READING BOROUGH COUNCIL
REPORT BY THE DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	**HEALTH & WELLBEING BOARD**		
DATE:	**27 JANUARY 2017**	**AGENDA ITEM:**	**7**
TITLE:	**READING's 2nd HEALTH & WELLBEING STRATEGY**		
LEAD COUNCILLOR:	**COUNCILLOR HOSKIN / COUNCILLOR EDEN / COUNCILOR GAVIN**	**PORTFOLIO:**	**HEALTH / ADULT SOCIAL CARE / CHILDREN'S SERVICES**
SERVICE:	**ALL**	**WARDS:**	**BOROUGHWIDE**
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report presents Reading's 2nd Health and Wellbeing Strategy for adoption by the Health and Wellbeing Board ('the Board).

1.2 As required by statute, the Strategy sets a basis for commissioning plans across both the local authority and the local clinical commissioning groups (CCGs). It is a joint strategy and its development to date has properly been driven by the Health and Wellbeing Board. As required by the constitution of Reading Borough Council (RBC), the Strategy has already been submitted to a meeting of full Council for approval.

1.3 The Board is also requested to approve an Action Plan to implement the Strategy and monitor progress towards meeting agreed priorities.

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board, having considered the feedback from the formal consultation on Reading's second joint Health and Wellbeing Strategy (annexed as Appendix A) together with the Equality Impact Assessment (annexed as Appendix B),
(a) Adopts the 2017-20 Reading Health and Wellbeing Strategy as appears at Appendix C; and
(b) Approves the supporting Health and Wellbeing Action as appears at Appendix D.

3. POLICY CONTEXT

3.1 The primary responsibility of Health and Wellbeing (HWB) 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 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).

3.3 The Care Act requires councils to have a plan 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. The intention is that publication of Reading's 2017-20 Health and Wellbeing Strategy will discharge Council duties both under the Care Act and under the Health and Social Care Act.

3.4 Reading's second Health and Wellbeing strategy has been informed by a review of Reading's Health and Wellbeing Board by a group of peers from Health and Wellbeing Boards in other areas. The new strategy responds to the peer review finding that the strategy should be used to drive the agenda of the Board, and key priorities have been identified which are properly the responsibility of the Health and Wellbeing Board in order to facilitate this link.

4. READING'S 2nd JOINT HEALTH AND WELLBEING STRATEGY

4.1 Two workshops in mid 2016 brought together members of the Health and Wellbeing Board and other key stakeholders representing public services, local providers and Reading's voluntary sector (the Health & Wellbeing Involvement Group) to start to refresh Reading's Health and Wellbeing Strategy. Emerging proposed priorities were discussed at Reading Voluntary Action's Wellbeing Forum for the third sector.

4.3 Members of the Health and Wellbeing Involvement Group welcomed the opportunity to be involved in the development of the 2017-20 strategy at an early stage and so shape a draft strategy prior to a formal consultation period. Key messages from the Involvement Group were that the refreshed strategy should represent and include:

- 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; and
- a focus of partners' collective effort on fewer priorities, so as to target the biggest health and wellbeing risks for Reading.

4.4 The Health & Wellbeing Involvement Group felt that the 2013-16 Health & wellbeing Vision – now widely cited across other local strategies and plans – was still valid, and recommended that this be carried forward as the 2017-20 vision:

Vision: ***A healthier Reading***

The Group also liked the idea of adopting the Public Health England mission statement locally, and suggested adding a Reading Mission Statement:

Mission Statement: ***to improve and protect Reading's health and wellbeing – improving the health of the poorest, fastest***

4.5 A number of issues were then identified to make up a 'priorities shortlist' for the new strategy using the following criteria.

- Reading's performance in this area is significantly below average (for England / for the region / by reference to statistical neighbours).
- This is something which stakeholders feel confident is under local control and influence, and can therefore be changed through a local strategy.
- Reading's performance over time indicates a need to focus on this issue, e.g. Reading is now performing in line with or better than national averages, but this reflects a focus given to a 'hot topic' which needs to be sustained.
- The issue either isn't already included in / monitored via other strategic plans, or there would otherwise be clear added value in making this a Health and Wellbeing Board priority, e.g. this is something which stakeholders believe Reading would be best placed to address by working together across the membership of the HWB Board.
- The expected return on investment in this area is significant if the issue is made a priority across the HWB partnership.

4.6 The priorities shortlist was then developed, ranked and annotated by the Health & Wellbeing Involvement Group through a second workshop. As a result of this process, three 'building blocks' have been identified to underpin the refreshed Health and Wellbeing Strategy.

- Developing an integrated approach to recognising and supporting all carers
- High quality co-ordinated information to support wellbeing
- Safeguarding vulnerable adults and children

These building blocks represent issues which the Involvement Group felt both ought to underpin everything else in the strategy, and also be considered as part of the implementing plans supporting all the priorities ultimately selected.

4.7 The draft Strategy proposed seven priorities for the next three years:

- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity and physical activity)
- 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

Following consultation, an eighth priority has been added:

- Reducing deaths by suicide

4.8 There were a number of issues which the Involvement Group considered were best owned by partnerships other than the Health and Wellbeing Board. All were seen as being relevant to achieving the Health and Wellbeing vision, and the Group suggested that they should be recorded as issues in which the Health and Wellbeing Board would maintain an interest and a dialogue with other appropriate local partnerships. These issues are:

- Increasing the number of young people in employment, education or training (not NEET)
- Ensuring more people plan for end of life and have a positive experience of end of life care
- Supporting vulnerable groups to be warm and well.
- Reducing the number of people using opiates
- Protecting Reading residents from crime and the fear of crime
- Narrowing the gap between the educational attainment of children who are eligible for free school meals and those who are not eligible.
- Tackling poverty
- Reducing the number of people and families living in temporary accommodation

The Involvement Group recommended that future information sharing with the Health and Wellbeing Board should be purposeful, with clear requests or recommendations to the Board as part of any reports

submitted to it.

4.9 During the consultation period, health and social care integration projects were additionally identified as issues which are very much part of the health and wellbeing agenda. Addressing local performance on Delayed Transfers of Care received a specific mention. The Health and Wellbeing Board already has oversight of Reading's Better Care Fund (BCF) plans, and will continue to be part of the governance arrangements for the BCF programme, or its successors, and the wider 'Berkshire West 10' integration programme. In view of this link, and applying the criteria set out in para 4.5 (above) on how to select items for inclusion on a streamlined priorities list, the Health and Wellbeing Strategy does not, therefore, include any specific priorities which would simply replicate the BCF and/or Berkshire West 10 programme.

4.10 Following stakeholder engagement to develop a draft strategy, then, a public consultation was carried out between 10th October and 11th December 2016. This included publication of an online questionnaire alongside presentations to a series of resident / patient / service user forums to give people the opportunity to take part in a dialogue about proposed priorities and the development of an Action Plan to achieve these. This open public consultation was particularly aimed at patient and service user forums and participation groups, youth groups, parenting forums, older people's interest groups, unpaid carers (young and adult carers), staff involved in providing, commissioning or developing health and wellbeing services, and voluntary and community sector organisations.

4.11 People were invited to comment on whether the draft strategy contained the right building blocks and priorities for Reading. Respondents were asked to suggest what was needed to achieve each priority, and what they or their organisation could contribute. These answers were then used either to start to develop an action plan to support each priority, or to supplement existing action plans.

4.12 A dashboard of key performance indicators has been developed to increase the accountability and transparency of the Health and Wellbeing Board's future progress against stated aims and objectives. This dashboard will be used to track performance against the Action Plans which will be developed in support of the 2017-20 Health and Wellbeing Strategy. The dashboard will identify performance in those areas selected as the priorities for the new Health and Wellbeing Strategy, as well as performance in the wider 'business as usual' across the health and wellbeing landscape.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 Members of the Health and Wellbeing Board have worked with key stakeholders to review the 2016 Joint Strategic Needs Assessment (JSNA) and performance against the 2013-16 Health and Wellbeing Action Plan. The strategy has been prepared to include shared priorities for realising the vision of 'a healthier Reading'. The Strategy reflects priorities for health and social care integration, and the need to develop a framework to drive co-commissioning across the Health and Wellbeing Board's membership. The

2017-20 strategy also incorporates wellbeing responsibilities towards residents with current or emerging care and support needs so as to be comprehensive and Care Act compliant.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 A 12 week consultation on the Council's Adult Wellbeing Position Statement, informed the development of the new Health and Wellbeing Strategy. This ensured 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.

6.2 Two workshops then brought together members of the Health and Wellbeing Board and other key stakeholders representing public services, local providers and Reading's voluntary sector (the Health & Wellbeing Involvement Group) to refresh Reading's Health and Wellbeing Strategy. In addition, the emerging priorities of the early new strategy were discussed at Reading Voluntary Action's Wellbeing Forum for the third sector.

6.3 A 9 week formal consultation on the draft strategy took place during October – December – as described above (4.10). In addition to publishing an online questionnaire to elicit feedback, representatives authorised by the Health and Wellbeing Board presented on the consultation at local forums and meetings (see below). These dates were advertised at the launch of the consultation to encourage people to take up these opportunities to give verbal feedback if that was their preferred method.

- Older People's Working Group (04.11.2016)
- Youth Cabinet (15.11.2016)
- Reading Families Forum (16.11.2016)
- Public consultation event (21.11.2016)
- Dementia Action Alliance (23.11.2016)
- Access & Disabilities Working Group (01.12.2016)
- Learning Disability Carers Forum (07.12.2016)
- Learning Disabilities Partnership Board (07.12.2016)

A workshop was hosted in November 2016 to take the consultation discussions out to a wider audience. to inform what we need to put in place to address the health and wellbeing priorities suggested for Reading.

6.4 A report on the consultation and engagement exercise is attached as Appendix A. A total of 54 questionnaires were returned. In addition, we gathered in verbal responses from 147 meeting attendances.

6.5 Key headlines from the consultation were as follows.

- Feedback was generally supportive of the three building blocks.
- Feedback was generally supportive of the seven priorities proposed in the draft Strategy.
- There were mixed reactions to plans to include safeguarding and TB reduction

- There were questions as to why breast and bowel cancer screening should be prioritised over the prevention of some other diseases.
- Many people identified a personal esteem/resilience link between several of the priorities, but felt there was a need for a more explicit reference to adult mental health and emotional wellbeing in order for the Strategy to set the basis of a properly holistic approach. In the light of this, an eighth priority is now proposed – reducing deaths by suicide – as well as making more explicit that the priority on reducing loneliness and social isolation is to incorporate developing personal resilience.

6.6 Consultation feedback has been shared with action planning leads to inform what we need to put in place to address suggested priorities. A proposed Action Plan for adoption for each of the priorities will be presented to the Health and Wellbeing Board on 27 January 2017.

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 provided an opportunity to develop an understanding of how the draft Strategy might impact differently on protected groups. As a vehicle for addressing health inequalities, it is expected that any such differential impact would be positive, and accordingly will support the discharge of Health and Wellbeing Board members' Equality Act duties. The full Equality Impact Assessment is attached at Appendix B.

9. FINANCIAL IMPLICATIONS

9.1 Consultation feedback has informed the development of the Health and Wellbeing Action Plan. This will be delivered within existing resources, realigned where necessary. It is imperative that the Strategy drives the efficient use of resources and to deliver clear health benefits on investment so as to protect a sustainable local health and care system.

10. APPENDICES

Appendix A – Reading Health and Wellbeing Strategy 2017-20: Consultation report

Appendix B - Reading Health and Wellbeing Strategy 2017-20: Equality Impact Assessment

Appendix C: Reading Health and Wellbeing Strategy 2017-20

Appendix D: Reading Health and Wellbeing Action Plan 2017-20

Reading Borough Council
Working better with you

Reading's Health and Wellbeing Strategy 2017-2020: Consultation Report

NHS
South Reading
Clinical Commissioning Group

NHS
North and West Reading
Clinical Commissioning Group

Executive Summary

Following a period of stakeholder engagement to develop a draft strategy, the Reading Health and Wellbeing Board ran a public consultation between 10th October and 11th December 2016 on a proposed Joint and Health and Wellbeing Strategy to set local priorities for the period 2017-2020.

Feedback was generally supportive of the three building blocks and seven priorities proposed in the draft Strategy. However, there were mixed reactions to plans to include safeguarding and TB reduction, as well as questions as to why breast and bowel cancer screening should be prioritised over the prevention of some other diseases. Many people identified a personal esteem/resilience link between several of the priorities, but felt there was a need for a more explicit reference to adult mental health and emotional wellbeing in order for the Strategy to set the basis of a properly holistic approach.

Background

The development of Reading's 2nd Joint Health and Wellbeing Strategy began with two workshops bringing together members of the Health and Wellbeing Board and other key stakeholders representing public services, local providers and Reading's voluntary sector. This Health & Wellbeing Involvement Group participated in a collaborative review of local need – based on the latest iteration of Reading's Joint Strategic Needs Assessment - and of past performance against the goals of the 2013-16 Health & Wellbeing Strategy.

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 a draft strategy prior to a formal consultation period. Key messages from the Involvement Group were that the refreshed strategy should represent and include:

- 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; and
- a focus of partners' collective effort on fewer priorities, so as to target the biggest health and wellbeing risks for Reading.

The Health & Wellbeing Involvement Group felt that the 2013-16 Health & wellbeing Vision – now widely cited across other local strategies and plans – was still valid, and recommended that this be carried forward as the 2017-20 vision:

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The Group also liked the idea of adopting the Public Health England mission statement, and suggested adding a Reading Mission Statement:

Mission Statement: ***to improve and protect Reading's health and wellbeing – improving the health of the poorest, fastest***

A number of issues were then identified to make up a 'priorities shortlist' for the new strategy using the following criteria.

- Reading's performance in this area is significantly below average (for England / for the region / by reference to statistical neighbours).
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- Reading's performance over time indicates a need to focus on this issue, e.g. Reading is now performing in line with or better than national averages, but this reflects a focus given to a 'hot topic' which needs to be sustained.
- The issue either isn't already included in / monitored via other strategic plans, or there would otherwise be clear added value in making this a HWB priority, e.g. this is something which stakeholders believe Reading would be best placed to address by working together across the membership of the HWB Board.
- The expected return on investment in this area is significant if the issue is made a priority across the HWB partnership.

There were a number of issues which the Involvement Group considered were best owned by partnerships other than the Health and Wellbeing Board. All were seen as being relevant to achieving the Health and Wellbeing vision, and the Group suggested that they should be recorded as issues in which the Health and Wellbeing Board would maintain an interest and a dialogue with other appropriate local partnerships. These issues are:

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- Supporting vulnerable groups to be warm and well
- Reducing the number of people using opiates
- Protecting Reading residents from crime and the fear of crime
- Narrowing the gap between the educational attainment of children who are eligible for free school meals and those who are not eligible.
- Tackling poverty
- Reducing the number of people and families living in temporary accommodation

What we consulted on

Three cross cutting issues were identified which the Involvement Group felt ought to underpin all other actions coming out of the Strategy. These were proposed as 'building blocks' of the 2017-20 Strategy:

- Developing an integrated approach to recognising and supporting all carers
- High quality co-ordinated information to support wellbeing
- Safeguarding vulnerable adults and children

Seven strategic priorities were then proposed as the focus of health and wellbeing activity in reading for the next three years:

- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity and physical activity)
- 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

How we consulted

The formal consultation ran from 10.10.2016 to 11.12.2016. It was an open public consultation, but particularly aimed at patient and service user forums & participation groups, youth groups, parenting forums, older people's interest groups, unpaid carers (young and adult carers), staff involved in providing, commissioning or developing health and wellbeing services, and voluntary and community sector organisations.

People were invited to comment on whether the draft strategy contained the right building blocks and priorities for Reading. Respondents were asked to suggest what was needed to achieve each priority, and what they or their organisation could contribute. These answers were then used to develop an Action Plan to support each priority

The consultation questionnaire was available on the Council's website and in paper copy on request. People could choose which parts of the consultation they responded to. Most people commented within each section, but some focused on just a few areas.

The consultation was discussed at 7 meetings (see table below). These dates were advertised at the launch of the consultation to encourage people to take up these opportunities to give verbal feedback if that was their preferred method.

Meeting	Number of people
Older People's Working Group (04.11.2016)	54
Youth Cabinet (15.11.2016)	6
Reading Families Forum (16.11.2016)	10
Public consultation event (21.11.2016)	34
Dementia Action Alliance (23.11.2016)	16
Access & Disabilities Working Group (01.12.2016)	15
Learning Disability Carers Forum (07.12.2016)	12
TOTAL ATTENDANCES	**147**

Table 1: Health & Wellbeing Strategy 2017-20 - consultation meetings

A press release was issued at the start of the consultation. Information promoting the consultation was also published as a news item on the Reading Voluntary Action and Healthwatch Reading websites. In addition, there were short presentations during the consultation period to the Physical

Disability and Sensory Needs Network, the Reach Out youth group and the Learning Disability Partnership Board to raise awareness of the consultation and encourage people to respond.

Who responded

A total of 54 questionnaires were returned. In addition, we gathered in verbal responses from 147 meeting attendances as described above. There could be some overlap between the verbal responses and returned questionnaires. As people had the option of responding anonymously, it is not possible to say with certainty how many individuals contributed to the total of 201 responses, but this is estimated at 160-180 people.

More detailed demographic analysis is available only from those who responded to the consultation by returning a questionnaire and completing the 'about you' questions – which were optional.

55% of respondents who identified by gender were female and 45% male. Most questionnaires – 62% - were returned by people in the 45 to 64 age group. However, there were presentations taken both to youth groups and to the Older People's Working Group to capture feedback from older and younger residents. Only a small proportion of questionnaires – 11% - were completed by people who identified as having a long term health condition. Again, though, presentations were taken to forums run by and for people with disabilities or care needs.

Three quarters of questionnaires were returned by people who identified as White British. White Other was the next most frequently indicated ethnic background. 39% of respondents stated they had no religion. Most of those who identified as practising a religion – 31% - were Christian, with other religious beliefs being represented in very small numbers. 78% of respondents identified as f

24% of returned questionnaires were submitted on behalf of an organisation, and the remainder were individual responses.

Consultation feedback

Building Block A: safeguarding vulnerable and children

There were mixed views on having safeguarding as one of the building blocks of the Health and Wellbeing Strategy. Several people commented that given there are statutory frameworks for this work, and established boards to set and monitor local targets, including safeguarding within the Health and Wellbeing Strategy would be a duplication.

Some people suggested that the emphasis here should instead be on reducing people's vulnerability by promoting healthy lifestyles, healthy relationships and personal resilience. Alternatively, people suggested that if safeguarding is part on the Health and Wellbeing Strategy then this should be with a focus on addressing particular issues, such as domestic abuse or suicide prevention.

Building Block B: recognising and supporting all carers

Most people welcomed the inclusion of carer recognition and support as a building block or golden thread to apply within all priorities. However, they were keen to see this idea developed to understand how the Health and Wellbeing Board would oversee provision for different groups of carers. Mental health carers, young carers, and parent carers of disabled children were all highlighted as being in need of greater or more co-ordinated support.

Building Block C: high quality co-ordinated information to support wellbeing

Information to support wellbeing was seen as fundamental, and rightly described as a building bock on which the Strategy was based. People pointed out that the co-ordination of information should include voluntary sector partners as well as statutory sector organisations.

Feedback was that we need more concerted efforts to support informed decision making about lifestyle choices and whether to accept public health interventions. Messages need to be targeted to reflect the concerns and needs of different communities. Some commentators felt that we probably have a sufficiency of wellbeing information locally, but need to do more to make this information accessible to particular groups, such as families of children with learning disabilities, or residents whose first language is not English.

There were various suggestions made about different channels which could be used to provide wellbeing information – such as drop in sessions where people can meet providers, adding inserts to other Council mailings and roadshows in parts of the town where take up of relevant services is particularly low. Several people stressed that web-based information can only be a partial solution, and must be complemented by face-to-face engagement and encouragement.

Priority 1: supporting people to make healthy lifestyle choices – dental care, reducing obesity, increasing physical activity, reducing smoking

> "I know from experience that cycling or walking to work or to the shops helps on so many levels. It wakes you up on the way to work, gets your blood going, keeps your body warmer and makes you feel happy through the dark winter months. It gives you an adrenaline boost."

This proposed priority attracted lots of positive comment, and practical suggestions on how to engage more people. Links were made with some of the other priorities. Lots of community groups were keen to be involved in raising awareness of these issues and supporting people to make healthy lifestyle choices. Young people made positive comments about the healthy lifestyle messages given in schools, and felt this was a very good way to reach young people, especially with workshops and drama productions tailored to different age groups. Some people pointed out that young people may also be an effective channel to other members of their family.

People pointed out that it is important to convey the message that there are many ways for people to be more active. This doesn't have to involve joining a gym, and many options are free or at low

cost. Making sure that people understand the variety of options should help people of different ages and abilities choose an activity they can enjoy. In particular, many respondents were keen to see clear plans to encourage more people to walk or cycle. Suggestions here included developing more dedicated routes and improved cycle storage/security facilities as well as thinking about pedestrian or cycle access to places like health centres. There were mixed views as to how important it is to retain the Ready Bike scheme, however.

Some were also keen to see cycling and walking promoted as group activities so as to contribute to reducing loneliness as well as encouraging physical activity. Others pointed out that encouraging people to travel in these ways would also help to improve air quality.

There was a lot of feedback about the need to modernise leisure facilities in Reading, particularly swimming pools. People also wanted leisure planning to include considerations of accessibility and affordability, including travel costs and childcare – with pay as you go options available alongside memberships. Some respondents suggested partnering with local businesses / employers to encourage people to use their lunch breaks to take more physical activity, or to take part in classes etc just at the end of the working day.

People suggested that there were ways in which better use could be made of parks to encourage physical activity, such as outdoor gyms and better lighting. There was a request that the Council try to improve the accessibility of parks for disabled children, especially in East and South Reading. Horticultural therapy was suggested as an important vehicle for supporting wellbeing across several aspects.

People noted that there are strong messages promoting unhealthy foods, and a need for equally strong messages to raise awareness of the consequences of an unhealthy diet. These probably need to be delivered in different ways to reach different groups of residents, but potentially a wide range of agencies could be involved. There were suggestions about where nutrition and cookery demonstrations could be offered in the most deprived wards, and how to include cuisine from different cultures. People also suggested that there should be more information about 'empty calories' to help people understand that they can make their grocery budget go further by making better choices.

On smoking, people asked for clearer messages about e-cigarettes. Several people commented that images and perceptions about smoking need to be tackled with young people, in particular.

On dental care, people felt clarity was needed about who can access free care, and whether there is scope to have dental staff undertake outreach visits to community groups. Cost is a worry to many. People also pointed out the importance of establishing a routine of attending regularly for dental check-ups rather than waiting for problems to start.

A number of respondents felt it is important to tackle the root causes of unhealthy lifestyles, and understand why some people have low self-respect. They wanted to see more emphasis on emotional wellbeing and helping people feel good about themselves. Some felt that more peer support groups and community role models are needed to help people make changes to their behaviour and then stay on course. This could include workshops on living with a long term condition, self managing it, and having the confidence to lead a better quality of life with that condition or disability. RVA's social prescribing service was referenced as an effective way of supporting people to make healthy lifestyle choices through a health coaching approach. A few people felt that improved access to GPs and community nurses would help to deliver on this priority. Others focused more on GP surgeries as important information points to raise awareness of local facilities for leading a healthier lifestyle. Some wanted to see tighter restrictions placed

on where people can buy cigarettes, alcohol or unhealthy food through the Council's planning and licensing powers.

Priority 2: reducing loneliness and social isolation

> "We need to focus more on local communities and local people looking out for each other. A lot of loneliness comes from people not knowing who their neighbours are."

There was a lot of feedback welcoming the inclusion of reducing loneliness as a priority, and particularly the intention to address this across all age groups. People saw scope for linking this with other priorities, e.g. strengthening community connections to support young people's emotional wellbeing and to encourage people of all ages to enjoy healthier lifestyles.

Befriending services were seen as a very important part of reducing loneliness, offering important benefits for volunteer befrienders as well as those they befriend. People felt there is a need for a wide range of volunteers/groups so as to be able to match individuals across interests and cultures. People noted that befriending goes beyond home visiting and can include accompanying someone on trips or to go shopping etc. People with dementia, for example, often become unconfident about going out and a befriender can help maintain that person's independence. Simply inviting an isolated neighbour or relative to join in with ordinary family activities can also be an important part of addressing the issue.

Peer support schemes fulfil a similar role for families / isolated parents, as can peer support groups which bring people together to support each other in managing long term health conditions or caring responsibilities. People suggested that young people need more support to understand and develop healthy relationships. They could also benefit from inter-generational befriending schemes as well as providing companionship to older people this way. Some respondents would like to see an exploration of inter-generational housing solutions.

Some people had found online forums really useful as a way of developing connections with others, and suggested that the Health and Wellbeing Action Plan could increase the visibility of these.

Identifying those most at risk of loneliness is a challenge, particularly when aiming to tackle this across all ages, but people pointed out that there are various risk factors for loneliness which are well understood and could be used to start targeting information, e.g. to those recently bereaved.

Social prescribing is one way of supporting people to find a range of community activities and services. Community noticeboards are another avenue, but groups need information on how to post information in these. Home care workers were also identified as another possible channel for informing people about local services to provide companionship. Some people pointed out that faith groups can offer a strong sense of community, although others were keen to see services run from or based in non faith settings too.

People identified language as a possible barrier to people being able to interact with their neighbours, and saw support to develop English skills as an important part of reducing loneliness. Lack of transport was identified as another possible barrier to people having the levels of social contact they would like. There is a need to find innovative ways to tackle this with communities working together. Alongside this, neighbourhood groups can provide very local solutions which reduce people's need for transport to be able to meet friends or make new ones.

Priority 2: reducing the amount of alcohol people drink to safer levels

"Continue the clear health messages about safe levels of alcohol consumption."

Many people were pleased to see the proposal to include a distinct priority on tackling excessive alcohol consumption. Better education about the harmful effects of alcohol was seen as key – starting early through programmes in schools but also reaching adults in creative ways – such as through notices at bottle recycling points - and making sure messages address Reading's sizeable student population. Many pointed out that these messages need to be complemented by positive messages about alternatives to alcohol – e.g. enticing 'mocktails' and soft drinks promotions to match special offers on alcoholic beverages, and developing the family friendly aspects of pubs. Freshers Week is an opportunity to get people off to a good start, but often has the opposite effect at the moment.

There was support for tighter licensing to reduce the availability of alcohol at particular times of the day, and to those under the legal drinking age. Several people wanted to see stronger action to stop sales to people already intoxicated. There were also several suggestions for legislative change to support this priority from a national level. These included moving towards a complete ban on driving after consuming any alcohol, and increasing the taxation on alcohol sales

The First Stop Bus is seen as a very useful service. Some respondents queried whether it is available as often as needed. Some suggested that people who need support from statutory services because of their drinking should be charged, e.g. for attendance at hospital Emergency Departments.

Excessive alcohol consumption was another issue which people felt was often a symptom of underlying distress, and so cannot be tackled without looking at root causes such as poverty, poor housing and isolation. Several people made the link between this priority and the earlier one on promoting healthy lifestyles, particularly encouraging people to be more physically active to help improve their sense of wellbeing. It was suggested that people with lived experience of self medicating with alcohol might be the best role models to reach some people currently using alcohol as a coping strategy, perhaps as part of Reading's new Recovery College. Alternative meaningful activity such as volunteering was also seen as an important component.

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

"All of us to need to see mental health as equal to physical health. We weigh and measure all our children, but where is the mental health check up to match that?"

Mental health and wellbeing for children and young people attracted a lot of comment in the consultation. People made links between this priority and others – particularly reducing both alcohol consumption and loneliness. There was positive feedback about a number of third sector groups working with young people, but a commonly held view that there is relatively low awareness of these services.

Lots of people commented on the need to improve recognition of emerging problems and how to seek help – amongst young people and the adults they come into contact with. Several people referred to the need to encourage young people to talk and be open to acknowledging pressures and stress. People wanted to see young people being supported from an early age to develop coping strategies. Schools have an important role to play, from support to manage the stresses of regular assessment through to developing peer support systems, providing guidance to parents, and supporting access to counselling via school nurses. Emotional Literacy Support – now available in some schools – was well regarded.

Some people focused on the need to support more young people to access meaningful activities which support their wellbeing – opportunities to be physically active and to interact face-to-face with others, particularly to provide an alternative to social media. Opportunities need to be available at low cost to be accessible, and in some cases young people need simple access to spaces where they can be together safely. Access to affordable travel is also significant for many young people.

Young carers were seen as a particularly vulnerable group. Local support services for them are valued but appear to be very stretched. Bullying was also recognised as a significant issue for many young people, particularly cyber bullying.

There were a number of concerns expressed about waiting lists for specialist mental health services. There were particular concerns about the lack of support for children aged under 10, and the short term nature of some of the support available.

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

"Everyone is touched by dementia in some way. We are most in need of better support for families."

A lot of respondents commented that dementia is a condition which touches whole families and not just individuals with a dementia diagnosis. Support for family carers was seen as a crucial part of ensuring more people with dementia can live in the safest places possible – usually their own homes rather than in institutional settings. This helps to preserve continuity of surroundings and

access to familiar faces. However, carers need access to information, peer support and regular breaks if they are to carry on caring in very challenging circumstances.

People also wanted to see clear plans to ensure Reading residents can access specialist dementia care when they need it. This care should be empowering and enabling, supporting people to stay active for as long as possible. Opportunities to socialise, to stay physically active and to take part in lifelong learning were all regarded as important in reducing the impact of dementia. People were keen to see our local libraries and museums involved in programmes to promote this, and also more opportunities to join singing groups.

Most people thought there was a need for more training for the very wide range of people likely to come into contact with someone who has dementia – so as to be able to recognise the condition and respond appropriately. Health and social care staff are obvious candidates for such training, but the need for better awareness is probably greater amongst the less obvious candidates. Rail staff, retail workers and front line volunteers in community groups were all suggested as people who ought to be trained to be able to offer their services as safe spaces for someone with dementia. Some people suggested a programme to target different groups based on what are common 'trigger points' for dementia being recognised, such as a bereavement or a fall. Dementia Friends training sessions are short and accessible and would probably be most appropriate way of raising awareness with most groups.

People talked about the past successes of the Reading Dementia Action Alliance (DAA), such as almost 4,000 people living or working in Reading being trained as Dementia Friends and 26 Dementia Champions trained to provide additional Dementia Friends sessions. However, although Reading still has a DAA, the pace of activity has slowed considerably since the group lost its funded co-ordinator. There is now a need for greater volunteer input to take forward the local Alliance. Several people suggested that the Alliance ought to be re-launched to remind people what it can offer and bring together a wider range of partners.

There was an enquiry as to whether Reading's recently launched Recovery College for Mental health could be developed to offer courses specific to dementia, as happens in some recovery college in other parts of the country.

Priority 6: increasing take up of breast and bowel screening and prevention services

> "We need stories of real people who have survived cancers to demonstrate positive outcomes."

Many people felt there needs to be more conversation about cancer generally – not just the screening tests – to understand people's fears and then help them start facing up to these. Some queried whether people were given enough information about the risks and side effects of screening in order to be able to make an informed choice whether to have the tests. There are some common misconceptions which mean many people don't see the value of a screening test for someone who is symptom free. It was also not clear to everyone why breast and bowel cancer

screening were proposed as priorities rather than other screening tests, suggesting more needs to be done to explain the evidence for focusing on these diseases above some others.

There were lots of suggestions as to why various groups might find screening tests off-putting. Some people may be quite fearful of what the tests entail. Reading Mencap has recognised this and starting offering escorts to breast screening for their clients. Some newly arrived communities may not appreciate that the screening tests are free at the point of delivery, in which case fear of charges may stand in the way of take-up.

It appears that many people find the bowel screening process particularly off-putting so strong and clear messages about the benefits are needed to counter people's aversion. There was a plea for 'forthright language' and a request for clearer instructions to accompany the bowel screening kits. Some suggested that the kits could include diagrams and/or cheap plastic gloves.

People asked if screening tests could be offered at different venues to reach more people, e.g. more use of mobile screening units. A range of community groups offered to carry leaflet stocks or provide a venue for awareness-raising talks. There was some positive feedback from people who have undergone the tests. Some people questioned whether the age groups targeted for screening currently ought to be reviewed.

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

> "We need to work with community leaders and give people the confidence and the trust to be able to access treatment without fear."

The inclusion of reducing numbers with tuberculosis as a priority met with mixed reactions. Many groups were surprised to learn that the number of Reading residents affected is so much higher than in other areas, or thought that TB was a public health problem which has now been eradicated. This then led a number of commentators – including the Youth Cabinet, for example - to the conclusion that it was right to prioritise an issue around which there is low awareness/understanding. However, others felt that the numbers affected were still too low to justify including this as priority for the 2017-20 strategy.

Quite a number of groups offered to help raise awareness of TB symptoms, how to access treatment and also reassure people who may worry about how a diagnosis could affect their right to remain in the UK. Some suggested targeting people via community leaders or through housing services, particularly to reach those not registered with a GP.

Additional comments

Some people felt that the strategy should include more on the expected transformation of statutory health and care services. There were questions about links between the Health and Wellbeing Strategy and Sustainability and Transformation Plans, as well as requests for greater clarity on how the new Health and Wellbeing Strategy would support integration. There was a specific suggestion that the Strategy ought to adopt Delayed Transfers of Care as an additional priority.

Some respondents queried the lack of references to certain specific groups – people with sensory impairments, or with learning disabilities. There was also a suggestion that there ought to be specific recognition of sexual violence and its impact, perhaps as part of the safeguarding building block. Some people suggested that the strategy would benefit from the inclusion of spiritual wellbeing or mindfulness to ensure a properly holistic approach. Others felt that the strategy could be improved by references to wider environmental issues, such as air quality.

There were some comments on the challenges of delivering against the Health and Wellbeing priorities with limited resources. Some people had ideas on where efficiencies could be made to free up more resources – for example, improving the recycling rate of aids and equipment,

The majority of additional comments, however, concerned adult mental health and emotional wellbeing. A wide range of stakeholders felt that this was a gap in the draft strategy. People suggested that action to promote people's personal resilience needs to underpin several of the proposed 2017-20 priorities, and that this needs to be made explicit. Although many people recognised that the proposed priority around reducing loneliness could contribute to emotional wellbeing, there was still a commonly held view that more was needed on adult mental health. The stresses of issues such as work or lack of work, poverty, poor housing or caring responsibilities are thought to be common underlying causes of unhealthy lifestyles, including excessive drinking. People also queried whether the references to postnatal depression as a contributory factor to loneliness gave the issue sufficient exposure.

A range of stakeholders suggested that the Strategy ought to include a specific reference to suicide prevention, given that this is the main killer of younger men in Reading. This was further suggested as something which merits additional focus given the rise in the Reading suicide rate as shown in the 2015-16 figures. Some local partners – such as the Berkshire Healthcare Foundation Trust – already have plans in place to reduce suicide rates, but adopting this as a priority of the Health and Wellbeing Board could help to align plans across other organisations.

People were keen to see an Action Plan which included clear plans to develop community capacity to support residents. This could include community growing schemes, community cafes and opportunities for people to get to know their neighbours better. There were some concerns as to how the proposed building blocks of the strategy – safeguarding, supporting carers and co-ordinated information to support wellbeing – would be reflected in the Action Plan. There were also requests for a clear statement from the Health and Wellbeing Board on how the Action Plan would be monitored.

Appendix B:

Equality Impact Assessment

Provide basic details

Name of proposal/activity/policy to be assessed

Adoption of a Joint Health and Wellbeing Strategy 2017-20

Directorate: Directorate of Adult Care and Health Services

Service: Wellbeing

Name and job title of person doing the assessment

Name: Janette Searle

Job Title: Preventative Services Development Manager

Date of assessment: 13th February, 2017

Scope your proposal

What is the aim of your policy or new service?

The proposal is to adopt a Health and Wellbeing (HWB) Strategy for the period 2017-20 in accordance with the duties to publish strategic plans to promote and protect health and wellbeing as set out in both the Health and Social Care Act 2012 and in the Care Act 2014.

The Reading HWB Strategy 2017-20 sets out agreed priorities across the local authority and the clinical commissioning groups which serve the Reading locality. The Strategy will underpin commissioning plans across Reading Borough Council, South Reading CCG and North & West Reading CCG (insofar as this CCG covers the Reading locality).

The 2017-20 Reading HWB Strategy is based on 3 'building blocks'. These are intended to underpin all of the strategic priorities and be considered as part of all implementation plans. The building blocks are:
- developing an integrated approach to recognising and supporting all carers;
- high quality co-ordinated information to support wellbeing; and
- safeguarding vulnerable adults and children.

The Strategy goes on to identify 8 priorities. These are:

- supporting people to make healthy lifestyle choices (with a focus on improving dental care, reducing obesity, increasing physical activity, and reducing smoking);
- reducing loneliness and social isolation;
- promoting positive mental health and wellbeing in children and young people;
- reducing deaths by suicide;
- reducing the amount of alcohol people drink to safe levels;
- making Reading a place where people can live well with dementia;
- increasing uptake of breast and bowel screening and prevention services; and
- reducing the number of people with tuberculosis.

It is intended to be an important tool in:
- Improving the health and wellbeing of Reading residents;
- Reducing health inequalities; and
- Promoting the integration of services.

Who will benefit from this proposal and how?

The Strategy is intended to be an important tool in:

- Improving the health and wellbeing of Reading residents;

- Reducing health inequalities; and

- Promoting the integration of services.

What outcomes will the change achieve and for whom?

Adopting the HWB Strategy 2017-20 will give the Health and Wellbeing Board a focus on the 8 identified priorities (see above), and set a framework for ensuring that plans to address these are based on the three underpinning issues ('building bocks') of carer recognition and support, co-ordinated information to support wellbeing, and safeguarding. In turn, the commissioning plans of individual HWB Board members over the next three years should also be driven by and reflect HWB Strategy 2017-20 priorities.

The Strategy is aimed at the entire population, and adopting it should co-ordinate efforts to improve health and wellbeing for any resident potentially affected by the priority issues.

The HWB Board will drive performance forward in its chosen priority areas as set out in the Strategy. In addition, the HWB Board will continue to receive reports and requests from other local strategic partnerships involved in promoting health and wellbeing, e.g. the Reading Integration Board, the End of Life Steering Group, the Community Safety Partnership etc.

Who are the main stakeholders and what do they want?

- Current users of care and support services

- Carers and family of people with care and support needs

- Reading residents, as potential future users of care and support services

- Staff and volunteers across care and support providers in the statutory, private and voluntary sectors

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others?

Yes ☒ No ☐

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, feedback.

Yes ☐ No ☒

If the answer is **Yes** to any of the above you need to do an Equality Impact Assessment.

Impact of the Proposal

Consultation

How have you consulted with or do you plan to consult with relevant groups and experts?		
Relevant groups/experts	**How were/will the views of these groups be obtained**	**Date when contacted**
Reading residents, including but not confined to those with care and support needs Organisations across all sectors involving in promoting or protecting health and wellbeing	The Strategy has been informed through the engagement of stakeholders to develop an approach and a draft strategy, and then a formal 9 week public consultation. 54 consultation questionnaires were returned, and verbal feedback was obtained via 147 meeting attendances.	10th October – 9th December 2016

Describe how this proposal could impact on racial groups

No negative impact in terms of different racial groups has been identified.

Prioritising the reduction of tuberculosis is likely to involve some targeting of resources on newly arrived communities, but so as to take action to narrow the health gap

Where take up of other services is disproportionately low for some racial groups (e.g. bowel screening, befriending), which may face particular barriers to access, again there will be a focusing of resources on those communities as part of the drive to reduce health inequalities. There is an ongoing need to recognise that cultural norms and barriers such as language may impact on access to health and wellbeing support, and the Health and Wellbeing Strategy should be a tool to address this. Responses to the consultation raised the importance of ensuring that information and advice about health and wellbeing is accessible to all groups.

Is there a negative impact? Yes ☐ No ☒ Not sure ☐

Describe how this proposal could impact on gender/transgender (cover pregnancy and maternity, marrieage)

No negative impact in terms of gender has been identified.

Prioritising the uptake of breast screening is an issue which only affects women. However, this has been chosen as a priority in order to redress the negative impact of breast cancer on female health and wellbeing.

There will be a focus on younger and middle aged men within the priority on suicide reduction, as well as on women who are pregnant or have given birth within the last year. A review of local data may also lead to a focus on people who are transgender. All of these are characteristics associated with a raised risk of suicide according to national evidence.

Within activities to deliver on the priorities around promoting healthy lifestyles and reducing loneliness, there will be some targeting of services on a gender-specific basis in order to promote equality of access overall.

Is there a negative impact? Yes ☐ No ☒ Not sure ☐

Describe how this proposal could impact on disability

No negative impact in terms of disability has been identified.

In some areas, the strategy focuses on particular long term health conditions. For example, the priority on making Reading a place where people can live well with dementia will have a direct and immediate impact only on those with dementia and their families. These are differential but positive impacts of adopting the strategy.

There will be some targeting of resources on people living with a disability or long term health condition to help overcome barriers to accessing health and wellbeing support, e.g. screening services and support to make healthy lifestyle choices. This is expected to contribute to reducing health inequalities.

Is there a negative impact? Yes ☐ No ☒ Not sure ☐

Describe how this proposal could impact on sexual orientation (cover civil partnership)

No negative impacts on the grounds of sexual orientation have been identified.

Is there a negative impact? Yes ☐ No ☒ Not sure ☐

Describe how this proposal could impact on age

No negative impacts on the grounds of age have been identified.

The priority on supporting positive mental health in children and young people is age specific, as is the breast and bowel cancer screening priority in accordance with national evidence reviews of the costs and benefits of screening different age groups. These differences in likely access to support on age grounds as a result of adopting the strategy are expected to be positive.

There are some specific activities targeting older people within the priority on reducing loneliness, which are based on the evidence of how loneliness risks

correlate with advancing age. However, this priority also includes plans to develop understanding of local need across all ages.

Is there a negative impact? Yes ☐ No ☒ Not sure ☐

Describe how this proposal could impact on religion or belief

No negative impact in terms of religion or belief has been identified.

Is there a negative impact? Yes ☐ No ☒ Not sure ☐

Decision

1. No negative impact identified Go to sign off ☒

2. Negative impact identified but there is a justifiable reason ☐

You must give due regard or weight but this does not necessarily mean that the equality duty overrides other clearly conflicting statutory duties that you must comply with.

Reason

3. Negative impact identified or uncertain ☐

What action will you take to eliminate or reduce the impact? Set out your actions and timescale?

How will you monitor for adverse impact in the future?

The long term impact of adopting the Reading Health and Wellbeing Strategy 2017-20 should be a reduction in health inequalities. In order to track progress towards this goal, a dashboard of key performance indicators has been developed. This, alongside regular Health and Wellbeing Action Plan progress reports to the Board, will highlight any widening of health inequalities in future.

Signed (completing officer) Janette Searle Date: 13th January, 2017

Reading Borough Council
Working better with you

Reading's Health and Wellbeing Strategy

2017 - 2020

healthwatch Reading

NHS South Reading Clinical Commissioning Group

NHS North and West Reading Clinical Commissioning Group

Foreword

This is Reading's second Joint Health & Wellbeing Strategy. It sets 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 three 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.

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 face the biggest challenges - with reductions in the value of welfare benefits, restrictions on entitlements to support, and rising costs of food and fuel. 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 limited financial resources 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 achieve our aims. 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. Having heard people's thoughts on our draft plan so we could develop it, and agree the detailed actions we need to take in order to make a difference over the next three years, we hope this final version will support our mission statement.

Councillor Graeme Hoskin

Chair, Reading Health & Wellbeing Board

Lead Councillor for Health, RBC

Dr Andy Ciercierski

Vice-Chair, Reading Health & Wellbeing Board

Chair, North & West Reading CCG

Contents

Our 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 (improving dental care, reducing obesity, increasing physical activity, reducing smoking)**
- **Reducing loneliness and social isolation**
- **Promoting positive mental health and wellbeing in children and young people**
- **Reducing deaths by suicide**
- **Reducing the amount of alcohol people drink to safe levels**
- **Making Reading a place where people can live well with dementia**
- **Increasing uptake of breast and bowel screening and prevention services**
- **Reducing the number of people with tuberculosis**

We will develop plans to meet our priorities on three building blocks:

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

The aim of this strategy

Our second Health and Wellbeing Strategy for Reading builds on our previous strategy, and takes account of national and local developments over the past three years.

It provides a solid foundation for the development of local authority and clinical commissioning group commissioning plans over the next three years

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 the way people feel and function today and increasing their chances of longer and healthier lives.

People need to feel safe to enjoy full wellbeing, which is why safeguarding vulnerable adults and children is one of the building blocks of this Strategy.

Preventable ill health represents human misery which could be avoided, and a demand on care services which could be reduced. Focusing on keeping people well will reduce their need for support to 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.

We will work together to focus our efforts on areas where the evidence tells us we can have the greatest impact on health and wellbeing. 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 across the Health and Wellbeing Board.

This strategy recognises our Care Act obligations as well as our duties for health protection and promotion under the Health and Social Care Act.

Recognising and supporting carers

We estimate around 12,000 people in Reading provide unpaid care to a family member or friend. – this includes parents caring for a disabled child, young carers, and adults providing care to other adults. National studies estimate the value of carer support as the equivalent of a second NHS. However, this resource is very fragile - carers face high risks of poor health and wellbeing because of the strains of caring, and a tendency to put the needs of the person they care for first.

Supporting carers is key to a successful approach to preventing care needs from increasing across the local population.

This strategy aims to ensure that carers needs are recognised and supported in all of the initiatives we prioritise and monitor.

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 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.

This Strategy complements local integration plans and aims to promote seamless care by the right agency at the right time and in the right place.

How we developed this strategy

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

Refreshing our priorities began with a review of the previous strategy. We considered updated evidence about local needs and feedback we received on the Council's Adult Wellbeing Position Statement. We used this information to develop a draft strategy, building on our performance so far, and setting out a new set of proposed priorities to take us forward.

A public consultation on the draft strategy brought more people into the conversation about health and wellbeing priorities for 2017-2020. This was a key stage: improving and protecting health and wellbeing in Reading will be most effective if everyone (individuals, communities, employers and public services) work together.

We used the feedback we received from our consultation[1] to refine Reading's second Health and Wellbeing Strategy and develop action plans to meet our priorities - with the people who will experience the impact of our shared plans, and those tasked with achieving the desired outcomes.

[1] Visit www.reading.gov.uk/HWBStrategy to see the consultation report

Joint Strategic Needs Assessment (JSNA)

The Reading JSNA[2] presents national data alongside local information - telling 'the Reading story'. It identifies the ways that Reading's population is different from that in other areas and provides robust intelligence about the needs and strengths of the local population. It is the cornerstone of local needs assessments and commissioning and underpins our Health and Wellbeing Strategy.

Our population - Reading at a glance

The 2011 Census shows Reading's population was 155,700 people. This is an increase of 11,300 over a decade. We expect the population will continue to increase.

Employment

Reading benefits from a strong labour market, a high rate of employment and higher than average earnings.

Areas of deprivation

Some areas in the borough are experiencing high and rising levels of deprivation. Since the 2001 Census, 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 deprivation appears to be more closely linked to high levels of crime and poor living environment. Most areas with high levels of deprivation also have high level of health deprivation – meaning a high risk of premature death or reduced quality of life through poor physical or mental health.

Ethnicity

Reading has a more culturally and ethnically diverse population than other local authority areas, and is becoming more diverse. The 2011 Census showed:

- 66.9% of the population identified themselves as White British - 19.9% fewer than in 2001.
- 7.9% of the population identify themselves as Other White (covering a number of nationalities, including Polish) - 3.7% more than in 2001
- 12.6% of the population identified themselves as South Asian (Indian, Pakistani and Other Asian) – 7.4% more than in 2001.
- 4.9% of the population identified themselves as Black African – 3.3% more than in 2001
- Most residents born outside of the UK are from in India, Poland or Pakistan.

[2] See www.reading.gov.uk/jsna

Age

Reading's population is relatively younger than the average across Berkshire, the South East, and England and Wales.

- In 2014 there were 67 live births per 1,000 women aged 15 - 44 - a much higher fertility rate than the national (62.1) and South East regional (61.4) averages.
- We have fewer older people than other Berkshire authorities and expect a relatively small increase in this population compared to other areas. We predict we will have around 31,300 residents aged 65+ by 2037.

Children's health and wellbeing

According to the JSNA children who:

- are looked after by the Local Authority
- subject to a child protection plan
- have disabilities and
- live in poverty

and

- children and young people not in education, employment or training

are more likely to have particular health and wellbeing needs.

Successes and challenges

A significant amount of work has been undertaken across the local Health and Wellbeing partnership to support the delivery of our original vision for health and wellbeing. Much good progress has been made.

- Sexual health services are performing well and an information website has been developed.
- The Drug and Alcohol Treatment service was re-launched as the 'Reading IRiS Phased and Layered Treatment Model'. More people are completing treatment with this new service.
- Services for the care and education of young children (early years settings) have been rated as good and improving
- 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.
- The new Reading and West Berkshire Carers Hub[3] providing information, advice and support for carers was launched in 2016. This service was jointly commissioned by Reading and West Berkshire Councils and local clinical commissioning groups.
- A range of schemes which encourage people to walk and cycle more were introduced
- National Child Measurement Programme (NCMP) 3 year aggregated data is now being used to help target future weight management offers to local school children.
- The number of people smoking across Reading is just below national averages.

However, we also have 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.
- We have high levels of preventable premature mortality and low uptake of screening programmes in key areas e.g. breast and bowel screening.
- We have higher levels of some infectious disease, particularly sexually transmitted infections and TB.
- We have higher levels of homelessness, including families, and higher rates of unemployment. Crime rates are also higher than expected
- We have 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.
- Rates of obesity double during primary school, and significant numbers of children have tooth decay.
- We have low levels of school readiness
- Educational attainment in older children who are eligible for free school meals is less than half of that seen in other children.

[3] www.berkshirecarershub.org

- We have higher than expected numbers of young people not in education employment or training.
- Significantly higher numbers of men die as a direct result of alcohol (mainly alcohol associated cancers and chronic liver disease).
- The prevalence of opiate users is higher than in similar populations.

Financial context

Organisations are continuing to face the challenge of extreme budget pressures alongside increased demand for services. We must achieve a cultural shift to ensure our investment is increasingly directed at improving the wellbeing of Reading residents. This means helping people prevent avoidable ill-health and disability rather than just treating the effects of poor wellbeing. Responsibility for meeting the local challenges is shared between individuals, families, communities, local government, business and the NHS

Empowering people to take charge of their care and support

The Health and Wellbeing Board shares the view that people 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 to prevent ill health, as well those managing a long-term condition to stay well and prevent things from 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 can support people to make positive lifestyle choices and to maintain their commitment to their own wellbeing. We plan to involve many more frontline staff in promoting wellbeing through our Making Every Contact Count (MECC) programme. MECC is about building a culture of health improvement, equipping staff with the skills they need to seize opportunities – by asking questions about possible lifestyle changes, responding appropriately when issues are raised, and taking action to signpost or refer people to the support they need.

Delivering this strategy

Our second Health and Wellbeing Strategy has been informed by a review of Reading's Health and Wellbeing Board by a group of our peers from Health and Wellbeing Boards in other areas. We have responded 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.

The Health and Wellbeing Board members are committed to working together to:

- Monitor the progress of agreed actions to deliver our Health and Wellbeing priorities
- Use monitoring and review as an opportunity to involve more people in 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.

We will maintain close links with other relevant partnerships and invite them to:

- Report to us on the progress of any initiatives that impact on wellbeing and
- Present their ideas, requests and recommendations.

The Care Act makes it our responsibility to ensure our residents have a good range of wellbeing services. We aim to continue to encourage and support a vibrant local market, which is resilient to funding challenges to meet this need by:

- Working closely with third sector organisations
- Developing 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.

We want people to be more in control of their health, care and wellbeing. To facilitate this we will:

- Develop information resources so people can connect to the right health and wellbeing support at the right time.
- Make best use of new technologies and co-ordinated digital solutions.

How we will measure success

We have established a robust, proportionate and transparent performance management framework, which includes key performance indicators which will allow us to:

- Monitor our progress against the commitments and actions set out in the Health and Wellbeing Strategy Action Plan openly and transparently
- Understand where we may need to divert resources as we tackle the challenges we face.
- Track progress against 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.

Priority 1:

Supporting people to make healthy lifestyle choices

Focusing on improving dental care, reducing obesity, increasing physical activity and reducing smoking

Improving Dental Care

By 5 years of age, more children in Reading are assessed as having 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.

Reducing Obesity

Obesity significantly increases the risk of many long-term conditions including type 2 diabetes, cardiovascular disease and high blood pressure. It is also impacts negatively on educational attainment, mental health, respiratory and musculoskeletal disorders. A Body Mass Index over 40 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 (64.6%) and is comparable with other similar local authority areas, the absolute figures are significant and will have a huge impact on our residents' health and quality of life unless action is taken.
- Levels of childhood obesity[4] in Reading in Reception Year children and Year 6 children are consistently above the South East average.

Increasing Physical activity

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.

- 50.4 - 59.5% of residents[5] achieve the Chief Medical Officer targets for physical activity. This below the average in the South East region, but similar to the England average.
- 40.5-49.6% of residents aren't doing enough physical activity to protect their health.

Physical activity is already part of a number of local initiatives, but needs to become a more explicit priority.

[4] Data from the National Child Measuring Programme (NCMP)
[5] Active People Survey 2014

Reducing Smoking

Smoking increases the risks of ill health, including infections in children. 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 babies, children and young people who are exposed involuntarily to second hand smoke and babies whose parents smoked during pregnancy.

- Although we have seen a consistent decline in the estimated prevalence of smoking locally, in 2014 we estimated that around 21,000 (17%) Reading adults were smokers - similar to the national average.
- Smoking costs society approximately £1,700 per smoker. We estimate that smoking related ill-health cost local NHS trusts about £4.4m/year
- The number of premature deaths in Reading is above average, particularly 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 prevent uptake and reduce prevalence both nationally and locally. The most significant thing a smoker can do to improve their health is to quit.

Over the next three years

We aim to promote healthy lifestyles in a variety of settings so that every Reading resident has a chance to maximise their health and quality of life. We will focus on actions that:

- Deliver the priorities identified within the Healthy Weight Strategy (which sets out opportunities for children and adults to achieve and maintain a healthy weight by supporting them to make healthy dietary choices and choose an active lifestyle)
- Increase awareness of lifestyle and weight management services
- Promote walking and cycling both for leisure and active travel
- Prevent the uptake of smoking – by working with local stop services and promote smoke-free communities to support people to quit and remain smoke free 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.

Risk factors for loneliness include:

- living alone,
- not being in work,
- poor health, loss of mobility, sensory impairment,
- language and communication barriers,
- bereavement,
- lack of transport and local amenties (like public toilets or benches),
- lower income,
- fear of crime,
- high population turnover
- becoming a carer.

Studies show that services that reduce loneliness have resulted in:

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

National data indicates that 10% of people aged 65+ are ‘chronically lonely’ this translates to 1,720 chronically lonely older people in Reading.

Although most research in this area has focused on the elderly population, loneliness can be a health risk at any age. 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.

Over the next three years

We will focus on actions that will:

- Improve 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.
- 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:

Promoting positive mental 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.

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

In Reading:

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

  … are more likely to have mental health issues.

Whilst we have a range of projects which 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.

Over the next three years

We plan to drive forward improvement and change through a local *Future in Mind* process. We will:

- 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.
- 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 4:

Reducing deaths by suicide

Every death by suicide is an individual tragedy, and can have a devastating effect on families, on communities and others affected by how the life was lost. The World Health Organisation estimates that at least ten other people are directly affected by every suicide. In 2015:

- 18 people died by suicide in Reading
- There was a 22% increase in suicides across Berkshire compared to the previous year.

The absolute number of deaths by suicide in Reading alone is quite small but we can look at figures over time as well as across Berkshire as a whole and nationally to identify patterns which indicate which residents are more at risk. The figures tell us that:

- Men face three times the risk faced by women
- Suicide is the single biggest killer of men under 50

- It is the second most common cause of death in women who are pregnant or have given birth in the last year.

There is a strong link between suicide and self-harm as well as drug or alcohol misuse. Almost a third of people who died by suicide had contact with mental health services in their last 12 months.

Suicide risk reflects wider inequalities as people's social and economic circumstances can have a significant impact on their likelihood of taking their own lives. An effective approach to suicide prevention therefore needs to involve a range of agencies so as to tackle various factors at play.

The national suicide prevention strategy is based on two objectives:

- reducing the suicide rate, and
- providing better support for those bereaved or affected by suicide.

People bereaved by suicide face a number of risks to their wellbeing, including attempted or completed suicide, more so than people bereaved through other causes.

The national strategy identifies six areas for action, and these are reflected in the draft Berkshire Suicide Prevention Strategy, due for publication in 2017.

Over the next three years

We will:

- Develop and deliver a Suicide Prevention Action Plan for Reading to support delivery of the Berkshire Suicide Prevention Strategy
- Link to Action Plans which deliver Health and Wellbeing Priority 2:Reducing loneliness and social Isolation and Priority 3: Promoting positive mental health and wellbeing in children and young people

Priority 5:

Reducing the amount of alcohol people drink to safer levels

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

Alcohol use can be 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 is physically dependent on alcohol and needs detoxification to stop using safely.

In Reading:

- Alcohol use[6], mainly in the adult population, is a far greater problem than drug use (*this is the same in other areas of the country*).
- We estimate[7] that:
  - at least 30,000 residents are drinking to hazardous levels and
  - 4,500 are drinking to harmful levels.

  (*These figures are based on national self-reported drinking levels - research shows that people significantly under-report drinking suggesting true drinking levels are much higher)*.
- The high rates of alcohol-specific mortality and morbidity from chronic liver disease in both men and women indicates a significant number of people have been drinking heavily and persistently over the past 10-30 years.
- Very many more people could benefit from specialist treatment services than are currently able to receive them.

[6] Highlighted by the Reading Drug and Alcohol Misuse Needs Assessment

[7] Estimates based on current guidelines

Over the next three years

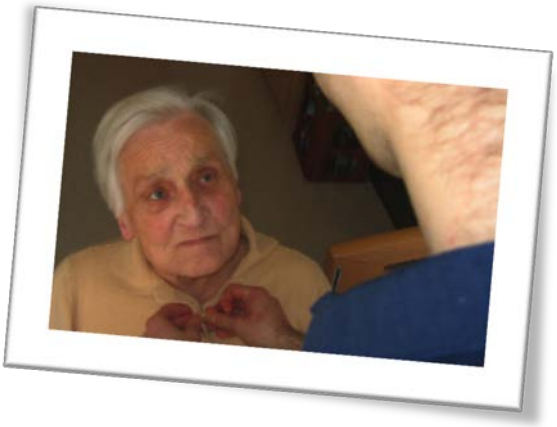
We will focus on actions that:

- focus greater emphasis on the problems of alcohol misuse at all ages, with greater emphasis on prevention, particularly targeting under 18 year olds with specialist family support in place for children at risk.
- Enable and encourage frontline staff in all sectors to do more to identify people at risk of harm from alcohol use and either provide a brief intervention or refer people for specialist treatment where appropriate.

Priority 6:

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 they care for changes more dramatically than for other carers.

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 (like 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.

- We estimate there are about 1,500 people aged 65+ living with dementia in Reading and we expect this 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

To ensure more people can live well with dementia in their communities we plan to bring a range of agencies together to:

- Significantly improve awareness and understanding of dementia so people have the information they need to reduce the risk of developing dementia as well as to live well with dementia.
- Ensure people with dementia have equal access to the health and wellbeing support which is available to everyone.

Priority 7:

Increasing uptake of breast and bowel screening and prevention

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.

While chances of being diagnosed with or dying from cancer are similar to other places in England, cancers are still the most common cause of premature deaths in Reading. Locally:

- Cancers are responsible for 142 deaths in every 100,000 people aged under 75
- Rates are highest in wards with very high areas of deprivation – Abbey, Norcot and Whitley.
- The numbers taking part in breast, bowel and cervical cancer screening is lower than the national average

Over the next three years

We will focus on actions to:

- Support people in their understanding of cancer, and enable people to make healthy lifestyle choices.
- Increase awareness of early cancer symptoms and screening programmes to improve early diagnosis
- Understand and overcome the barriers which stop people from taking part in screening
- Target areas with high levels deprivation and where smoking and alcohol use are known to be higher.

Priority 8:

Reducing the number of people with tuberculosis

Rates of TB in Reading 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, local 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%.

Over the next three years

We will focus on actions to:

- Promote awareness of the symptoms of TB, encourage people to seek advice and receive treatment as soon as possible.
- Use more targeted approaches to reach those communities at greater risk of having the disease or of failing to take up treatment more effectively

Reading Health and Wellbeing Strategy - Draft Action Plan

PRIORITY No 1	**Supporting people to make healthy lifestyle choices – dental care, reducing obesity, increasing physical activity, reducing smoking**

Note – The section below should be considered alongside the Healthy Weight Position Statement for Reading which provides an analysis of local data, scoping of current service provision and reports on the emerging priorities have been identified to help focus work on key areas of need.

Actions included below detail work in progress by the council that contribute to the healthy weight agenda. However, to tackle overweight and obesity effectively requires a multi-agency approach and as such we will invite partners, including but not limited to schools, local health services and the voluntary and community sector, private sector to join an action planning group following the January Health and Wellbeing Board to help shape a comprehensive strategy delivery plan.

What will be done – the task	Who will do it	By when	Outcome – the difference it will make	Supporting national indicators
Weight Management **To commission and implement an accessible tier 2 lifestyle adult weight management service that aligns with NICE guidance for overweight and obese adults aged 16 and over within the locality. This will form an integral part of the weight management service in Reading.** **To target access to the service in line**	**Wellbeing Team**	**Currently mid-contract. New contract to be procured to commence June / July 2017.**	**To contribute to halting the continued rise in unhealthy weight prevalence in adults.**	**2.21 Excess weight in adults.** **2.13i Percentage of physically active and inactive adults – active adults.** **2.13ii Percentage of physically active and inactive adults – active adults.** **2.11i - Proportion of the adult**

with local Joint Strategic Needs Assessments **To monitor and evaluate the delivery and outcomes of the service to the stated objectives**				**population meeting the recommended '5-a-day' on a 'usual day' (adults).**
To commission and implement a school based Tier 2 children's healthy lifestyle and weight management programme in line with NICE guidance within the locality. This will form an integral part of the weight management service in Reading. **To target access to the service in line with local Joint Strategic Needs Assessments** **To monitor and evaluate the delivery and outcomes of the service in line with the stated objectives** **To pilot a legacy pack for schools who host our Tier 2 children's healthy lifestyle and weight management programme in order to encourage schools to continue supporting the principles of the course beyond the 10-week intervention.**	**Wellbeing Team**	**Currently mid-contract for tier 2 service.** **Legacy pack to be developed for spring 2017.**	**To contribute to halting the continued rise in unhealthy weight prevalence in children and young people.** **To promote a 'whole family approach' to healthy eating and physical activity.**	**2.06i - % of children aged 4-5 classified as overweight or obese.** **2.06ii - % of children aged 10-11 years classified as overweight or obese.** **2.11iv – Proportion of the population meeting the recommended "5-a-day" at age 15**
To include promotion of healthy eating	**Wellbeing**	**From October**	**Lead, co-ordinate and provide**	**2.06i - % of children aged 4-5**

and physical activity within the 0-19s service **Take proactive steps to raise awareness in schools of priority Public Health messages especially around healthy life-styles, including oral health** **To look at options for programmes that could be delivered in Early Years settings with colleagues from children's services.**	**Team/Children's Services**	**From April 2017**	**services for children and young people as set out in the Healthy Child Programme 5 – 19 years**	**classified as overweight or obese.** **2.06ii - % of children aged 10-11 years classified as overweight or obese.** **2.11iv – Proportion of the population meeting the recommended "5-a-day" at age 15** **2.11v – Average number of portions of fruit consumed daily at age 15 (WAY survey)** **2.11vi – Average number of portions of vegetables consumed daily at age 15 (WAY survey).**
To seek opportunities to promote and support local walking and cycling programmes for leisure and active travel. For example: **'Develop a Local Cycling & Walking Infrastructure Plan, as a sub-strategy to the Local Transport Plan.** **Hold a 'Walking Volunteer recruitment workshop' for voluntary and community services who work with people who have low physical activity levels**	**Transport, Leisure and Wellbeing Teams**	**From April 2017**	**Increase in the number of people walking and cycling to work** **Increase in the number of children benefitting from Bikeability** **Increase in the number of children walking or cycling to school** **Reduce congestion** **Increase the local capacity to deliver health walks to people**	**1.16 - % of people using outdoor space for exercise/health reasons.** **2.13i Percentage of physically active and inactive adults – active adults.** **2.13ii Percentage of physically active and inactive adults – active adults.**

To work with partners in support of bidding for funding to develop more walking and cycling initiatives e.g. Reading Museum, transport.	**Reading Museum / Wellbeing team.**	**January 2017**	**who have low physical activity levels** **Support planned bid in development by Reading museum linking local heritage and walking.**	
To offer MECC training to the local voluntary and community sector	**Wellbeing Team**	**From January 2017**	**To increase knowledge, skills and confidence to make appropriate use of opportunities to raise the issue of healthy lifestyle choices and signpost to sources of support.**	**Potentially all PHOF indicators highlighted in this section relating to healthy weight, healthy eating and physical activity.**
To ensure delivery of the National Child Measurement Programme	**Wellbeing Team**	**Ongoing**	**Weight and height measurements offered to all children attending state funded primary school children who are in Reception Year (age 5) and Year 6 (aged 10,11) in accordance with NCMP guidance**	**2.06i - % of children aged 4-5 classified as overweight or obese.** **2.06ii - % of children aged 10-11 years classified as overweight or obese.**
Active Nation	**Wellbeing team, Leisure and Recreation service / Transport**	**2017**	**Funding opportunities identified to help increase physical activity levels in target groups.**	**2.06i - % of children aged 4-5 classified as overweight or obese.** **2.06ii - % of children aged 10-11 years classified as overweight or**

				obese. **2.21 Excess weight in adults.** **2.13i Percentage of physically active and inactive adults – active adults.** **2.13ii Percentage of physically active and inactive adults – active adults.** **1.16 - % of people using outdoor space for exercise/health reasons.**
To Prevent Uptake of Smoking - **Education in schools** - **Health promotion** - **Quit services targeting pregnant women/families** - **Underage sales**	**Wellbeing Team; Trading Standards; CS; S4H; Youth Services; Schools;**	**From April 2017**	**Maintain/reduce the number of people >18 years who are estimated to smoke in Reading** **Improve awareness of impact of smoking on children** **Reduce the illegal sale of tobacco to >18 years** **Increase uptake of smoking cessation >18 years**	**PHOF 2.03 - Smoking status at the time of delivery** **PHOF 2.09i – Smoking prevalence at age 15- current smokers (WAY survey)** **PHOF 2.09ii – Smoking prevalence at age 15 – regular smokers (WAY survey)** **PHOF 2.09iii – Smoking prevalence at age 15 – occasional smokers (WAY survey)** **PHOF 2.09iv – Smoking prevalence**

				at age 15 –regular smokers (SDD survey) **PHOF 2.09v – Smoking prevalence at age 15 – occasional smokers (SDD survey)**
To provide support to smokers to quit - **Health promotion** - **Referrals into service** - **VBA training to staff** - **Workplace and community smoking policies**	**S4H; RBC; CCGs;**	**From April 2017**	**Achieve minimum number of4 week quits - 722** **Achieve minimum number of 12 week quits** **Supporting national campaigns – 463** **Achieve minimum of 50% quitters to be from a priority group** **Increase referrals to S4H by GPs;** **Increase self-referrals to S4H**	**PHOF 2.03 - Smoking status at the time of delivery** **PHOF 2.14 – Smoking prevalence in adults – current smokers (APS)** **PHOF 2.14 – Smoking prevalence in adults in routine and manual occupations – current smokers (APS)** **NHS OF 2.4 - Health related quality of life for carers**
To take action to tackle illegal tobacco and prevent sales to >18 - **Health promotion** - **Act on local intelligence** - **Retailer training – challenge 25** - **Test purchasing**	**CS; Trading Standards; S4H**	**From April 2017**	**Increase awareness of impact of illicit/illegal sales have on community** **Improve the no of successful completions of Retail Trainer Training (challenge 25)** **Reduce the number of retailers**	

			failing test purchasing	
Local Smoking Policy – workplace, communities - **Update workplace smoking policy (wellbeing policy)** - **Smoking ban in community (RBC sites, school grounds; RSL; Broad Street)**	**Wellbeing Team; Health & Safety; Trading Standards; Environmental health;**	**From April 2017**	**Increase referrals to S4H smoking cessation services** **Prevent harm to community through restriction of exposure to second hand smoke.**	
To collect dental epidemiology data for Reading	**Wellbeing Team**	**From January 2017**	**Reading Borough Council will have access to dental epidemiological data in order to be able to monitor progress in relation to Public Health Outcomes Framework indicators on oral health**	**PHOF 4.2: tooth decay in 5 year old children**

PRIORITY No 2	**Reducing Loneliness and Social Isolation**

What will be done – the task	**Who will do it**	**By when**	**Outcome – the difference it will make**	**Supporting national indicators**

Establish a Reducing Loneliness Steering Group	**Health & Wellbeing Board**	**February 2017**	**A cross-sector partnership is in place to oversee an all-age approach – covering prenatal, children and young people, working age adults and later life**	
Develop a reducing loneliness and social isolation module as part of the Reading Joint Strategic Needs Assessment	**Wellbeing Team, RBC**	**April 2017**	**We will understand the local loneliness issue, in particular which groups of Reading residents are at greatest risk of experiencing health inequalities as a result of loneliness**	**PHOF 1.18i / ASCOF 1.i - % of adult social care users who have as much social contact as they would like** **PHOF 1.18ii / ASCOF 1.1 - % of adult carers who have as much social contact as they would like** **PHOF 2.23 i-iv – self-reported wellbeing**
Map community assets for building social networks (groups, agencies and services which have the potential to have a direct or an indirect impact)	**Reducing Loneliness Steering Group**	**April 2017**	**Shared understanding of existing assets to underpin better targeting of resources and development at a neighbourhood level**	

Produce a communication plan to raise awareness of community assets for building social networks, targeting potential community navigators and community champions	**Reducing Loneliness Steering Group**	**June 2017**	**Those in a position to identify and signpost individuals at risk of loneliness can access tools to help them integrate people into enabling and supportive social networks**	
Support the neighbourhood Over 50s groups to grow and be self-sustaining	**Wellbeing Team, RBC**	**Ongoing**	**Older residents are able to be part of developing opportunities for neighbours to know one another better**	**PHOF 1.18i / ASCOF 1.i - % of adult social care users who have as much social contact as they would like** **PHOF 1.18ii / ASCOF 1.1 - % of adult carers who have as much social contact as they would like** **PHOF 2.23 i-iv – self-reported wellbeing**
Develop and raise the profile of community transport solutions	**Reducing Loneliness Steering Group**	**Ongoing**	**At-risk individuals know how to access transport as needed to join in social networks**	

Develop volunteering and employment opportunities for adults with care and support needs	**Wellbeing Team, RBC**	**Ongoing**	**There will be more opportunities for adults with care and support needs to enjoy supportive and enabling social connections through work**	**PHOF 1.18i / ASCOF 1.i - % of adult social care users who have as much social contact as they would like** **PHOF 1.18ii / ASCOF 1.1 - % of adult carers who have as much social contact as they would like**
Review and promote tools to assess and evaluate services' impact on social connectivity	**Reducing Loneliness Steering Group**	**August 2017**	**Local commissioners and providers will be able to measure the contribution of a range of services to reducing loneliness, and ensure provision is sensitive to local need**	**PHOF 1.18i / ASCOF 1.i - % of adult social care users who have as much social contact as they would like** **PHOF 1.18ii / ASCOF 1.1 - % of adult carers who have as much social contact as they would like** **PHOF 2.23 i-iv – self-reported wellbeing**
Prioritise local actions for reducing loneliness for 2017-19	**Reducing Loneliness Steering Group**	**October 2017**	**Activity and resources will be targeted based on local 'loneliness need'**	**PHOF 1.18i / ASCOF 1.i - % of adult social care users who have as much social contact as they would like** **PHOF 1.18ii / ASCOF 1.1 - % of adult carers who have as much social contact as they would like** **PHOF 2.23 i-iv – self-reported**

				wellbeing

PRIORITY No 3	**Promoting positive mental health and wellbeing in children and young people** **Actions to support delivery of this priority are set out in the Reading Future In Mind Transformation plan that covers the key issues. This has been published at: http://nwreadingccg.nhs.uk/mental-health/camhs-transformation (see Appendix 1)**

PRIORITY 4	**Reducing Deaths by Suicide**

What will be done – the task	Who will do it	By when	Outcome – the difference it will make	Supporting national indicators
Identify local sponsors to oversee Reading's Suicide Prevention Action Plan	**Health & Wellbeing Board (Berkshire West Mental Health Strategy Group / Reading Mental Health**	**February 2017**	**Reading actions to reduce deaths by suicide will be co-ordinated across agencies / There will be consistent local representation on the Berkshire Suicide Prevention Planning Group**	

	Strategy Group)			
Develop a communication plan to raise awareness of Reading's Suicide Prevention Action Plan, including: **- the formal launch of the Berkshire Suicide Prevention Strategy** **- contributions to the 'Brighter Berkshire' Year of Mental Health 2017** **- marking World Suicide Prevention Day (10 September)**	**RBC Communications Team**	**April 2017**	**Individuals will have increased awareness of support available /** **Partners will know how to engage with and support the Reading Suicide Prevention Action Plan**	
Support the review of CALMzone and development of future commissioning plans for support services which target men - **Review local DAAT contracts to ensure suicide prevention objectives are included** - **Develop post discharge support for people who have used mental health services via the**	**Wellbeing Team, RBC**	**October 2017** **April 2017** **Ongoing**	**Suicide risk will be mitigated for higher risk groups: men, people who abuse drugs or alcohol, people who have been in contact with mental health services**	**PHOF 4.10 – suicide rates**

Reading Recovery College				
Tailor approaches to improve mental health in specific groups: - **Support delivery of the local 'Future in Mind' programme to improve mental health in children and young people** - **Recognise the mental health needs of survivors and links to suicide prevention in the refresh of the Reading Domestic Abuse Strategy** - **Raise awareness of support available to survivors of sexual abuse through Trust House Reading** - **Contribute to a Berkshire wide review of targeted community based interventions, including suicide prevention and mental health first aid training**	**Local sponsors (see above)** **DENS, RBC** **Local sponsors (see above)** **Local sponsors (see above)**	**Ongoing** **tbc** **ongoing**	**Mental health will be improved for some specific groups (children and young people, survivors of domestic or sexual abuse) through tailored approaches** **Future commissioning of community based interventions will be informed by a review of impact**	**See Action Plan for Priority 4 for details.**

Analyse local data gathered from the suicide audit and/or real-time surveillance to identify trends and clusters and recommend appropriate action(s)	**Wellbeing Team, RBC**	**ongoing**	**Access to the means of suicide will be reduced where possible**	
Review pages on the Reading Services Guide to include national resources (e.g. 'Help is at Hand' and National Suicide Prevention Alliance resources) and signposting to local services **Map local bereavement support and access to specific support for bereavement through suicide**	**Wellbeing Team, RBC**	**June 2017**	**Those bereaved or affected by suicide will have access to better information and support**	
Ensure local media and communications staff are aware of Samaritans guidance on responsible suicide reporting **Support a Berkshire-wide Summit on journalism and reporting standards with local press and media organisations, to develop and agree standards for reporting.**	**Wellbeing Team, RBC**	**February 2017** **July 2017**	**Local media will be supported to report on suicide and suicidal behaviour in a sensitive manner**	

Update Reading JSNA module on suicide and self-harm **Refresh Reading Mental Health Needs Analysis**	**Wellbeing Team, RBC** **Adults Commissioning Team, RBC**	**tbc** **May 2016**	**Local and county-wide Suicide Prevention Action will be informed by up to date research, data collection and monitoring**	

PRIORITY No 5	**Reducing the amount of alcohol people drink to safer levels**

What will be done – the task	Who will do it	By when	Outcome – the difference it will make	Supporting national indicators
Treatment				
Increase the number of people receiving support at the appropriate level to address risky, harmful and dependent use of alcohol. **Review current alcohol pathways to enable the specialist service to gain capacity to work with more risky, harmful and dependent drinkers.**	**All Partners required to support an alcohol pathway** **DAAT Contract Manager, CCG Leads, IRIS Reading Borough Manager, GP Lead**	**Ongoing** **April 2017**	**Lower level drinkers understand the risks to their drinking and prevent become more harmful/ hazardous drinkers.** **Other Stakeholders become a part of the alcohol pathway and understand their role in preventing people becoming harmful/ hazardous drinkers.**	**PHOF 2.15iii – Successful completion of alcohol treatment** **PHOF 2.18 – Admission episodes for alcohol-related conditions (narrow) (Persons, M and F)**
Reinstate the Whitley project. **CAP Lead to co-ordinate a meeting with all stakeholders to kick start the**	**CAP Lead**	**April 2017**	**Encourage IBA in the community. More 'Community Alcohol Champions' to promote**	

What will be done – the task	Who will do it	By when	Outcome – the difference it will make	Supporting national indicators
project.			lower drinking levels and behaviours. Alcohol Champions in the community will be able to deliver information and brief advice to members of the public.	
Promote the IRIS clinic at Longbarn Lane Surgery to all GPs for those clients whom do not wish to receive treatment at the Specialist drug and alcohol service – and future plans	IRIS Reading/ Dr. Helen George	January 2017	Clients can access treatment in the GP surgery rather than access via specialist drug and alcohol treatment service at Waylen Street. Reduce the impact on GP capacity with an additional specialist service in GP setting.	
Promote knowledge and change behaviour by promoting understanding of the risks of using alcohol and by embedding screening and brief intervention in primary care, social care and criminal justice settings, housing and environmental health contacts.	All partners	Ongoing		PHOF 2.15iii – Successful completion of alcohol treatment PHOF 2.18 – Admission episodes for alcohol-related conditions (narrow) (Persons, M and F)
Deliver IBA Training across all sectors – Need to encourage uptake of more Alcohol Champions	CAP Lead and Source Team Manager	Ongoing	More individuals trained to deliver an intervention – Making every contact count approach to managing alcohol issues/ signposting	

What will be done – the task	Who will do it	By when	Outcome – the difference it will make	Supporting national indicators
Alcohol Mapping Group to present a business case for an Alcohol Liaison Nurse to help reduce alcohol related admissions to hospital.	Alcohol Mapping Group	April 2017		PHOF 2.18 – Admission episodes for alcohol-related conditions (narrow) (Persons, M and F)
First Stop Bus – in Town Centre Friday & Saturday nights Explore an option of a fixed service with TVP, to deliver an extended service in Town Centre	Licensing and TVP	Ongoing	Option for people to dry out on the First Stop Bus rather than RBH First Stop Bus can offer advice and information on alcohol use.	
Need to gain authority for Peer Mentors to be on the (selective) Wards at RBH Alcohol Peer mentors – to visit clients on hospital wards and assist in transition into community (including following detox).	DAAT Contract Manager and CCG Project Manager IRIS Peer mentors	January 2017 March 2017	Peer mentors can advise patients on specialist community services and alcohol service available locally. To prevent re-admissions to hospital.	PHOF 2.18 – Admission episodes for alcohol-related conditions (narrow) (Persons, M and F)
GP Lead to promote IBA training in primary care. Promotion of IBA training in secondary care	Dr. H George DAAT contract Manager	Ongoing	Primary and secondary care professionals have the skills to deliver IBA and knowledge to make appropriate referrals on discharge	PHOF 2.15iii – Successful completion of alcohol treatment PHOF 2.18 – Admission episodes for alcohol-related conditions (narrow) (Persons, M and F)
Monitor and review existing interventions and develop a robust multi agency model to reduce alcohol-	All	Ongoing		PHOF 2.18 – Admission episodes for alcohol-related conditions (narrow) (Persons, M and F)

What will be done – the task	Who will do it	By when	Outcome – the difference it will make	Supporting national indicators
related hospital admissions.				
Licensing				
A community free of alcohol related violence in homes and in public places, especially the town centre. Create responsible markets for alcohol by using existing licensing powers to limit impact of alcohol use on problem areas and by promoting industry responsibility. Address alcohol-related anti-social behaviour in the town centre and manage the evening economy Address alcohol-related anti-social Neighbourhoods	CAP Lead	Ongoing	Reduction in alcohol admissions to hospital. Responsible drinking in public spaces.	PHOF 2.18 – Admission episodes for alcohol-related conditions (narrow) (Persons, M and F)
Review all extended new applications under the Licensing Act – Public Health review and consider all new applications.	Public Health/ Licensing	Ongoing	Control of licensed outlets and review of Reading's late night economy.	
Licencing to promote responsible retailing, 4 Licensing objectives. CAP to increase Test Purchasing – Challenge 25, Under 18.	CAP / Licensing	Ongoing	Stricter licensing restrictions will be in place. There is a minimum price for a unit of alcohol as a mandatory condition of a License.	

What will be done – the task	Who will do it	By when	Outcome – the difference it will make	Supporting national indicators
Licensed Retailer Passport to be rolled out to all retailers. **Retailer Training to commence.** **Encourage retailers to restrict the sale of higher ABV % cans**				
Promotion of better marketing of soft/ mixer-diluted drinks in Bars and Pubs.	**CAP/ licensing**	**January 2017**	**Promote healthier non-alcoholic options to customers**	
Encourage neighbourhoods to report street drinking to the Police via NAG meetings	**All**	**Ongoing**	**Reduce street drinking and ASB**	
Education				
Parent education – School age children to be set an alcohol questionnaire to complete with their parents to promote knowledge on alcohol and the health risks	**CAP lead**	**2017**		
Education if for all ages. **Alcohol awareness sessions for all.** **Comic Project to encourage alcohol awareness.** **Increase PHSE lessons in schools.** **Commence a Youth Health Champion role – encourage youngsters to be**	**CAP Lead**	**Ongoing**	**Educating everyone on the risks of alcohol and promote drinking responsibly.**	

What will be done – the task	Who will do it	By when	Outcome – the difference it will make	Supporting national indicators
active in tackling alcohol and understanding the risks of drinking alcohol. Work in partnership with Colleges and University to promote alcohol awareness to students Volunteers from the Specialist Treatment Service to visit school age children to educate them about the risks of alcohol and how their lives have been affected.				
Promote diversionary activities to all – via schools, colleges, website	CAP Lead	Ongoing	Promote social activities and exercise as alternatives to drinking alcohol. Resolve the "boredom" and social issues associated with alcohol.	
Prevention				
Promotion of Dry January campaign. Promotion of January alcohol detox via IRIS Reading as part of the Dry January campaign	CAP Lead, DAAT Contract & Project Manager, IRIS Reading IRIS Reading Borough Manager & RBC Press team	December 2016 and January 2017	Encourage awareness of effects of alcohol on staff, clients and local community. Promote drinking responsibly.	
Explore with the street care team whether we can promote drinking responsibly at recycling depots.	DAAT / Street Care Team	January 2017	Encourage drinking responsibly and increase public awareness of the risks of alcohol	

What will be done – the task	Who will do it	By when	Outcome – the difference it will make	Supporting national indicators
Work in partnership with RVA to promote Public Health messages through their newsletter	**Public Health Lead/ RVA**	**January 2017/ Ongoing**	**Encourage healthier lifestyles.**	

Reading Health and Wellbeing Strategy - Draft Action Plan

PRIORITY NO 6	Making Reading a place where people can live well with dementia

What will be done – the task	Who will do it	By when	Outcome – the difference it will make	Supporting national indicators
Establish a Berkshire West Dementia Steering Group to implement the Prime Ministers Dementia 2020 challenge and ensure up-to-date local information about dementia can be reflected into dementia care services and that there is an opportunity to influence and inform local practice			**The Berkshire West Dementia Steering Group will report to the three Berkshire West Health and Wellbeing Boards as required from time to time, contributing updates and commentary on performance in relation to local dementia priorities and issues identified by those Boards. The Berkshire West Dementia Steering Group will also report**	

			to the Berkshire West Long Term Conditions Programme Board and will in addition keep the Thames Valley Commissioning Forum updated	
Raise awareness on reducing the risk of onset and progression of dementia through building on and promoting the evidence base for dementia risk reduction (including education from early years/school age about the benefits of healthy lifestyle choices and their benefits in reducing the risk of vascular dementia) and health inequalities and enhancing the dementia component of the NHS Health Check.	**Public Health (LAs), GPs, Schools**	**May 2017**	**By 2020 people at risk of dementia and their families/ carers will have a clear idea about why they are at risk, how they can best reduce their risk of dementia and have the knowledge and know-how to get the support they need.** **This will contribute towards the national ambition of reduced prevalence and incidence of dementia amongst 65-74 year olds, along with delaying the progression of dementia amongst those that have been diagnosed.**	**PHOF 4.16 and NHS 2.6i– Estimated diagnosis rate for people with dementia** **PHOF 4.13 – Health related quality of life for older people** **ASCOF 2F and NHS Outcomes Framework 2.6ii – effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia.** **ASCOF 1B – People who use services who have control over their daily life** **NHS OF 2.1 - Proportion of people feeling supported to manage their condition**

Identify patients early including those from Black, Asian and Minority Ethnic origin and other seldom heard groups enabled through greater use by health professionals of diagnostic tools that are linguistically or culturally appropriate; encourage self-referral by reducing stigma, dispelling myths and educating about benefits of obtaining a timely diagnosis	**Primary care, Social Care (LAs), Memory Clinics, Care homes**	**March 2018**	**More people diagnosed with dementia are supported to live well and manage their health**	**ASCOF 2F - a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life** **NHS OF 2.6ii - effectiveness of post-diagnosis care in sustaining independence for people with dementia**
Play a leading role in the development and implementation of personalised care plans including specific support working in partnership with memory assessment services and care plan design and implementation.	**Primary Care/BWCCGs/BHFT**	**March, 2018**	**GPs ensuring everyone diagnosed with dementia has a personalised care plan that covers both health and care and includes their carer. This will enable people to say "I know that services are designed around me and my needs", and "I have personal choice and control or influence over decisions about me"**	**PHOF 4.13 - Health related quality of life for older people** **ASCOF 2F- a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life** **NHS OF 2.6ii - effectiveness of post-diagnosis care in sustaining independence for people with dementia** **ASCOF 1B - People who use services who have control over their daily life**

				NHS OF 2.1 - Proportion of people feeling supported to manage their condition
Ensure coordination and continuity of care for people with dementia, as part of the existing commitment that everyone will have access to a named GP with overall responsibility and oversight for their care.	**BWCCGs**	**March, 2018**	**Everyone diagnosed with dementia has a named GP as well as a personalised care plan that covers both health and care and includes their carer.**	**PHOF 4.13- Health related quality of life for older people** **ASCOF 2F- a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life** **NHS OF 2.6ii - effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia.** **ASCOF 1B - People who use services who have control over their daily life** **NHS OF 2.1- Proportion of people feeling supported to manage their condition**

Provide high quality post-diagnosis care and support, which covers other co-morbidities and increasing frailty.	**Primary care/ Memory Clinics/ Social Care (LAs),**	**Ongoing**	**Reduced: unplanned hospital admission, unnecessary prolonged length of stay, long-term residential care**	**ASCOF 1B - People who use services who have control over their daily life** **NHS OF 2.1- Proportion of people feeling supported to manage their condition**
Target and promote support and training to all GP practices, with the aim of achieving 80% Dementia Friendly practice access to our population	**BW CCGs project Lead/ DAA co-ordinators**	**March, 2018**	**80% of practices in Berkshire West will have adopted the iSPACE and sign up to the Dementia Action Alliance to become dementia-friendly.**	**PHOF 4.16 - Estimated diagnosis rate for people with dementia** **NHS 2.6ii- effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia** **PHOF 4.13 – Health related quality of life for older people**
Work with local organisations, care homes and hospitals to support more providers to achieve Dementia Friendly status	**DAA/ LAs/ Alzheimers society/BHFT**	**Ongoing - reviewed in December 2017, 2018 and 2019**	**More services will be staffed or managed by people with an understanding of dementia and the skills to make practical changes to make their service more accessible to those with dementia**	**PHOF 4.16 - Estimated diagnosis rate for people with dementia** **NHS 2.6ii - effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia**

				PHOF 4.13 – Health related quality of life for older people
Maximise the use of Dementia Care Advisors & training opportunities & roll out a training package/train the trainer model for NHS & Social Care staff and other frontline workers	**BWCCGs/Alzheimers Society/ HEE/BHFT**	**March, 2018**	**People with dementia and their carers will be supported by health and care staff in all types of service that will have the appropriate level of dementia awareness and training.**	**NHS OF 2.1- Proportion of people feeling supported to manage their condition**
Ensure commissioned services contractually specify the minimum standards of training required for providers who care for people with dementia including residential, nursing and domiciliary care settings.	**Local authority and NHS commissioning teams**	**March, 2018**	**People with dementia and their carers will be supported by health and care staff in all types of service that will have the appropriate level of dementia awareness and training.**	**NHS OF 2.1- Proportion of people feeling supported to manage their condition**
Review benchmarking data, local JSNA , variation, & other models of Dementia Care to propose a new pathway for Dementia Diagnosis/Management.	**BWCCGs/ Public Health/BHFT – not clear who leads on what here**	**March, 2017**	**National dementia diagnosis rate maintained at two-thirds prevalence, and reduced local variation between CCGs following agreement and implementation of an appropriate and affordable plan to bring services into line within the national framework for**	**PHOF 4.16 - Estimated diagnosis rate for people with dementia** **NHS 2.6ii - effectiveness of post-diagnosis care in sustaining independence and improving quality of life for**

			treatment and care.	**people with dementia**
Identify & map opportunities, learning from similar and neighbouring CCGs, Providers and Local Authorities, for future service delivery to meet the 2020 Challenge. e.g. annual assessment, shared care, carer identification & support	**BWCCGs/ BHFT**	**April, 2017**	**Diagnosis rate maintained at two-thirds prevalence, and reduced local variation between CCGs following agreement and implementation of an appropriate and affordable plan to bring services into line within the national framework for treatment and care**	**PHOF 4.16 - Estimated diagnosis rate for people with dementia** **NHS 2.6ii - effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia**
Raise awareness of and ensure that at least 80% of people with dementia and their carers have a right to a social care assessment.	**LAs/ Memory Clinics/ Primary Care/ CMHT/ DCAs**	**March, 2018**	**At least, 80% of people with dementia and their carers are able to access quality dementia care and support.**	**PHOF 4.13– Health related quality of life for older people** **ASCOF 2F- a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life** **NHS OF 2.6ii - effectiveness of post-diagnosis care in sustaining independence and improving quality of life for**

				people with dementia **ASCOF 1B- People who use services who have control over their daily life** **NHS OF 2.1- Proportion of people feeling supported to manage their condition**
Provide opportunities for people with dementia and their carers to get involved in research through signposting them to register with joint dementia research (JDR)	**BHFT/Alzheimers Society /LA/BWCCGs/ University of Reading**	**March, 2018**	**More people being offered and taking up the opportunity to participate in research and to support the target that 10% of people diagnosed with dementia are registered on JDR by 2020. Future treatment and services to be based on and informed by the experiences of people living with dementia**	
Enable people to have access to high quality, relevant and appropriate information and advice, and access to independent financial advice and advocacy, which will enable access to high quality services at an early stage to aid independence for as long as possible.	**BHFT/LAs**	**March, 2018**	**People with dementia and their carers are able to access quality dementia care and support, enabling them to say "I have support that helps me live my life", "I know that services are designed around me and my needs", and "I have personal**	

			choice and control or influence over decisions about me"	
Evaluate the content and effectiveness of dementia friends and dementia friendly communities' programme.	**AS/DAA/UoR**	**March, 2018**	**More research outputs on care and services.**	

PRIORITY NO 7	**Increasing take up of breast and bowel screening and prevention services**

What will be done – the task	**Who will do it**	**By when**	**Outcome – the difference it will make**	**Supporting national indicators**
Identify Practices where screening uptake is low and target initiatives and practice support visits to increase uptake.	**NHSE/PHE Screening Team** **Cancer Research UK Facilitator**		**Improved Screening Coverage and detection of cancers in early stages.**	**PHOF 2.19 Cancer Diagnosed at early stage** **2.20iii Cancer Screening coverage-bowel cancer** **2.20i Cancer screening coverage-breast cancer**

				4.05i Under 75 mortality rate from cancer (persons) **4.05ii Under 75 mortality rate from cancer considered preventable (persons)**
To work in partnership with key stakeholders to increase public /patient awareness of signs and symptoms and screening programmes	**Public Health Berkshire** **Cancer Research UK Facilitator Bridget England**		**Patients seek advice and support early from their GP** **Increase uptake of screening programmes**	
To plan and implement a pilot project that provides motivational behaviour change interventions to patients who have had a 2WW referral and a negative result ("teachable moments")	**Public Health Berkshire** **Cancer Research UK Facilitator**		**Patients motivated to make significant changes to lifestyle behaviours that will help to reduce their risk of developing cancer**	

PRIORITY NO 8	**Reducing the number of people with tuberculosis**

What will be done – the task	Who will do it	By when	Outcome – the difference it will make	Supporting national indicators
Offer training in Reading for health professionals , community leaders and other professionals who come in contact with at risk population	FHFT & RBH TB service /South Reading CCG	Jan-17	Increase awareness about TB amongst local health and social care professionals as well as third sector organisations	PHOF 3.05ii - Incidence of TB (three year average)
Develop resources / training materials for wide range of LA staff to enable them to discuss TB and signpost to local services	Berkshire shared PH team / TB Alert		Increase awareness about TB amongst local authority staff working with those at increased risk of TB	PHOF 3.05ii - Incidence of TB (three year average)
Develop and run a joint public-facing communications / social marketing campaign to raise awareness of TB, latent TB and the local New Entrant Screening Service in order to reduce stigma and encourage those invited for LTBI screening to attend	Berkshire shared PH team / CCG comms / NESS nurses	March 2017	Address social and economic risk factors related to TB	PHOF 3.05ii - Incidence of TB (three year average)
Include TB data and service information in JSNA	Reading Wellbeing team	February 2017	Address social and economic risk factors related to TB	PHOF 3.05ii - Incidence of TB (three year average)
Provide service users with a means to feed into service design discussions	PH / TB Teams	Ongoing	Future treatment and services are based on and informed by	PHOF 3.05ii - Incidence of TB (three year average)

			the experiences of people living with TB **Repeat service user survey annually**	
Continue to work closely with PHE health protection colleagues to ensure robust and effective contact tracing takes place as standard	**TB Nurses / Berkshire TB Strategy Group**		**Outcome to be added**	**PHOF 3.05ii - Incidence of TB (three year average)**
Maintain robust systems for providers to record and report BCG uptake	**NHS England**		**Monitor provision and uptake of BCG vaccination as new policies are implemented**	**PHOF 3.05ii - Incidence of TB (three year average)** **Local indicator on BCG update could be developed in partnership with NHSE**
Develop / maintain robust systems for providers to record and report uptake and to re-call parents	**Midwifery teams in FHFT and RBH**	**January 2017**	**Ensure registers of eligible infants who have missed vaccination due to shortages are kept to up to date and a mechanism exists to re-call when vaccine is available**	**PHOF 3.05ii - Incidence of TB (three year average)**

Continue to communicate clearly on BCG shortage and ordering arrangements to allow planning	**NHS England**	**Ongoing**	**Vaccinating teams have timely information on which to base decisions**	**PHOF 3.05ii - Incidence of TB (three year average)**
Ensure processes are in place to identify eligible babies, even in low-incidence areas	**Midwifery teams in FHFT and RBH**	**Ongoing**	**Outcome to be added**	**PHOF 3.05ii - Incidence of TB (three year average)**
Tackle the clinical and social risk factors associated with development of drug resistance in under-served populations by maintaining high treatment completion rates and ensuring thorough contact tracing around MDR cases	**Reading Wellbeing Team / Reading** **Reading Housing Team / NESS nurses/CCGs**	**Jan-17**	**Work to develop the provision of appropriate and accessible information and support to under-served and high-risk populations.**	**PHOF 3.05ii - Incidence of TB (three year average)**
Ensure patients on TB treatment have suitable accommodation	**Reading Wellbeing Team / Reading** **Reading Housing Team / NESS nurses/CCGs**		**Development of robust discharge protocol**	**PHOF 3.05ii – Treatment completion for TB**
Develop and promote referral pathways from non-NHS providers	**LA public health / NESS nurses/CCGs**		**Align local service provision to these groups as per NICE recommendations**	**PHOF 3.05ii - Incidence of TB (three year average)**

Develop robust pathways to enable timely discharge of patients into appropriate accommodation	**LA public health / NESS nurses**	**Jan-17**	**Develop robust pathways to enable timely discharge of patients into appropriate accommodation**	**PHOF 3.05ii - Incidence of TB (three year average)**
Engagement with SE TB Control Board to share best practice	**DPH / PHE CCDC**		**Work to decrease the incidence of TB in Berkshire through investigating how co-ordinated, local latent TB screening processes can be improved**	**PHOF 3.05ii - Incidence of TB (three year average)**
Fully implement EMIS and Vision templates in all practices in South Reading	**South Reading CCG**	**Ongoing**	**Ensure that new entrants are referred routinely to local services for screening through addressing issues with local pathways**	**PHOF 3.05ii - Incidence of TB (three year average)**

NHS Newbury and District Clinical Commissioning Group

NHS North and West Reading Clinical Commissioning Group

NHS South Reading Clinical Commissioning Group

NHS Wokingham Clinical Commissioning Group

Reading Borough Council

Local Transformation Plan for Children and Young People's Mental Health and Wellbeing-

Reading Health and Wellbeing Board and Local Authority area

Version 5 15 October 2015

Contents

1. **High level summary of the Local Transformation Plan (Annex 1 in the guidance)**

Annex 1: West Berkshire Local Transformation Plan for Children and Young People's Mental Health

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan? (Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)
Lead commissioning body-NHS Berkshire West CCGs working in collaboration with Reading Borough Council, Public Health, NHS England Specialised Commissioning and Health and Justice Commissioning. Partners including the voluntary sector, NHS providers, referrers, schools, the universal and targeted children's workforce, service users and their families have shaped these plans. Implementation of the Transformation Plan will be overseen by the Berkshire West Mental Health and Wellbeing Transformation group. See section 14 Berkshire West already has a number of governance structures in place that will provide a solid foundation of support for the Transformation Plan. These include Berkshire West Integration Board Berkshire West Children's Commissioning Strategy Group Reading Children's Trust **For queries contact** Gabrielle Alford Director of Joint Commissioning Sally Murray Head of Children's Commissioning NHS Berkshire West CCGs 57- 59 Bath Road, Reading, RG30 2BA sally.murray2@nhs.net

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

Our main objective is to integrate and build resources within the local community so that emotional health and wellbeing support is offered at the earliest opportunity thereby reducing the number of children and mothers at the perinatal stage whose needs escalate to require a specialist intervention, a crisis response or admission to an in-patient facility.

This means that

- Good emotional health and wellbeing is promoted from the earliest age
- Children, young people and their families are emotionally resilient
- The whole children's workforce including teachers, early years providers and GPs are able to identify issues early, enable families to find solutions, provide advice and access help
- Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. The help provided takes account of the family's circumstances and the child or young person's views.
- Women with emerging perinatal mental health problems access help quickly and effectively
- Vulnerable children access the help that they need easily. This includes developing Liaison and Diversion services and better links with SARCs.
- Fewer children and young people escalate into crisis. Fewer children and young people require in patient admission.
- If a child or young person's needs escalate into crisis, good quality care will be available quickly and will be delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible, as close to home as possible.
- When young a person requires residential, secure or in patient care, this is provided as close to home as possible. Local services support timely transition back into the local area.
- More young people and families report a positive experience of transition.

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

- In 2014 a substantial engagement was undertaken with comprehensive Berkshire CAMHs service users, families, referrers, practitioners and other stakeholders led by an independent consultant.
- An initial local action plan in response to the engagement findings was developed and enacted prior to publication of Future In Mind. This includes a number of pilot projects on transition, perinatal mental health, self-care and improving care for the most vulnerable
- Reading Children's Trust Workshop July 2015. Discussion focussed on understanding and improving the range of support and interventions to help children and young people with emotional and mental health difficulties. Subsequent sessions have led to the vision outlined in section 2.
- Commissioning of Berkshire Adolescent Unit has transferred to NHS England. The unit has been re-designated as a Tier 4 24/7 resource. Bed capacity is due to increase this autumn.
- Operational resilience resources funded a trial of extended CAMHs opening times which in turn has reduced the number of children and young people whose needs have escalated into crisis. This is now being mainstreamed.
- Operational resilience resources funded an enhanced Early Intervention in Psychosis service
- Crisis Care Concordat action plan is in place and being delivered. Psychological Medicines Service, ambulance triage and street triage services are in place.
- Berkshire West CCGs have increased the investment in specialist CAMHs by £1M recurrently. The initial focus is on reducing waiting times, piloting a Short Term Care Team to follow up young people who presented with urgent care needs and delivering PPEP Care training to primary care and schools
- Redesign of the community Eating Disorders service is underway
- Young SHaRON online platform has been developed. Going live this Autumn.
- Children and Young People's Integrated Therapies toolkit is being expanded to include mental health and emotional development
- A Mental Health and Wellbeing Transformation group has being convened.

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

- Reduced waiting times for specialist CAMHs
- Reduction in crisis presentations due to better risk mitigation
- Common Point of Entry will be open Monday to Friday 8am until 8pm
- Workforce development plan for emotional health and wellbeing being implemented across partners
- Joint commissioning of voluntary sector counselling where the Local Authority and CCG are currently commissioning independently
- Evaluation of the CAMHs Short Term Care team
- Launch of Young SHaRON- online platform for service users
- Increase number of in-patient beds at Berkshire Adolescent Unit

- Improved perinatal mental health service will be providing better access to advice and help for mothers
- Outcome framework developed and agreed across partners. To be implemented in all contracts from 1 April 2016.
- Neurodevelopmental pathway developed within BHFT
- Children's toolkit expanded to include mental health and wellbeing
- Enhanced Liaison Mental Health service for under 18s will have been trailed at RBFT (subject to funding through Liaison Mental Health)
- Commission enhanced Eating Disorders service. Start delivery
- Scope out the potential for a single point of access, integrated with local MASH and Early Help pathways.
- Co-design with Schools the community based approach that outlines a core intervention offer in schools and establishes a consultation service with targeted and specialist CAMHs
- Training completed on equipping Social Workers to utilise the SDQs with vulnerable children (mainly LAC) and begin to implement recommendations from project.

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

- Additional funding in order to meet the requirements of Future In Mind
- Events held in the Thames Valley to develop the workforce, commissioner and provider skills
- On line resources-e.g. concise "how to " guides linked to the evidence base
- Simple and easy to use trackers and pro-formas
- Shared comprehensive Outcome framework guidance, with particular emphasis on enabling universal and targeted providers measuring impact of their work
- Forums for CCG and partners to share and swap ideas.

2. **Self-assessment checklist for the assurance process (Annex 2 in the guidance)**

Please complete the self-assurance checklist designed to make sure that Local Transformation Plans for Children and Young People's Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

Theme	**Y/N**	**Evidence by reference to relevant paragraph(s) in Local Transformation Plans**
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
1. Have been designed with, and are built around the needs of, CYP and their families	Y	4.6, 4.9, 7.3 Sections 5 and 8
2. provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	Sections 4 and 6
3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	4.9 Sections 10 and 11
4. promote collaborative commissioning approaches within and between sectors	Y	Sections 4,10,14
Are you part of an existing CYP IAPT collaborative?	Y	4.6, 7.1
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?	N/A	
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within your local population	Y	4.9 Section 5
2. The level of investment by all local partners commissioning children and young people's mental health services	Y	Section 6
3. The plans and declaration will be	Y	4.8

published on the websites for the CCG, Local Authority and any other local partners		
Level of ambition		
Please confirm that your plans are:		
1. based on delivering evidence based practice	Y	7.1, 7.4 Sections 8 and 11
2. focused on demonstrating improved outcomes	Y	7.11 Sections 8 and 11
Equality and Health Inequalities		
Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	7.4 Sections 8,9,10,11
Governance		
Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	Section 14
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	Section 14
Measuring Outcomes (progress)		
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	Section 15
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	Sections 13 and 15
Finance		
Please confirm that:		
1. Your plans have been costed	Y	Section 15
2. that they are aligned to the funding allocation that you will receive	Y	Section 15
3. take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	Section 15

Sylvia Chew
Director of Children, Education and Early Help Services – Reading Borough Council
Name, signature and position of person who has signed off Plan on behalf of local partners

……..
Name signature and position of person who has signed off Plan on behalf of NHS Specialised Commissioning.

3. Locality information

This local Transformation Plan relates to the Reading Borough Council Local Authority area.

Two CCGs serve the population of Reading Borough Council. These are South Reading CCG and North and West Reading CCG.

There are four CCGs in Berkshire West. The four CCGs work collaboratively with a single contract with Berkshire Healthcare Foundation Trust (BHFT) for specialist CAMHs, mental and physical health services.

Reading Borough Council commissions and provides targeted CAMHs. Health Visiting and School Nursing are also provided by BHFT.

Berkshire West CCGs and Reading Borough Council commission a range of voluntary sector organisations through grants.

Royal Berkshire Hospital Foundation Trust (RBFT) is the main acute general hospital in the area.

South Central Ambulance Service (SCAS) is the patient transport provider.

The Berkshire Adolescent Unit (BAU) is the only NHS inpatient CAMHs facility in Berkshire. It is commissioned by NHS England.

4. Engagement and partnership (groups)

4.1 The four Berkshire West CCGs work in partnership with the 3 Local Authorities (West Berkshire Council, Reading Borough Council and Wokingham Borough Council), Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and South Central Ambulance Service to form the Berkshire West Integration Board.

4.2 Implementation of the Transformation Plans will be overseen by a new Berkshire West Children and Young People's Mental Health and Wellbeing Transformation group, attended by multiagency partners (see section X) The Transformation group will report to the Berkshire West Integration Board.

4.3 Berkshire West Children's Commissioning Strategy Group meets monthly to collaboratively improve the health and wellbeing outcomes for Berkshire West Children and Young People and their families through developing and overseeing the commissioning of health, social care and education support services. Membership comprises of CCG, Public Health and Local Authority Children's commissioning leads and Local Authority Children's Services leads.

4.4 The Youth Offending Board is a multi-agency body that comprises of CCG, Public Health, Thames Valley Police, Probation service, Magistrates. This board governs the work of the youth offending team which is a multi-professional team that is tackling a range of youth offending in Reading. A critical aspect of service delivery is ensuring these vulnerable young people's emotional & mental health needs are met.

4.5 Reading's Troubled Family Programme has a partnership management board that is overseeing the phase 2 of its programme delivery. The outcome plan includes a health component to support families with a range of health related problems including meeting the emotional and mental health needs of children and young people in the household.

4.6 Berkshire CAMHs are already part of a CYP IAPT collaborative. The service has a dedicated service user engagement and participation lead. Services users, parents and carers are engaged in service development at all levels. Routine Outcome Measures are used across the service.

4.7 The Reading Health and Wellbeing Board have received updates on the status of emotional health and wellbeing services for children and young people. The latest paper was discussed at the HWB held on 17 April 2015. A further update was provided at the October HWB.


Comp CAMHs status report April 15 (2).pd


Reading HWB Oct 2015 comprehensive

4.8 Arrangements are in train for this Transformation Plan to be signed off by the HWB prior to the 16 October 2015 deadline. The Transformation Plans will be published on CCG, Local Authority and partner agency websites once the plans have been approved by NHS England.

4.9 In developing this local Transformation Plan there has been extensive engagement and joint working with service users, families, referrers, practitioners and other stakeholders to benchmark the current service across comprehensive CAMHs and to identify opportunities to develop the service to better meet local needs. In developing these plans there has been collaboration with NHS England Specialist and Health and Justice Commissioning teams.

http://www.southreadingccg.nhs.uk/mental-health/review-outcome-of-camhs

4.10 Voluntary sector youth counselling organisations across Berkshire have met together and have fed back their perspective on how they can contribute to meeting the recommendations of Future In Mind as well as their views on developing an outcomes framework.

4.11 Voluntary sector organisations were also involved in the Reading Children's Trust workshop held on the 9th July 2015. Other participants included schools, GPs, educational psychologists, police, public health, elected members, young people, CAMHs providers, University of Reading, Local Authority officers and a CCG lead. A summary of the outputs form the workshop are in this document.

Feedback from Cllr Gavin on CTB EWB wo

4.12 Voluntary sector representation is sought on the Berkshire West Mental Health and Wellbeing Transformation group.

5. Transparency- need

The Joint Strategic Needs Assessment is found here http://jsna.reading.gov.uk/

The CAMHs Needs Assessment for Reading Borough Council is found here

CCSG15-07 CAMHS_Needs_Asses

Targeted CAMHs activity from RBC primary mental health workers (PMHW)

In 2014/15 163 children and young people were assessed by the service, and 100% were seen within agreed timescales (within 10 working days of referral). 71% of these were step down cases from CPE, and only 13% of these 116 cases were taken back to CPE. 67 of these assessed children were provided an ongoing evidence based intervention from the PMHW service, with 621 successful intervention sessions provided.

In addition to direct delivery to children, the service provided 316 consultation interventions with School, GP and children's services colleagues. PMHWs also delivered a range of training (from introductory courses to specific topic based sessions e.g. anxiety, self-harm) to 82 staff from schools and 58 staff from targeted or social work teams.

Current year performance as of end of June 15, no children are waiting for a PMHW intervention.

Specialist CAMHs activity data

In 2014/15 there were 688 children and young people referred to the CAMHs Common Point of Entry from South Reading CCG and 554 referrals from North and West Reading CCGs.

During this period there were 5668 specialist CAMHs contacts with children and young people from these two CCGs.

Of the specialist CAMHS caseload, 51 children from South Reading CCG were either Looked After or subject to child protection plans and 39 were from North and West Reading CCGs.

Waiting times for Tier 3 CAMHs services in Berkshire West CCGs at the end of June 2015

- 100% of children with urgent needs were seen within 24 hours
- 53% of Tier 3 CAMHS patients (excluding ASD) waited less than 6 weeks to be seen

- 11% of Berkshire West CAMHS ASD patients waited less than 12 weeks to be seen
- Currently the longest waits continue to be in the ASD diagnostic pathway which accounts for more than 50% of current waiting list. In Berkshire West some children wait up to 2 years for an ASD diagnosis, once they have been referred to specialist CAMHs. The National Autistic Society gives an average waiting time for ASD diagnosis in children as 3.5 years.

The latest Reading JSNA estimates that 30 children and young people aged 17 years and below from the local authority area will require a Tier 4 admission per year. In 14/15 fourteen young people from Reading attended the Berkshire Adolescent Service. A further XXX children and young people from Reading were admitted to a Tier 4 facility outside Berkshire. (Data awaited from Louise Doughty- specialist commissioning). The Berkshire Adolescent Unit has 9 in-patient beds (as of autumn 2015). Scoping work that took place in 2014 estimates that Berkshire requires between 12 and 15 Tier 4 beds.

6. Transparency- resources

6.1 Reading Borough Council funding

Year	Service	Expenditure
15-16	Primary Mental Health Workers	£ 179,800
15-16	Educational Psychologists	£495,150
15-16	Youth Counselling service (Commissioned)	£75k
15-16	Short breaks (Commissioned)	£105k
15-16	Targeted family and youth support	TBC

In addition to this spend RBC spend on universal services that are applicable in this arena is

Year	Service	Expenditure
15-16	Information services for families (FIS service)	£ 100,000
15-16	Children's Centres	£1.4m

6.2 Tier 3 (specialist CAMHs) funding arrangements from Berkshire West CCGs as a whole, that is, Newbury & District, North & West Reading, South Reading, and Wokingham CCGs

	Funding allocation	Includes BAU*?	Includes YP placed out of area by NHSE at Tier 4?
2014/15	£4,649,251 plus £300K Operational Resilience funding.	yes	no
2015/16	£6,166,360 plus additional £249,535 allocated to transforming community Eating Disorder services.	no	no

	Up to £500K is available non recurrently in order to reduce waiting times through use of agency staff while new posts are recruited to.		

*In 2014/15 the Berkshire Adolescent Unit (BAU) was commissioned as a Tier 3 facility. In 2015/16 the Berkshire Adolescent Unit was re-designated as a Tier 4 facility and transferred to NHS England, Financial resources transferred with the unit to NHS England.

A CAMHs worker is employed in the Youth Offending team. Half of these sessions are provided through the CCG funded block contract with BHFT.

6.3 CCG Partnership Development Grants

A number of voluntary sector organisations are commissioned through CCG Partnership Development Grants to provide counselling, parenting support and input for children and Young People with ASD and/ or Special Educational Needs and Disabilities. In 14/15 the spend was as follows

Organisation Name	Category	% Coverage Each Area	PANEL FUNDING PROPOSAL
Berkshire Autistic Society	HWB/ Mental health/ Children and Young people/ Carers	West Berks 22.5%, Reading 42%, Wokingham 35.5%	£27,300.00
Children on the Autistic Spectrum Young People's Project (CATSYPP)	Children and Young people/Mental Health	West Berks 5%, Reading 77%, Wokingham 18%	£5,650.00
No 5 Youth Counselling	Children & Young people / Mental Health	Reading 100%	£24,572.00
Reading Mencap	Mental Health	Reading 100%	£29,592.00
Home-Start Reading	Children and Young people	Reading 100% (BME 53%)	£13,438.00
Parenting Special Children	Mental Health/ Children and Young people/Carers	West Berks 30%, Reading 35%, Wokingham 35% (BME = 45%)	£18,835.00

6 .4 NHS England funding 2014/15

Out of area spend (Young People from South Reading CCG and North and West Reading CCGs CCG who are placed out of area) £1,295,919

7. Work undertaken to date across Berkshire West

7.1 Berkshire CAMHs is already part of the Children and Young People's Improving Access to Psychological Therapies (IAPT) collaborative. As a result of the CYP IAPT training, staff within all localities across Berkshire and in Primary CAMHS where BHFT are the providers, provide evidence based CBT interventions for anxiety and depression as part of their everyday work. CYP IAPT Routine Outcome Measures are an integral part of these interventions and are being rolled out across all other clinical activity. CYP IAPT trained supervisors provide clinical supervision in all localities and clinical leads who have undertaken the CYP IAPT transformational leadership training are working with CAMH Service managers to continue to develop CAMHs. The service has a dedicated service user engagement and participation lead. Services users, parents and carers are engaged in service development at all levels.

7.2 BHFT CAMHs are currently participating in the Department for Health trial of the CAMHSWeb/ Include Me interactive shared decision making portal.

7.3 In 2014 a substantial engagement was undertaken with comprehensive Berkshire CAMHs service users, families, referrers, practitioners and other stakeholders led by an independent consultant. This was published on CCG websites along with an update in December 2014 which outlines changes planned or made to local services in response to the engagement work.

http://www.southreadingccg.nhs.uk/mental-health/review-outcome-of-camhs

In response to the engagement, local action plans were developed and implemented. This Transformation Plan builds on the original plans.

7.4 During 2014/15, a number of local pilot projects commenced. Learning from the pilot projects will be disseminated across Berkshire West CCGs and Local Authorities:

- a review of the use of nationally mandated Strengths and Difficulties Questionnaire (SDQ) assessments in Looked After Children and children at risk of exclusion. The aim of the project is to inform local policies and procedures in the improvement of screening for mental health needs in vulnerable groups of children and young people.
- a review of blockages to vulnerable women accessing perinatal mental health services. This project is also reviewing training packages for prevention, identification and intervention in perinatal mental illness across the children's workforce. A project worker has been employed to address issues
- a review of the perinatal mental health pathway led by a midwife at Royal Berkshire Hospital. A business case is currently being considered to enhance perinatal mental health support for women and their families in Berkshire West CCGs.
- a review of transition pathways into adult services. A CQIN on patient experience of transition into adult services is in the 15/16 BHFT contract
- a trial of school based ADHD clinics in Reading. Learning from this pilot is feeding into a revised neurodevelopmental pathway that is being developed across Berkshire West.

- the development and trial of PPEPCare training modules in primary care and schools. This initiative is supported by Thames Valley Strategic Clinic Network and the Charlie Waller Institute
  http://tvscn.nhs.uk/psychological-perspectives-in-education-and-primary-care-ppep-care/

7.5 Over the winter of 14/15, additional Operational Resilience funding was secured to pilot a number of initiatives which aimed to

- improve responsiveness to escalating mental health needs thereby reducing risk,
- improve early identification of psychosis
- reduce waiting times.

7.6 In March the Berkshire Crisis Care Concordat Action Plan was published. Partners meet quarterly to review progress.


Berkshire-Mental-He
alth-Crisis-Care-Conc

7.7 The CCGs increased funding to BHFT specialist CAMHs Berkshire West by £1M recurrently and up to £500K non recurrently for 15/16. The initial focus for the additional investment is building on the successful Operational Resilience projects on a more sustainable basis; reducing waiting times; reducing risk; delivering PPEP care training into selected schools and GP practices and developing sustainable care pathways.

7.8 Berkshire West CCGs have also increased funding into the all age Early Intervention in Psychosis service as part of the wider Parity of Esteem investment. BHFT are meeting the 2 week Waiting Time standards, with 85% of cases referred to EIP being allocated care co-ordinators within 2 weeks. The average time to allocation is 8 days from the point of referral.

It should be noted however the new guidance confirms that the 2 week RTT starts at referral and assessments within a dedicated EIP team, cases are allocated to an EIP care coordinator and then RTT concludes with treatments commencing using a NICE concordant package that meets the 8 quality standards. At this stage BHFT is not able to meet these standards fully but through the new Parity of Esteem investments will recruit additional staff to deliver these packages of care and the elements within the standards. An update is provided here


EIP update
commissioners Sept 2

7.9 In July and August CCG commissioners worked with BHFT, voluntary sector and Local Authority partners to identify key areas of improvement for the next 5 years, building on the intelligence gained from the local engagement initiatives as described in section 4 and service pilots described above. This included consideration of what an improved Eating Disorder service might comprise of and how physical and mental health services could become more aligned and "whole person" focussed.

7.10 In August BHFT CAMHs received a Quality Assurance visit from the CCG which demonstrated that good progress had been made in improving the patient environment, staff morale and recruitment to achieve targets against the new investment.

7.11 Discussions are currently underway between agencies to agree an outcomes reporting framework, for use in all emotional health and wellbeing contracts from April 2016.

8. Local aspiration and vision for prevention, building resilience, earlier identification, earlier intervention and better whole system working

This section provides a summary of discussions and proposals that are in development by partners in Reading.

Reading needs an alternative approach and system that enables children and young people to access support that they need quickly and easily. Ideally this new system is permeable between the processes and service offers that allows for a stepped care approach towards meeting the needs of children and young people. A key principle that should underpin an alternative system will be to work to the Recovery Model approach. Critical to this is the promotion of self-accountability within the child and parent before, during and after an intervention, which will promote owned sustained change. This is important to building resilience both in the child, family and the systems we adopt.

At this stage there are two key ideas to developing an alternative system that the Transformation Plan will support in addressing.

1. Establish a local single point of entry for targeted and specialist CAMHs support that is integrated with our current Multi Agency Safeguarding Hub (MASH) and Early Help pathways. This would enable a single screening process at the referral/ contact/ identification stage that would cover safeguarding as well as the emotional health and wellbeing needs of the child and family. This would prevent confusion in assessment & decision making as well as reducing delay in handovers. The step down or step up processes would be linked to specialist CAMHs teams and the single Early Help pathway. This Early Help pathway would include access to a range of targeted support, including Primary Mental Health workers (PMHWs) as well as voluntary sector interventions such as youth counselling.

2. Establish a community based approach, mainly in schools and local GPs, that supports universal services hold appropriate risk as well as access professional advice on when to step cases up into targeted or specialist services. To support this approach a standard/ core programme of interventions in schools would be developed that would fit with the stepped approach to care. This would need to be supported by a workforce development programme from within the Transformation Plan.

Also for inclusion in the Transformation plan for Reading are these key points:

a. A review of the behavioural pathway and linking this to the development of a trauma or attachment pathway. Similar consistent stepped care approach of evidence based interventions need to be identified and adopted, with a workforce training programme in place to keep this sustained. A similar consultation approach for Primary Schools and Early Years setting/ Children's Centres, delivered by Educational Psychology and CAMHs specialists in this field would need to be established. Tied to this point it will be important to include the current Reading perinatal mental health project recommendations that is due to conclude in March 16.

b. There should be regular reviews of the emotional and mental health needs of Looked After Children and Care leavers alongside their physical health needs. These reviews need to be supported by targeted & specialist mental health professionals using a similar consultation/ screening approach as being proposed for schools. Social Worker skills and confidence will need constant attention through workforce development. Readings SDQ project outcomes need to be included in the Transformation Plan.

c. Reading will continue to develop and strengthen its Early Help offer and this will be tied into the access approach described above. This offer will include coordinated targeted youth work, family work and parenting all of which are critical support interventions in this arena. Our PMHW role will continue to be a crucial role in supporting the practice with these services and continue to be the link between targeted and specialist services.

9. Self-assessment

NHS England requires a self-assessment to be undertaken as part of the assurance process. In light of the short timescale and availability of partners in August, CCG commissioners and BHFT undertook a self-assessment using a process provided by the Thames Valley Strategic Clinical Network. The self-assessment process took account of knowledge gained through the partnership work to develop local emotional health and wellbeing services that been undertaken in the previous 12 months.

The self-assessment identified workforce development, care for the most vulnerable and improving access as the most challenging aspects of Future In Mind for Berkshire West. It was

felt that there is a will across the system to make change happen and that Berkshire West has made much recent progress in accountability and transparency across the system.

Copy of Future in mind_ADS Self Assess

10. Overview of Local Transformation Plan priorities and outline timescales (subject to confirmation by Berkshire West Mental Health and Wellbeing Transformation group)

2015/16

- Recruit and train additional staff
- Reduce waiting times
- Reduce inappropriate/avoidable presentations to A&E – data to be collected from September 2015
- Reduction in crisis presentations due to better risk mitigation
- Common Point of Entry will be open Monday to Friday 8am until 8pm
- Workforce development plan for improving emotional health and wellbeing developed and starting to be implemented across partners
- Joint commissioning of voluntary sector counselling where the Local Authority and CCG are currently commissioning independently
- Evaluation of the CAMHs Short Term Care team
- Launch of Young SHaRON- online platform for service users
- Increase number of in-patient beds at Berkshire Adolescent Unit
- Commission improved perinatal mental health service to provide better access to advice and help for mothers
- Outcome framework developed and agreed across partners. To be implemented in all contracts from 1 April 2016.
- Neurodevelopmental pathway (ADHD and ASD) developed within BHFT
- Children's toolkit expanded to include mental health and wellbeing
- Learning from the Strengths and Difficulties pilot will be shared and will be shaping service provision
- Enhanced Liaison Mental Health service for under 18s will be trailed at RBFT (subject to funding through Liaison Mental Health)
- University of Reading study to commence
- Commission enhanced Eating Disorders service. Start service delivery
- CQIN for service user satisfaction following transition into adult services

2016/17

- Reduce waiting times

- Workforce development- develop role of schools, primary care, early year's settings, wider children's workforce
- Map collective resilience, prevention and early intervention offers. Consider how we make the system easier to navigate.
- Review current Common Point of Entry and access arrangements into CAMHs services, ensuring access for the most vulnerable (includes step down from in-patient units, links to SARCs, Looked After Children's services, emerging Liaison and Diversion services for under 18's, forensic services, provision for children and young people with LD and ASD)
- Consider whether to commission a crisis home treatment or enhanced step up/step down service following a review of the impact of the Short Term Care team and enhanced Liaison Mental Health services on reducing admissions to Tier 4.
- Enhance provision across the system for children and young people with ASD and Learning Difficulties
- Roll out of enhanced perinatal service
- Consider impact of any developments in NHSE commissioning of Secure CAMHs Outreach Service (Thames Valley and Wessex) and all age Liaison and Diversion schemes.
- Implement Eating Disorders service

2017/18

- Maintain or further reduce waiting times
- Workforce development
- Implement 24/7 crisis home treatment or step up/step down service, depending on findings of the review
- Develop conduct disorder/ challenging behaviour pathway across the system. Consider implications for children and young people with LD and ASD.
- Consider availability of provision for young people stepping down from Tier 4 facilities
- Consider impact of any developments in NHSE commissioning of Secure CAMHs Outreach Service (Thames Valley and Wessex) and all age Liaison and Diversion schemes.

2018/19

- Workforce development
- Implement conduct disorder/ challenging behaviour pathway across the system
- Consider impact of any developments in NHSE commissioning of Secure CAMHs Outreach Service (Thames Valley and Wessex) and all age Liaison and Diversion schemes.

11. Detailed Local Transformation Plan

Key areas to be addressed in the Berkshire West Local Transformation Plans and proposal of an order in which changes might be worked through

Future In Mind (FIM) priority

R= Resilience, Prevention and early intervention for the mental well-being of children and young people (chapter 4)

A= Improving access to effective support (chapter 5)

V= Caring for the most vulnerable (chapter 6)

AT= To be accountable and transparent (chapter 7)

W= Developing the workforce (chapter 8)

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
Improving the access to help, preventing young people being lost or having to wait a long time for service delivery.	Recruit BHFT staff CPE open longer hours Technology development and roll out Introduce waiting time standards across CAMHs and Early Intervention in Psychosis services	15/16 15/16 onwards 15/16 onwards	A A A A
Reduce number of YP whose needs escalate to crisis	Trial short term care team (follow up of YP who have attended A and E in crisis) Prioritise higher risk cases, paying particular attention to Children in Care Ongoing risk review of those on waiting list Collect data from RBH on A and E attendances, wait times- identify any trends What can we learn as a system from YP who escalated into Tier 4?	15/16 15/16 15/16 From Q3 15/16 and 16/17 16/17	A A A A, AT A, V

	Those who stepped down from Tier 4? Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat is implemented. Use of on line platforms such as SHaRON and Young SHaRON	 15/16 onwards 15/16 onwards	 A, AT, V A
Reduce delays in accessing MH assessments once YP is medically fit and has presented at RBH	CPE open longer hours-staff available for longer Embed new care pathway Scope a trial of an enhanced liaison mental health service for under 18s to be trailed at RBFT	15/16 15/16 onwards Q3 and 4 15/16	A A A, V
Is there a need for a local intensive crisis home treatment team for CYP?	Evaluate learning and data from initiatives above Establish the interface with the transformed Eating Disorders service Develop options appraisal Commission and implement service	Late 16/17 17/18	A
By co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate safe and timely discharge.	Berkshire Adolescent Unit transfer to NHSE- MOU implemented See also “Is there a need for a local intensive crisis home treatment team for CYP?” above Consider step down arrangements for young people being discharged from in patient units- is there a case for a local facility as an alternative to out of area residential placements? Also links with Transforming Care Implement changes to community Eating Disorder services	15/16 17/18 15/16 onwards	AT V A
Enhancing existing maternal, perinatal and	Evaluate perinatal MH pilots in the community/ children’s centres.	15/16	R, W

early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support. Improving the skills of staff working with children and young people with mental health problems by working with the professional bodies, NHS England, PHE, HEE to ensure that staff are more aware of the impact that trauma has on MH and on the wider use of appropriate evidence-based interventions	Impact on take up of services for new mothers? Consider the recommendations. Commission enhanced perinatal MH service- RBH working with BHFT Participate in University of Reading clinical trial-improved treatment for severe conduct disorders in young children LAs evaluate behaviour support programmes and services to include SEN, Troubled Families, therapeutic fostering and YOS arrangements Develop conduct disorder/ behaviour pathway building on learning from trials and evidence across the system Roll out conduct disorder/ behaviour pathway Publicise and promote attendance at the Thames Valley trauma conference	 15/16 Q4 15/16 16/17 TBC 17/18 18/19 15/16	 R A, R,W, V AT, W, V A, AT, V A, W, V, R W
How far can we push integration? Enabling single points of access to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector. Move away from tiered working. For the most vulnerable young people with multiple and complex needs, strengthening the lead professional approach to co-ordinate support and	Review current CPE and local triage arrangements- should a single point of access/ localised triage system be developed in each LA where the family's holistic needs are considered prior to referral to CAMHs? Should this also consider physical healthcare e.g. therapies? How does this differ to existing MASH and Early Help hubs? How does the current system link to SARCs, YOS and the Troubled families programme? Consider the feasibility of changes on a Berkshire West only basis	16/17	A, V

services to prevent them falling between services. Improving the care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked-after children and/or those in contact with the youth justice system, by embedding mental health practitioners in services or teams working with them.	How does a "Tier 2 or 3" child present? Unpick clinical thresholds and agree how cases are stepped up and down between universal, targeted, specialist and acute service providers.	15/16	A, W, AT
	Identify the skills needed in the workforce in order to respond to different levels of need/ complexity	16/17	A, V, W
	What can we learn from successful YOS and Troubled Families services re approach?	Early 16/17	A, V
	Overcome information sharing/ data collection issues between agencies	15/16	A, V
	Roll out changes	Late 16/17, early 17/18	A, V
	Is there a case to develop a regional Thames Valley service for certain groups e.g. children with sexually problematic behaviour? Services for LAC placed out of area but within the Thames Valley? YP who have been sexually exploited?	16/17	A, V, R
	Ensure all services understand and demonstrate a shared responsibility for the emotional health and well-being, and are supported with the skills and training development to fulfil those roles effectively	15/16 onwards	W, AT, V,A
	Is there a need to improve links with SARCs?	16/17	V
	Work with commissioners across the Thames Valley to maintain a Secure CAMHS Outreach service in	TBC	V,A

	the event of this moving from Specialised Commissioning across to CCGs Implement all age liaison and diversion scheme when it is developed by NHSE Improve links with SARCs	 TBC 16/17	 A, V V
Improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools, single points of access and one-stop-shop services, as a key part of any universal local offer.	Linked to CPE work above BHFT working with service users to improve communications Will schools commit to having MH lead? Agree interface between BHFT and local services- clinical supervision, training Do we as a system understand what we currently collectively offer with regard to resilience, prevention and early intervention? How do we make the offer easy to navigate?	 15/16 16/17 16/17 16/17 16/17	 A A, W A,W,V, AT AT, R AT, R, A
Making sure that children, young people or their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage.	CCG assurance visit Consider whether a local single point of access in each LA and having a MH link in schools where the family's holistic needs are considered might improve access for these groups.	15/16	V, A
Online support for CYP and families	Young SHaRON roll out, to include platforms for Looked After Children, carers, families	15/16	A, R, V
Strengthen links between physical health, mental health and support for children with SEN	BHFT expand children's toolkit to include Mental Health Consider whether current emotional wellbeing support for children and young people with long term conditions is sufficient	15/16 and early 16/17 16/17	A, R A, V

	BHFT to develop internal workforce	15/16 onwards	W
System wide ASD and ADHD pathway- strengthening the links between mental health, learning difficulties and services for children with Special Educational Needs and Disabilities (SEND)	ASD diagnostic waiting time standard in contract 15/16 Recruitment underway BHFT 15/16 DH guidance on LD and ASD expected. BHFT expand children's toolkit to include ASD and ADHD BHFT develop internal neurodevelopmental pathway. Link with schools, LAs, vol sector. Linkages between ASD, ADHD, SEND, behaviour? Schools role? Who does what? What do we commission from voluntary sector? Thresholds /acceptance criteria? How do agencies communicate/ key workers? Develop pathway across the system. Workforce training Link to Transforming Care initiatives to ensure that local services are available for young people with challenging behaviour and learning disabilities and or ASD	15/16 Q2 15/16 Q2 15/16 Q3 and 4 15/16 Q3 and 4 15/16 15/16/17 16/17 16/17	A A, W AT A, R, W AT, A, W, V A, AT, W W A,V
Supporting self-care	Expansion of children's toolkit to include MH Publicise Puffell apps developed in Berkshire once accredited Reading pupils given MH self-care booklets Launch Young SHaRON	15/16 and early 16/17 15/16 15/16 15/16	R, A R, A R, A R,A,V
Promoting implementation of best practice in	Transition into adult services project	15/16	A

transition, including ending arbitrary cut-off dates based on a particular age.	Consideration of access to specialist Eating Disorders services for older teenagers/ less mature older teenagers Embed changes	15/16 onwards 15/16 onwards	A A
Developing a joint training programme to support lead contacts in specialist children and young people's mental health services and schools.	PPEPCare training to primary care and selected schools If bid successful, roll out school link pilot Reading core workforce training	15/16 15/16 15/16 onwards	W, R W, R W, R
Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in schools.	Workforce needs to be developed continuously. If current CPE arrangements change, will require extensive training and publicity Consider whether to continue PPEPCare roll out into 16/17 Local initiatives and leads???	15/16 onwards to 19/20 16/17	W W
Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots. Building on the success of the existing anti-stigma campaign led by Time to Change, and approaches piloted in 2014/15, to promote a broader national conversation about, and raise awareness of mental health issues for children and young people.	Scope whether HVs and School Nurses could drive improvements. If this were adopted enact commissioning changes/ service changes Scope LA, school and voluntary sector issues/ workforce development	16/17 16/17	W, R, A, AT, V W, R, A, AT, V

Establishing a local Transformation Plan in each area during 2015/16 to deliver a local offer in line with the national ambition. Conditions would be attached to completion of these Plans in the form of access to specific additional national investment, already committed at the time of the Autumn Statement 2014. Health and Wellbeing Boards ensuring that both the Joint Strategic Needs Assessments and the Health and Wellbeing Strategies address the mental and physical health needs of children, young people and their families, effectively and comprehensively.	Develop Transformation Plan, HWBs to approve plans HWBs to delegate authority to implement Transformation plans to BW CAMHs Transformation Group, Transformation Plans submitted to NHSE JSNA Eating Disorders plans developed and incorporated in Transition Plans (pan Berkshire ED plan) NHSE approve plans and release funding	Aug/ Sept 15 Sept 15 Sept 15 Q3 15/16 Aug- Oct 15 Q3 15/16	AT AT AT AT AT AT
Developing and implementing a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health Services by 2020.	Implement Open Rio (BHFT) Start collecting data in accordance with new CAMHs minimum data set Develop outcomes framework across all providers and commissioners Implement outcomes framework across all contracts and SLAs. Offer Open Rio access to the voluntary sector once new system is gremlin free Outcomes and progress to be reported up to HWB	15/16 From Jan 16 Q4 15/16 16/17 16/17 15/16 onwards	AT AT AT, W AT, W AT, W AT

Making the investment of those who commission children and young people's mental health services fully transparent.	How do schools spend their pupil premium? What outcomes do they achieve? Transparency of CCG financial arrangements Transparency of LA financial arrangements	16/17 15/16 15/16	AT, R AT AT
Commissioning of third sector organisations	Where LAs and CCG are commissioning the same organisations, streamline arrangements via joint commissioning Consider the support that voluntary sector organisations might require in order to successfully bid for pots of money that is not open to the statutory sector. Linked to vol sector demonstrating outcomes and being able to provide data	For 16/17 contract 16/17	AT, A A, AT
Having lead commissioning arrangements in every area for children and young people's mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services in each area, supported by a strong Joint Strategic Needs Assessment.	Links to Commissioning of third sector organisations section above Agree TOR for Berkshire West Mental Health and Wellbeing Transformation group JSNA	 Q2/3 15/16 Q3 15/16	 AT AT

12. Eating Disorders plan to date

CCGs in Berkshire West and Berkshire East will jointly commission a revised Eating Disorder pathway in order to meet the new access and waiting time standard. The current provider, Berkshire Healthcare Foundation Trust, has carried out some initial work to describe what a future service might look like. This document is a descriptor of the intended service to indicate how the recommendations within the Access and Waiting Time Standard for Children and Young People with Eating Disorders may be met within Berkshire. A business case has been produced for consideration.


Eating disorder descriptor document


Eating Disorders Business Case FINAL

13. Measuring outcomes (KPIs)

KPIs for Tier 2 services commissioned by Reading Borough Council

Ref	Indicator	Threshold	Method of measurement
1.	Number of assessment requests made (and % that are stepped down from CPE)	180 (65% stepped down minimum)	Reported quarterly in Early Help report
2.	% of assessment started on time (within 10 working days)	95%	Reported quarterly in Early Help report
3.	Number of Children or young people receiving a direct service or intervention	84	Reported quarterly in Early Help report
4.	Number of consultation requests	270	Reported quarterly in Early Help report
5.	Number of participants in Mental Health Training (broken in tier 1 and 2 staff groups)		Reported quarterly n Early Help report

Key Performance Indicators in the Specialist CAMHs 15/16 contract

Ref	Indicator	Threshold	Method of measurement
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS patients (excluding ASD) that are seen within 6 weeks for reporting period	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS patients (excluding ASD) that are waiting at the end of the reporting period that have waited less than 6 weeks	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	Number of Berkshire West CAMHS patients (excluding ASD) waiting longer than 12 weeks as at the last day of the month	0 from October 2015	Reported within the monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS ASD patients that are seen within 12 weeks for reporting period	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS ASD patients that are waiting at the end of the reporting period that have waited less than 12 weeks	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report

Ref	Indicator	Threshold	Method of measurement
Waiting list reduction (as per Quality Schedule)	Number of Berkshire West ASD patients waiting longer than 18 weeks as at the last day of the month	0 from December 2015	Reported within the monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	Number of Berkshire West patients waiting on the total CAMHS waiting list	Q2 = Q1 minus 20% Q3 = Q2 minus 20% Q4 = Q3 minus 20%	Reported within the monthly quality schedule report
1.	Extension of CPE to 8am - 8pm model	CPE will be open 8am until 8pm on working days Monday to Friday by the end of Quarter 2.	Reported quarterly form the end of Q2
2.	Reduction in inappropriate/avoidable presentations to A&E	Baseline data to be captured from September 2015. Seasonal trends to be mapped over 15/16 and into 16/17TBC	Data to be reported monthly from September 2015 using the following methodology: 1: Numbers who present to A+E who are receiving active treatment from CAMHS 2: Numbers who present to A+E who are on a waiting list and not receiving active treatment 3: Numbers who present to A+E who are not known to BHFT CAMHS who need a CAMHs service (1+2 are the groups with potential to avoid presentations regardless of presentation or who recommends them going to A+E)
3.	Reduction in time from referral to assessment in A&E – within 4 hours.	BHFT to develop a system to collect baseline data in-year.	Data collection to start from 1 September 2015.
4.	Reduction in complaints that relate to waits longer than agreed targets for relevant team/pathway	25% reduction	To be reported quarterly from Q3
5.	Throughput measure by service line (measuring how many waiting, seen and discharged	BHFT to develop a system to collect baseline data in-year.	Tableau reporting from Q4

Ref	Indicator	Threshold	Method of measurement
6.	Implementation of Routine Outcome Measures	BHFT to continue to trial CAMHsWeb. BHFT to develop meaningful reportable outcome measures throughout 15/16 and to demonstrate how reports are being used to improve the service.  ROMS.docx	A report is to be provided in Q4 which will include narrative on how the outcome measures are in line with the CAMHs core data set requirements. For 2016/17
7.	Educational support programmes to key stakeholders – number of sessions to be agreed with commissioners	BHFT will participate in the development and implementation of a CAMHs transformation plan in line with the findings of "Future In Mind" via a partnership between commissioners and providers from the NHS, Local Authorities, schools and voluntary sector. The transformation plan will make explicit how educational support programmes to key stakeholders will be commissioned and provided. The goal is to improve the availability and effectiveness of early intervention and prevention that is being delivered by the wider children's workforce. It is anticipated that educational support to key stakeholders will build on PPEP care training that is being delivered in 15/16.	To be articulated in the CAMHS Transformation plan
8.	Evidence of the use of technological adjuncts – rollout of Young SHaRON and the Children's toolkit, and use of the NHS England		Provider to provide six-monthly updates on developments. First update required at the mental health contract meeting by the end of September 2015

Ref	Indicator	Threshold	Method of measurement
	App when available.		

14. Governance

Berkshire West Mental Health and Wellbeing Transformation group

Local Authority leads met with the CCG on 21 August and 27 August to develop plans for an oversight group. The name “Berkshire West Mental Health and Wellbeing Transformation group”is suggested.

Scope

- to monitor and facilitate implementation of the Transformation Plan
- to make recommendations- not a decision making group
- to provide different perspectives on strategy, service transformation planning and implementation i.e. this is what it feels like from a school (voluntary sector/ service user/ social care/BHFT/parent) perspective
- help to develop strategy
- promote collaboration
- task and finish groups will take on key pieces of work, pulling in additional agencies as required

Proposed membership

- Local Authority children’s services x 3 (West Berkshire Council, Reading Borough Council, Wokingham Borough Council)
- Local Authority Public Health lead
- a nominated lead from a voluntary sector counselling organisation (ARC, Number 5, Time To Talk- West Berkshire, Time to Talk- Reading, Changing Arrows). Invite specific voluntary sector representatives for specific agenda items e.g. ASD/ SEN
- University of Reading
- 4 school forum representatives drawn from Early Years, Primary, Secondary and Special Schools across Berkshire West
- Service users
- Young people who are not service users
- Parent / carer
- BHFT CAMHs service manager, clinical lead, lead for children’s integration

- RBFT- A & E and paediatrics
- Healthwatch representative
- CCG clinical lead and head of children's commissioning
- NHS England Tier 4 lead

It is envisaged that for some of the partners listed, a representative will provide an insight as to how things feel/ might feel on the ground as service transformation ideas are discussed and implemented. It is hoped that this would enable the group to be an optimal size for meaningful and timely discussion.

It is envisaged that task and finish groups will be required to undertake specific aspects of the transformation work.

Resources

The group will require resources to enable attendance. The group will require communications and secretariat support.

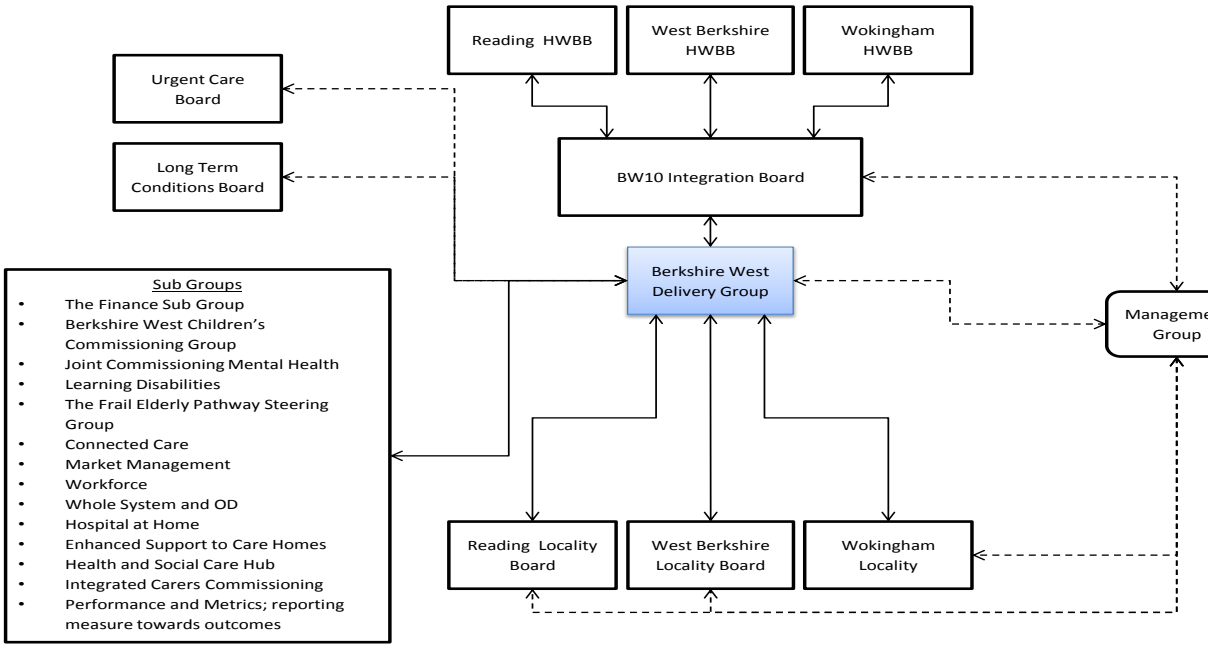
Frequency

Initially monthly, starting November 2015

Reporting arrangements

To report to the Berkshire West Integration Board (Director and Chief executive level)

Respective Health and Wellbeing Boards to delegate authority to the group.



15. Tracking template to monitor and review progress (Annex 3 in the guidance)

In Berkshire West there are four CCGs covering 3 Local Authority areas.
Berkshire West CCGs have submitted 3 Transformation Plans- one for each Local Authority area.
For the Eating Disorder investment, the 4 Berkshire West CCGs is working with the 3 Berkshire East CCGs.

Here are trackers relating to South Reading CCG and North and West Reading CCG


Tracker North and West Reading CCG 1⁴


Tracker South Reading CCG 14 Octc