

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
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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 initiation 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