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One of our key roles is to provide advice and information to the public about how to find services, how to resolve concerns, people's rights when using NHS or social care, and which other organisations might be able to help them.

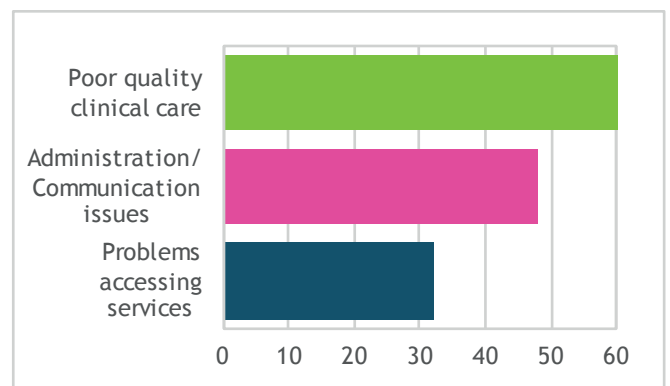
The number of individuals who sought help from Healthwatch Reading with specific issues, totalled 391 in 2016-17, up from 223 in 2015-16. Of these 313 were from the public and 78 were requests from social services to provide advocates for vulnerable people under the Reading Voice service that Healthwatch Reading co-ordinates (see page 18 for more detail)

Most people contacted us for information or help with poor quality clinical care, administration or communication issues related to their care, or problems accessing services. (see chart, right)

The service people most contacted us about was their GP surgery (see chart below). This is not surprising given that around 80 per cent of the public's contact with the NHS is with

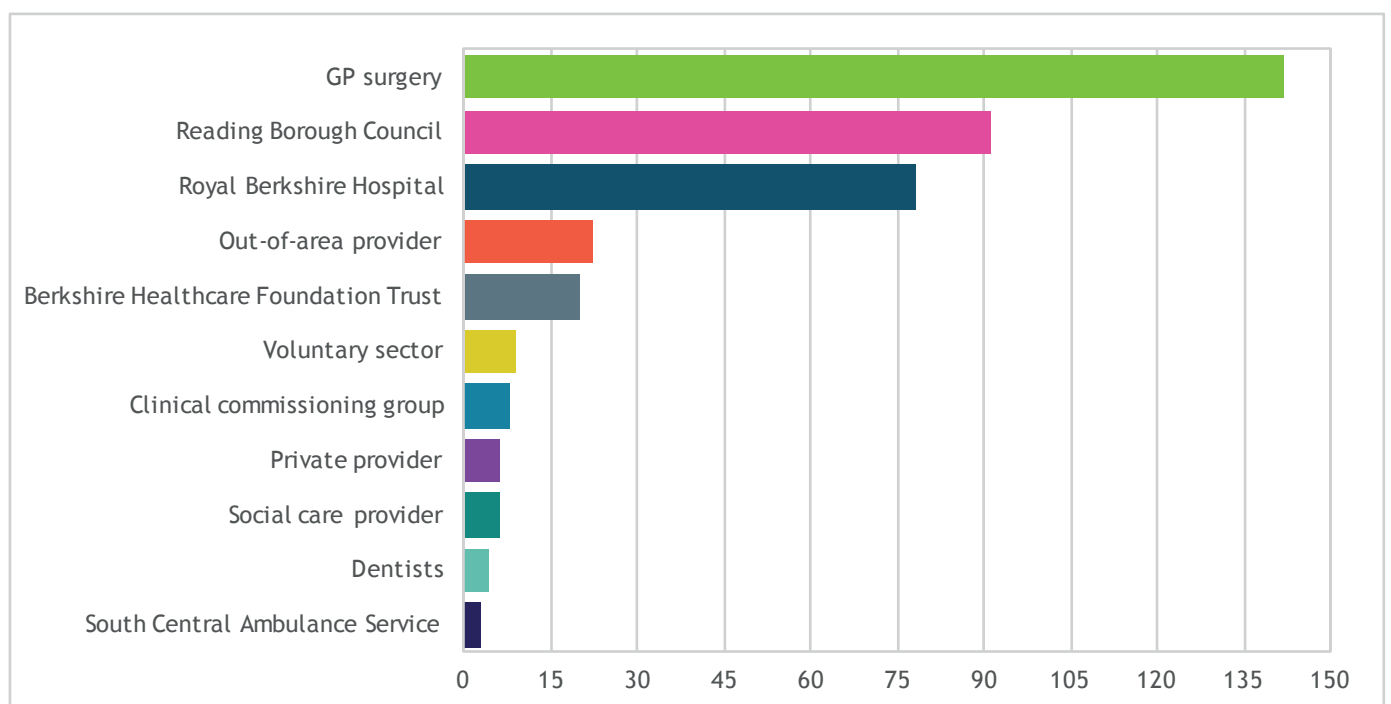
their local doctor's surgery. However our data showed a major spike between October 2016 and March 2017, with the majority of these people giving negative feedback about two GP surgeries that had been taken over by a new provider.

Top themes reported to us



We provide information and advice on a staffed helpline, Monday-Friday 9am- 5pm, and also through our website, and at our central Reading office. We also make home visits to people with mobility issues, and arrange interpreters for conversations with non-English speakers or others who need help communicating.

A breakdown of the services that related to people's reasons for contacting us



When people contact us, we have three main ways of helping them:

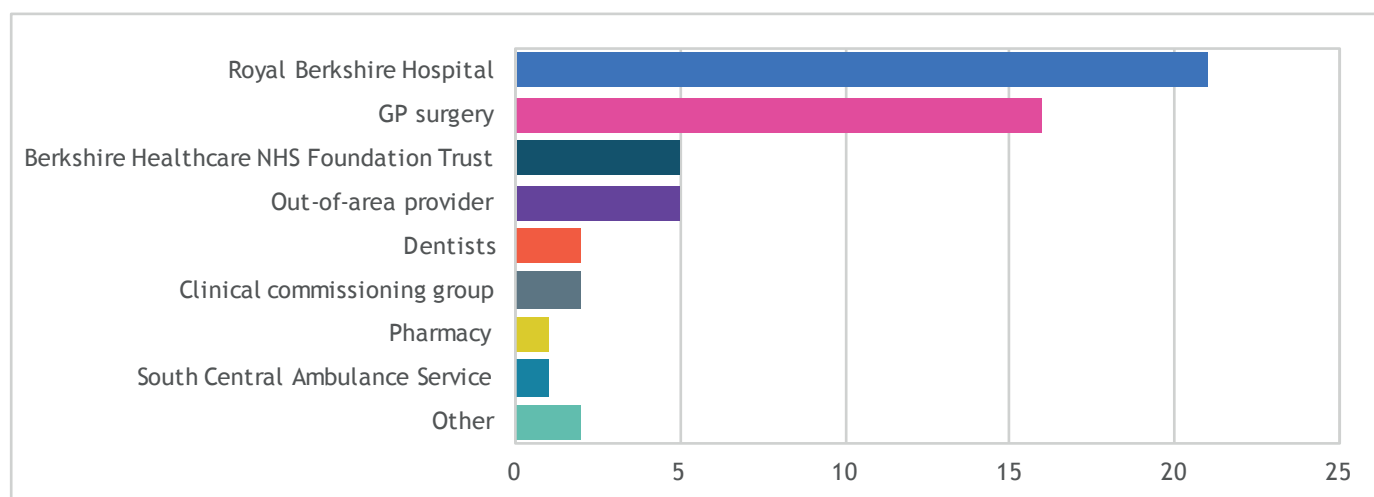
1. We can tell them about other organisations best placed to help them – for example, telling them how they can self-refer to NHS services like Talking Therapies, get expert support with a relative’s illness, such as the Reading branch of a national charity or how to find social and lunch clubs run by organisations like Age UK Reading.
2. We can give them information about their rights under the NHS Constitution and other legal guidelines covering their care and treatment and how this applies to local situations – so we have been able to advise people wanting to change GP practices because of concerns about their current care, that they have the right to do so, but we can also advise which GP practices have temporarily closed their doors to switching patients due to not having enough doctors. We can also inform people of national guidelines on waiting times, how to contact the hospital’s dedicated department for patient queries, how to contact the council’s complaints department, and other national organisations involving in checking standards of healthcare professionals and services.

3. We can act on behalf of people who are unable to resolve their concerns on their own. We do this through informal advocacy (trying to nip a problem in the bud with a quick, satisfactory solution), or supporting a person to make a formal NHS complaint. Examples of this type of support are outlined in case studies on page 15.

In 2016-17 we supported 56 people with making a formal NHS complaint (see table below). These types of complaints require organisations to investigate a person’s concerns and provide a response, which might include an explanation, an apology, different care for the patient, or general changes or improvements for the whole organisation.

Our NHS complaints advocacy service is free, independent and confidential. We received complaints ranging from concerns about administration mistakes, poor or disrespectful communication, inaccurate or disputed details in medical records, delays in diagnosis and/or treatment, lack of joined-up working between different services, denial of NHS funding for certain treatments, alleged assault by NHS staff, or patient deaths.

Breakdown of formal NHS Complaints we supported people with, by organisations



Case studies:

Giving Mrs Smith information about how to get care concerns investigated

Mrs Smith rang to say she was concerned about the welfare of one of her relatives, who had disclosed they were being mistreated by a staff member at a care home.

Mrs Smith's relative was worried that speaking up about their concerns would lead to their care getting worse. Mrs Smith was not confident the care home would properly

investigate the complaint and wanted to know who else she could report this too.

Healthwatch Reading was able to share its knowledge of local safeguarding procedures - overseen by Reading Borough Council - and what the process would involve, and who Mrs Smith could call.

As a result, Mrs Smith felt confident enough to discuss the issue further with their relative and contact the safeguarding team, who began an investigation.

Giving Mrs Patel informal support with her GP care

Mrs Patel contacted Healthwatch Reading in some distress as she had been feeling unwell for more than a year but had been repeatedly told there was nothing wrong with her.

Healthwatch Reading advised her to make an appointment with her GP and talk through her concerns, and also gave her some suggested questions she could ask about her symptoms. Mrs Patel attempted to do this but was told there were no appointments available with her doctor, and rang back, still upset.

Healthwatch Reading then offered 'informal advocacy', and rung Mrs Patel's GP surgery to outline the concerns and ask what could be done. The practice responded by offering a double appointment - which meant Mrs Patel could discuss her symptoms in more detail, and as a result she received a referral to look into her health issues in more detail.

Mrs Patel phoned back to say how positive she was feeling now that her concerns were being investigated and thankful for the support we had given.

Helping Mr Jones with his NHS complaint

Mr Jones has a serious health condition and periodically experiences severe chest pain. One night he woke up feeling ill and dialled 999. He was told that that he could not have an ambulance and should get a taxi. He was admitted to hospital for treatment soon after he arrived at A&E. He wanted to know why he had not been allowed an ambulance, especially as he lives alone.

He explains: "I was looking for advice about how and where to make a complaint, My GP had met a Healthwatch Reading team member during an Enter and View visit to my GP surgery, and recommended that I get in touch."

A Healthwatch Reading complaints advocate met Mr Jones and listened to his experience,

and outlined his options on getting the case resolved. Mr Jones decided to request a meeting with the ambulance service, and the advocate helped arrange this. The meeting took place in a non-NHS venue, which was more accessible for Mr Jones.

Mr Jones says: "At the meeting, I got some understanding of what had happened and why. First, as a direct result of the meeting, my name was put on a special list to make sure that I get treated as a priority case because of my medical condition. Second, during the meeting, they realised that my medical condition was much more complex than they had realised. They weren't able to answer every question, but they did show some sympathy, understanding and regret for what had happened. This was all as a direct result of Healthwatch Reading being involved."



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Working with other organisations

Healthwatch Reading is committed to a collaborative approach with service providers, commissioners, regulators and other local system leaders to bring about change.

As we outlined earlier in this report, on pages 10-11, we have presented the experiences of local people and our recommendations for change, to a number of local decision-making boards and committees, including the Berkshire West A&E Delivery Board, and the Berkshire West Primary Care Commissioning Committee.

All of our reports are also presented to the Reading Health and Wellbeing Board, of which we are a member, either by our representative (chairman of trustees David Shepherd) or staff who have led particular projects.

We also share intelligence with local Care Quality Commission inspectors before their visits to local services. This proved particularly effective when we shared patient concerns about two GP surgeries, ahead of inspections that confirmed serious safety and quality issues. We also worked with North and West Clinical Commissioning Group (which oversees primary care) to ensure a letter was sent out to all patients apologising for the issues and telling them what action was being taken to address these.

Another way we work with others is through escalating issues to Healthwatch England (HWE). In 2016-17, this included raising an issue about Syrian refugees not being able to access urgent dental treatment. This was despite entitlements to NHS dental care under the terms of the government's Syrian resettlement programme. Our evidence featured along similar concerns raised by other local Healthwatch in a HWE national report on NHS dentistry.

During the year we also sat on a HWE group looking at how the public were being involved and consulted on, new sustainability and transformation plans (STPs) in 44 areas of England (ours being the Buckinghamshire, Oxfordshire and Berkshire (BOB) STP). We are now sharing responsibility with our local Healthwatch colleagues in the BOB area, to attend regular BOB STP communication and engagement group meetings to champion greater public involvement in service changes.

We have also developed strong relationships with voluntary sector colleagues, by working together to provide services (see case study page 18).

Here are some other highlights of partnership working during the year:

- + Working with RBC staff to ensure people using a day centre were kept fully informed on the centre's move to a permanent new venue, through a dedicated and regular newsletter we suggested
- + Providing advice to a local GP surgery on tried and trusted methods for informing and involving patients about an upcoming major merger with another practice affecting 30,000 patients in total
- + Co-designing an experience survey for users of a new 24/7 palliative care telephone helpline as part of our involvement on an end-of-life steering group.

Case study: Working with voluntary sector colleagues to deliver advocacy

We continued our effective partnership with Reading Mencap, Age UK and Talkback, to deliver the second year of the new Care Act Advocacy service, which provides a vital service to some of the most vulnerable people in our community.



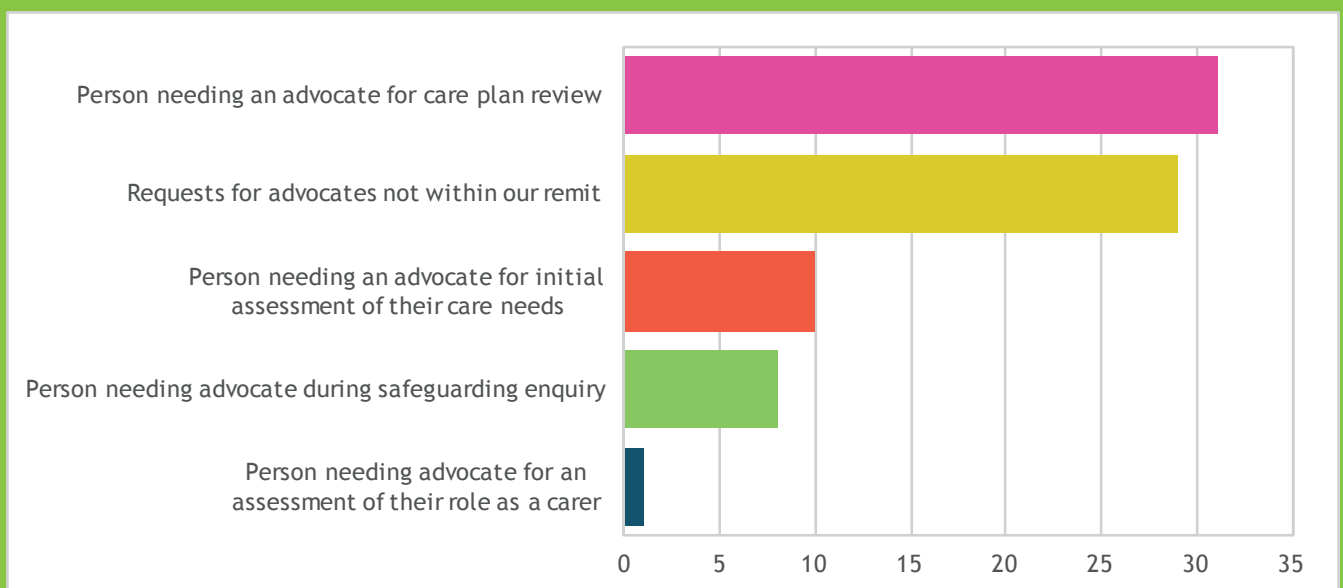
Known as Reading Voice, the service matches people who have a statutory entitlement to Care Act advocacy with the most suitable independent advocate from a local pool. These advocates help people who have learning disabilities, dementia, or other communication needs, to express their views about how they want to live their lives and receive care, during social services care assessments, reviews, or safeguarding investigations.

During 2016-17, Reading Voice advocates worked with 50 people who were referred by social services for help in having their say. As our figures show (see chart below), we were also contacted many times by professionals seeking advocacy outside the scope of what we are contracted to provide.

We believe that professionals are turning to us to request all types of advocates because of our growing and trusted reputation as a responsive provider. We used these requests as educational opportunities to explain the criteria for, and the role of, various advocates, and also to signpost professionals to other organisations better placed to help. We have also successfully used this evidence to influence commissioners' thinking about the need for a Reading 'one-stop-shop' advocacy model for adults, and we now await details of a tender specification for such a service.

We have also made representations about the need to address advocacy gaps for adults with learning disabilities in legal proceedings about the care of their children.

Care Act Advocacy referrals in 2016-17



Championing the role of public involvement

One of our key roles at the various forums we attend, is to remind decision-makers of their responsibilities to involve the public in shaping current and future services.

We point out that a Healthwatch presence on a committee or working group is about facilitating public involvement, rather than acting as a sole representative of all the views of the Reading public.

So, if Healthwatch Reading has not already gathered evidence from local people on a topic, then we can act as a bridge between commissioners and different communities or service users by suggesting who should be listened to, and how to communicate and collect these views. This might mean suggesting that consultation events be held within accessible community settings, using language or images that are easy to understand, or providing interpreters where necessary.

If commissioners are uncertain of their obligations, then we can point them to statutory and other national guidance, including:

- + ***Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England (2017)***
- + ***Involving people in their own health and care: Statutory guidance for clinical commissioning groups and NHS England (2017)***
- + ***New Conversations: Local Government Association guide to engagement (2017)***
- + ***The NHS Constitution (2015)***
- + ***The Accessible Information Standard (2015)***
- + ***The Health and Social Care Act (2012)***
- + ***The Equality Act (2010)***



The principles of participation

NHS England has developed 10 principles of participation based on a review of research, best practice reports and the views of stakeholders.

- 1 Reach out to people rather than expecting them to come to you and ask them how they want to be involved, avoiding assumptions.
- 2 Promote equality and diversity and encourage and respect different beliefs and opinions.
- 3 Proactively seek participation from people who experience health inequalities and poor health outcomes.
- 4 Value people's lived experience and use all the strengths and talents that people bring to the table, working towards shared goals and aiming for constructive and productive conversations.
- 5 Provide clear and easy to understand information and seek to facilitate involvement by all, recognising that everyone has different needs. This includes working with advocacy services and other partners where necessary.
- 6 Take time to plan and budget for participation and start involving people as early as possible.
- 7 Be open, honest and transparent in the way you work; tell people about the evidence base for decisions, and be clear about resource limitations and other relevant constraints. Where information has to be kept confidential, explain why.
- 8 Invest in partnerships, have an ongoing dialogue and avoid tokenism; provide information, support, training and the right kind of leadership so everyone can work, learn and improve together.
- 9 Review experience (positive and negative) and learn from it to continuously improve how people are involved.
- 10 Recognise, record and celebrate people's contributions and give feedback on the results of involvement; show people how they are valued.

Involving local people in our work

We involved local people through four main approaches:

1. Informing people

We hold special events to help the public understand major changes to local services. This included a session at our annual general meeting held in July 2016, at which the public could hear a physician associate, a prescribing pharmacist and an advanced nurse practitioner, talk about what they can offer patients at GP surgeries, as these roles are increasingly used to take less complex work from GPs at a time when there is a local, and national GP recruitment crisis.

In 2016-17 we also re-designed our monthly newsletter with more images, graphics and shorter items, to make it more accessible. We include details of our own staff activities, latest news on changes or innovations to local services, latest quality reports from the national inspection body, the Care Quality Commission, about Reading GP surgeries, hospitals, care homes and others, how people can have their say in official consultations, and upcoming events.

We also use social media and our website, and go out to regular meetings such as North and West Reading Patient Voice, South Reading Patient Voice, and the Older People's Working Group, to share information and listen to experiences.

2. Being transparent

We hold regular board meetings in public, at Reading Central Library, including guest speakers, so local people can see how we decide our priorities and get a chance to ask questions about local services.

3. Listening to our peers

We convened a roundtable of local charities in February 2017 to hear them speak up on behalf of vulnerable people they support, often in crisis situations. These include people with learning disabilities, people experiencing poverty, isolation or mental health problems, or refugees and asylum seekers. We collated their concerns about gaps in statutory services and cuts to the voluntary sector, and have presented a series of recommendations to the Reading Health and Wellbeing Board on their behalf.

4. Involving volunteers

Volunteers continue to be crucial to helping us carry out our project work. In 2016-17 we were indebted to volunteers from North and West Reading and South Reading Patient Voice Groups for coming with us for seven consecutive days to the emergency department of Royal Berkshire Hospital to help survey patients. Volunteers also assisted in promoting and handing out surveys as part of our electronic prescribing project.

Our annual meetings bring together topical speakers and a diverse mix of the public and NHS and health social decision makers





***Our plans for
next year***

What next?

Going into 2017-18, which will be our fifth year of operation, we plan to:

- + Continue ensuring 'seldom heard' people are given an equal chance to have their say about local health or social care services voice. We will publish a report on focus groups with people who have experienced homelessness in Reading. We will also complete a film we have made of people with enduring mental health needs, talking about their views on a public consultation that is deciding on the future of the council-run care home where they live.
- + Train more Care Act Advocates to work in our Reading Voice partnership to increase the number of people we support to have their say about how they want to live their lives and be cared for
- + Work with commissioners to ensure they are involving and informing the public every step in the way under local NHS transformation plans, including:
 - + a new 111 helpline service launching in September 2017, that aims to give access to more clinical experts;
 - + a redesign of the emergency department at the Royal Berkshire Hospital due to take effect from October 2017;
 - + plans to shift more hospital care into the community;
 - + GP services increasingly being provided in large hubs where surgeries have merged or are working more closely together;
 - + Smoother hospital discharge for patients who need ongoing care in the community, under better working between NHS and social services.
- + We also will continue to monitor the impact that any local authority budget cuts have on meeting the needs of vulnerable people
- + Revisit GP surgeries in 'special measures' to see if patient experience is improving
- + Work in partnership with the Reading Advice Network to produce a themed report on mental health needs of people seeking advice from local charities
- + Undertake commissioned work on behalf of organisations or agencies, including a public health project surveying 150 people in Reading about their awareness of TB (tuberculosis), and another project recruiting volunteers to act as community first responders, car drivers or charity supporters, for the South Central Ambulance Charity.
- + Discover, on 6 July 2017, whether we are winners in the 'Engagement in Service Change' category of the annual Healthwatch England awards. We are proud to have been shortlisted, as these awards attracted more than 150 entries.

The background of the page is a photograph of a classical stone building facade. It features a large, arched entrance with a decorative keystone. Above the arch, the word "BANK" is carved into the stone in a serif font. The archway is supported by a large, fluted column on the right. The overall scene is in grayscale, with the text and graphic overlays in color.

Our finances

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	110,550
Additional Income	65,835
Total income	176,386
Expenditure	£
Operational costs	9,337.73
Staffing costs	106,454.57
Office costs	13,440.70
Total expenditure	129,233.00
Balance brought forward	47,153.00



Contact us

Get in touch

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We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, The Care Quality Commission, NHS England, North and West Reading and South Reading Clinical Commissioning Groups, and our local authority, Reading Borough Council.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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READING BOROUGH COUNCIL

REPORT BY: DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	HEALTH & WELLBEING BOARD		
DATE:	14 JULY 2017	AGENDA ITEM:	10
TITLE:	A HEALTHY WEIGHT STATEMENT FOR READING - IMPLEMENTATION PLAN UPDATE		
LEAD COUNCILLOR:	CLLR GRAEME HOSKIN	PORTFOLIO:	Health
SERVICE:	WELLBEING		
LEAD OFFICER:	MELISSA ARKINSTALL	TEL:	0118 9374805
JOB TITLE:	PUBLIC HEALTH PROGRAMME OFFICER	E-MAIL:	Melissa.arkinstall@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To share with the Board an update on the implementation plan development for the Healthy Weight Strategy for Reading
- 1.2 Appendix A - Draft Healthy Weight Position Statement Implementation Plan.

2. RECOMMENDED ACTION

That the Board endorses the implementation plan which has been developed with partners to deliver against the priorities set out in the Healthy Weight Statement.

3. POLICY CONTEXT

The Healthy Weight Statement for Reading was developed in the context of the government's national strategy - 'Childhood Obesity: a plan for action' and local priorities identified in Reading's JSNA modules on obesity and physical activity and Reading's Health and Wellbeing Strategy 2017-2020, (Priority 1 - 'Supporting people to make healthy lifestyle choices' (with a focus on tooth decay, obesity and physical activity')).

4. THE PROPOSAL

The Healthy Weight Statement for Reading was endorsed by the Health and Wellbeing Board on the 27th of January 2017. Between March and June, a multi-agency task and finish group has held four meetings to further develop the implementation plan.

The plan sets out actions to deliver on the key areas listed below; both through work led by the council and that of our partners:

- Provision of information and support to help people manage their weight.
- A continued focus on helping the least active members of the population to move more.
- Strengthening our work with schools and families to help more children be a healthy weight.
- Provision of support for parents in early years settings to help family members be a healthy weight.
- Supporting/encouraging teenagers to eat healthily and have active lifestyles.

Since its establishment the multi-agency task and finish group has already been instrumental in overseeing and driving forward progress across these key areas (See Appendix 1). These include:

Provision of information and support to help people manage their weight:

- The development of a dedicated 'Healthy Weight' page on the Reading Services Guide. This will be an online resource that brings together information and local services that support the healthy weight agenda. A marketing plan will be produced to raise awareness of this resource.
- The Neighbourhood Initiative and Troubled Families Teams will work with Wellbeing to ensure that communities living in socio-economically deprived areas and those who are not accessing mainstream sources of information and advice supporting healthy weight are reached through community networks, befriending services and personal contact. Healthy weight will feature in the work plans of both teams and Wellbeing will provide support around raising the issue and signposting vulnerable / isolated families to healthy weight information and programmes.
- Partnership work between Reading library services, Reading Sport and Leisure and Wellbeing will engage people through mini-health checks run by leisure centre staff to check weight, height and blood pressure and related activities and raise awareness of self-help weight management resources in local libraries.

A continued focus on helping the least active members of the population to move more:

- The Reading Borough Council Wellbeing Team is working with the Council's planning team to develop proposed elements of the revised planning policies that promote an environment that encourages walking, and cycling whilst limiting car use. These policies are currently being consulted on and prioritise open space for sport and recreation, leisure facilities and improved air quality.
- The Wellbeing Team will work with Leisure on the procurement for a new leisure service specification to include provision of programmes that support healthy weight, healthier vending / catering and physical activity options designed to reach underserved, disengaged or inactive groups.
- A Local Cycling & Walking Infrastructure Plan is being developed by the Transport Team identifying measures to support increases in journeys undertaken by active modes and setting out long-term strategy for delivery.
- Ongoing cycle training, education, advice and campaigns will be planned to encourage people to consider making local journeys by foot or by cycling.

- A new National Cycle network route connecting Newbury to Ascot via Reading will be established.
- RBC will continue to encourage an annual increase in the workforce participating in the 'Active Workplace Challenge' in January and May each year and promote new online learning modules for weight management, physical activity and healthy eating for staff.
- Work will continue with partners to identify and bid for funds supporting the development of programmes to target physical activity, for example Sport England Funding and the Esmee Fairburn fund detailed in the action plan.

Strengthening our work with schools and families to help more children be a healthy weight:

- A legacy pack (Let's Keep Going') for schools who host Reading' Borough Council's commissioned child healthy lifestyle and weight management programme will be introduced in September 2017 to encourage continued support of the principles and activity element of Let's Get Going in the school environment after the initial 10-week course ends.
- All children identified through the 0-19/25 service, who have a weight-related health need will be offered a direct intervention by the service and signposted to sources of information and / or the commissioned child healthy lifestyle and weight management programme
- Partnership work with libraries, Reading Sport and Leisure and providers of weight management services to raise awareness of the importance of healthy weight, self-help resources available and local services.

Provision of support for parents in early years settings to help family members be a healthy weight:

- To include promotion of breast feeding, healthy eating and physical activity within the 0-19s service with the aim that 60% of infants are being breastfed at 6-8 weeks.
- To develop a standard offer in Early Years settings that promotes key messages around active play, fruit and vegetable consumption, drinking water and limiting screen time

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 Tackling obesity contributes towards a number of Public Health Outcome Framework indicators including:

- reducing sickness absence,
- utilisation of outdoor space for exercise / leisure purposes,
- reducing weight in 4-5 year olds and 10-11 year olds,
- reducing excess weight in adults,
- percentage of physically active and inactive adults
- reducing obesity related co-morbidities such as diabetes.

The implementation plan will also support delivery of priority 1 in the draft Health and Wellbeing Strategy to ‘Support people to make healthy lifestyle choices with a focus on tooth decay, obesity and physical activity’

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 We will continue to engage with council departments and other local stakeholders on the implementation plan through the task and finish group, forums and dialogue. Monitoring meetings will be held quarterly to update on work underway.

7. EQUALITY IMPACT ASSESSMENT

7.1 Reading Borough Council must meet the Public Sector Equality Duty under the Equality Act 2010 and consideration will be given to this throughout the development and delivery of the action plan.

All sections of the healthy weight statement will continue to be developed with an awareness of inequalities of health identified through robust local data sets.

8. LEGAL IMPLICATIONS

8.1 We do not anticipate there to be any legal implications at this stage.

9. FINANCIAL IMPLICATIONS

9.1 The engagement associated with the action plan development has been met using existing resource and will not in itself require additional capital or revenue investment.

9.2 We will consider engagement feedback and the recommendations of the task and finish group in delivering the targeted Health Weight Implementation Plan. It will be an imperative that this plan drives the efficient use of resources and identifies clear health benefits on investment so as to protect a sustainable local health and care system.

We recognise that given the breadth of influences on obesity, this is an opportunity to maximise use of resources across different partner agencies, in terms of work on the delivery of shared priority agendas.

10. BACKGROUND PAPERS

Joint Strategic Needs Assessment for Reading
Reading’s Health and Wellbeing Strategy.

Appendix A - Healthy Weight Strategy - Action Plan Phase 2, Council-led and partner programmes.

The table below details actions in progress and planned that contribute to the healthy weight agenda. The action plan has been developed through a multi-agency Healthy Weight Strategy Implementation group formed following the January Health and Wellbeing Board to help shape and agree the developed delivery plan below.

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
Support 'Walk Leader Volunteers' to lead sustainable local group walks for the local community. To encourage inactive and less active people to engage in a regular walks programme.	1 (prevention)	Wellbeing Team and Leisure Team	By March 2017 Completed	A larger pool of trained walk leaders will increase local capacity to deliver health walks to people who have low physical activity levels. More people choose to walk for leisure and active travel. Ongoing administrative support of the programme will ensure that walk leaders have a point of contact and that encouraged to continue leading walks. Opportunities for more volunteers to join training days nationally to be identified.	41 walk leaders have been trained. Total of 925 participants have made 8577 visits in 18 months. Increase from 4 to 12 weekly / monthly walks now taking place.	1.16 - % of people using outdoor space for exercise/health reasons.
To offer MECC training to the local voluntary and community sector	1	Wellbeing Team	From October 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.	Train the Trainer MECC programme will be developed.	2.13i Percentage of physically active and inactive adults – active adults.

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
To create a Reading Services Guide page to be a central online resource for local healthy weight programmes and self-help information.	1	Wellbeing Team.	March-August 2017	To have a central online location where people can find information about weight management, healthy eating and physical activity and local services. Including those commissioned by RBC, the voluntary sector, and commercial enterprises	Weight management page created on Reading Services Guide – completed. Promotional plan will be developed to raise awareness of page. Site analytics monitored bi-annually to ascertain use.	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 (NCMP) See 0-19 programme targets below.	1	School nurses commissioned by Wellbeing Team as part of the 0-19 (25) programme	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 national NCMP guidance.	>95% uptake in Reception and Y6. Local information about healthy eating, healthy weight and physical activity programmes are offered to parents of overweight or obese children with feedback letters.	2.13ii Percentage of physically active and inactive adults – active adults.

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
To build links with (NI) Neighbourhood Initiatives Team - working in areas of social deprivation provide / share information and seek opportunities to promote healthy weight via managed databases, community centres, networking meetings / events, faith sector links, community newsletters etc.	1	Neighbourhood Initiatives Team working with Wellbeing Team	Ongoing	People who are living in socially deprived areas and not accessing mainstream sources of information and support relating to healthy weight are reached through community networks, befriending services and personal contact based on trust (within the context of a community development approach).	<p>Healthy weight programme and other healthy living-related issues to feature in NI team’s work plans.</p> <p>HW is featured in community articles / newsletters, social media platforms, local poster and leaflet sites and on local community notice boards.</p> <p>Work with Reading’s neighbourhood network (peer-led networking support group for Reading’s community sector) to ensure healthy weight is a regular feature in their newsletter.</p> <p>Over 12 months, NI team work with Wellbeing to ensure that presentations are made to community centre management committees / trustees / community associations with a view to seeking local pledges, which are then tracked and revisited to monitor progress within 6 months.</p> <p>Seek opportunities for NI team training and provision of information / resources to empower staff to facilitate health behaviour change related to healthy weight.</p>	Potentially all PHOF indicators highlighted in this section relating to healthy weight, healthy eating and physical activity.

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
<p>A Local Cycling & Walking Infrastructure Plan will be developed identifying measures to support increases in journeys undertaken by active modes and setting out the long-term strategy for delivery</p>	1	Transport & other internal and external stakeholders	2017/18	More people encouraged to consider cycling and walking for local journeys, including commuting trips and journeys to school.	TBC	<p>2.13 Percentage of physically active and inactive adults – active adults.</p> <p>Increase in the number of people accessing the town centre by bike or on foot</p> <p>Increase in the number of children travelling to school by active modes</p>

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
<p>To encourage people to consider walking and cycling for local journeys through the delivery of supporting initiatives, such as those delivered through EMPOWER, including:</p> <ul style="list-style-type: none"> -Training & education (e.g. cycle training) -Travel advice & marketing campaigns -Advice on the development of school & workplace travel plans 	1	Transport	Ongoing	More people will be encouraged to consider cycling and walking for local journeys, including commuting trips and journeys to school.	TBC	<p>2.13</p> <p>Percentage of physically active and inactive adults – active adults</p> <p>Increase in the number of people accessing the town centre by bike or on foot</p> <p>Increase in the number of children travelling to school by active modes</p>

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
The delivery of a new National Cycle Network route NCN 422, connecting Newbury to Ascot via Reading	1	Transport	Spring 2018	The route will serve key destinations, including business parks, schools, other local facilities/services and wider cycle routes.	Cycle network completed.	Increase in the number of people walking and cycling for local journeys
Input into the development of the new leisure services contract to provide increase healthy lifestyle programme options for customers.	1	Leisure & Recreation Service / Environment & Neighbourhood Services / Wellbeing team	August 2018	<p>Leisure services are integrally linked with programmes for weight management and other public health services.</p> <p>Leisure centres actively support healthy weight by offering healthy eating options, weight management programmes and activities to engage the inactive.</p>	<p>Leisure centres offer a range of activities targeting underserved, disengaged or inactive groups to:</p> <ul style="list-style-type: none"> - provide information on healthy weight and physical activity. - encourage regular participation in physical activity and healthy weight programmes through a regular programme of targeted activities. - Work in partnership with providers of other commissioned healthy weight programmes to increase bi-directional referrals. - Support healthy catering and vending machines in leisure centres. 	Potentially all PHOF indicators highlighted in this section relating to healthy weight, healthy eating and physical activity.

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
<p>Sportivate – To deliver 5 sport programmes in 2017 to engage young people:</p> <ul style="list-style-type: none"> • Cycle Racing • Soccercise • Teen SwimFit • Trampoline Fit • Gymnastics 	1	Leisure services	Projects will be delivered throughout the year with the cycle project now underway	Sportivate is a Lottery funded programme that gives more young people the chance to discover a sport that they love.	To deliver 6 blocks of 6 Sessions Completion Target: 34 Females and 20 Males aged 11 – 25 years	1.16 - % of people using outdoor space for exercise/health reasons.

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
<p>Health and Wellbeing is a key driver behind the £1.77m HLF Reading Abbey Revealed project. The building conservation work will be accompanied by a scalable programme of activities linked to healthy weight and increased physical activity</p> <p>Participate in the Happy Museum affiliate scheme to develop targeted future programmes that contribute to Healthier lifestyles and Wellbeing.</p> <p>Initiate 'Waking with the Ancestors' project – Submit Esmee Fairbairn funding application</p>	1	Reading Museum Service	<p>Within the scope of Audience Development Plan 2017 - 2020</p> <p>Funding application for 'Walking with the Ancestors' project submitted March/April 2017 (3 year project)</p>	<p>The historic Reading Abbey quarter will be re-opened to the public, providing a tranquil outdoor shared space suitable for outdoor activity including walking.</p> <p>Happy Museum affiliation will sustain the Museum Service focus on programmes with Health and Wellbeing outcomes.</p> <p>Encourage more people to walk for leisure, take part & take notice</p>	<ul style="list-style-type: none"> •Self-guided trails around the Reading Abbey Quarter – aiming for 5,000 people to have accessed •Specialist guided tours – aim to run a minimum of 50 tours days each year and at least 250 people taking up a place on the tour day each time. •Dedicated tours around the Abbey Quarter – aim to run a minimum of 15 tours each year and at least 75 families take a tour each year <p>Esmee Fairburn bid submitted May 2017. Outcome expected mid-June 2017</p>	<p>Percentage of physically active and inactive adults – active adults.</p> <p>% of people using outdoor space for exercise/health reasons.</p>

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
To utilise the national workplace challenge to encourage local workforces to be more active	1	GBA, with support from Wellbeing team	Ongoing	Reduced absenteeism in the local workforce Staff are encouraged to lead more active lifestyles.	10% annual increase in the number of staff registered for the workplace challenge.	2.13i Percentage of physically active and inactive adults – active adults.

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
<p>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+ as an integral part of the weight management service in Reading.</p> <p>To target access to the service in line with local Joint Strategic Needs Assessments</p> <p>To monitor and evaluate the delivery and outcomes of the service to the stated objectives.</p>	2	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.	<p>Achieve at least 70% completion rate for those starting a course.</p> <p>At least 35% of those completing the course achieve 5% weight loss</p> <p>At least 50% of participants are achieving 150 minutes of physical activity each week by the end of the course.</p>	2.06i - % of children aged 4-5 classified as overweight or obese.

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
<p>Commission and implement a school / community based Tier 2 children’s healthy lifestyle and weight management programme in line with NICE guidance as an integral part of the weight management service in Reading.</p> <p>To target access to the service in line with local Joint Strategic Needs Assessments</p> <p>To monitor and evaluate the delivery and outcomes of the service in line with the stated objectives</p> <p>To pilot a legacy pack for schools who host the Tier 2 programme to encourage schools to continue supporting the principles of the course beyond the 10-week intervention.</p>	2	Wellbeing Team	<p>Currently mid-contract for tier 2 service.</p> <p>Legacy pack to be developed for Sept 2017.</p>	<p>Helping to halt the continued rise in unhealthy weight prevalence in children and young people in Reading.</p> <p>A sustainable, ‘whole family approach’ to healthy eating and physical activity. Will be available to local families.</p>	<p>Of those attending the course, at least:</p> <p>50% not already eating 5 a day increase fruit and vegetable intake.</p> <p>50% reduce sugary snacks and drinks.</p> <p>50% reduce sedentary behaviour <2hrs a day.</p> <p>50% achieve an improvement in the shuttle run challenge.</p> <p>Legacy pack introduced to schools</p>	2.06ii - % of children aged 10-11 years classified as overweight or obese.

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
<p>To promote breast feeding, healthy eating and physical activity via the Reading the 0-19/25s service</p> <p>To provide breastfeeding peer support to mothers in Reading</p> <p>Take proactive steps to raise awareness in schools of priority Public Health messages especially around healthy life-styles</p>	1-2	Wellbeing Team/Children's Services/Breastfeeding Network	From April 2017	<p>More babies are fed breast milk, through an increase in breastfeeding initiation and prevalence.</p> <p>More children and young people are a healthy weight, through a reduction in the number of children who are overweight and obese at 4-5 years and 10-11 years</p>	<p>60% of infants are being breastfed at 6-8 weeks.</p> <p>Over 95% uptake of NCMP in Reception and Y6</p> <p>100% of children with identified weight-related health need offered a direct intervention by the service and signposted to another service.</p>	2.06i - % of children aged 4-5 classified as overweight or obese.

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
<p>To include promotion of breast feeding, healthy eating and physical activity within the 0-19s service</p> <p>Take proactive steps to raise awareness in schools of priority Public Health messages especially around healthy life-styles</p>	1-2	Wellbeing Team/Children's Services	From Oct 2017	<p>More babies are fed breast milk, through an increase in breastfeeding initiation and prevalence.</p> <p>More children and young people are a healthy weight, through a reduction in the number of children who are overweight and obese at 4-5 years and 10-11 years</p>	<p>60% of infants being breastfed at 6-8 weeks.</p> <p>Over 95% uptake of NCMP in Reception and Y6</p> <p>100% of children with identified weight-related health need offered a direct intervention by the service and signposted to another service.</p>	2.06i - % of children aged 4-5 classified as overweight or obese.
<p>Healthy weight support for troubled families. Healthy Weight Strategy will continue to be supported through the Troubled Families Programme in Reading.</p>	1	Troubled families and Wellbeing teams.	Dec 2017	<p>TF team are aware of healthy weight issues, have access to training and resources to signpost families to healthy weight information and support.</p>	<p>TF team identify weight issues in their assessment framework.</p> <p>Troubled Families will encourage through Early Help Teams the HWS. This is currently being done through paperwork and guidance. This will be developed to include opportunities for families and resources for staff.</p> <p>Explore opportunities within Children's Social Care with respect to the HWS.</p> <p>To support the HWS with Troubled Families Data.</p>	<p>2.06i - % of children aged 4-5 classified as overweight or obese.</p> <p>2.06ii - % of children aged 10-11 years classified as overweight or obese.</p>

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
Libraries supporting Healthy Weight	1	Library services / Leisure / Wellbeing	Ongoing from September 2017	<p>Families are aware of library self-help resources for weight management.</p> <p>Families are engaged with leisure services and community programmes that support physical activity and healthy weight.</p>	<p>Healthy lifestyle promotional sessions held in libraries highlight resources and offer a range of activities including:</p> <p>Reading Sport and Leisure mini health checks.</p> <p>Eat 4 Health / Let's Get Going promotions.</p> <p>Information on local walking and cycling initiatives.</p> <p>Change 4 Life.</p>	<p>Potentially all PHOF indicators highlighted in this section relating to healthy weight, healthy eating and physical activity.</p>

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
Inclusion of policies to promote Healthy Weight in Reading's Planning Policies.	1	Planning	Ongoing	Planning policies promote an environment that encourages walking, cycling and public transport use whilst limiting car use. Policies also prioritise open space for sport and recreation, leisure facilities and improved air quality. Dominance of smaller centres by fast food takeaways will be avoided, where possible.	<p>Developments will be accessible by walking, cycling and public transport.</p> <p>The public realm will be designed to create a sense of place and safe environments to incentivise walking.</p> <p>Access to open space for sport and recreation is prioritised.</p> <p>Development will avoid overprovision of parking in order to incentivise active or public transport instead of private car use.</p> <p>Development must mitigate the effects of poor air quality that discourage outdoor activity.</p> <p>Major transport projects will help to limit car use and encourage walking and cycling, as well as improve air quality.</p> <p>Work is undertaken to limit Fast food takeaway usage.</p>	<p>Percentage of physically active and inactive adults – active adults.</p> <p>% of people using outdoor space for exercise/health reasons.</p>

What will be done – the task	Tier of service	Who will do it	By when	Outcomes - the difference it will make	Milestones.	National indicators
Family Information Service/SEND Local Offer – Leisure activities available for children & Young People with SEND	1	LA, Voluntary & Community Groups	Ongoing	<ul style="list-style-type: none"> The SEND Local Offer provides information on social activities available to children & young people with SEND, including sport and leisure activities. There are many community and voluntary organisation offering active leisure activities to meet the needs of children with additional needs. Link to the page on the ‘Local Offer’ - http://servicesguide.reading.gov.uk/kb5/reading/directory/family.action?familychannel=3-11 The Family Information Service – also provide information on universal activities including sport and leisure for all children to promote and encourage children to take up these opportunities – link to page - http://servicesguide.reading.gov.uk/kb5/reading/directory/family.page?familychannel=8 	<p>The ‘Local offer’ is promoted to families who have a child or young person with SEND and feedback from parents, young people and activity providers is evaluated.</p> <p>Families with a child or young person with SEND have access to comprehensive information on the physical activity options available</p>	<p>% of people using outdoor space for exercise/health reasons.</p> <p>2.06i - % of children aged 4-5 classified as overweight or obese.</p> <p>2.06ii - % of children aged 10-11 years classified as overweight or obese.</p>

Summary Report for Reading Health and Wellbeing Board

14th July 2017

Name of Report	Urgent and Emergency Care Delivery Plan: Summary Briefing for Reading HWBB
Author of Report	Maureen McCartney, Director of Operations
Organisation	North & West Reading CCG
Date of Report	5 th July 2017
Date of Meeting	14 th July 2017
Subject Information	To brief the HWBB on plans for a modernised and improved urgent and emergency care service as described in the “ Urgent and Emergency Care Delivery Plan “ which was published by NHS England in April 2017.

Urgent and Emergency Care Delivery Plan: Summary Briefing for Reading HWBB

The purpose of this paper is to brief the HWBB on plans for a modernised and improved urgent and emergency care service as described in the “ *Urgent and Emergency Care Delivery Plan* “ which was published by NHS England in April 2017. The paper also confirms the steps that have been taken locally, to date, to support delivery of the plan. The final version of the Berkshire West Delivery Plan will be presented to the October meeting of the Reading Health and Well Being Board.

Background

The “*Next Steps on the NHS Five Year Forward View (5YFV)* “published in March 2017 explains how the four national service improvement priorities for the NHS over the next two years will be delivered. These are urgent and emergency care, primary care, cancer and mental health. The plan clearly sets out the challenge facing the NHS and wider health and care system – to continue to deliver high quality care today, while fundamentally transforming services to deliver the best possible care in the future, all against a background of financial pressures and growing demand. In relation to Urgent and Emergency Care it also restates the requirements in the 2017/18 NHS Mandate – 90 % of emergency patients to be seen within four hours by September 2017, the majority of trusts to meet the 95% standard by March 2018 and a return for the NHS overall to the standard of 95 % during 2018.

The “*Urgent and Emergency Care Delivery Plan*” published in April articulates in more detail the offer, specification, delivery plan, expected costs and benefits of the 7 Urgent and Emergency Care priorities which are expected to deliver the transformation required.

The changes come after the NHS coped with its busiest ever winter and which saw a record 23 million people attend A&E in 2016-17, 1.2 million more than 3 years ago. The number of calls to NHS 111 has doubled over the same time frame to 15 million, while ambulances and GPs also saw a record number of patients. With that has been a growing trend for many patients to turn to A&E or call ambulances when they don't need such advanced emergency treatment; or going to see their GP when they would be better seeking advice from NHS 111, or remedies from their pharmacist. Estimates suggest that if we offer the right services, up to 3 million people who attend A&E could have their care needs met elsewhere.

“Urgent and Emergency Care Delivery Plan” 7 Priorities

The 7 key areas of change are listed below together with, where appropriate, a summary of where we are locally in responding to these.

1. **NHS 111 online in 2017:** Throughout 2017 there will be testing of innovative new models of service that enable patients to enter their symptoms online and receive advice online or a call back.
2. **NHS 111:** Increase the number of 111 calls receiving clinical assessment to a third by March 2018, so that only patients who genuinely need to attend A&E, or use the ambulance service, are advised to do this. Locally the CCGs have been leading on the development of a new Integrated NHS111 for Thames Valley – the new ‘front door’ for urgent care, which will go live from 5th September 2017. This service will offer patients access to a seamless 24/7 urgent clinical assessment and treatment service – bringing together NHS 111, GP out of hours and other clinical advice, such as dental, medicines and mental health. The new service has been developed around the patient, with a team of clinicians

available on the phone when needed, and is linked into a new NHS Clinical Hub, a group of healthcare professionals who can help get the patient the right care at the right time, in the right location. Where social care is accessed via the Berkshire Hub this will also be included. The service will also provide Specialist Palliative Care advice and support for patients, their families and carers 24/7 365 days a year, the service that was previously provided by Palcall.

3. **Expanding evening and weekend GP appointments to 50 per cent of the public by March 2018, then 100 per cent by March 2019:** For both Reading CCGs the ambition is for 100% of practices to be providing extended access by end of 18/19, however, South Reading CCG will offer extended access to 31.3% of the population by the end of 17/18.
4. **Roll out of around 150 standardised 'urgent treatment centres' to offer diagnostic and other services to patients who do not need to attend A&E:** Will be considered as part of the development of the Berkshire West local plan.
5. **Comprehensive front-door clinical screening at every Acute hospital by October 2017:** Streaming at the front door will speed up clinical decision making ensuring that patients with non-life threatening illness can be immediately directed to a service that better meets their needs. Plans for this are being developed locally and RBH were fortunate to be allocated national capital monies to support the development of their building infrastructure to support the new model of care at the front door of ED. This will be a Primary/Ambulatory Care model encompassing the following:

Minor injury stream: This will operate 24/7 365 days per annum. It will remain nurse led as now with low tech diagnostics with no proposed changes to clinical pathways or current governance arrangements.

Minor illness stream: This will operate 0800 – 2300 365 days per annum. It will be GP and nurse led with access to low tech diagnostics and prescribing but will **not** be a GP Practice. This element of the model will be commissioned on a trial basis pending the development of Primary Care Hubs in Reading as it is expected that these hubs will negate the need for the service to be based at the Acute Trust in future.

Ambulatory Care stream: This will operate 1000 – 2200 365 days per annum. It will be Consultant led with GP input and deliver ambulatory care pathways supported by rapid access diagnostics.

The Primary Care service being commissioned will deliver the minor illness stream but also perform an important function within the ambulatory care streaming model operating at the front door of RBH. Dr Andy Ciecierski, the CCGs Clinical Lead for Urgent Care is currently working with Dr Will Orr, Clinical Lead for Urgent Care at RBH on a review of ambulatory care pathways.

6. **Hospital to Home: Hospitals, primary care, community care and local authorities working together to address delayed transfers of care. This will include ensuring that a proportion of the £1bn provided for adult social care in the Spring Budget is used to address delayed discharges, freeing up 2,000-3,000 acute hospital beds.** The CCGs have been working closely with health and social partners to ensure that patients are sent home as soon as possible and if home is not the most appropriate place for their needs, that they will be promptly transferred to the most appropriate care setting for their needs. We have assessed our current practice against the "8 High Impact Actions For Discharge" and our response to this is contained in the DTOC action plan that will be submitted as part of our Better Care Fund submission.

7. **Ambulances: Implementing the recommendations of the Ambulance Response Programme** by October 2017, freeing up capacity for the service to increase their use of Hear & Treat and See & Treat, thereby conveying patients to hospital only when this is clinically necessary:

For South Central Ambulance the focus will be on;

- Quicker recognition of life threatening conditions (through rollout of the national ambulance response programme)
- Delivery of a more clinically focused response for patients linking into the Integrated Urgent Care service to offer a wider range of alternatives to conveyance to hospital
- Ending long waits for an ambulance and minimising hospital handover delays.

This will be delivered by developing the ambulance workforce, increasing their diagnostics and assessment skills, thus enhancing the assessment and treatment provided outside the hospital setting.

Next Steps

The Berkshire West A&E Delivery Board which comprises partners from health and social care in Berkshire West is responsible for developing and ensuring implementation of a local action plan in response to the requirements of the Delivery Plan. This is in addition to an STP wide Urgent and Emergency Care Plan currently being developed which deals with those aspects which require a BOB (Berkshire West, Oxfordshire and Bucks) wide response. These are primarily around ambulance services and NHS 111 and are as follows:

- Development of a Service Development plan for NHS 111 Integrated Urgent Care service across health and social care
- Increased visibility and access to alternative community based services to be directly accessed by the ambulance service
- Enhanced Directory of Services to underpin the response to 111 and 999 calls
- Innovative use of the primary care workforce including their role in Integrated Urgent Care
- Building on existing good practice to develop consistent ambulatory care pathways
- Development of consistent metrics across the acute sector to support analysis of pressure points and heat maps
- Hospitals developing a more consistent interface with Councils for Drug and Alcohol services
- STP workforce plan for community based care
- Co-design of onward care services (including Domiciliary Care) with the Independent sector focused on outcomes

Our local A&E Board had a focused workshop on 22th June to develop the local plan and this will be presented to the HWBB in October together with the Thames Valley STP Plan.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	14 JULY 2017	AGENDA ITEM:	12
TITLE:	TUBERCULOSIS (TB) & ANTIMICROBIAL RESISTANCE (AMR) PROGRAMME UPDATE		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	WELLBEING	WARDS:	BOROUGH WIDE
LEAD OFFICER:	JO JEFFERIES	TEL:	01344 352745
JOB TITLE:	CONSULTANT IN PUBLIC HEALTH PROTECTION	E-MAIL:	Jo.Jefferies@bracknell-forest.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide an information update to Reading Health and Wellbeing board on Tuberculosis (TB) and Antimicrobial Resistance (AMR) programme activities and receive continued support for TB and AMR public engagement.
- 1.2 A strong TB pathway with good treatment completion will contribute to prevention and control of Multi-drug resistant TB and in doing so will also preserve antimicrobials for where they are most needed. Strong antimicrobial stewardship should help to ensure that antibiotics can continue to effectively treat latent and active TB.

2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board continues to support public engagement for Tuberculosis (TB) and Antimicrobial Stewardship (AMS) programmes.

3. POLICY CONTEXT

- 3.1 The Collaborative TB Strategy for England sets out ten key aims to achieve a year-on-year decrease in incidence, a reduction in health inequalities and, ultimately, the elimination of TB as a public health problem in England. Reading's Health & Wellbeing Strategy aims to promote and protect the health of all communities, particularly those disadvantaged and TB is seen as a cause of health inequality in Reading. Antimicrobial resistance is one of the biggest challenges facing the world as evidenced by the high level meeting of the United Nations in September 2016, only the fourth time a health issue has been taken up by the UN General Assembly. The UK Five Year Antimicrobial Resistance Strategy, published in 2013 aims to reduce the development and spread of AMR by improving the knowledge and understanding of AMR, conserving the effectiveness of existing treatments and stimulating the development of new antibiotics, diagnostics and novel therapies.
- 3.2 Reducing number of people living with Tuberculosis (TB) is identified as 'Priority 8' in Reading Health and Wellbeing Strategy 2017-2020. By actively promoting latent TB

testing to eligible new entrants to the UK and tackling TB in underserved communities, the local authority, in partnership with other stakeholders can help reduce health inequalities in Reading.

3.3 Public Health Outcome Framework (PHOF) indicators, which councils are required ‘to have regard to:

- 3.05ii - TB incidence
- 3.08 - Adjusted antibiotic prescribing in primary care by the NHS

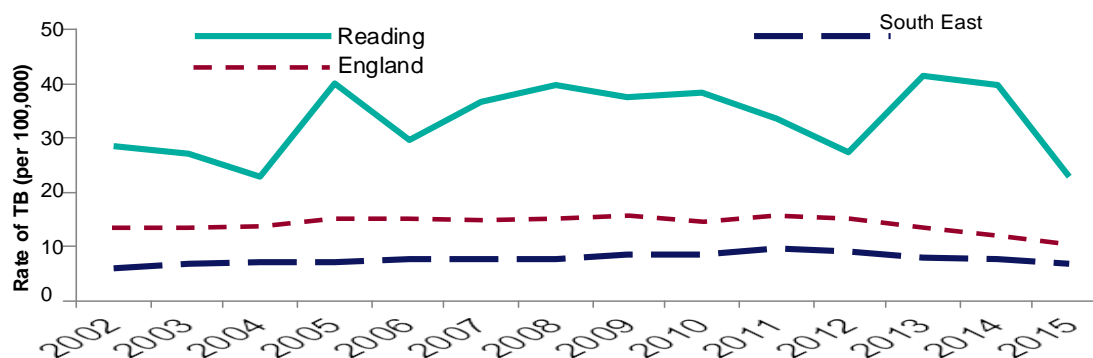
In addition the following indicators are of interest:

- TB Strategy Monitoring Indicators (by PHE Centre)
- Antibiotic Guardians per 100,000 population per calendar year by CCG (part of AMR local indicators set)

4. THE PROPOSAL

4.1 Current Position: Recent data from Public Health England shows that incidence of TB in Reading between 2002 to 2015 has been consistently higher than the England and South East average (Fig.1). Latest data from 2015 suggests that there were 37 cases of TB notified in residents of Reading, a rate of 23 per 100,000 populations. Six wards in Reading had greater than eight cases on average between 2013 and 2015. The wards with highest incidence were Park, Abbey and Whitley. Most cases occurred in those aged 40-49 years old, with a median age of 41 years old. In 2015, 22% of non-UK born cases were diagnosed within 2 years of entry, and 19% 2-5years since entry. Further information is attached as Appendix A- PHE Reading TB profile 2015.

Figure 1: Annual TB incidence rate 2002-2015



“South Reading CCG obtained funding from NHS England in late 2015 to improve the pathway into the New Entrant Screening Service and increase testing rates. Since the launch of the new LTBI screening referral system in South Reading practices in early 2016 there has been a substantial increase in testing. The new entrant screening service has invited 271 eligible people for latent TB screening, of whom 85% were tested, with a positivity rate of 20%. The work was recently presented at the National TB Nursing conference and the success of partnership working in Reading was noted.”

4.2 A TB Advocacy, Communication and Social Mobilisation plan has been developed by a multi-agency group of local stakeholders including NHS TB teams, Public Health and

Communications Officers from Reading Borough Council and South Reading CCG and implemented to improve awareness of active and latent TB locally, reduce stigma and improve access to testing and treatment. The plan draws heavily on Latent TB Toolkit, national guidance produced by TB Alert and PHE.

- 4.3 The wellbeing team has been undertaking a range of information, consultation and engagement activities which support the delivery of actions set out in the Health and Wellbeing Action Plan and has been working to support the three building blocks of Health and Wellbeing Strategy including safeguarding vulnerable adults and children, recognising and supporting all carers and high quality coordinated information on TB to support wellbeing. The team has been developing links with community groups to identify eligible carers during community health and wellbeing events and encouraging them to access the LTB screening services.
- 4.4 A TB awareness workshop session for local authority staffs was organised. There were 28 participants from different departments including Children, Education and Early Help services, Corporate services, Environment & Neighbourhood services and Adult care & Health services. The outcomes of the session will be used to develop internal strategy and action plan to enable front-line RBC staff to raise awareness of TB and support those from under-served groups to access Latent TB testing and treatment.
- 4.5 Development and delivery of the “Sleeping TB” (Latent TB) campaign. Latent TB campaign leaflets & posters were disseminated and displayed in libraries, children’s centres and leisure centres in Reading to ensure information about latent TB is cascaded to key population groups.
- 4.6 Key information on active and latent TB and map of high risk countries has been made available on Reading Services Guide and JSNA profile to facilitate public access to TB information.
- 4.7 Reading Borough Council has released new JSNA chapters on AMR during European Antibiotic Resistance Awareness Week (EARAW) 2016, explaining the concepts of antimicrobial resistance and stewardship, advocating for action at all levels and calling for support from the highest level of leadership.
- 4.8 A TB awareness event for healthcare workers was held in Reading in January 2016. The event, organised by CCG and delivered in conjunction with TB nurses, PHE and LA Public Health, aimed to raise awareness of TB and the new entrant screening service among professionals working in Reading and in doing so to improve referrals into NESS and the TB service.
- 4.9 ‘World TB Day’ promotion event was organised in Broad St Mall, Reading on 24th March 2017 with the ultimate goal being to improve latent TB detection. The event was delivered in collaboration with South Reading CCG and the TB service at Royal Berkshire Hospital, linking with Reading Walk-in Centre and local community groups to advocate latent TB testing for eligible new entrants.
- 4.10 Latent TB community engagement events have been organised by the Wellbeing team during Southcote Fair and Women’s World Café Day event to raise public awareness on latent TB and New entrant screening Services (NESS).
- 4.11 The Reading Wellbeing team has been working with South Reading Clinical Commissioning Group, Health Watch Reading and Public Health Shared team to facilitate a TB Knowledge, attitude and belief survey among communities bearing an

increased burden of TB in South Reading. Park, Katesgrove, Whitley and Abbey wards have historically had the highest incidence of TB in Reading. The groups bearing the highest burden of TB in Reading are those born or who have spent significant time in India, Pakistan and Nepal, however people from any country where the incidence of TB is high are at risk.

The survey questionnaire has been agreed and it is expected that the roll out will take place over the summer. Funding for the survey has been agreed in principle by South Reading CCG.

- 4.12 A new LTBI project manager post within South Reading CCG will enable continued engagement with GP practices, the new entrant screening service at RBH and target communities with the aim of improving access to the service, reducing do-not-attend appointments and reducing stigma which sometimes surrounds TB. This post facilitates partnership working with Reading Borough Council, primary care and the third sector in Reading and will work closely with the LTBI programme manager in Slough CCG to further embed new entrant screening through the LTBI Operations Group.
- 4.13 The LTBI Operations Group is a Berkshire-wide group which will ensure the delivery of LTBI objectives through collaborative working across Providers, CCG, Primary Care and local authority Public Health. This group will be administrated by the LTBI programme and project managers in Slough and South Reading CCGs and report to the Berkshire TB Strategy Group and to CCG as commissioners of the new entrant screening service.
- 4.14 Reading Borough Council participated in multi-agency pan-Berkshire Antibiotic Guardian campaign during European Antibiotic Awareness Week in November 2016, this encouraged professionals and the public to take one of a number of pledge in order to become an Antibiotic Guardian. South Reading CCG demonstrated a particularly significant increase, from 29.7 per 1000,000 in 2015 to 117 per 100,000 in 2016, one of the largest increases in the country. Within Berkshire, South Reading achieved the highest numbers of Guardians overall.
- 4.15 Berkshire AMR Stewardship Network has been established which aims to review local indicators, share good practice and focus and coordinate AMS strategy across the whole of Berkshire in both secondary and primary care. The group's submission on community engagement outlining Antibiotic Guardian campaign recently won recognition as a highly commended project at the National 2016 Antibiotic Guardian Awards. <http://antibioticguardian.com/antibiotic-guardian-awards-2017-winners/>
- 4.16 There is a need for continued professional and public engagement in line with NICE AMS Guidance NG63 "Antimicrobial stewardship: changing risk-related behaviours in the general population". The HWB is asked to support stakeholders to promote hand hygiene and increase understanding of the need for good antimicrobial stewardship in line with this guidance by continuing to encourage members of all HWB partners to pledge as Antibiotic Guardians and to support wider engagement with young people through schools, colleges and other settings in 2017.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The activities contribute to the following Council's strategic aims:

- To promote equality, social inclusion and a safe and healthy environment for all
- Ensures that all vulnerable residents are protected and cared for
- Contributes to the narrowing of health gaps in Reading

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 As described in section 4 above a range of community engagement and information promotion activities have been undertaken on TB and AMR including:

- Sleeping TB campaign
- Information provision via the Reading JSNA
- Stakeholder awareness raising events
- 'World TB Day' promotion
- Berkshire Antibiotic Guardian campaign
- Facilitation of a TB Knowledge, attitude and belief survey

Community engagement work in respect to TB has and will continue to focus on increasing awareness about TB, latent TB and NES services via the development and delivery of impactful, public-facing communication and social marketing campaign to increase awareness of active and latent TB and local services among under-served groups

7. EQUALITY IMPACT ASSESSMENT

7.1 An Equality Impact Assessment is not relevant to TB and AMR programmes. Although no formal EIA has been undertaken by the local authority, the latent TB communication and engagement plan was developed to take account of the ethnicity of the target groups and resources were developed in four different languages using language and images that the target populations could relate to.

8. LEGAL IMPLICATIONS

8.1 No legal implications of the Latent TB awareness plan.

9. FINANCIAL IMPLICATIONS

9.1 There has not been any financial implication on Reading Borough Council beyond staff time for the TB or AMS programmes. The new entrant screening service is funded by the four West of Berkshire CCGs. The communications and engagement campaign resources were funded by South Reading and Slough CCGs through funding received from NHS England to improve access to latent TB screening in high incidence CCG areas.

The LTBI Project Manager post is being funded by South Reading CCG and will work in partnership with Reading Borough Council, primary care and the third sector in Reading.

The Berkshire AMS Network receives no funding and remains reliant on the collaborative working of its members to carry out community engagement around AMR. Funding opportunities to increase this work are being sought.

10. BACKGROUND PAPERS

- [Tackling TB Local Government's Public Health Role, LGA & PHE, 2014](#)
- [Latent TB Toolkit, PHE & TB Alert, 2016](#)
- [Tackling TB in Underserved Population: A Resource for TB Control Boards and their partners, PHE, 2017](#)
- [Tuberculosis Guideline NG33, NICE, January 2016](#)

- [Collaborative TB Strategy for England: 2015 to 2020, NHE & PHE, 2015](#)
- [The UK Five Year Antimicrobial Resistance Strategy, DH & DEFRA, 2013](#)
- [Antimicrobial stewardship: changing risk-related behaviours in the general population, NG63, NICE January 2017](#)
- [National Antibiotic Guardian Campaign](#)
- [Summary of Antibiotic Guardian campaign in Berkshire](#)

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	14 JULY 2017	AGENDA ITEM:	13
TITLE:	0-19 (25) PUBLIC HEALTH NURSING SERVICE - UPDATE		
LEAD COUNCILLORS:	COUNCILLOR GAVIN COUNCILLOR HOSKIN	PORTFOLIO:	CHILDREN AND FAMILIES HEALTH
SERVICE:	PUBLIC HEALTH EARLY HELP	WARDS:	All
LEAD OFFICERS:	JO HAWTHORNE ANDY FITTON	TEL:	0118 937 3623 0118 937 4688
JOB TITLES:	HEAD OF WELLBEING, COMMISSIONING AND IMPROVEMENT HEAD OF EARLY HELP	E-MAIL:	jo.hawthorne@reading.gov.uk andy.fitton@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide an information update to the Reading Health and Wellbeing Board on progress towards implementation of the integrated Public Health Nursing Service 0-19 (25).

2. RECOMMENDED ACTION

- 2.1 That progress with regard to the development of an integrated 0-19 (25) Public Health Nursing Service be noted.

3. POLICY CONTEXT

- 3.1 The Healthy Child Programme (HCP) provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to:
- Help parents develop and sustain a strong bond with children;
 - Encourage care that keeps children healthy and safe;
 - Protect children from serious disease, through screening and immunisation;
 - Reduce childhood obesity by promoting healthy eating and physical activity;
 - Identify health issues early, so support can be provided in a timely manner; and
 - Make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five.
- 3.2 The Health and Social Care Act 2012 transferred Public Health functions from the NHS to Local Authorities, commencing on 1 April 2013. The transfer of the

- commissioning responsibility for the Health Visiting, School Nurses and Family Nurse Partnership Service took effect from the 1 October 2015.
- 3.3 Statutory provisions in respect of Health Visitor Services came into effect conterminously, and mandated particular elements of the Healthy Child Programme. The mandated elements define that all families receive 5 key child development visits from the health visitor, which take place at Antenatal, New Baby, 6 - 8 weeks, 9 - 12 months and 2 - 2½ years. The mandated component has been reviewed by Public Health England and remains the same.
- 3.4 Additionally, Local Authorities took on the Public Health Duty of commissioning School Nursing to local delivery of the National Child Measurement Programme (NCMP) from the 1st April 2013. The NCMP involves the annual measurement of the height and weight of children in Reception Year and Year 6, and the return of the data to the Health and Social Care Information Centre (HSCIC).
4. CURRENT POSITION
- 4.1 Adults', Children's and Education Committee approved the procurement of an integrated Public Health Nursing Service on 13 December 2016.
- 4.2 The new integrated Public Health Nursing Service 0-19 (25) will commence on 1 October 2017. The project is currently progressing well against the project plan and the team anticipate completion on time. The project is being managed by a cross-directorate team, including officers from Public Health/Wellbeing, Early Help Services and Corporate Procurement.
- 4.5 A full procurement has been undertaken, which commenced on 13 March 2017 and closed on 18 April 2017. Following contract selection, internal approval to award the contract to Berkshire Healthcare Foundation Trust (BHfT) has been secured and BHfT have acknowledged the formal award of the Reading 0-19(25) contract letter issued to them.
- 4.6 The project team are currently making the necessary arrangements with Legal Services to process the contract between Reading Borough Council (RBC) and BHfT. The contract will start on 1 October 2017 for a period of two years, with the option to extend for a further 12 months.
- 4.7 Mobilisation meetings have been arranged with representatives from RBC and BHfT to discuss implementation of the new contract arrangements.
- 4.8 Service integration has been key to the approach around 0-19s service development. National policy has long emphasised the importance of integrated support coordinated around the needs of the child and family. Key policy reports of recent years, such as the Graham Allen review of Early Intervention, Eileen Munro's reports on child protection, and the Special Educational Need and Disability (SEND) Green Paper (DfE, 2011) have all made the case for a holistic, integrated service for children and young people. In addition, every part of the country is required to have a locally led plan for Health and Social Care integration in place by 2017 which should be implemented by 2020.
- 4.9 The Reading 0-19s service will be integrated with early intervention children's service. This will develop coherent, effective, life course services for children and young people. The model will maximise opportunities for health visitors and school

nurses to be a part of the RBC priorities for keeping children safe, achieving their maximum potential and staying healthy.

4.10 The overarching aims of the Reading Public Health Nursing Service for children and young people aged 0-19 (25) are to:

- Lead and deliver a universal HCP 0-19 (25) through assessment of need by appropriately qualified staff, using the specific or relevant 4-5-6 models, including focusing on the 6 High Impact Areas to support delivery;
- Provide an integrated Public Health Nursing Service linked to primary and secondary care, Early Years, childcare and educational settings, through ensuring nominated leads are known to the stakeholders, including a named Health Visiting team or School Nursing team for every setting;
- Deliver an evidence-based service that will provide public health interventions and health care support to school age children and their families to enable children to make the most of their education and wider social opportunities, to improve health and health outcomes for children and families and reduce health inequalities. The 5-19 (25) element of the HCP will be adapted to suit local need and capacity, however all young people, schools and other partner agencies working with children and young people will have access to signposting and advice;
- Undertake health and development reviews to assess family strengths, needs and risks and deliver public health interventions support to all children and young people and to keep children and families safe and well;
- Work to ensure that local public health and wellbeing strategies are integrated with health visiting and school nursing teams and clear care pathways exist between the service and other key services that families, children and young people access, such as children's centres, substance misuse, mental health, sexual health, family support and midwifery services. The service will promote parent and infant mental health and secure attachment, via the use of [Neonatal Behavioural Observation and Neonatal Behavioural Assessment Scale](#);
- Identify children with possible SEND. Bring any child who may have SEND to the attention of the Local Authority, especially when they think that an EHC needs assessment may be necessary;
- To provide initial advice and support in relation to paediatric incontinence;
- Support parenting using evidence based programmes, for example the [Solihull approach](#), and help parents to know what to do when their child is ill;
- Provide evidence-based advice and support to children with additional needs - via early identification, diagnosis, signposting and tailored help;
- Champion and advocate culturally sensitive and non-discriminatory services that promote social inclusion, dignity and respect;
- Demonstrate the impact and improvement of the service provided through improved outcome information, including evidence that the experience and involvement of families, carers, children and young people has taken into account;
- Ensure delivery of the health visiting aspects of the newborn screening programmes, for example, ensuring results are recorded and acted upon in line with [UK NSC Programme Standards](#);
- Respond to childhood communicable disease outbreaks and health protection incidents as directed by PHE or other;
- Enable the prescribing of medication - as an independent/supplementary prescriber in accordance with current legislation (See Appendix A for additional information). Where Health Visitors have not undertaken this module in training, it is a requirement of Continuing Personal Development for completion within the first 2 years of practice.