

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	HEALTH & WELLBEING BOARD		
DATE:	15 JULY 2016	AGENDA ITEM:	10
TITLE:	UPDATE ON THE JOINT HEALTH & WELLBEING STRATEGY REFRESH		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN / COUNCILLOR EDEN	PORTFOLIO:	HEALTH / ADULT SOCIAL CARE
SERVICE:	ALL	WARDS:	BOROUGHWIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report sets out progress to date in developing a 2nd Joint Health and Wellbeing Strategy for Reading.
- 1.2 Members of the Health and Wellbeing Board have worked with stakeholders to review the 2016 Joint Strategic Needs Assessment (JSNA) and performance against the 2013-16 Health and Wellbeing Action Plan. There will be further involvement with partners and communities to develop proposed priorities for the new strategy which will then go through a period of formal consultation in the autumn. The new strategy will reflect Board members' agreed priorities for health and social care integration, and the need to develop a framework to drive co-commissioning across the Board's membership. The 2017-20 strategy will incorporate wellbeing responsibilities towards residents with current or emerging care and support needs so as to be comprehensive and Care Act compliant.
- 1.3 The refreshed Health and Wellbeing Strategy will also represent - in part - the Board's response to the recommendations of a health and wellbeing peer review carried out in March 2016, and offer an outcome focused framework to drive the future agenda of the Health and Wellbeing Board.

2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board agrees to the proposals for development of Reading's 2017-20 Health and Wellbeing Strategy, and requests a further report to the Board's October 2016 meeting on the commencement of a formal consultation.

3. POLICY CONTEXT

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

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

- 3.2 Responsibility for the Joint Health and Wellbeing Strategy falls on the Health and Wellbeing Board as a whole and the delivery of an effective strategy depends upon all members working together throughout the process. Boards also need to work with a wider range of local partners and the community beyond the Board's membership. Working with local partners supports the Board to develop a thorough and broad assessment of local needs by using the evidence and expertise which partners can provide, and also to build on community assets in a co-ordinated way.
- 3.3 The Care Act in 2014 created a new statutory duty for local authorities to promote the wellbeing of individuals. This duty - also referred to as 'the wellbeing principle' - is a guiding principle for the way in which local authorities should perform their care and support functions. It is not confined to the Council's role in supporting those who are eligible for Adult Social Care, however, but includes all assessment functions, the provision of information & advice, and the local offer of 'preventative' services. The Care Act gives the local authority a responsibility to provide or arrange services that reduce needs for support among people and their (unpaid/family) carers in the local area, and contribute towards preventing or delaying the development of such needs. This is a corporate responsibility, and needs to be considered alongside the general duty of co-operation (with partners outside the local authority).
- 3.4 The Care Act requires councils to have a strategy for meeting their wellbeing responsibilities under the Act. In January 2016, Reading Borough Council launched a draft Adult Wellbeing Position Statement intended to cover this responsibility whilst a revised JSNA and then updated Health and Wellbeing Strategy were in preparation. Feedback from a public consultation on the Adult Wellbeing Position Statement will inform the development of Reading's 2016-19 Health and Wellbeing Strategy.

4. READING'S JOINT THE HEALTH AND WELLBEING STRATEGY

4.1 Reading's 2013-16 Health and Wellbeing Strategy identifies four goals to achieve the vision of a healthier Reading.

- Goal 1: Promote and protect the health of all communities particularly those disadvantaged
- Goal 2: Increase the focus on early years and the whole family to help reduce health inequalities
- Goal 3: Reduce the impact of long term conditions with approaches focused on specific groups
- Goal 4: Promote health-enabling behaviours & lifestyles tailored to the differing needs of communities

4.2 Health and wellbeing are broad issues which are supported by a wide range of services - from acute and community health through to the quality of our environment, access to housing, education, transport and leisure, and the wide range of formal and informal supports which help people feel involved with and part of their local communities. The Health and Wellbeing Board recognises the need to focus its oversight on those areas where the Board as a collective entity can have the greatest impact. In this regard, the Board will take into consideration the recommendations of the LGA Health and Wellbeing Peer Challenge carried out in March 2016. In considering the goals to adopt for Reading's 2nd Joint Health and Wellbeing Strategy, the Board is conscious of the need to consolidate its role as leading the local system for health and wellbeing and bringing stakeholders together in a strong place-based partnership.

4.3 Reading's first Joint Health and Wellbeing Strategy has been reviewed against:

- the refreshed JSNA, launched in April 2016;
- performance against the 2013-16 Health and Wellbeing Action Plan;
- Reading's programme for health and social care integration, including the Berkshire West 10 Integration Programme and the 2016 Reading Better Care Fund Plan; and
- the priorities identified in Reading's Adult Wellbeing Position Statement for meeting the Care Act wellbeing duty.

4.4 An independent analysis of the 2016 JSNA key findings against the 1st Joint Health and Wellbeing Strategy for Reading highlighted the following areas for review in the development of the 2nd Joint Health and Wellbeing Strategy.

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

- In Berkshire, TB services are of high quality with good treatment completion rates. However, there is a wide variation in BBV screening and Hepatitis B vaccination uptake among high-risk groups, and a lack of clarity regarding referral pathways for Hepatitis B and C. There is also currently no Berkshire TB strategy, although this is being developed during 2016 as part of the work-stream of the newly formed South East TB Control Board.

- Reading has a Child Sexual Exploitation strategy which has identified the need to work better within communities.
- Downs screening is below target at 92%.

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

- It is important that all women access the antenatal care pathway by the recommended stage of pregnancy. The percentage of women in Reading who were smoking at time of delivery is below the national rate. Breast feeding rates are generally above average in Reading, but there is considerable inter-ward variation.
- In 2015 there were 156 people with autism in Reading who were receiving support. Reading now has an Autism Strategy.
- 17.8% of children in Reading are in low income families.
- The oral health of 5 year old children in Reading is markedly worse than the national and regional populations as a whole.

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

- The population of Reading aged 65 years and over is predicted to rise by 11,500 from 2016 to 2037. The number of Reading residents aged 65 years and over with dementia is predicted to increase by 749 people over the same period.
- As the proportion of elderly residents rises, it is predicted that the number of Reading residents with diabetes (diagnosed and undiagnosed) will rise from 6.1% in 2015 to 7.3% in 2030. Reading is part of the diabetes prevention pilot and this should be actively promoted to address the known risk factors.
- NICE recommends the promotion of a healthy lifestyle in mid-life to reduce the risk of or delay the onset of disability, dementia and frailty in later life.

- NICE recommends that health and social care staff should aim to promote and maintain the independence, including mobility, of people with dementia.
- It is estimated that around 590 Reading residents have moderate or severe learning disability. There is large variation in the cost-effectiveness of residential services and services provided may not reflect individual needs.
- Reading has a sufficient number of nursing dementia beds to cater for expected demand through to 2030, but there is little resilience.
- Respiratory conditions are the most common reason for GP consultation or emergency admission. All patients with chronic respiratory conditions should be identified and entered on a chronic disease register.
- 12,315 Reading residents identified themselves as a Carer in the 2011 Census - 291 of these carers were aged 0-15 years and 2,324 were aged over 65 years.

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

- It is estimated that at least 30,000 Reading residents are drinking to hazardous levels and 4,500 are drinking to harmful levels.
- There are very many more people in Reading who could benefit from specialist alcohol misuse services than are currently able to receive them.
- There are many people in Reading with either (or both) 'early' misuse of alcohol and drugs who could benefit from specialist intervention.
- The prevalence of overweight and obesity amongst adults and children in Reading by far exceeds the capacity of intervention programmes. Reading mirrors national trends in terms of the relationship between obesity prevalence and deprivation.
- 54.7% of Reading adults are classified as physically active whilst 25.5% are inactive. These are broadly on par with national rates but slightly below the regional rates. Reading has a wide range of projects promoting physical activity but these need to ensure access to those most at need.

4.5 In addition, the 2016 JSNA identifies a number of areas of health inequality which are not addressed in the 1st Joint Health and Wellbeing Strategy:

- Cancer is the commonest cause of death in people aged under 75 years in Reading.
- Reading is ranked 13th of 15 similar localities for **premature death**
- Reading is ranked 15th of 15 similar localities for **heart disease & stroke**
- More can be done locally to support residents to reduce risks for CVD related to lifestyle.
- There are some key areas of **high deprivation** in Reading, and most areas with high levels of overall deprivation also have a high level of health deprivation.
- Reading has high employment & high earnings - but there are still areas of deprivation and a large student population.
- Reading has an increasingly diverse population with those from BME groups most likely to live in central areas of the borough.
- For Reading residents aged over 85 the rate of excess winter deaths was 32%, compared to 24% nationally, although this rate has been gradually improving since 2006.

The full analysis appears at Appendix 1.

- 4.6 The JSNA also references the evidence base on the outcomes of early intervention, prevention and enablement activities in various areas, and so has helped the Board to identify where there are clear causal links between targeted wellbeing interventions and improved health or care outcomes. This will drive the Board's consideration of where to focus its efforts in terms of promoting health and wellbeing. It remains important, however, to develop local schemes against clear criteria which will enable us to evaluate these and so develop our understanding of what works and where the benefits clearly outweigh the costs.
- 4.7 Performance against the 2013-16 Health and Wellbeing Action Plan has been strong in the following areas:
- Sexual health services are performing well in general and an information website has been developed.
 - The Drug & Alcohol Treatment service has launched 'Reading IRiS Phased and Layered Treatment Model'. Successful treatment completions rates are improving.
 - Compliance visits completed for early years settings and any identified actions are being delivered.
 - Breastfeeding initiation rates continue to exceed regional and national averages.
 - A Domestic Abuse strategy is agreed and in place.
 - Long term conditions are managed by multiple support activities and relevant boards.
 - A new Carers Information and Advice service is in place.
 - Opportunities for active travel have increased by implementing schemes to encourage more cycling and walking.

- NCMP 3 year aggregated data is available to help target future weight management offers to local school children.
 - Smoking prevalence is just below national averages.
- 4.8 However, progress has been slower than envisioned in some other areas:
- HIV testing and diagnoses rates need to improve.
 - New information pathways for residents from BME communities need to be explored and adopted.
 - The uptake of NHS health checks need to increase.
 - Work is needed to increase cancer screening rates from existing levels.
 - Work needs to continue to improve access to services for residents with physical and learning disabilities.
- 4.9 The Health and Wellbeing Board has overseen the development of Reading's Better Care Fund plans - now in their second phase - and will continue to receive regular progress reports on delivery against those plans. The Board also receives reports from the wider Berkshire West Integration Programme (the 'BW10') which has joint accountability to the Reading, Wokingham and West Berkshire Health and Wellbeing Boards. The Reading Board will review its priorities for health and social care integration to determine how the Board will interface with local integration plans during the lifetime of the 2nd Joint Health and Wellbeing Strategy.
- 4.10 Feedback on the Council's Adult Wellbeing Position Statement has demonstrated that the Council's seven key aims for promoting wellbeing for adults with current or emerging care and support needs are supported by the local population and by partners, and these are therefore contained in the 2nd Joint Health and Wellbeing Strategy. However, people wanted to see these same aims applied to children's services too and so their reach has been broadened in the Strategy. These key aims are to:
- Embed the wellbeing principle throughout the Council's functions
 - Ensure Reading homes support wellbeing
 - Harness the assets Reading has to prevent care and support needs from increasing
 - Empower people with care needs to self-care and to make positive lifestyle choices
 - Support people to prevent their care and support needs from increasing
 - Promote a re-abling approach across care services
 - Ensure people with emerging care needs and unpaid carers can access services that work well together to support people's independence
- 4.11 Feedback on the Adult Wellbeing Position Statement also showed that many health and wellbeing services need to be publicised more effectively - either through broader awareness raising or more targeted approaches to reach people who are less likely to be familiar with what is available. Board members will therefore collaborate to develop more effective information and advice tools. The full consultation report appears at Appendix 2.

4.12 A “dashboard” of key performance indicators has been developed to enable robust and transparent progress monitoring of commitments and actions set out in the refreshed Health and Wellbeing Action Plan. This dashboard will be finalised when the final implementation plan is presented back to the Health and Wellbeing Board in October.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 In January 2016, the Health and Wellbeing Board received a report summarising the commissioning intentions of both the local authority and the CCGs. These outlined each partner’s strategic plans to improve the commissioning, review and transformation of local services. The CCG Commissioning Intentions were based on the NHS Five Year Forward View and 5 year Strategic Plan. The local authority intentions were based on the Council’s Corporate Plan and Service Plans.

5.2 Decisions relating to the commissioning of health services are made currently by the CCGs (co-commissioning with NHSE for Primary Care, and via NHSE for Specialised Services), and decisions relating to the delivery of Public Health, Adult Social Care, Children’s Services and Education (and many services identified as the wider determinants of health) are made by Reading Borough Council and its sub committees. Key themes emerge from the current Commissioning Intentions documents prepared by the different local commissioners, albeit interpreted in different ways. These could be summarised as:

- Prevention
- Choice and control
- 7 day working
- Community resilience/ social capital
- Efficient use of resources

5.3 There is potential for greater synergy if all commissioning authorities and stakeholders work together more closely to develop joint commissioning plans and to operationalise these plans jointly. The Health and Wellbeing Board has therefore resolved to convene a workshop in early autumn 2016 to ensure the future co-creation of commissioning intentions based on the Board’s strategic aims and priorities. Following wider stakeholder engagement and refinement of the document, Reading’s 2nd Joint Health and Wellbeing Strategy will provide the framework to progress this co-commissioning agenda in Reading.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 Refreshing the Joint Health and Wellbeing Strategy for Reading has begun with a workshop (the Health & Wellbeing Involvement Group) bringing together members of the Health and Wellbeing Board and other key stakeholders representing public services, local providers and Reading’s voluntary sector. This stakeholder group has brought a range of knowledge and expertise into a collaborative review of local need, and past performance against agreed health and wellbeing goals.

- 6.2 Members of the Involvement Group welcomed the opportunity to be involved in the development of the 2017-20 strategy at an early stage and so shape the draft strategy prior to a formal consultation period. In future, the Involvement Group would like to see:
- a clear plan to shift our emphasis onto prevention rather than care;
 - an approach which takes a holistic view of people rather than looking at health conditions in isolation;
 - stronger collaboration around providing people with the information they need to take charge of improving their own health;
 - recognition that different approaches are needed to reach different communities;
 - better use of technology to empower people, support independence and make the most efficient use of limited resources;
 - a strategy which focuses our collective effort on fewer priorities, and so targets the biggest risks for Reading.
- 6.3 The Involvement Group was particularly keen to ensure a very wide cross section of Reading is involved in the further development of Reading's 2nd Joint Health & Wellbeing Strategy. There is a particular need to involve the people of Reading's different communities, the providers of local services, and our various faith and community groups. These are the people who hold the detailed knowledge which we need to draw on in order to build on Reading's assets and meet the challenges ahead.
- 6.4 Over the next few months, the Health and Wellbeing Board will be reflecting on the findings of the Peer Review, and considering how to align Commissioning Intentions across members of the Board more closely in future (see above). Throughout these discussions, the Board will consider how the new Health & Wellbeing Strategy can steer the Board in the direction it needs to take, including providing the best foundation for health and social care integration.
- 6.5 There has already been a 12 week consultation on the Council's Adult Wellbeing Position Statement (see Appendix 2) and this feedback will inform the development of the new Health and Wellbeing Strategy. This will ensure that the new strategy includes Reading's approach to meeting the specific wellbeing duties detailed in the Care Act and relating to adults with current or emerging care needs.
- 6.6 The Health and Wellbeing Board is committed to working with partners and local residents, and will develop a draft 2nd Health and Wellbeing Strategy with stakeholders, which will then be subject to a formal public consultation. People will be invited to comment on the Board's proposed priorities to drive improvement in local health and wellbeing over the next 3 years, and to co-produce an Action Plan to deliver on those priorities. Consultation will include stakeholder and community meetings, supported by an online survey.

7. LEGAL IMPLICATIONS

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

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

8. EQUALITY IMPACT ASSESSMENT

8.1 The consultation will provide an opportunity to develop an understanding of how the draft Strategy might impact differently on protected groups, and will also highlight any concerns or impacts any changes may have. As a vehicle for addressing health inequalities, it is expected that any such differential impact would be positive. However, an equality impact assessment will be prepared to accompany the final strategy presented to the Board for approval.

9. FINANCIAL IMPLICATIONS

9.1 This engagement exercise will be met using existing resource and will not in itself require additional capital or revenue investment.

9.2 Consultation feedback will inform the development of the Health and Wellbeing Action Plan, at which point the financial implications of adopting the Strategy will be presented to the Health and Wellbeing Board. It will be an imperative that the Strategy drives the efficient use of resources and identifies clear health benefits on investment so as to protect a sustainable local health and care system.

10. SUPPORTING PAPERS

Appendix 1 - Analysis of Reading 2016 JSNA - Dr Andrew Tyrell - May 2016

Appendix 2 - Adult Wellbeing Position Statement: consultation report May 2016