

READING BOROUGH COUNCIL

HEALTH & WELLBEING BOARD

7 OCTOBER 2016

QUESTION No. 1 in accordance with Standing Order No 36

Tom Lake to ask the Chair of the Health & Wellbeing Board:

Health and Wellbeing Dashboard - Mortality Rates

The Health and Wellbeing Board is having a dashboard of local Health and Wellbeing designed. Standardised mortality rates assess the ultimate outcome of health evolution and interventions. Indeed it has been reported that mortality rates for older women have increased in the last year in Reading. Will the Health and Wellbeing Board's dashboard include mortality rates?

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

As discussed by the Health and Wellbeing Board, the final indicators that will be included in the Health and Wellbeing Dashboard will be selected by a dedicated group of stakeholders and partners when the partnership Health and Wellbeing Strategy has been finalised. We want to make sure that the indicators we select give a full and accurate picture of how Reading's services are working towards the specific issues and priorities identified. Comparing mortality rates with areas with similar populations is a very useful way of giving an indication of the relative health of people in a given area and may well be considered an appropriate indicator to include. However, there are a great many indicators available to the group, including those focusing on particular health conditions and important social care processes, and it is difficult to say at this time which will be considered most beneficial to the Board.

Benchmarked mortality rates for Reading and all other Local Authority areas are publicly available as part of the Public Health Outcomes Framework <http://www.phoutcomes.info/> and the PHE Longer Lives website (See <http://healthierlives.phe.org.uk/topic/mortality/#are/E06000038/par/E92000001/ati/102/pat/>)

READING BOROUGH COUNCIL

HEALTH & WELLBEING BOARD

7 OCTOBER 2016

QUESTION No. 2 in accordance with Standing Order No 36

Tom Lake to ask the Chair of the Health & Wellbeing Board:

Swimming Offer - Health Consequences

Reading Leisure's swimming offer is shrinking and will be restricted, especially in East Reading, for several years. Have the health consequences of closures been considered? What health consequences are foreseen?

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

Reading's recent review of leisure facilities has indeed taken into account the health benefits of swimming and the need to modernise our facilities to improve access for our residents.

The Council proposes to build a new 25m 6 lane pool and a teaching pool at Palmer Park which will improve swimming facilities in the East Reading area. Because of the current condition of the Arthur Hill Pool, the Council is talking to user groups about adapting the programmes at other pools (Academy Sport, Meadway and Central) to accommodate swimmers in the event that the Arthur Hill Pool needs to be closed before the new Palmer Park pool is ready. A planned closure is the best way to manage the impact on user groups and to avoid the risk of an unplanned, forced closure.

The Council is also taking forward plans for a demountable pool at Rivermead, and there will be a new hourly bus service between Rivermead and the town centre from later in October making that site more accessible to more residents. Having the demountable pool in place is part of our preparations for the development of a new competition standard pool to replace Central Pool over the next few years.

Reading residents can also access public swimming sessions at the Bulmershe and Loddon Valley leisure sites to the south and east of the Borough. With the range of alternatives available, any health impact of a short term reduction in facilities in East Reading should be minimal. In the medium to longer term, facilities will be enhanced so that more people can enjoy the health benefits of swimming, which include reducing the risk of and helping delay a deterioration in a range of chronic long term conditions including cardiovascular disease, type 2 diabetes, obesity and mental health issues. Swimming has added benefits for those who have difficulties with weight-bearing activities or disabilities that impact on mobility and is less likely to cause impact injuries than other forms of physical activity so is particularly well suited for those with mobility restrictions.

READING BOROUGH COUNCIL

HEALTH & WELLBEING BOARD

7 OCTOBER 2016

QUESTION No. 3 in accordance with Standing Order No 36

Tom Lake to ask the Chair of the Health & Wellbeing Board:

Health & Social Care Public Engagement - Information at Civic Offices

Public engagement with local health and social care involves a range of events organised by various arms of the NHS, local authority and community. Could the Borough Council make available a notice board or web page in the Civic Centre main reception area to accommodate a calendar of forthcoming events and the individual event notices?

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

The Council is always happy to promote public engagement in developing health and social care services, and to help reach as wide a range of our residents as possible.

The Council has three screens in the foyer at the Civic Centre which are used to advertise events and services. The display revolves throughout the day and can accommodate a range of items. We would be happy to design a calendar to include on the revolving display which sets out forthcoming public engagement opportunities in health and social care, and could be refreshed on a monthly basis.

In addition, we have a consultations page on the Council's website and we are happy to include health and social care partner engagement opportunities on there alongside public engagement events being co-ordinated by the Council.

Relevant items for inclusion on the display screen or RBC website can be sent to Wellbeing.Service@reading.gov.uk

READING BOROUGH COUNCIL

HEALTH & WELLBEING BOARD

7 OCTOBER 2016

QUESTION No. 4 in accordance with Standing Order No 36

Libby Stroud to ask the Chair of the Health & Wellbeing Board:

Homeless Children

South Reading CCG is commissioning an audit of the health needs of the single homeless, which I welcome. This is expected to cover those on the streets and the much larger numbers in hostels and temporary accommodation, as well as those borrowing a sofa or bed. But why has this not been extended to the health needs of homeless children and young people under 16 (who will be in temporary accommodation) as they are recognised as being particularly vulnerable to the effects of homelessness on their health (in the widest sense of the word)?

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

Reading Borough Council's Housing Needs department are currently having discussions with partner agencies and voluntary sector organisations about planning a Homeless Health Needs Audit for a month across January and February 2017. The first planning meeting was held on 7 July 2016 and the second is scheduled for 27 October 2016.

It is Homeless Link, a national membership charity for organisations working with people who become homeless in England that has developed the Homeless Health Needs Audit toolkit. Homeless Link works towards making services better and campaigning for policy changes that will help to end homelessness. The toolkit includes the resources and planning tools to conduct the Audit. After the local authority area has conducted the Audit it is Homeless Link that dedicates their resources to analysing the Audit data and producing any subsequent reports.

RBC Housing Needs department will be using the toolkit and Homeless Link's advice and guidance to conduct the Homeless Health Needs Audit. Several local authorities have conducted the Audit since its inception and the toolkit has evolved over time to ensure that it produces the most useful outcomes for the local authority area. The data collated feeds into the overall national picture and assists Homeless Link with their ongoing work around single homelessness. Therefore the toolkit we are using for the Audit has been developed for auditing single homeless individuals only.

The resource for planning, organising and following up the Audit comes from the Homelessness Pathways team within Housing Needs. The team works with those who are aged 18+, who are single and homeless. The Council's Housing Needs department commissions several services for single homeless individuals and the Audit will help to inform the development of services and future provision. The time and resources saved by using Homeless Link's Audit toolkit, as well as the guidance they are able to provide, is what is making it possible to conduct the Audit in Reading. Additionally, to

create nationally comparative data and to be able to benchmark the health needs of single homeless individuals, the sample context must be the same for all local authorities that take part.

As outlined by Homeless Link, the aims of conducting a Homeless Health Needs Audit are as follows:

- To listen to, take account of and record the views of single homeless people regarding their health needs using relevant evidence gathering procedures.
- To provide an evidence base on the health needs of single homeless people by building a comprehensive dataset on the local homeless population to fill in any information or evidence gaps.
- To contribute to the local authority's Joint Strategic Needs Assessment (JSNA).
- To demonstrate the value of homelessness services in contributing to the health agenda and vice versa - identifying what we are doing well and where improvements could be made.
- To improve service access and delivery for single homeless individuals in the local authority area and ultimately improve their overall health.
- To develop a case for change by considering the development of new services; service remodelling; new or better partnerships and systems, or additional training for targeting and engaging single homeless individuals.

As a service, Housing recognises the effects that homelessness has upon the health of children and young people under the age of 16. Although the Homeless Link toolkit is not available for this group, an audit that includes children and young people under the age of 16, who may or may not be in temporary accommodation and that may be vulnerable to the effects of homelessness on their health, may be something that Children's Services, the Reading Clinical Commissioning Groups (CCGs), Public Health Reading and Housing Needs would want to commission in the future. However, in the context of the Homeless Link Homeless Health Needs Audit, the resources are not available to include this wider group.