sector to provide community capacity.	Adult Social Care	Green	i. held two Berkshire-wide provider events supported by market surveys to explore market capacity for carers information advice and support service ii. Held two VCS provider workshops to inform development of Wellbeing Bidding Framework including carer breaks funding opportunities iii. Additional market development was supported within business as usual.	i. host matching workshops to support partnership bidding and delivery across the VCS ii. Complete Wellbeing Bidding Framework and re commission VCS services against this with clear community capacity building targets
4 4.1	Detect and take action against illegal tobacco suppliers	Implement/enhance the Berkshire-wide Tobacco Control Plan	Regulatory Services	Green	Intelligence led approach to taking enforcement action is continuing. There have been a number of seizures of counterfeit tobacco.	Work is ongoing
4 4.1	Detect and take action against illegal alcohol consumption/supply	Identify areas where there is known underage drinking for targeted intelligence led enforcement response.	Regulatory Services	Green	There have been a number of off licences that have lost their licence as a result of the work of Community Alcohol Partnership post interventions	Work is ongoing
4 4.1	Detect illegal and potentially unsafe alcohol products, illicit tobacco and NPS	Intelligence led enforcement visits	Regulatory Services	Green	Carried out enforcement action with 15 shops - 400 bottles were seized.	Work is ongoing
4 4.1	Ensure businesses are complying with marketing requirements of tobacco products including display bans and plain packaging.	Intelligence led enforcement visits	Regulatory Services	Green	Reading is participating in a regional inspection programme	Work is ongoing
4 4.1	Reduction in drug related deaths	Establish notification pathways and family support mechanisms, and identify appropriate intervention, prevention and training activities.	DAAT, Adult Social Care	Amber	Enhanced harm reduction and relapse prevention measures have been written into service specification for drug and alcohol services	

Health and Wellbeing Action Plan - Summary Update

G oa bj	O	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	What have we achieved?	What do we still need to do?
4	4.1	Reduction in drink and drug related harm/injury	Run First Stop Bus in the Town Centre	Regulatory Services	Green	First Stop Bus is positioned in the Town Centre every Friday and Saturday night. A&E noticed reduction of alcohol related incidents.	Continue with the current service, expand to include day time uses such as health checks. Work with third parties including Reading University to develop further uses for the bus.
4	4.1		Better links with Reading University to build activity & capacity in these areas.	Regulatory Services / Public Health	Green	Links with Reading University and Thames Valley University have been established. Volunteers have begun signing up for the First Stop Bus service. Currently discussing how volunteers could contribute to improving health in deprived communities.	Continue to roll out a programme of activities.
4	4.1	Provide national and local information to smokers on a Smoke free homes and cars campaign	Provide information to smokers via doctors surgeries, pharmacies libraries and work place newsletters on smoke free homes and cars main messages	Regulatory Services, Tobacco Control Alliance Coordinator	Amber	Updated Tobacco Control plan and responded to consultation on smoking in cars.	Deliver action plan and provide information to smokers in line with the action plan.
4	4.1	Secondary School pupils smoking and drinking habits survey	Survey as many 11-18 year olds in full time education in Reading on their smoking and drinking habits.	Regulatory Services, Tobacco Control Alliance Coordinator	Amber	Survey has been planned and is due to be carried out in September 2015.	Implement survey
4	4.1	Peer mentoring of year 10 pupils in secondary schools-to provide stop smoking support to those in year 10 or younger	Following smoking survey report, provide as required a peer mentoring programme for Reading Secondary schools. Provide mentor training and refresher training through the year	Regulatory Services, Tobacco Control Alliance Coordinator	Amber	Survey has been planned and is due to be carried out in September 2015.	Peer monitoring to take place once the survey has been completed.
4	4.1	Better intelligence sharing between Tobacco Control Alliance Partners	Share intelligence regarding illegal tobacco and non compliance of tobacco related legislation between Police, HMRC, Unitary Authority, Public Health and Royal Berkshire Fire and Rescue Service	Regulatory Services, Tobacco Control Alliance Coordinator	Green	Established links and a process to share intelligence with partners.	Intelligence to be shared on ongoing basis.
4	4.2	Increased active travel	Deliver a programme of personalised travel planning, incentives, fare discounts and concessionary fares, workplace challenges, cycle training, new infrastructure and reallocating road space	Transport Team, Environment, Culture and Sport	Green	LSTF programme complete including programme of personalised travel planning, walking and cycling infrastructure schemes. The first year of the ReadyBike cycle hire scheme delivered a total of 26,336 rentals covering an estimated 135,523 miles cycled. Development of 13 School Travel Plans for expanding primary schools to encourage walking and cycling to school. Cycle training was delivered to around 900 pupils in school and many schools received Bike It training.	Delivery of the pedestrian and cycle bridge over the River Thames in September 2015. Delivery of 200 space cycle parking hub at Reading Station. Expansion of ReadyBike cycle hire scheme and seeking a sponsor for the scheme. Continuing programme of cycle training and sessions supporting active travel.

Health and Wellbeing Action Plan - Summary Update

G oa bj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	What have we achieved?	What do we still need to do?
4 4.2	Beat the Street initiative	Complete an evaluation to measure and review success.	Commissioned by CCG's, supported by Public Health	Green	Beat the Street competition 2015 delivered. 23,992 players (11% of the population) travelled a grand total of 306,599.2 miles. This is a 63% increase in participants from 2014	Complete an evaluation of Beat the Street programme as delivered in May/June 2015.
4 4.2	Access to wider workforce, community, peer support role	Review Health Trainer Service and Activity	Public Health	Green	Service reviewed and contract ended.	
4 4.2	Key pathways for risk factors e.g. diabetes, obesity, coronary heart disease etc.	Develop /renew pathways	Public Health	Green	Pathways for people wishing to stop smoking are established. Eat4Health (Adult Weight Management and Physical Activity Programme) has been retendered and new contract awarded. Berkshire Wide woorkshop held on treatment pathways for obesity	Develop obesity pathway for Tiers 1-4
4 4.3	Improved access to good quality information and advice on nutrition	Promote good quality information and advice on nutrition through our childrens' centres	Early Help	Green	Range of provision and sessions available in Childrens' Centres to provide information and advice on nutrition to parents/guardians of young children.	Assess impact on uptake and knowledge retention for the advice on nutrition interventions provided.
4 4.3		Provide family learning for cooking on a budget and healthy eating	New Directions, Environment, Culture and Sport	Green	The following courses were delivered: x3 'Lets Get Cooking' courses - Teaching Adults to cook Healthy meals x2 'Packed Lunches' courses - Healthy Lunches for children x3 Cooking at an Easy Pace - Teaching Adults to cook on a budget	The academic year 2015-16 commenced on the 21st September. 10 classes are planned and advertised; Healthy Menus, International Cookery, Kids Cooking for Health, x5 Eat for Health and x2 Supported Learning Cookery (for those with additional needs).
4 4.3		Introduce Eat Well Get Well initiatives such as British Health Foundation Healthy hearts scheme to tackle obesity	Regulatory Services / Public Health	Amber	Eat Well Get Well initiatives are now been delivered at venues across Reading.	South Reading Quality Premium target is for GP practices to increase referrals to Eat for Health from 139 to 250.
4 4.3	Ensure a minimum of 90% Reception Children and Year 6 children are weighed and measured each year.	Continued implementation of the National Child Measurement Programme	Public Health, BHFT	Green	The NCMP activity delivered across primary schools in Reading. Uptake rates exceeded the threshold targets	To continue running the National Child Measurement Programme in Reading schools. Plan to send out results letters to parents in 2015/16 school year as recommended by Public Health England.
4 4.3	Increase access to specialised healthy weight interventions for primary school children	Continued implementation of the Lets Get Going Project in 2 Reading Primary Schools (Katesgrove and Newtown)	Public Health Berkshire Youth - Lets Get Going Co-ordinator	Green	Let's Get Going (LGG) rolled out to additional schools, identified due to their high levels of childhood obesity as identified through the National Child Measurement Programme.	

Health and Wellbeing Action Plan - Summary Update

G oa	O bj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	What have we achieved?	What do we still need to do?
4	4.3	Develop a joint obesity strategy and action plan for Reading (to include adults and children and maternal obesity)	Scope out the existing services commissioned across Reading that translate as "assets" in a strategy and action plan to reduce obesity in adults and children in Reading and identify gaps and needs.	Public Health	Amber	Scoping event and activity completed, Draft strategy being developed	Complete Healthy Weight Strategy and work with partners to deliver, track and monitor activity.
4	4.3	Increase access and availability of specialist healthy lifestyle courses (exercise and nutrition)	Continued promotion and implementation of Eat for Health Programme with the opportunity being extended to include adolescents.	Public Health	Green	Eat 4 Health contract retendered across Berkshire West.	Work with new provider (Solutions for Health) to promote and monitor uptake of classes. Assess potential need for additional classes for pre diabetes patients.
4	4.3	Increase access to physical activity programmes	GAP Analysis & mapping	Public Health / Environment, Culture and Sport	Green	Scoping event and activity completed, Draft strategy being developed. Health Walks Co-ordinator appointed	Complete Healthy Weight Strategy and work with partners to deliver, track and monitor activity.
4	4.3	Increase take up of Your Reading Passport (a discount and library card)	Review operation of current scheme and investigate alternative options.	Environment, Culture and Sport	Amber	Commenced the scoping and assessing of alternative options.	Further research work to be undertaken to look at the best options

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	Reading Health and Well-being Board		
DATE:	9 October 2015	AGENDA ITEM:	11
TITLE:	Reading joint strategic needs assessment position statement		
LEAD COUNCILLOR:	Cllr Hoskin	PORTFOLIO	Health
SERVICE:	Public Health	WARDS:	Borough Wide
LEAD OFFICER:	Dr Andrew Burnett	TEL:	0118 9373657
JOB TITLE:	Interim Consultant Public Health Medicine	E-MAIL:	andrew.burnett@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This document provides an interim, high-level position statement on the health needs of the people of Reading. We shall produce a comprehensive joint strategic needs assessment (JSNA) for 2016-19 in the coming months.

2. RECOMMENDED ACTION

- 2.1 Committee members are asked to note this position statement and to make observations.

3. POLICY CONTEXT

- 3.1 Local councils are required to publish joint strategic needs assessments (JSNAs). Reading Borough Council's current JSNA will be replaced by an updated, much fuller document in Spring 2016.

4. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 JSNAs act as a repository of information that supports the development of policy and actions to meet the overall direction of the council its corporate plan priorities:

1. Safeguarding and protecting those that are most vulnerable;
2. Providing the best start in life through education, early help and healthy living;
3. Providing homes for those in most need;

4. Keeping the town clean, safe, green and active;
5. Providing infrastructure to support the economy; and
6. Remaining financially sustainable to deliver these service priorities.

This high-level position statement identifies key issues in relation to the health well-being of Reading's population.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".
- 6.2 This duty has been met by presenting this high-level interim position statement to the borough's health and well-being board. The development of an updated full JSNA will include wider discussion and consultation.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—
 - eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

8. LEGAL IMPLICATIONS

- 8.1 None relevant

9. FINANCIAL IMPLICATIONS

- 9.1 There are no immediate financial implications of this high-level interim position statement but there are likely to be from any work subsequently undertaken if decisions are made to change current levels of service provision.

10. BACKGROUND PAPERS

- 10.1 None

Reading joint strategic needs assessment position statement

1. Introduction

This document provides an interim, high-level position statement on the health needs of the people of Reading. We shall produce a comprehensive joint strategic needs assessment (JSNA) for 2016-19 in the coming months. An initial data specification for this can be found in Appendix 1 and an implementation plan in Appendix 2; most of the data listed here are already available in the current JSNA.

The headline issues are:

- Reading's people generally experience poorer health and more can be done to encourage and enable healthier lifestyles to reduce the risks of largely avoidable disease and disability – services need to be targeted and tailored to reduce health inequalities in the borough;
- most mental ill health has its origins in child and young-adulthood and, especially in view of Reading's proportionately younger population, we need to be sure that we are doing all that is reasonable, within available resources, to reduce the risks of people developing long-term mental health problems; and
- Reading would appear to be providing above-average levels of social care services; it is important to ascertain the reasons for this and that other service provision is appropriate for the composition of the local population.

1.1 Context

The purpose of a JSNA is to provide a comprehensive repository of information and an appraisal of relevant evidence to help inform service development and prioritisation processes. JSNAs are not intended to be policy statements or service commitments but to be used as tools to enable the development of these.

2. Reading's population

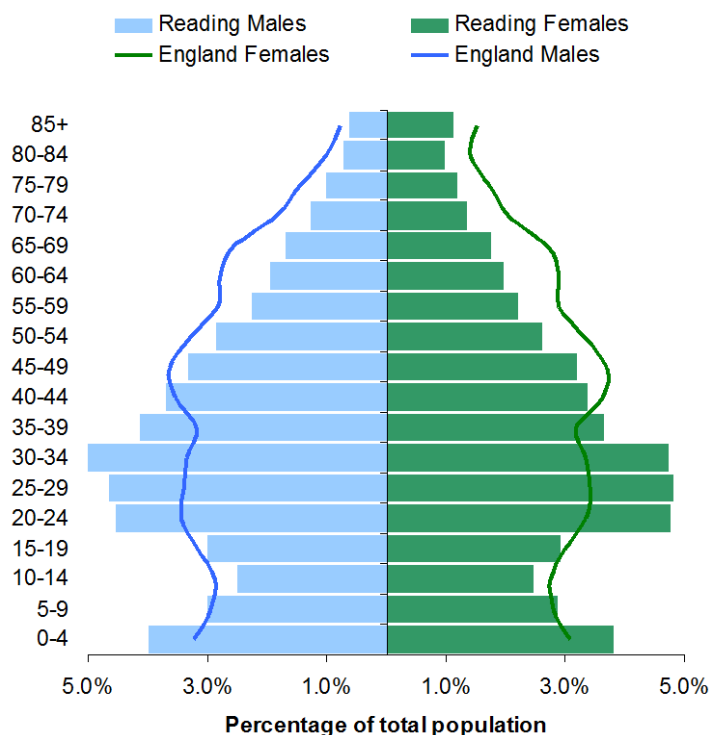
2.1 Population age structure and changes

Reading's population differs from the national average in having higher proportions of pre-school children and younger adults, particularly women of childbearing age (as is shown in Figure 1) and this has significance for service need particularly in terms of pre-school and early-years support, sexual health, pre-natal and maternity services, healthy lifestyles, and health and social care need.

Table 1 shows how the borough's population has changed between the censuses in 2001 and 2011, and the proportionate changes between these two censuses and the previous one (in 1991).

These population changes do not account for new housing developments. However, there is evidence that more people are moving to Reading from abroad than are emigrating; more are leaving for other parts of the UK than are coming to Reading; and that more babies are being born in the borough than people dying. The local population is therefore getting bigger and the proportion of people in it who were born abroad will also increase. In the coming 5-10 years, we can probably also expect there to be proportionately more young adults and more people in their sixties and seventies than at present. This is likely to have a particular impact on the need for social care services and, to a lesser extent, on housing services. Simply because there will be more children in the borough, the councils children's services can also expect to have to meet greater needs. There is likely to be a similar impact on health care and voluntary sector service providers.

Figure 1: Reading population health pyramid: mid-year estimates for 2012



Source: Office for National Statistics mid-year population estimates

Table 1: Changes in Reading's population in recent years

Population age (years)	Reading 2011	Reading 2001	Reading change 2001-2011 (%)	Reading change 1991-2001 (%)
All ages	155,700	144,400	8.8	7.1
0-14	28,500	25,100	13.5	0.8
15-19	9,800	9,000	8.8	3.4
20-29	29,700	29,700	0	-3.6
30-59	63,500	57,300	10.8	23.0
60-74	15,500	14,300	8.3	-7.7
75+	8,700	8,800	-1.2	4.8

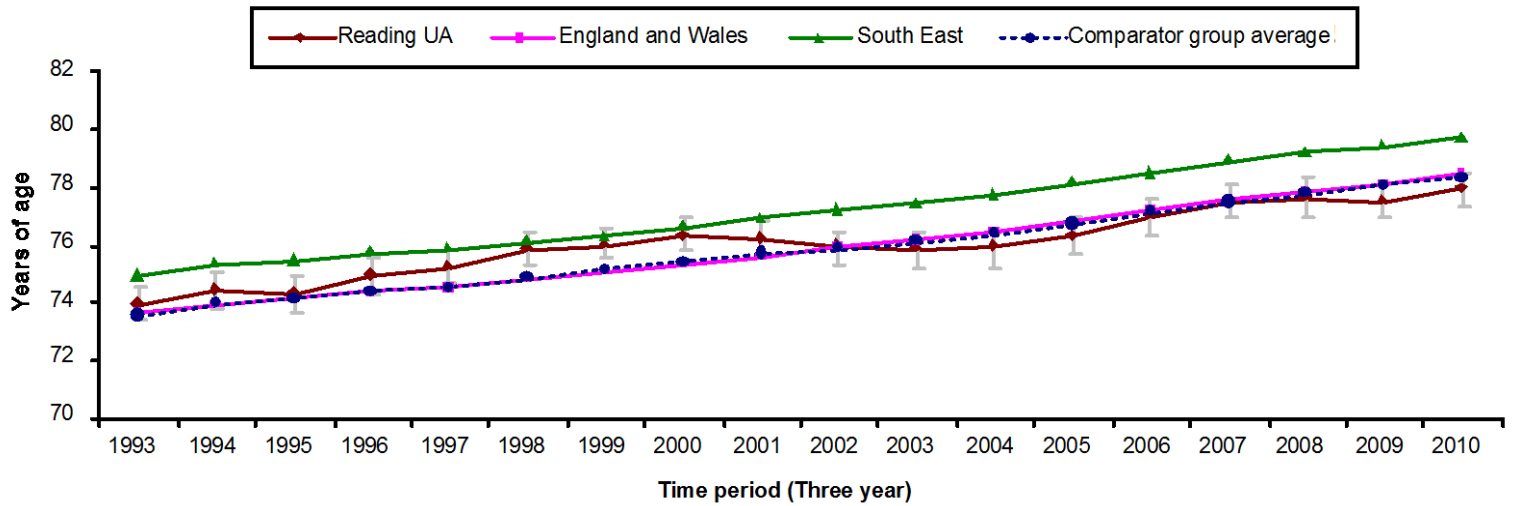
Source: Office for National Statistics, 2011 Census Table

2.2 Life expectancy

This oft-quoted measure is a prediction of how long a person is likely to live (usually calculated from birth) based on prevailing mortality patterns. Measuring likely quantity rather than quality of life, it is a way of expressing general population health. As elsewhere in the country, life expectancy is generally increasing, mainly due to better nutrition and living standards and reductions in infant mortality (with the impact of health and social care interventions being quite small in comparison). Currently, life expectancy in Reading from birth for males is 78 years and 83 years for females. As

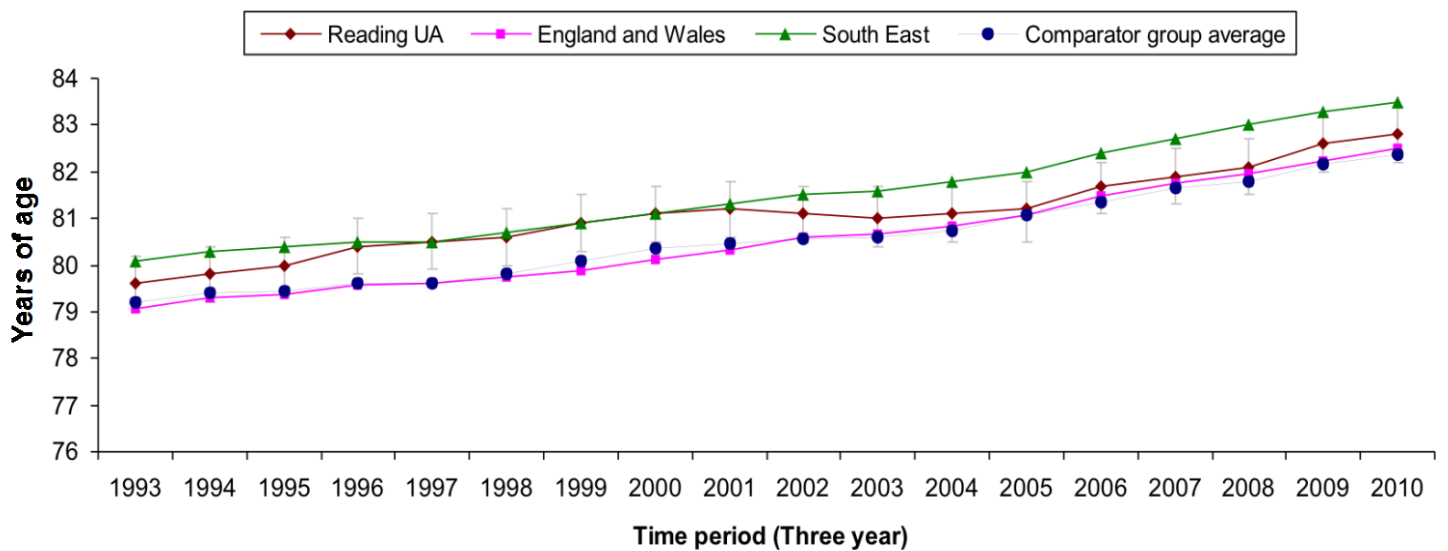
shown in Figure 2, this is below the national and regional averages – for most years being statistically significantly so,ⁱ with the trend for females being similar, as shown in Figure 3. Life expectancy, and other measures, at an electoral ward level in Reading are shown in Table 2.

Figure 2: Trends in male life expectancy



Source: Berkshire Central Public Health Team

Figure 3: Trends in female life expectancy



Source: Berkshire Central Public Health Team

ⁱ 'Statistical significance' is a mathematical way of determining whether an event (such as a death rate) is 95% or more likely to be due to a real effect rather than to have occurred by chance.

Table 2: Some key health-related comparisons of Reading's wards, ranked by deprivation

Ward	Index of Multiple Deprivation	Proportion of population from Black and minority ethnic groups (%)	All-cause mortality rate per 100,000 aged <75 years (2008-10)	Life expectancy at birth (years): males (2008-10)	Life expectancy at birth (years): females (2008-10)	Emergency hospital admission rate per 100,000 (2010/11)
Whitley	33.0	30.8	138.6	76.6	80.6	99.0
Norcot	27.9	32.3	121.7	77.0	80.5	93.7
Church	27.1	31.0	135.1	75.7	80.7	83.3
Battle	26.7	51.5	108.0	78.3	82.8	92.2
Abbey	26.5	53.7	153.4	74.4	81.9	96.0
Southcote	25.8	26.4	97.7	77.5	84.2	91.1
Minster	23.2	40.9	136.4	73.6	79.3	88.7
Katesgrove	22.5	47.4	113.8	79.0	84.1	80.0
Caversham	21.1	25.3	97.1	78.7	83.7	81.5
Kentwood	18.3	23.5	103.5	77.4	81.4	90.1
Redlands	17.1	40.7	97.9	77.7	84.0	66.5
Tilehurst	15.6	15.8	97.6	79.0	84.4	90.1
Park	15.0	49.7	127.5	76.8	81.9	77.5
Peppard	8.8	16.8	63.2	81.5	87.0	66.3
Thames	5.5	15.2	69.4	82.1	85.7	65.7
Mapledurham	4.7	11.3	52.4	84.7	88.0	58.3
Reading	19.9	34.7	107.1	78.0	83.1	82.5

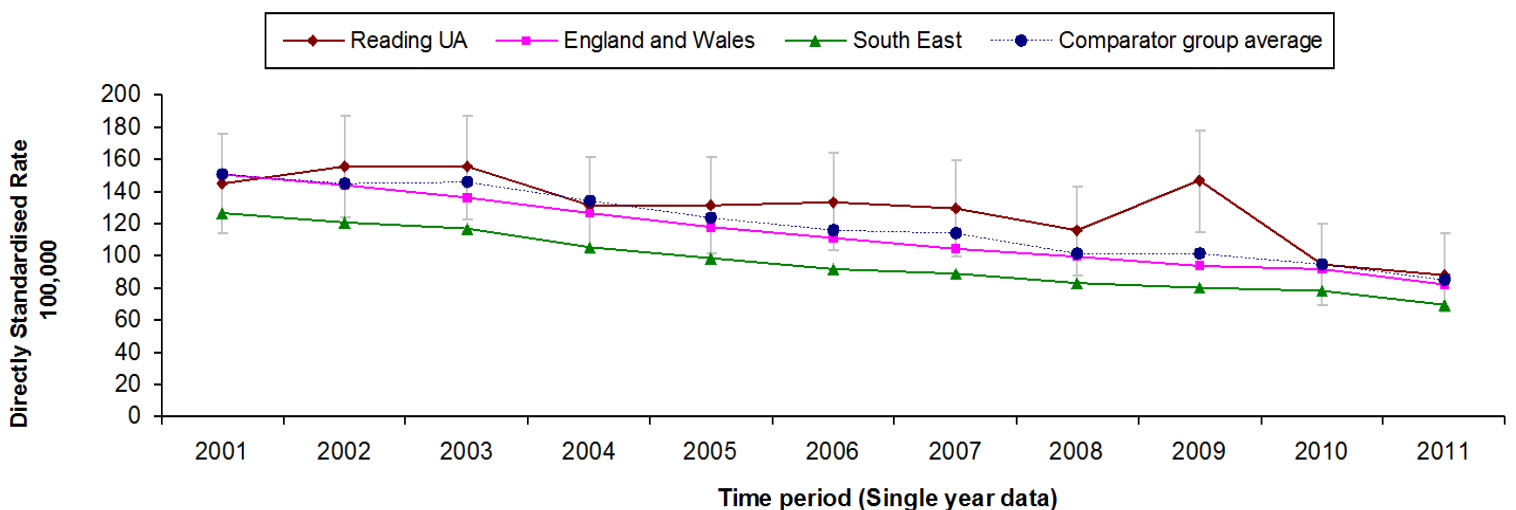
Source: Berkshire Central Public Health Team ward profile dataset

The key points to note from Table 2 are that there is a trend of increasing life expectancy (and lower premature death rates) with increasing affluence and that the health equality differences within the borough are quite large. For example, a boy born to parents living in Mapledurham ward expect to live eight years longer than one born at the same time to parents in Whitley ward. Emergency hospital admission rates also tend to occur more often from the more deprived areas implying a likely combination of people experiencing poorer health and having different healthcare-seeking behaviours. Just as there is variation between individual wards and Reading as a whole there will be variations within wards with pockets of deprivation and affluence existing side by side. Such intra-ward variations are likely to be the cause of some wards that are, overall, more affluent, having higher premature death rates than some others that are less affluent. We will need to undertake more detailed analyses of various measures at sub-ward level to enable greater understanding of relevant differences and – crucially – how population-level interventions should be targeted and tailored to better ensure that people can benefit from them.

3. Deaths from cardiovascular disease

Cardiovascular disease, essentially heart attack and stroke, is the leading cause of death in Reading. For men, such deaths are generally higher (although not always statistically significantly so) than the south east of England, England and comparable local authority areas, as shown in Figure 3.

Figure 4: Death rates from cardiovascular disease in men aged under 75 years 2001-2011



Source: Berkshire Central Public Health Team

Cardiovascular disease is essentially preventable. The World Health Organisation considers that, worldwide, 80% of heart disease and stroke can be prevented,^{1,2} and such a large reduction may not be possible in England (because much has been done already) there remains considerable scope to reduce disability and death from this disease.

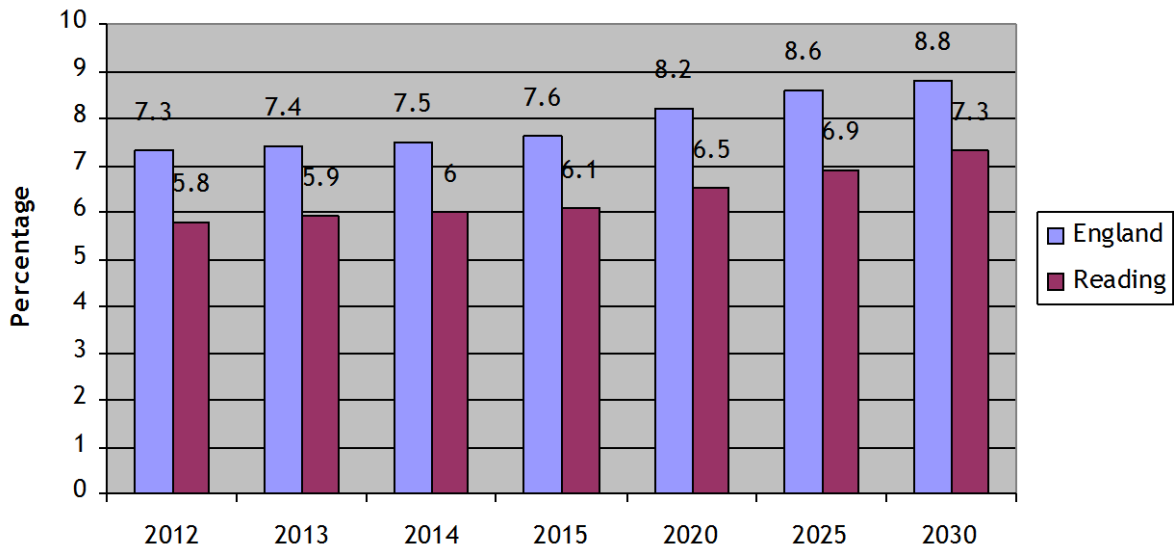
4. Diabetes

Few people die of diabetes but many die because of it: diabetes doubles the risk of premature death, and is a major risk factor for cardiovascular disease, kidney failure, visual impairment and damage to the blood vessels and nerves of the lower limbs often necessitating amputation.³ These complications have severe consequences for the sufferer and significant cost implications for health and social care services.

As shown in Figure 4, whilst the estimated prevalence of diagnosed and undiagnosed diabetes in Reading is below the national average, the rate is increasing (as it is nationally)

and if unchecked will become increasingly problematic. Most diabetes is related to obesity and is thus eminently preventable.

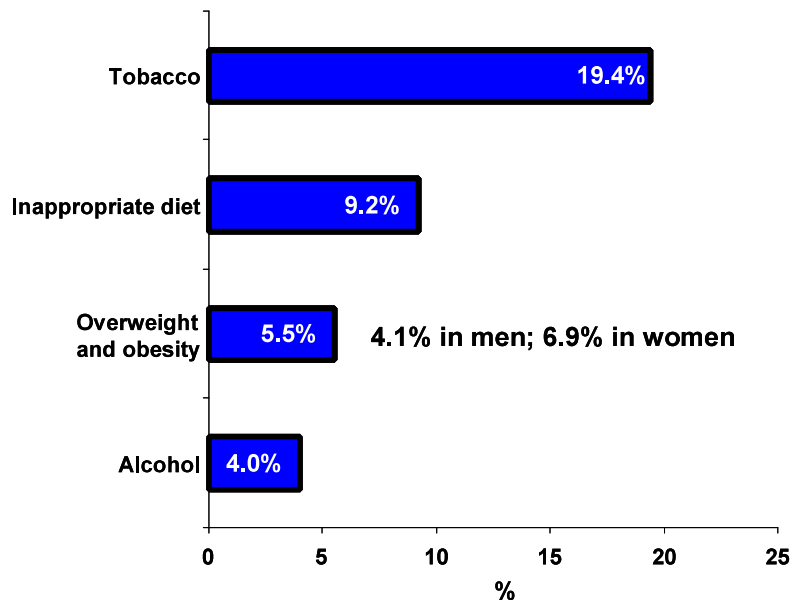
Figure 5: Estimated prevalence of diagnosed and undiagnosed diabetes in Reading



5. Cancers

The incidence of cancers in Reading has been much the same for several years and approximates to the national average.⁴ However, about a third of cancers can be attributed to just four lifestyle choices, as shown in Figure 6,⁵ and are thus largely avoidable.

Figure 6: The proportion of cancers in the UK attributable to different exposures



Encouraging and enabling people to adopt healthy lifestyles that reduce their risk of developing avoidable cancers is, obviously, desirable.

6. Mental well-being

Just as the World Health Organisation defines health as being not just an absence of disease but a complete sense of physical, mental and social well-being, so mental health is more than an absence of mental illness: it is a state of emotional wellbeing in which an

individual realises their own abilities, can cope with normal life stresses, can work productively, and make a contribution to their community.⁶

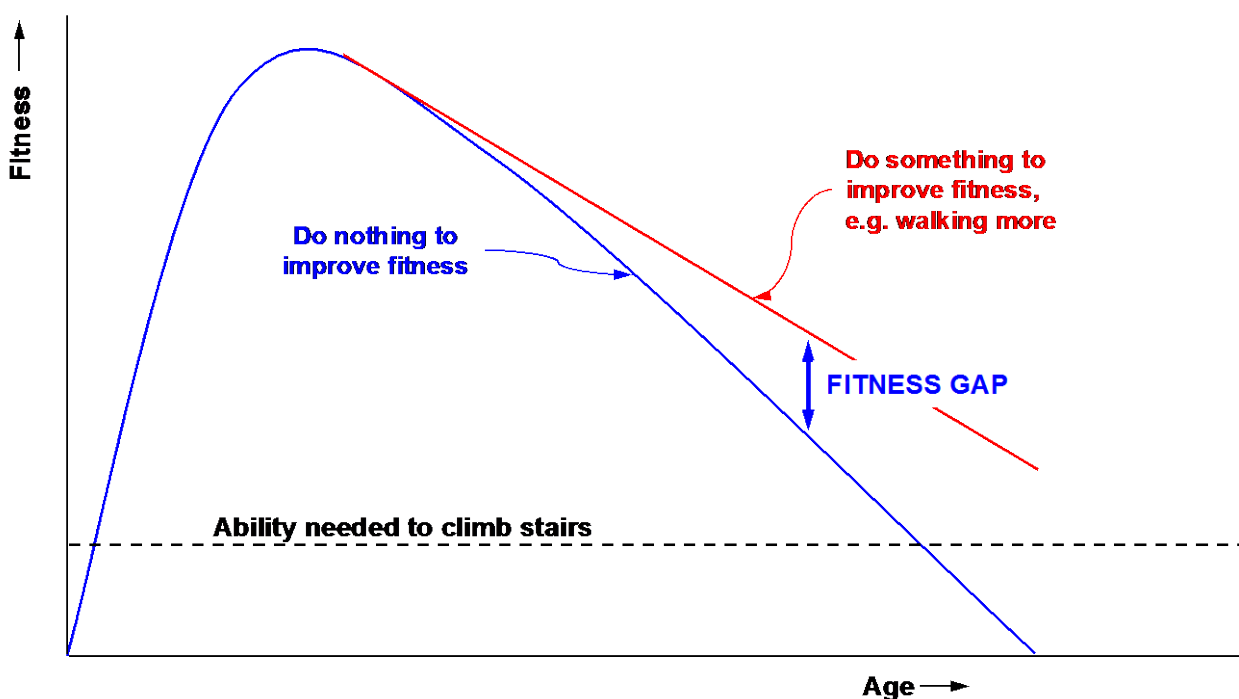
Twenty-eight per cent of people supported by Reading Borough Council's adult social care services have mental health problems as a main factor putting them at risk. And an estimated 29.3/100.000 people in Reading develop a psychotic mental illness each year compared with an average for the south east of the country of 19.8, and for England as a whole of 24.2.⁷ The prevalence of most less-severe mental illnesses in Reading does not differ significantly from regional and national averages. However, it would be prudent to explore mental health issues in greater detail to ensure that, within the available resources, the provision of support and services is appropriate: significantly, half of all lifetime diagnosable mental illnesses begins by the age of 14 years and three-quarters by the mid-20s; promoting mental health can save money in both the short and long-term⁸ as well as reduce suffering.

7. Physical activity

Whilst there are data that show Reading people to be as physically active in their everyday lives as the average this does not mean that this is sufficient to reduce the risk of avoidable and delayable conditions such as cardiovascular disease, diabetes, depression, dementia and physical dependency. Rather like quitting smoking, it is never too late to get some benefit, and all people of all ages would benefit from being more physically active in their everyday lives. Even small amounts of regular physical activity sufficient to make one slightly out of breath and/or sweaty and with an increased heart rate (five times a week for 30 minutes at a time) can reduce the risks of avoidable disease and disability, often much more so than by using medication.⁹

The impact of this was discussed in a book by Professor Sir Muir Gray where he depicted how being more physically active (such as simply walking more) slowed the inevitable decline in physical fitness that occurs with age. Crucially, being more physically active also delays the time at which one becomes physically unable without help to climb stairs; or to be able to get up, wash and dress unaided each morning; or to prepare a simple meal daily meal. This is depicted in Figure 6, taken from this book.¹⁰

Figure 7: The effect of age on the ability to undertake everyday tasks and how to reduce this



8. Social care provision

In 2014 /15 adult social care supported 2,890 people, including 510 carers and performs well overall in supporting people at home, as shown in.

Figure 8: Adults receiving social care services per 100,000 in 2013/14



Adult social care community-based provision in Reading would appear to have a lower eligibility threshold than councils of similar size and the England average. This is supported by the data on how frequently we supply very small packages of care. For residential and nursing homes, Reading appears to be comparable to other councils. For satisfaction indicators on quality of life (from the annual survey of social care users) the council performs above average at around 70%. However, there is also a mixed picture in some specific areas. For Direct Payments, Reading performs less well and has very low numbers of around 9%. It also has a higher than average number of permanent placements into residential and nursing care for younger adults. Other areas of need also give a mixed picture: the number of people with learning disability in employment is low at 5%, for example, but it is high for people with mental health problems.

The number of carers seeking support is now increasing, but from a low base given the very high value placed on the contribution that carers make to supporting vulnerable people in our community.

The picture is thus of a system still adjusting to the national eligibility standard imposed in the Care Act from April 2015, and the need to be modernised to offer personalised unique packages of care consistently and routinely.

9. Implications

This position statement JSNA is brief, and is intended only to highlight key issues. There are many other issues that need to be explored in detail (as do those highlighted here) and this will be undertaken in the coming months culminating in the publication of a full JSNA for 2016-2019.

Meanwhile, there are several issues in terms of health and well-being need that need consideration:

- overall, the people of Reading experience poorer health and are more likely to die prematurely –
 - a high proportion of illness, disability and death in the borough is either avoidable or, at least, delayable,
 - there is potential to reduce this and – through targeted work in the more deprived areas tailored to peoples cultures, values and beliefs – to reduce inequalities in health;
- the borough's proportionately large younger population (including women of child-bearing age) means that there is a greater need than in many other places to ensure adequate provision of advice, support and services to enable children to have the best start in life and for services for children, pregnant women and families bringing up children;
- there *may* be a need to do more to help to avoid the risk of mental health problems developing in child and young-adulthood and to provide more training of front-line personnel and 'low level' services to avoid the need for specialist mental health care;
- the Care Act place duties on local authorities to promote 'wellbeing' and to focus on 'prevention' to help people live the most fulfilling lives they can. Meeting these duties will need to show a shift from a reactive response to helping people to maximise their independence and self-care, that is, prioritising preventative activity; and
- the provision of social care services is higher in some areas such as residential and nursing homes. This needs to change to ensure that more people are supported to live independently for longer in their own homes and communities.

10. Recommendations

Pending the completion of a full JSNA for 2016-19, which will identify a wider range of issues, and in more detail, consideration should be given to:

- reviewing the current provision of assessment of need for, and the commissioning of services intended to encourage and enable large numbers of people to live healthier lives and thus reduce the risk of avoidable disease and disability, especially to ensure that such services are appropriately targeted at those who can benefit most;
- reviewing the levels of mental ill-health amongst children and young people and identifying whether more needs to be done, within the resources available, from a preventive perspective; and
- reviewing the provision of social care services to ensure that these maximise opportunities to enable people to be as independent as possible for as long as possible, and to be able to provide appropriate care when needed within the resources available.

Appendix 1: Initial specification for full JSNA dataset

Note: many of these data are already available from the Berkshire public health team and can be found in various JSNA analyses for the borough although these are not easily accessible on the Reading Borough Council website.

1 Demography

1.1 Data needs for trends and comparisons:

- population pyramid with national comparison
- population by main age groups (children and young people [0-19]; young; women of childbearing age; 'middle-aged' adults; 'young older' adults, 'old older' adults – whatever is conventional)
- changes in population by age groups and gender from 2001 and 2011 censuses with population projections in different age groups
- birth predictions over coming years
- ethnicity breakdown, including ward maps
- trends in ethnicity
- deprivation levels by ward and by LSOA in maps
- trends in deprivation over the last few years
- data on internal and international migration
- are asylum seeking/refugees and migrant workers an issue in Reading?
- lone households by ward

1.2 Mosaic (or other) data to show different population groups, characteristics and lifestyles

1.3 Life expectancy

- show life expectancy by ward/LSOA divided into deprivation tertiles/quartiles or quintiles showing trends against national averages

2 Social and environmental context

2.1 Data needs – all with regional and national comparisons

- working-age population
- employment/unemployment data
- types of employment
- benefits (different types) claimants – tables and ward
- educational achievement in schools
- school absence measures
- special educational needs
- NEET numbers by ward
- air quality and traffic metrics plus maps
- estimated deaths related to air pollution
- deaths and serious injuries on the roads
- housing data
- crime data
- attitude survey results
- Homelessness

- Social care user population (adults and children)

3 Infant mortality

3.1 Data needs

- trends in infant mortality in Reading compared with
- ward-level data to show any outliers
- smoking in pregnancy rates
- breast feeding rates

4 Main causes of death

4.1 Data needs

- all-age all-cause mortality trends
- under-75 years all-cause mortality trends
- trends in top ten causes of death – including a breakdown of the main cancers
- comparisons with England
- ‘scarf diagrams’ for males and females showing main causes of deaths

5 Specific causes of death

Cardiovascular disease – divided into acute coronary syndrome and stroke as appropriate

Cancers: breast, lung, colorectal

Respiratory disease and COPD as a separate topic

5.1 Data needs

- mortality by ward/LSOA shown on a map
- mortality by ward/LSOA divided into deprivation tertiles/quartiles or quintiles showing trends against national averages
- trends in mortality for borough against England
- trends in hospital admissions

6 Excess winter deaths

6.1 Data needs

- trends in excess winter deaths and comparisons against England

7 Health protection

7.1 Data needs

- trends in incidence of flu-like illness and comparisons against England
- incidence of childhood communicable diseases for which routine immunisation is available
- trends in TB incidence and comparisons against England
- immunisation rates for all childhood immunisations, seasonal flu for children, older adults and those in other at-risk groups – with trends

8 Main causes of illness and disability

8.1 Data needs

- long-term conditions such as diabetes, hypertension, hyperlipidaemia, overweight, obesity, asthma, COPD, CVD (not mortality), heart failure, chronic kidney disease,

degenerative joint disease, back problems, fractured neck of femur (as a proxy for falls), depression, anxiety, severe mental illness (including schizophrenia and psychotic mental illness), dementia, neurological conditions (such as Parkinson's disease, multiple sclerosis, myalgic encephalopathy – all by ward?

- data on re-ablement activities
- data on home adaptation services (to link with falls data and other data)
- loss of work because of illness

8.2 Diabetes – data needs

- prevalence trends and comparisons against England
- trends in amputations because of diabetes and comparisons against England
- trends in diabetic retinopathy including blindness and comparisons against England
- trends in cost of diabetes treatment (NHS) and cost implications for social care

8.3 Chronic kidney disease – data needs

- prevalence trends and comparisons against England
- trends in cost of CKD treatment (NHS) and anything on cost implications for social care

8.3 Overweight and, separately, obesity – data needs

- separately, child and adult trends in prevalence
- trends in bariatric surgery and comparisons against England

9 Mental health

9.1 Data needs

- trends in hospital admissions for mental health problems
- ditto unipolar depressive disorders
- ditto bipolar disorders
- ditto schizophrenia and related disorders
- ditto number of people per 1,000 using adult and elderly NHS secondary mental health services
- trends in referrals to and use of IAPT services
- number of people per 1,000 on a care Programme Approach
- trends in the number of people by ward on a GP register with severe and enduring mental illness
- trends in rates of people with dementia
- trends in ratio of recorded/expected diagnoses of dementia
- Children and adolescent mental health services
- Mental Health Act assessments
- Employment (ASCOF)
- Numbers of people in settled accommodation (ASCOF)

10 Sexual health

10.1 Data needs

- numbers of people attending GUM services anywhere in England plus trends over as many years as possible
- ditto but for local area trusts with whom we have contracts
- numbers and trends in new diagnoses in chlamydia infections in Reading with comparisons with regional and national data
- ditto gonorrhoea, herpes, syphilis and genital warts in Reading with comparisons with regional and national data

- number of newly-diagnosed HIV infections in Reading (with comparisons with regional and national data), ditto AIDS diagnoses and HIV/AIDS deaths with trends over as many years as possible
- prevalence of HIV in Reading with comparisons with regional and national data
- age-specific STI diagnoses made in GUM clinics for gonorrhoea, chlamydia and genital warts
- Teenage pregnancy rates

11 Trends in relevant GP QoF data and other data that may be available

11.1 Data needs

- Quality Management and Analysis System (QMAS) data from Reading GP practices

12 Acute hospital activity data

12.1 Data needs

- A&E attendance
- outpatient new referrals
- average length of stay for various conditions
- elective spells
- non-elective spells
- readmissions
- admissions from nursing homes and from residential homes
- admissions avoidance data, including activity with the First Stop Bus service

13 Physical activity

13.1 Data needs:

- APHO borough profiles
- data concerning use of local facilities for sport and physical activity

14 Drugs and alcohol

14.1 Data needs:

- trends in hospital admissions for drug-related mental health or behavioural disorder
- NHS admissions where there was a diagnosis of poisoning by drugs
- impact of alcohol use on different aspects of people's
- trends in hospital admissions for men and women due to alcohol-related conditions
- estimated number of drug misusers in Reading with national comparison
- UK estimates of alcohol drinking prevalence including binge drinking
- drug trend data for 'number in effective treatment', treatment rates, and number completing treatment for opiate and Crack cocaine users, for opiates, for Crack, and for non-opiate drugs with national comparators and, if possible, comparator borough figures
- ditto for all drug users in effective treatment
- main drugs of use by people in effective treatment over the last few years
- numbers and proportions of non-opiate users in effective treatment for different durations in Reading and comparator (cluster) boroughs
- ditto for completing treatment
- opiate drug users in treatment and proportion completing treatment by duration of treatment
- trends in number of people misusing alcohol in primary treatment in Reading
- trends in smoking and alcohol consumption and in obesity in England

- Deaths
- People in justice system accessing treatment
- Children and Parents D and A

15 Safeguarding – children and adults

15.1 Data needs:

- numbers of (separately) children and adults with safeguarding issues
- types of safeguarding issues for (separately) adults and children including numbers and trends
- domestic violence data
- childrens data on pathways (CIN data)
- Mental Capacity Act and DoLS

16 Smoking and smoking cessation

16.1 Data needs:

- estimates on prevalence and trends over as many years as possible
- smoking in pregnancy data and trends
- data on quits
- trends in quits
- tobacco control data – what is available
- data on illegal sales of tobacco (under age) and the use of illicit tobacco in Reading

17 Learning disability and autism

17.1 Data needs

- trends in prevalence
- numbers (and trends) in adults with learning disability known to GPs
- ditto receiving services
- ditto known to councils and NHS
- numbers and trends in school-age resident (moderate LD)
- ditto severe LD
- ditto profound and multiple learning disability
- numbers and trends in people with autistic spectrum disorder
- data on numbers of people with LD approaching transition (and ? trends)
- data on GP-completed health checks for people with learning disability and/or autistic spectrum disorder?
- where possible, for each of these data, to have comparisons with England
- Add SEN data (not under 2)
- Challenging behaviour (ex Winterbourne)
- Social care services data
- Employment (ASCOF)
- Settled accommodation (ASCOF)
- More transitions data- type and needs
- Costs of provision

18 Physical disability

18.1 Data needs

- numbers and trends in people with physical disability receiving services by primary client group
- ethnicity breakdown of physical disability
- Services by type/reason (SALT)

- Age/sex data
- Costs of provision

19 Children and young people

19.1 Data needs

- child poverty measures (relative and absolute) and trends plus national and comparator council comparisons – numbers and rates
- child poverty measures by ward and LSOA
- data on child poverty and lone parent families
- data on child poverty and families of three or more children
- looked after children metrics
- safeguarding data
- Children in need
- Children with disabilities
- Troubled families data
- NEET data
- Outcomes for care leavers
- Outcomes
- Young carers

20 Older people

20.1 Data needs

- population data for older people by age band and projections
- data on older people living alone
- ditto having own transport
- inpatient admission rates for injury/falls (use fractured neck of femur and wrist as proxies) – trends
- adult social care data – numbers receiving care packages by type of care and/or type of need – also trends
- safeguarding data
- end of life care data
- Residential and nursing care
- Community services
- Remove safeguarding

21 Carers

21.1 Data needs

- known numbers
- receiving GP/other assessments for personal needs
- distribution of known carers by ward/LSOA
- Carers services numbers/type

Appendix 2: Proposed full JSNA implementation plan

		Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
		05 October 2015 12 October 2015 19 October 2015 26 October 2015	02 November 2015 09 November 2015 16 November 2015 23 November 2015 30 November 2015	07 December 2015 14 December 2015 21 December 2015 28 December 2015	04 January 2016 11 January 2016 18 January 2016 25 January 2016	01 February 2016 08 February 2016 15 February 2016 22 February 2016 29 February 2016	07 March 2016 14 March 2016 21 March 2016 28 March 2016
TASK	WHO IS RESPONSIBLE						
Confirm JSNA project management lead	Consultant in Public Health	■					
Establish monthly JSNA project management group	PH Admin	■	■	■	■	■	■
Agree project management group membership	Project Manager	■					
Agree project management group TOR	Project Manager	■					
Circulate notes of JSNA project management group	Project Manager		■	■	■	■	■
Accountability and Sign Off							
Confirm agreement to move to in year JSNA module updates	Health and Wellbeing Board	■					
Produce process flow chart for completion of in year JSNA data updates	Project Manager	■					
Confirm lead officers responsible for updating individual JSNA modules	JSNA Project Group	■					
Confirm internal sign off process for individual JSNA modules	JSNA Project Group	■					
Produce forward planner and timetable for internal/external JSNA sign off and schedule into project plan	JSNA Project Group	■	■	■			
Final JSNA tabled for approval at Health and Wellbeing Board for approval	Consultant in Public Health						■
Final JSNA taken to full council for sign off	Consultant in Public Health						
Web Based Development							
Confirm IT/web team capacity to support 2015 JSNA web based developments	Project Manager	■					
Confirm IT/web team JSNA project lead	RBC web team	■					
Seek feedback (internal/external stakeholders) on current JSNA format and web presentation - including review of existing template format	Project Manager	■	■				
Based on feedback produce revised specification and timetable for updated format/presentation of 2016 web based information	Project Manager/JSNA web lead		■	■			
Produce beta version of 2016 website in line with project brief timescales	RBC web team		■	■	■		
Beta testing with internal/external stakeholders	RBC web team				■		
Confirm process and timetable for uploading of JSNA module content to website	JSNA Project Group	■	■				
Data							
Confirm 2016 data schedule with Public Health shared team	Project Manager	■					
Schedule meetings with DMTs to identify and confirm additional local sources of JSNA data	Project Manager	■					
Review CCG/primary care data sources	JSNA Project Group	■	■				
Review commissioned service data sources: NCMP, Health Checks, Weight Management, Breastfeeding etc	Public Health Team	■					
Produce process flow chart for data feeds into live in year data updates	Project Manager	■					
Data updates produced		■	■	■	■	■	
Stakeholder Engagement							
Arrange stakeholder workshop to identify sources of qualitative and quantitative information - data, service user experience, reports, community voice etc	Project Manager/JSNA Project Group	■	■				18

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READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	Health and Wellbeing Board		
DATE:	9 th October 2015	AGENDA ITEM:	12
TITLE:	Reading Integration update		
LEAD COUNCILLOR:	Cllr Graeme Hoskin	PORTFOLIO:	Health
SERVICE:	Adults	WARDS:	All wards
LEAD OFFICER:	Melanie O'Rourke	TEL:	0118 937 4053
JOB TITLE:	Head of Adult Social Care	E-MAIL:	Melanie.o'rourke@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Better Care Fund has now been in operational status for 6 months following a long period of planning during 2013/14. This report aims to take the form of a half year progress report and the opportunity to plan for the Better Care Fund 2016/17.

2. RECOMMENDED ACTION

- 2.1 For the Health and Wellbeing Board to note the current status of the Reading Integration agenda;
- 2.2 For the board to agree the imperatives for adult social care and health.
- 2.3 For the board to note the blockages and challenges that need to be remedied to enable a successful health and social care system
- 2.4 For the Health and Wellbeing Board to consider the impact and influence the targets for the second year of the better care fund.

3. BACKGROUND

- 3.1 Integration between Health and Social Care remains an important area of work in Reading. Research shows that when Health and Social Care works together, individuals have a better experience and a greater chance of retaining their independence.
- 3.2 Sam's Story produced from the Kings Fund has been shared with the Reading Health and Wellbeing Board, remains relevant to how we provide responsive Health and Social Care. It identifies some key areas of success for the individual: not having to repeat the same message more than once, professionals involved in their care are well informed and do not duplicate care and support; that individuals are supported to remain as independent as possible by receiving, "the right care, at the right time, in the right place.

- 3.3 In 2013, the government launch a vehicle to support integration called the Better Care Fund. It mean that health and social care *had* to be integrated and holds the local area to account for the way that services are delivered.

Over the last 15 months the Health and Wellbeing Board have seen a number of reports and updates regarding the Better Care Fund. This report aims to provide the Health and Wellbeing Board with an update, and an opportunity to consider how we wish to proceed with integration in the future.

- 3.4 Reading came from a good starting position as there were a number of integrated services, whose aims were to increase independence prior to the start of the Better Care Fund.

These included:

- ✓ A nationally recognised re-ablement service
- ✓ Community health working proactively with GP's with individuals who have complex care needs commonly based upon long term conditions such as heart failure, diabetes and obesity
- ✓ Strong links with the hospital to both help people avoid being in hospital when they don't need to be there (rapid response), and to help people move out of hospital as soon as being well enough to do so (delayed discharges)

- 3.5 As part of the Better Care Fund process, key stakeholders developed a plan to describe how we would integration. In Reading we chose:

- ✓ Discharge to Assess (supporting people who need support following a stay in hospital)
- ✓ Neighbourhood clusters (providing care closer to where people live)
- ✓ 7 day access to services - to enable greater access to services

As Reading work closely with key stakeholders it was agreed that Reading would join up with the other two local authorities to deliver further services. These included:

- ✓ Hospital at Home - to enable people to proactively be care from at home
- ✓ Connected Care -to enable professionals to work more efficiently using technology
- ✓ Health and Social Care Hub - one number for people to ring
- ✓ Care Home Project - clinical input and advice in to care homes from the community health service
- ✓ Workforce project - to ensure we have the right skill mix, quality and quantity of staff
- ✓ Market Management - working across the West of Berkshire to ensure that the services we purchase are value for money
- ✓ Carers Services - working together to ensure that we have good carers services

4. PROGRESS TO DATE:

- 4.1 The Better Care Fund projects have now been in place since April 2015. The operational teams have worked closely together to implement the schemes. Most notably to date, the Discharge To Assess service, which was in a pilot phase for the 1st Quarter of 2015, and full implementation from Quarter 2.

This scheme has enabled people to be discharged from care sooner, with time to consider their long term care needs either in their own home or in the Willows Independent Living Service.

Part of the strong and compelling care for this scheme was to reduce the Delayed Transfers of Care. In July 2015, the recorded Delays amounted to 3 people. This number had previously averaged 8 people at any one time.

The scheme also planned to reduce the number of people who needed to move into a long term placement in residential care. Performance to date shows:

1 st April 2015	1 st May 2015	1 st June 2015	1 st July 2015
285	288	279	276

So this shows a reduction of 9 placements between April and the end of June 2015.

- 4.2 The Reading Integration Board met as a workshop on the afternoon of 19th August. The membership was extended to operational leads to ensure that we were able to reflect on both the strategic direction and the operational implementation.

The format of the session was:

- Clarity on our “in year position”
- Ensure that we have solutions for in year blockages
- Identify actions for Q3 and Q4
- Prepare for 2016- 17

The key findings were captured and brought together into an action plan to be monitored by the members of the Reading Integration Board.

- 4.3 This report provides an overview of some of the ‘in year’ challenges that impact upon the performance of the current BCF. Key themes and future areas of work for the Reading Integration Board. Which are set out in this report:

4.3.1 Lack of robust data sets to measure impact

It was recognised that the quarterly reporting mechanism to NHS England, does not provide the level of detail to enable the Reading Integration Board to understand the individual impact of each intervention.

The workshop asked a number of key questions, relating to our key performance metric and identified the need for a more detailed local monitoring tool be developed.

4.3.2 Improved access to services 7 days a week.

Some improvement in the accessing of 7 day services has been achieved. Namely, a social worker is now available in the acute hospital Mondays to Saturdays, and the Discharge to Assess services both takes on and discharges people from the scheme 7 days a week.

It was however recognised that there is more work to be done to ensure that all areas of the health and social care economy need to provide extended cover. It was recognised that this would probably not need to be all services available at the same level of services on weekdays, but further work was required.

4.3.3 Neighbourhood clusters

It was acknowledged that the neighbourhood clusters work stream has seen developments. In particular the development of the voluntary sector schemes to support people to promote and support independence and connect people with their communities.

In September Berkshire Healthcare Foundation Trust (BHFT) have gone live with a review of the care coordination service which supports people to maintain their health and wellbeing, by promoting good health, self-care and managing long term conditions in a crisis.

The development of the fourth model has not achieved the same traction and requires more resource in the shape of a project manager to develop the model further. This is being addressed in the Reading Integration Board.

4.3.4 Workforce

The workforce difficulties were a key area of risk for the integration work as well as general service delivery. This is the case at both a local and national level.

The issues facing Health and Social Care in Reading are:

1. Lack of interest for working in the social care industry
2. Difficulty in securing clinical staff due to a national shortage of nurses, occupational therapist and physiotherapists
3. Location of Reading means that staff are not eligible for outer London weighting and so localities in the East of Berkshire, or within London are more attractive to staff.

Locally, Health and Social Care have been working on this issue for some time. And has included looking at different ways of delivering health and social care. This has included a workforce project to look at developing a "*Generic Care Worker*" who would be trained to take on a range of health and social care tasks, in doing so, this would reduce the number of visits that someone receives and mean that the right care is provided once, rather than by a trail of professionals visiting someone in their own home.

The Reading Integration Board and the Berkshire West Delivery Group are currently working this through.

5. KEY IMPERATIVES FOR HEALTH AND SOCIAL CARE

5.1 There are a number of key imperatives deliverables to enable successful integration locally.

- a) Ensure the efficient use of resources so that all schemes evidence value for money
- b) That we have a skilled available workforce
- c) That services are available 7 days a week
- d) Health and social care do not duplicate tasks
- e) Primary care and community services are central to care and explored fully before people need to use the acute hospital setting (Royal Berkshire Hospital)

Additional to the key imperatives are Performance Indicators for the Better Care Fund. These are:

- ✓ Reduction of delayed transfers of care (DTOC)
- ✓ Reduction of people who are fit for discharge from hospital but remain there
- ✓ Reduction of time that people are in the hospital when they are fit to be discharged
- ✓ Customer satisfaction
- ✓ Reduction of the number of people who need to move in to residential care
- ✓ Reduction in the number of people who have unplanned admissions to hospital (Non Elective Admissions)

- 5.2 These factors are monitored closely by the Reading Integration Board. To date we have seen a reduction in both the number of people who are formally identified as being a delayed discharge of care, and the amount of time people spend in hospital when they no longer need to be there.

6. FINANCIAL IMPLICATIONS

6.1 Revenue implications

As the report sets out the better care fund has provided investment across the health and social care economy to focus on certain key activities. For the Council this has also meant increased investment above 2013/14 levels in protecting social care services. This amounted to £1.5m in the current financial year (15/16).

The health and social care economy is however under significant financial pressures and work is on-going through the integration agenda and this additional investment to improve the way services are delivered in the most effective and efficient way possible.

6.2 Risks

The Better Care Fund currently only runs to the 31st March 2016 and as yet there is no national guidance around the future direction of the funding beyond this date. The Better Care fund is a key source of funding for a variety of schemes across the Health and Social Care economy and is essential for a number of the Council's key services (including Reablement, intermediate care, etc.). Any significant changes in this funding could have significant impacts on the ability to deliver these services.

7. THE BETTER CARE FUND GOING FORWARD

7.1 2015 / 16 (in year)

The plans developed from the Reading Integration Board workshop will form the work plan for local integration for the rest of this financial year.

7.2 2016 /17 (next year)

To date, central government have not indicated the size and scale of the Better Care Fund for 2016/17. It is anticipated that guidance will be announced in the autumn statement. At which point the Health and Wellbeing Board will have to be informed of the local implications.

The Reading Integration Board were interested in how any future plans for integration can include older people's mental health to ensure that a greater cohort of people can benefit from integrated working.

8. RISK PROFILE

- 8.1 Integration of services is a central focus for health and social care. For both areas to be sustainable in the future it will be necessary to do things differently and to ensure that the greatest value for money is achieved.

8.2 The most significant areas of risk for 2016 / 17 are:

Risk	Rating	Mitigation	Variance rating
Timescale for guidance of BCF 2016/17 being published is not until December 2015, which will give a very short lead time.	RED	Utilise the impact of the Reading Integration Board. Benefit from the work on the frail elderly pathway as a source of information and activity.	RED
Financial pressures on all health and social care providers will have a direct impact on our ability to transform	Red	Risk sharing agreement to be put in place.	Red

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	HEALTH AND WELL BEING BOARD		
DATE:	9 OCTOBER 2015	AGENDA ITEM:	13
TITLE:	REVIEW OF THE READING AND WEST OF BERKSHIRE HEALTH AND WELLBEING BOARDS		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT CARE	WARDS:	ALL
LEAD OFFICER:	WENDY FABBRO	TEL:	0118 937 2072
JOB TITLE:	DIRECTOR OF ADULT SOCIAL CARE AND HEALTH SERVICES	E-MAIL:	WENDY.FABBRO@READING.GOV.UK

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Health and wellbeing boards are statutory bodies introduced in England under the Health and Social Care Act 2012. According to the Act, each upper-tier local authority in England is required to form a Health and Wellbeing Board as a committee of that authority. The aim of the Health and Wellbeing Boards is to improve integration between practitioners in local health care, Social Care, Public Health and related public services so that patients and other service-users experience more "joined up" care, particularly in transitions between health care and Social Care. The boards are also responsible for leading locally on reducing health inequalities.
- 1.2 Health and Wellbeing Boards have no statutory obligation to become directly involved in the commissioning process, but they do have powers to influence commissioning decisions made by CCGs. However, CCGs and local authorities may delegate commissioning powers to Health and Wellbeing Boards so that they can lead on joint commissioning, JSNAs and joint health and wellbeing strategies produced by the boards, are key tools that CCGs use in deciding what public health services need to be purchased. In this sense the boards have a role in shaping the local public health landscape, and helping CCGs to commission services in an effective and targeted manner.
- 1.3 Reading's Health and Wellbeing Board (HWB) has now been operating in its formally constituted role for more than 18 months; and this report proposes that it is timely to review the effectiveness and efficiency of the Board in terms of delivering the aims and objectives of the Health and Wellbeing strategy (key strategic aims and goals attached as Appendix 1); and to support the development of HWB leadership.

- 1.4 In West of Berkshire there are 3 HWBs in Reading, Wokingham and West Berkshire, all tasked with promoting the alignment and integration of health and care services in the sub region. This report proposes that the review is collaboratively undertaken with our partner HWBs, in order to identify any potential opportunities for future synergies or integrated working.

The report further proposes that the methodology for the review should be the LGA Peer Challenge, which is described in paragraph 3 below.

2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board approves the proposal for review of its effectiveness and efficiency, and appoints the LGA to conduct an 'on site' visit in early-mid March 2016.
- 2.2 That the Health and Wellbeing Board appoints a task and finish group to oversee the specific focus for the Peer Challenge questions and their programme of interviews and focus groups.

3. POLICY CONTEXT

- 3.1 A Peer Challenge is a voluntary and flexible process commissioned by a council or a partnership to aid their improvement and learning. It involves a team of between four to six peers from local government and Health (can involve others e.g. the voluntary sector) who spend time on-site in an area to reflect back and challenge in order to help it to reflect on and improve the way it works and makes an impact. The process involves engaging a wide range of people working in the area in both statutory and partnership roles and the findings are delivered immediately.
- 3.2 Peers are working as 'critical friends', not professional consultants or experts. Peer challenge is not inspection. The process is based on a view that organisations learn better from peers and are open to challenge. Likewise it believes that peers, in their professional capacity, challenge robustly and effectively - while the process is voluntary it is not a 'soft option'.
- 3.3 The health and wellbeing peer challenges focus on the health and wellbeing board and partners who form the local health and wellbeing system recognising that 2015/16 brings a window of opportunity to put Health and Wellbeing Boards in the driving seat of local system leadership; able to take on a place-based approach to commissioning Adult Social Care and health, and address the wider determinants of health. The peer challenges are focused on enabling the leadership of HWBs to move into this space effectively. In this context the peer challenge focuses on the following elements:
- ensuring clarity of purpose of the board
 - building a model of shared leadership within the board
 - working with partners to develop the systems leadership role
 - ensuring delivery and impact
 - integration and system redesign

The peer challenge is fully subsidised by the Department of Health.

The peer challenge focuses on a set of headline questions and more detailed prompts, from which to frame the preliminary review of materials, the interviews, and the workshops that make up a peer challenge. They are discussed and tailored in the context of each council and HWB:

1. To what extent is the purpose and role of the health and wellbeing board (HWB) established?
2. How strong is work with key partners to develop system leadership?
3. To what extent is the HWB ensuring the delivery of the health and wellbeing strategy?
4. To what extent is there a clear approach to engagement and communication?
5. To what extent is the HWB enabling closer integration and the change to a cohesive and effective health system?

4. CONTRIBUTION TO STRATEGIC AIMS

4.1 The purpose of this section is to ensure that proposals contained in reports are in line with the overall direction of the Council by meeting at least one of the Corporate Plan priorities:

1. Safeguarding and protecting those that are most vulnerable;
2. Providing the best start in life through education, early help and healthy living;
3. Providing homes for those in most need;
4. Keeping the town clean, safe, green and active;
5. Providing infrastructure to support the economy; and
6. Remaining financially sustainable to deliver these service priorities.

5. COMMUNITY ENGAGEMENT AND INFORMATION

5.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

Our vision – A healthier Reading

Communities and agencies working together to make the most efficient use of available resources to improve life expectancy, reduce health inequalities and improve health and wellbeing across the life course

Goal One – Promote and protect the health of all communities particularly those disadvantaged

Objective 1 – Protect health and reduce the burden of communicable diseases by targeting services more effectively

Objective 2 - Ensure effective support is available to vulnerable and BME groups to protect their own health.

Objective 3 – Increase awareness and uptake of Immunisation and Screening programmes

Goal Three – Reduce the impact of long term conditions with approaches focused on specific groups

Objective 1 - Assist and support ability to self-care in all adults and young people with existing long term conditions

Objective 2 - Ensure high quality long term condition services are available to all including those with a learning disability

Objective 3 - Build on and strengthen the quality and amount of support available to adult and young carers in Reading

Goal Two – Increase the focus on early years and the whole family to help reduce health inequalities

Objective 1 – Ensure high quality maternity services, family support, childcare and early years education is accessible to all

Objective 2 – Reduce inequalities in early development of physical and emotional health, education, language and social skills

Objective 3 - Improve identification and reduce the effects of domestic violence on emotional wellbeing for the whole family

Goal Four – Promote health-enabling behaviours & lifestyle tailored to the differing needs of communities

Objective 1 – Improve tobacco control and reduce harm due to alcohol and drug misuse in Reading

Objective 2 – Enhance support and target causes of lifestyle choices impacting health for adults and children

Objective 3 – Reduce the prevalence, social and health impacts of obesity in Reading including targeting key causes