



Reading
Borough Council
Working better with you

Reading's Health and Wellbeing Strategy

2017 - 2020



healthwatch
Reading



North & West Reading CCG



SOUTH READING
CLINICAL COMMISSIONING GROUP

Foreword

This draft of Reading's second Joint Health & Wellbeing Strategy sets out the work done so far by the Health and Wellbeing Board to develop our plans for the next three years. Our final strategy will set out the areas we will focus on from 2017 to 2020 to improve and protect Reading's health and wellbeing, including our plans to meet our Care Act obligations to prevent, reduce and delay care and support needs.

Our mission for the next few years is:

to improve and protect Reading's health and wellbeing
- improving the health of the poorest, fastest

Individual wellbeing is affected by many things, and our approach recognises the importance of the places where we live, work and play as well as our health and social care services.

Reading offers its residents support in many ways to enjoy a healthy, independent and fulfilled life. These benefit the 'well' population as well as those who are at risk of needing care or who are living with established long term health conditions.

Our Health and Wellbeing Strategy needs to give us a framework for supporting all residents, including people of all ages, people from our diverse communities, those who have current or emerging care needs, and the unpaid or family carers who are helping to keep people well and independent.

However, the financial settlements we have received from central government make it impossible for us to invest as widely in Reading's health and wellbeing as we would like. Health inequalities are real and widening, and this is a particular concern for us.

The gap in healthy life expectancy (the number of years people are expected to live in 'good' health and are disability-free) between people living in the most deprived and in the most affluent areas of Reading now stands at 10 years for men and 5 years for women.

Our poorest communities have suffered the consequences of reductions in the value of welfare benefits, restrictions on entitlements to support, as well as rising costs of food and fuel. At the same time, members of the Health and Wellbeing Board have had to make service cuts to meet centrally imposed budget cuts.

Policies of austerity increase inequities in our society - with those in the poorest communities paying the very highest price of all in terms of early ill health. Our response to centrally imposed

budget cuts is to take a more targeted approach locally to make sure those who most need additional support to stay well can receive it in Reading. We will also continue to look for ways to work more efficiently, including making better use of technology.

Across the Health and Wellbeing Board, we are committed to working together and with our partners to develop our plans. The people of Reading's different communities, the providers of local services, and our various faith and community groups hold the detailed knowledge we need to draw on in order to build on Reading's assets and meet the challenges ahead. We look forward to hearing people's thoughts on our draft plan so we can develop it, and agree the detailed actions we need to take in order to make a difference over the next three years.



Councillor Graeme Hoskin
Chair, Reading Health & Wellbeing Board

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Vision: a healthier Reading

*Our mission: to improve and protect Reading's health and wellbeing,
improving the health of the poorest fastest*

Our priorities

Supporting people to make healthy lifestyle choices - dental care, reducing obesity, increasing physical activity, reducing smoking

Reducing loneliness and social isolation

Reducing the amount of alcohol people drink to safe levels

Promoting positive mental health and wellbeing in children and young people

Making Reading a place where people can live well with dementia

Increasing breast and bowel screening and prevention services

Reducing the number of people with tuberculosis

Safeguarding vulnerable adults and children

Recognising and supporting all carers

High quality coordinated information to support wellbeing

Our vision and purpose

The Health & Wellbeing Board's vision is the same as it was in 2013:

A healthier Reading

And, in order to get us there, our mission is:

**to improve and protect Reading's health and wellbeing -
improving the health of the poorest, fastest**

What we want this strategy to achieve

This is the second Joint Health and Wellbeing Strategy for Reading. It builds on our first (2013-16) strategy, and takes into account national and local developments over the past three years.

We want this strategy to provide a solid foundation for health and wellbeing in Reading over the next three years, setting priorities which are reflected in local authority and clinical commissioning group commissioning plans.

A shared view of health and wellbeing

Health and wellbeing is about the whole person – giving physical, emotional and social aspects equal attention. It is about improving people's chances of living well for longer into the future, as well as about how they feel and function today.

People also need to feel safe to enjoy full wellbeing, which is why making sure we are safeguarding vulnerable adults and children in Reading is one of the building blocks of our Health & Wellbeing Strategy.

Preventable ill health represents human misery which could be avoided, and a demand on care services which could be reduced. We want to increase our focus on keeping people well, so that there is less need for support to help people get better or cope with long term conditions.

There are many factors which can improve health and wellbeing, and a wide range of activities which the Health and Wellbeing Board could support.

Working together, we need to focus our efforts on those areas where the evidence tells us we can

have the greatest impact on health and wellbeing in Reading. This involves reviewing the evidence, looking at the cost effectiveness of different interventions, and considering the likely scale of impact of the different areas we could concentrate on.

Setting a framework for prevention

The Care Act in 2014 created a new statutory duty for local authorities to promote the wellbeing of individuals in delivering their care and support functions.

This includes:

- delivering social care services
- assessing people's needs with wellbeing at the core of that assessment
- providing information & advice and
- developing services locally which reduce people's needs for care and support.

The Care Act also introduces a duty of co-operation between all bodies involved in public care.

Early in 2016, the local authority published a draft Adult Wellbeing Position Statement setting out its approach to meeting Care Act wellbeing responsibilities. People's comments on that document have helped us to come to a view about our future priorities.

Our second health and wellbeing strategy will include our plans to meet Care Act obligations in Reading as well as our health protection and promotion duties under the Health and Social Care Act.

Recognising and supporting carers

An estimated 12,000 people in Reading provide unpaid care to family members or friends.

National studies have valued carer support as the equivalent of a 2nd NHS. However, this huge resource to support people's health and wellbeing is also a very fragile one, and supporting carers is key to a successful approach to preventing care needs from increasing across the local population.

Carers face high risks of poor health and wellbeing themselves because of the strains of caring, and a tendency to put the needs of the person they care for first.

We want to see clear plans to recognise and support carers included in all of the initiatives we

prioritise and monitor going forward – including parent carers and young carers as well as adult carers of other adults.

Supporting health and social care integration

Reading's plans for health and social care integration have progressed significantly over the lifetime of our first Health and Wellbeing Strategy.

The Health and Wellbeing Board has overseen the development of Reading's Better Care Fund plans - now in their second phase - to use pooled health and social care budgets in ways which improve people's lives by designing care around individuals.

Reading also continues to be part of the wider 'Berkshire West 10' integration programme which is developing integrated care projects in partnership with our neighbours in Wokingham and West Berkshire.

Our second Health and Wellbeing Strategy complements these integration plans so as to promote seamless care by the right agency at the right time and in the right place.

How we are developing this strategy

This draft Strategy represents the views of a range of local partners, including members of members of the Health and Wellbeing Board and representatives of the local voluntary sector.

People have come together to review the last strategy and to consider updated evidence about local needs, and then think about what our priorities should be for the next three years to build on our performance so far.

We have also taken into account the feedback we received on the Council's Adult Wellbeing Position Statement, focusing on how we prevent adult care and support needs from increasing.

The involvement of partners so far gives us a good starting point, but we now need to hear the views of many more partners, especially local residents. Improving and protecting health and wellbeing in Reading will be most effective if everyone works together. This includes individuals, communities, employers and public services.

By consulting on our draft strategy, we want to bring more people into the conversation about health and wellbeing. We want our Second Health and Wellbeing Strategy to describe our shared goals for Reading, and to include an Action Plan which has been developed with the people who will experience and deliver it.

Joint Strategic Needs Assessment (JSNA)

The Reading JSNA presents national data alongside local information - telling 'the Reading story' and giving the Health and Wellbeing Board robust intelligence about the needs and strengths of the local population.

The JSNA is the cornerstone of local needs assessments and commissioning, and it will continue to underpin our Health and Wellbeing Strategy. See: <http://www.reading.gov.uk/jsna>

Our population – Reading at a glance

Census data from 2011 gives a total population figure for Reading of 155,700 – an increase of 11,300 people over the previous decade. The population is expected to continue to increase.

Reading has and benefits from a strong labour market, a high rate of employment and higher than average earnings. However, there are some areas in the borough that are experiencing high and rising levels of deprivation.

Between the 2001 Census and the most recent Census in 2011, two areas in South Reading - the far south of Whitley ward and to the south of Northumberland Avenue in Church ward - fell into the category of the 10% most deprived areas in England.

In areas outside of the town centre, deprivation appears to be driven by low income, low employment and lack of education and skills, while in town centre areas deprivation appears to be more closely linked to high levels of crime and poor living environment.

Although there are some exceptions, most areas with high levels of overall deprivation also have a high level of health deprivation – meaning a high risk of premature death or reduced quality of life through poor physical or mental health.

Reading is ethnically and culturally rich and diverse. In 2011 the largest proportion of the population (66.9%) identified themselves as 'White British'. This proportion had decreased from 86.8% in the previous census and was considerably lower than the national figure of 80.9%. This tells us Reading has a more diverse population than in other local authority areas, and is becoming more diverse.

People who identify themselves as 'Other White' (covering a number of nationalities, including Polish) account for 7.9% of the population - an increase from 4.2% in the previous Census. South

Asian groups (Indian, Pakistani and Other Asian) accounted for 12.6% of all residents in 2011, an increase from 5.2% in 2001. The proportion of people identifying themselves as Black African increased from 1.6% to 4.9% over the same decade. In the 2011 Census, Reading residents born outside of the UK mostly reported they were born in India, Poland or Pakistan.

As well as a relatively high BME and migrant population, the JSNA identifies other ways in which the Reading population is made up differently from national averages.

The population of Reading is a younger one relative to the whole of Berkshire, the South East, and England and Wales populations. There were 67.0 live births per 1,000 women aged 15-44 living in Reading in 2014. This gives Reading a general fertility rate that is much higher than the national (62.1) and South East regional (61.4) averages.

Specific groups of children are more likely to have particular health and wellbeing needs as described in the JSNA:

- children looked after by the Local Authority
- children subject to a child protection plan
- children and young people not in education, employment or training
- children with disabilities and
- children living in poverty.

The number of older people in Reading is smaller than in other areas of Berkshire. However, whilst Reading expects to see a relatively small increase in the total number of older people compared to other areas, by 2037 Reading is predicted to have a 65+ population of around 31,300.

Successes and challenges

A significant amount of work has been undertaken across the local Health and Wellbeing partnership to support the delivery of the local vision for health and wellbeing since 2013, and much good progress has been made.

- Sexual health services are performing well in general and an information website has been developed.
- The Drug and Alcohol Treatment service has re-launched as the 'Reading IRiS Phased and Layered Treatment Model'. More people are completing treatment with the service.
- We have good and improving services for the care and education of young children (early years settings).
- More newborn babies in Reading are breastfed than the averages for the region or nationally.
- A Reading Domestic Abuse Strategy has been agreed and put in place.
- Support for people with a range of long term conditions is being managed by multiple support activities and relevant boards across the borough.
- A new Carers Information and Advice service is in place, commissioning jointly by the local authority and the clinical commissioning groups.
- Opportunities for active travel have increased through a range of schemes to encourage more cycling and walking.
- National Child Measurement Programme (NCMP) 3 year aggregated data is now available to help target future weight management offers to local school children.
- The number of people smoking across Reading is just below national averages.

However, Reading has some key health and wellbeing needs identified through the JSNA.

- Life expectancy for men is poor, with significantly worse early death rates from cardiovascular disease, and a 10.2 year difference in life expectancy between our least and most deprived wards. Reading has high levels of preventable premature mortality and low uptake of screening programmes in key areas e.g. breast and bowel screening.
- Reading has higher levels of some infectious diseases, particularly sexually transmitted infections and TB.

- Reading has higher levels of homelessness, including families, and higher rates of unemployment. Crime rates are also higher than expected
- Reading has a largely young population (25% of the population are under 20) and we see a significant impact of mental illness on our children's health.
- During primary school we see a doubling of rates of obesity, and significant numbers of children have tooth decay.
- Reading has low levels of school readiness, and in older children educational attainment in children who are eligible for free school meals is less than 50% of that seen in children not eligible. We also have higher than expected numbers of young people not in education, employment or training.
- Reading males show significantly higher rates of death as a direct result of alcohol, mainly alcohol associated cancers and chronic liver disease. The prevalence of opiate users is also higher than seen in similar populations.

Financial context

Organisations are facing challenging budget pressures and increased demand across many service areas. We need to achieve a cultural shift so that our investment is increasingly directed at improving the wellbeing of Reading residents - that is, helping people to prevent ill-health and disability that is avoidable - rather than just treating the effects of poor wellbeing. Responsibility for meeting the local challenges will be shared between individuals, families, communities, local government, business and the NHS.

Empowering people to take charge of their care and support

Across the Health and Wellbeing Board, we believe that individuals should feel that they are in the driving seat for all aspects of their and their family's health, wellbeing and care. This applies to people maintaining their wellbeing and preventing ill health, as well as people living with a long-term condition who want to keep as well as possible and manage the condition to avoid it getting worse. People should be true partners in their care so that decisions are shared as far as possible, based on the right information and genuine dialogue with health professionals.

Many teams across different sectors support people to make positive lifestyle choices and to maintain their commitment to their own wellbeing. Our ambition is to involve many more frontline staff in promoting people's wellbeing through our Making Every Contact Count (MECC) programme. MECC is about building a culture of health improvement. Every contact we have

with individuals is potentially an opportunity to encourage someone to make a positive lifestyle change. Through MECC training, staff will be equipped with the skills to seize these opportunities – asking questions about possible lifestyle changes at appropriate opportunities; responding appropriately when these issues are raised; and then taking action to signpost or refer people to the support they need.

Delivering this strategy

Our 2nd Health and Wellbeing strategy has been developed after a review of Reading's Health and Wellbeing Board by a group of our peers from Health and Wellbeing Boards in other areas. We are responding to their finding that our strategy should be used to drive the agenda of the Board, and have identified key priorities which we will use in future to do this.

It is important to identify core members of the Health and Wellbeing Board who will commit to working together throughout the life of the strategy. However, we will use our monitoring and review of agreed actions as opportunities to bring more people into health and wellbeing conversations. We particularly want the voice of local residents, and those who use health or care services, to be strong in our future discussions.

As well as checking on progress on our Health and Wellbeing priorities, the Health & Wellbeing Board will maintain close links with other local partnerships which are taking the lead on actions which have an impact on wellbeing. The Health and Wellbeing Board wants to work with these partners, and we will invite groups to report to us on their progress as well as presenting their requests or recommendations to us.

We have a responsibility under the Care Act to make sure our residents have a good range of wellbeing services to choose from. Our aim is to continue to have a vibrant local market, which is resilient to funding challenges. The third sector is key part of this. We also need a co-ordinated approach to working with the business sector – as service providers, as employers, as a source of expertise, and as part of Reading.

Going forward, we will work together on developing our information resources so as to connect people to the right health and wellbeing support at the right time, making the most of new technology. We want people to be more in control of their health, care and wellbeing and there is huge potential to support this through co-ordinated digital solutions.

How we will measure success

We have established a robust and proportionate performance management framework so that we can measure progress and better understand where we may need to divert additional resources as we tackle the various challenges we face in terms of promoting health and wellbeing in Reading in the future.

A dashboard of key performance indicators has now been developed to enable clear and transparent progress monitoring. This will cover the commitments and actions set out in a Health and Wellbeing Action Plan to accompany this strategy.

The dashboard will also support the Health and Wellbeing Board to track progress against the various other aspects of health and wellbeing which partners are addressing as part of their core business alongside working towards the goals of the Health and Wellbeing Strategy.

Our priorities

Priority 1: Supporting people to make healthy lifestyle choices focused on:

- dental care
- reducing obesity
- increasing physical activity
- reducing smoking

By 5 years of age, children in Reading are assessed as having more Decayed, Missing and Filled (DMF) teeth than the average for England as a whole. Reading's rates of DMF teeth in children at ages 3 and 12 are also above England averages, and for children up to the age of 2, service uptake is very low.

Obesity significantly increases the risk of numerous long term conditions including type 2 diabetes, cardiovascular disease and high blood pressure.

Obesity is also known to impact negatively on educational attainment, mental health, respiratory and musculoskeletal disorders.

For those with a Body Mass Index over 40, excess weight can shorten a person's lifespan by an average of 8-10 years. 61% of adults in Reading are overweight or obese. Although this is lower

than the England average rate of 64.6% and compares favourably with similarly deprived local authority areas, the absolute figures are significant and, without action, this will have a huge impact on our residents' health and quality of life.

Data from the [National Child Measuring Programme](#) (NCMP) shows that the levels of childhood obesity in Reading in Reception Year children and Year 6 children have consistently remained above the South East average.

The Active People Survey 2014 shows that in Reading, 50.4-59.5% of residents achieved the Chief Medical Officer targets for physical activity. This is lower than the average in the South East region, but similar to the England average. However, the figures indicate that 40.5-49.6% of local residents still aren't doing enough physical activity to protect their health. Physical activity can help to prevent and improve the management of a range of long term conditions, and help people to enjoy a healthier and more independent life. It is a part of various local initiatives already, but needs to become a more explicit priority.

Estimated smoking prevalence in 2014 in Reading was 17.0% - similar to the national average. This equates to just over 21,000 people (adults) in Reading. It is estimated that smoking costs society approximately £1,700 per smoker. The total annual cost to NHS trusts in Reading as result of smoking-related ill health (including passive smoking) is approximately £4.4m

Reading has a higher rate than average of premature death, with a particularly high rate of deaths from heart attack and stroke and cancer. Smoking-attributable morbidity and mortality is preventable and a significant number of lives could be saved if we are able to prevent uptake and reduce prevalence both nationally and locally. The most significant thing that a smoker can do to improve their health is to quit smoking.

Smoking increases the risks of ill health, including infections in children, and in the long term it causes conditions that significantly affect people's everyday lives, putting them at considerable increased risk of serious illness and early death. This risk applies to children and young people who are exposed involuntarily to second hand smoke, including babies born to smoking parents, both during pregnancy and after.

We want to see that healthy lifestyles are promoted vigorously in a variety of settings so that every Reading resident has a chance to maximize their health and quality of life.

In particular, we will work to deliver priorities identified within the Healthy Weight Strategy for Reading, which sets out how children and adults in Reading will have the opportunity to achieve and maintain a healthy weight by supporting them to make healthy dietary choices and choose a physically active lifestyle.

We want to see improved provision and sharing of information about lifestyle and weight management services and promotion of walking and cycling, both for leisure and active travel purposes.

The focus for smoking across Reading remains on prevention of uptake - whilst we have seen a consistent decline in the estimated prevalence locally, we want to see continued action targeted on stopping people from starting smoking and - via local stop services and promoting smoke-free communities - helping those who want to stop to quit and remaining quit in the long term.

Priority 2: Reducing loneliness and social isolation

A wealth of evidence has emerged in the last few years about the significant negative impact of loneliness on physical and emotional health – now seen as on a par with smoking for the elderly.

Studies have shown that services that reduce loneliness have resulted in:

- fewer GP visits,
- lower use of medication,
- lower incidence of falls,
- reduced risk factors for long term care,
- fewer days in hospital,
- fewer physician visits and outpatient appointments, and
- fewer – or later - admissions to nursing homes.

National data indicates that 10% of people aged 65+ are 'chronically lonely' which would translate to 1,720 chronically lonely older people in Reading.

Most research in this area has focused on the elderly population. However, loneliness can be a health risk at any age. Known risk factors for loneliness are:

- living alone;
- not being in work;
- poor health;
- loss of mobility;
- sensory impairment;
- language barriers;
- communication barriers;
- bereavement;

- lack of transport;
- living in an area without public toilets or benches;
- lower income;
- fear of crime;
- high population turnover;
- becoming a carer.

Many of these risk factors are associated with advancing years, but not exclusively.

Mental health problems during pregnancy and the first year after birth are often under-reported, under-diagnosed and under-treated. Up to one in five women and one in ten men are affected by mental health problems in the perinatal period. Unfortunately, only 50% of these are diagnosed.

Tackling social isolation during this period has the potential to impact positively on mild and moderate depression at this time and on parents' ability to relate to their child and the child's development.

Our aim is to develop our understanding of who in our community is most at risk from loneliness, and develop a co-ordinated all-age approach to reach those most in need of support to connect or re-connect with their community.

Our approach will include direct support to improve the quality of people's community connections as well as the wider services which help these relationships to flourish – such as access to transport and digital inclusion.

Priority 3: Reducing the amount of alcohol people drink to safer levels

The Reading Drug and Alcohol Misuse Needs Assessment highlights that alcohol, mainly in the adult population, is a far greater problem than drug use in Reading. This is the same in other areas of the country.

Based on current guidelines, we estimate that:

- at least some 30,000 Reading residents are drinking to hazardous levels and
- 4,500 are drinking to harmful levels.

As these figures are based on national self-reported drinking levels, and as research shows that people tend to under-report their drinking quite significantly, we can infer that people's true drinking levels are even higher than this.

Reading has high rates of alcohol-specific mortality and morbidity from chronic liver disease in both men and women. These rates indicate a significant number of people who have been drinking heavily and persistently over the past 10-30 years. There are very many more people in Reading who could benefit from specialist treatment than are currently able to receive it.

As well as increasing the risk of certain diseases and health problems, the use of alcohol affects behaviour and risks in the short term and can have a negative effect on relationships, work and personal safety.

Alcohol use is sometimes classified as:

- 'risky' (drinking at a level that may cause physical or emotional harm, or cause problems in a person's life in some other way);
- 'harmful' (drinking at a level that has already led to harm) or
- 'dependent' (heavy drinking where the person has become physically dependent on alcohol and will require detoxification to stop using safely).

Our work will focus greater emphasis on the problems of alcohol misuse at all ages. We want to see greater emphasis on prevention, particularly targeting under 18 year olds, with specialist family support in place for children at risk.

We want to enable and encourage frontline staff in all sectors to do more to identify people at risk of harm from alcohol use, and to provide a brief intervention or refer people for specialist treatment where appropriate.

Priority 4: Promoting positive mental health and wellbeing in children and young people

Children's social and emotional wellbeing is important not only in its own right, but also a contributor to good physical health and as a factor in determining how well children do at school.

In 2013, 1,902 children aged 5-16 living in Reading (9.1% of the total) were estimated to have a mental health disorder. Children and young people who are living in more deprived areas, are disadvantaged, have vulnerable backgrounds or may be living a chaotic lifestyle are more likely to have mental health issues.

National policy as set out in *Future in Mind* (Department of Health, 2015) is to improve mental health service provision for young people by delivering on 5 key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support - a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Whilst Reading has a range of projects in place to promote and address children and young people's mental health, surveys, workshops and reports undertaken by Reading Children's Trust, Healthwatch and Reading Youth Cabinet have highlighted recommendations for improvements in local services and support for children and young people with mental health conditions.

The earlier interventions happen the more likely it is that children and young people can be resilient at difficult points in their lives. Early Intervention services should equip children and young people to cope more effectively, and provide timely support.

We will drive forward improvement and change through a local *Future in Mind* process. We want to promote greater awareness around understanding, identifying and talking about emotional health and well-being issues, covering areas such as attachment difficulties, bullying and self-harm.

We want to promote the inclusion of families in the support process as well as including peers and friends, particularly to help young people feel and think differently about mental health issues with less fear, stigma or discrimination.

Priority 5: Making Reading a place where people can live well with dementia

Dementia can have a huge impact on individuals and families, and when communities aren't dementia-aware and dementia-friendly, the condition can severely curtail people's ability to live independently.

Family carers - so often the key to people being able to live within their communities with a long term condition - face particular challenges when caring for someone with dementia. Those carers often feel they are 'on duty' 24 hours a day, and their previous relationship with the person cared for changes more dramatically than it does for carers of people with other long term conditions.

As well as the personal cost, dementia costs the UK economy an estimated £26billion per year.

Dementia is more common in older people, with a particularly marked increase from age 80,

although those with early onset dementia face particular challenges. Rates of dementia can be brought down through lifestyle improvements, e.g. programmes aimed at reducing blood pressure and cholesterol levels. However, dementia is still a major health and social care challenge because of the anticipated growth in the number of people who are living for longer.

Reading currently has an estimated 1,500 people aged 65+ living with dementia. This figure is expected to increase by 50% over the next 15 years.

Reading has had a Dementia Action Alliance in place since 2013, bringing partners together with the aim of improving the lives of people with dementia and their carers.

Although dementia diagnosis rates are improving, they are still quite low in some communities. Over the next three years, we want to improve awareness and understanding of dementia in Reading, giving people the information they need to reduce the risk of developing dementia as well as to live well with dementia.

People with dementia should have equal access to the health and wellbeing support which is available to everyone. Enabling more people to live well in their community with dementia involves bringing a range of agencies together and raising awareness on a large scale.

Priority 6: Increasing breast and bowel screening and prevention services

While the chances of being diagnosed with cancer or dying from cancer in Reading are similar to elsewhere in England, cancers are still the most common cause of premature deaths in Reading. Cancers are responsible for 142 deaths in every 100,000 people aged under 75 in Reading.

Rates of incidences of cancers and mortality from cancers are increasing. Cancer incidence increases with age and is more likely in people who come from more deprived socio-economic groups.

Reading's cancer rates are highest in three of the wards that include very high areas of deprivation – Abbey, Norcot and Whitley.

The number of people who take part in screening for breast, bowel and cervical cancers in Reading is lower than the national average. This tells us that more could be done locally to prevent harm from cancer if we understand and then overcome the barriers which stop people from taking part in screening. We want to:

- increase awareness of early cancer symptoms and of the screening programmes available, with the aim of increasing screening uptake and improving early diagnosis.
- support people in their understanding of cancer, and enable people to make healthy lifestyle choices.
- concentrate our efforts especially in areas with high deprivation and where smoking and alcohol use are known to be higher.

Priority 7: Reducing the number of people with tuberculosis (TB)

In Reading, we have rates of TB that are significantly higher than the national average. In 2014 there were 65 new cases of TB, with an incidence rate (number of new cases) of 40.8 per 100,000 population. The three year incidence of TB in Reading has remained higher than the England rate since 2000. The number of new TB diagnoses over a three-year average was 36.3 per 100,000 people living in Reading each year from 2012 to 2014.

Although rates of TB in Reading are among the highest in England outside London, TB services are good, as evidenced by high TB service completion rates at 12 months. The proportion of people completing treatment for TB within 12 months of diagnosis for Reading was 90.0%, compared to the all England figure of 84.8%.

We want to focus efforts locally on promoting awareness of the symptoms of the disease, and encouraging people to seek advice and receive treatment as soon as possible.

We also want to make our approaches more localised to reach effectively into the different communities of Reading at greater risk of having the disease or of failing to take up treatment.