

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	22 January 2016	AGENDA ITEM:	12
TITLE:	READING HEALTH AND WELLBEING STRATEGY - NEXT STEPS		
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 proposals for the next steps to produce the next Reading Health and Wellbeing Strategy. The report builds on progress to date from the current strategy and follows the action plan summary report presented at the October 2015 Board meeting.

#### 2. RECOMMENDED ACTION

2.1 The Board is recommended to agree the next steps proposals presented in this report and to give authority for key partners to deliver them as part of the strategy development.

#### 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 will need to set out an agreed, integrated health and well-being strategy for the Borough, replacing the existing strategy that runs to March 2016. The strategy will include locally determined priorities and will be used to inform the commissioning of services by the local Clinical Commissioning Groups and the Council. It will also encompass our obligations under the Care Act to have a well-being strategy.

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 to reduce incidence of preventable illnesses such as cardio vascular disease, some cancers, diabetes and other priority debilitating diseases
- 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

##### 4.2 Stakeholder Engagement

We need to have a clear understanding of key health improvement priorities for all stakeholders that support the people of Reading. We propose to engage with stakeholders by jointly developing and conducting a survey to inform priorities. The survey will help to:

- seek views of members on what services are required for the people of Reading in the context of the full joint strategic needs assessment due to be considered by the health and well-being board in March 2016
- clarify the local CCGs priorities and objectives to improve health and reduce health inequalities
- present the views of the voluntary community sector and local action groups
- demonstrate the priorities of internal and external colleagues

We will also make this available online to enable the public to make comments if they wish.

Findings from the survey will be used along with JSNA and primary care commissioning plans and the council’s new well-being strategy to inform the production of a new Health & Wellbeing Board Strategy for 2016 and beyond. It is expected that ‘prevention’ will be a key message. The JSNA update summary, presented in October 2016, identified mental health, physical activity and cost of social care as key priorities. Emphasising the preventative message by encouraging local people to make healthier lifestyle choices will help to prevent and reduce incidence of the illnesses mentioned earlier and reduce the cost of providing social care.

There is an opportunity to engage with other Health & Wellbeing Boards across West of Berkshire. This could be useful in that we could identify potential shared health priorities that may be delivered in partnership as some interventions are currently. Examples of these are; Health visitor and school nursing, smoking cessation services, breastfeeding and domestic abuse. It could be worth exploring further shared priorities and continued joint commissioning of preventative services where mutual benefits can be achieved.

## 5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The next step proposals above will support the development of ambitions and priorities for the next iteration of the Health and Wellbeing Board Strategy and the overall vision to improve the health and wellbeing of people in Reading. The new Strategy and accompanying action plan will be used to inform the commissioning of services by the local Clinical Commissioning Groups and the Council.

5.2 An accompanying Health and Wellbeing Strategy Action Plan will also be 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 the new Health and Wellbeing Strategy which will include details of how we will involve all stakeholders including the voluntary sector over 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 any engagement activity.

The Health and Wellbeing Strategy will 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.

## 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. Further cuts to the public health grant are proposed over the coming years that will impact on service delivery. Any cuts will need to be considered when prioritising future service commissioning activities. Any newly identified needs will have to be robustly-evaluated projects/services to help address needs identified in the revised RBC joint strategic needs assessment.

## 9. BACKGROUND PAPERS

None