

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	19 JANUARY 2018	AGENDA ITEM:	6
REPORT TITLE:	IMPROVING HEALTHY LIFESTYLES IN READING - THE PILLAR OF PREVENTION (PRIORITY 1)		
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ORGANISATION:	READING BOROUGH COUNCIL		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to update and inform the Board on the work of Public Health in the Local Authority and in collaboration with the Berkshire West CCGs to address priorities one and five in the Reading Health and Wellbeing Strategy. These priorities are as follows:

1. Supporting people to make healthy lifestyle choices (improving dental care, reducing obesity, increasing physical activity, reducing smoking)
5. Reducing the amount of alcohol people drink to safe levels.

These two priorities have a focus on helping residents to adopt healthier lifestyle behaviours in order to prevent poor health and the need to use health and social care services in the future.

- 1.2 We are living longer, with complex health problems that are sometimes of our own making. One in five adults still smoke. A third of us drink too much alcohol. Just under two thirds of us are overweight or obese.
- 1.3 The role of Public Health in the Local Authority is to promote wellbeing and prevent ill-health and one way of achieving this is to support and encourage residents to adopt healthier lifestyles by being more physically active, eating a healthier diet, achieving and maintaining a healthy weight, not smoking and drinking alcohol only at safe and recommended levels. If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall and health inequalities will widen.
- 1.4 It is recognised that many of these unhealthy behaviours are more prevalent in the more deprived populations and so by focusing on helping individuals to change to more healthy lifestyles we are also tackling the inequalities in health that exist in our society.
- 1.5 The structure of this report will be to set out the context for the Health and Wellbeing priorities one and six including reasons why they are priorities. There is a clear link of this work to the NHS 5 Year Forward View and the BOB STP Plans. Evidence from the Global Burden of Disease, the Public Health Outcomes Framework and the Reading JSNA is used to demonstrate the importance of supporting people to adopt healthy lifestyle behaviours. This background is to enable the Board to be informed of the innovative,

successful and comprehensive programmes of work for each of the lifestyle areas including physical inactivity, obesity, smoking and drinking excess alcohol in order to prevent conditions such as diabetes, cardiovascular disease, liver disease and cancer.

2. RECOMMENDED ACTION

2.1 The Health and Wellbeing Board:

Notes the progress to date against Reading's Health and Wellbeing Strategy Action Plan 2017-2020, Priorities 1 and 5.

3. POLICY CONTEXT

3.1 The Reading Health and Wellbeing Strategy was agreed in March 2017 and sets out 8 priorities for 2017-2020. These priorities were agreed based on the Joint Strategic Needs Assessment.

4. PROGRESS TO DATE AGAINST THE ACTION PLAN - PRIORITIES 1 AND 5

4.1 It was stated in the NHS 5 Year Forward View in 2014¹ that '*the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health*'. The Wanless Report written 12 years ago warned that the country needed to take prevention seriously or face a sharply rising burden of avoidable illness.

4.2 Despite this warning one in five adults still smoke and this rate is considerably higher in routine manual groups. A third of people drink too much alcohol and a third of men and half of women don't get enough exercise. Almost two thirds of adults continue to be overweight or obese. These patterns are influenced by, and in turn reinforce, deep health inequalities which can flow down the generations.

4.3 Even more worrying, the number of obese children doubles while children are at primary school. Fewer than one-in-ten children are obese when they enter reception class and by the time they are in Year Six, nearly one-in-five are then obese. For Reading in 2016/17 these figures are 9.6% obese in Reception year and 18.5% obese in Year 6.

4.4 Nationally there have been significant strides made in reducing smoking, but it still remains our number one killer with more than half of the inequality in life expectancy between social classes linked to higher smoking rates amongst poorer people.

4.5 There are now over 3,000 alcohol-related admissions to A&E every day and our young people have the highest consumption of sugary soft drinks in Europe. For all of these major health risks - including tobacco, alcohol, junk food and excess sugar there are efforts at many levels including Government supported hard-hitting and broad-based national action on clear information and labelling, wider changes to distribution, marketing, pricing, and product formulation.

4.6 Under the Health and Social Care Act (2012) Local authorities have a statutory responsibility for improving the health of their populations. Councils can make an important impact at the local level through the commissioning of targeted personal support and provision of information and advice.

4.7 In Reading we are focusing on engaging our communities to empower them to support each other around healthy lifestyles, plus forging strong partnerships with charitable and

¹ NHS England (2014), *NHS 5 Year Forward View*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> (Accessed 6th December 2017).

voluntary sector organisations, boosting the numbers of volunteers through the Narrowing the Gap Programme.

- 4.8 The focus on healthy behaviours and prevention is also a national directive through the Sustainable Transformation Partnerships (STPs) and this is evidenced in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Plan. The emphasis of the STPs is improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. The BOB STP Prevention Workstream that was reported to the July 2017 Health and Wellbeing Board meeting outlined progress in a number of areas including physical activity, obesity and smoking. In addition there are three other subgroups highlighting digital solutions, healthy workforce and raising the issue of healthy lifestyles through Making Every Contact Count (MECC). The links between the lifestyle priorities in the BOB STP plan and the Reading Health and Wellbeing Strategy are evident.
- 4.9 Within BOB STP Public Health are leading on the co-ordination of primary prevention, helping to define improvements in outcomes and return on investment to strengthen prevention and early intervention.

The mission for the next three years in Reading Borough Council's Health and Wellbeing Strategy is *"to improve and protect Reading's health and wellbeing - improving the health of the poorest, fastest"*.

The real and indeed widening health inequalities are of imperative 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 is 10 years for men and 5 years for women.

Our most deprived 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. The Council's 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 and ill health is prevented through the encouragement of healthy lifestyles. Alongside this targeted approach is a willingness to look for ways to work more efficiently, utilising available technology whenever possible.

Priorities one and five in the health and Wellbeing Strategy are:

1. *Supporting people to make healthy lifestyle choices (improving dental care, reducing obesity, increasing physical activity, reducing smoking)*
5. *Reducing the amount of alcohol people drink to safe levels*

Preventable ill health represents human suffering that could be avoided, and a demand on care services that could be reduced. In addition focusing on keeping people well reduces their need for support to get better or cope with long term conditions.

Public Health works with many partners both within the council and with wider sectors to focus 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 how to commission interventions at scale.

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.

Many teams across different sectors can also support people to make positive lifestyle choices and to maintain their commitment to their own wellbeing. There is a 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. This work is being supported by the BOB STP Prevention Work stream.

It is important to understand the evidence for why the Health and Wellbeing Strategy priorities focusing on healthy lifestyles have been chosen. National and local data is available in the Reading Borough Council JSNA <http://www.reading.gov.uk/jsna> identifying the state of the Reading's health and percentages of people who smoke, are overweight, and physically inactive.

Another useful source of evidence showing how lifestyle behaviours impact on health is the Global burden of disease research <https://vizhub.healthdata.org/gbd-compare/> The Global Burden of Disease (GBD) provides a tool to quantify health loss from hundreds of diseases, injuries, and risk factors, so that health systems can be improved and disparities can be eliminated. The data capture on premature death and disability is from more than 300 diseases and injuries in 195 countries, by age and sex. It incorporates both the *prevalence* of a given disease or risk factor and the *relative harm* it causes.

According to the GBD (2016) in the South East of England the following lifestyle behaviours contributed to deaths from these serious and more prevalent conditions:

Smoking

Lung cancer - 81.5%, Chronic obstructive pulmonary disease - 77.6%, Oesophageal cancer - 57.2%, Bladder cancer - 36.9%, Ischaemic heart disease - 7.8%, Stroke 5.9%

High BMI

Diabetes - 41.1%, Chronic kidney disease - 30.4%, Atrial fibrillation/flutter - 25%, Ischaemic Heart Disease - 19.2%, Alzheimer's disease - 16.6%, Stroke 12.3%, Colorectal cancer 6.6%

Alcohol use

Liver cirrhosis and other chronic liver diseases due to alcohol use - 100%, Pharyngeal cancers - 58.9%, Lip and mouth cancer - 55.2%, Oesophageal cancer - 40.2%, Hypertensive heart disease - 26.7%, Colorectal cancer 18.5%, Stroke - 13.6%

The Public Health Outcomes Framework (PHOF)

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework> highlights indicators where Reading is rated as red either against regional or national averages. These relate to actual health behaviours or to the rates of premature mortality where the health behaviours are significant risk factors.

- child excess weight in 10-11 year olds (national and regional)
- percentage of the eligible population aged 40-74 offered and having received an NHS Health Check in the five year period 2013/14 - 2017/18 (national and regional)
- Proportion of the adult population meeting the recommended '5-a-day' on a 'usual day' (national and regional)
- Percentage of adults (aged 19+) that meet CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week), plus those classified as inactive (regional).
- Hospital admissions for alcohol-related conditions (narrow definition), all ages, directly age standardised rate per 100,000 population (regional).
- Age-standardised rate of mortality from causes considered preventable per

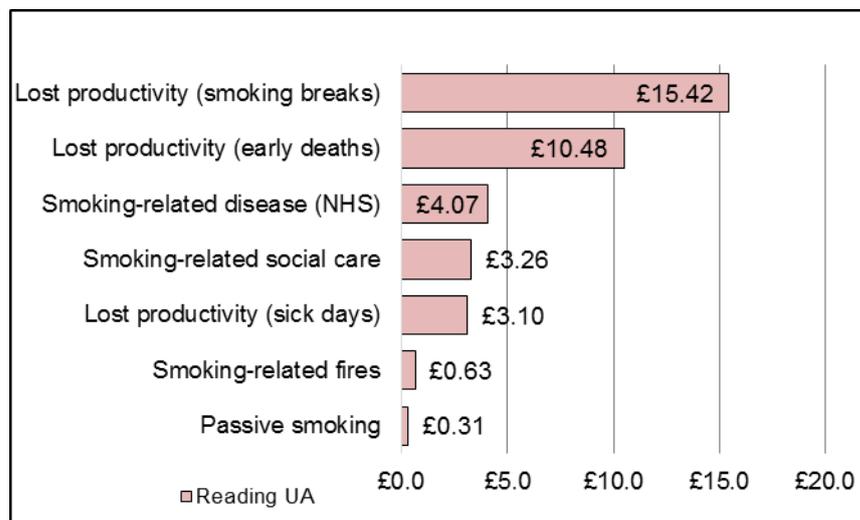
- 100,000 population (persons, males national and regional) (females regional)
- Age-standardised rate of mortality considered preventable from all cardiovascular diseases (incl. heart disease and stroke) in those aged <75 per 100,000 population (persons national and regional) (males and females regional)
- Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000 population (persons and females national and regional) (males regional)
- Age-standardised rate of mortality from liver disease plus mortality considered preventable from liver disease in persons less than 75 years of age per 100,000 population (persons, regional)
- Age-standardised rate of mortality from respiratory disease plus mortality considered preventable from respiratory disease in persons less than 75 years per 100,000 population (persons and males regional)(males national)

'The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense' Public Health Outcome Framework (PHOF).

5.0 Reasons for investing in lifestyle services from the Reading JSNA

5.1 Smoking

Reading JSNA gives us the following reasons to continue to invest in smoking cessation: The cost of smoking to Reading, in £millions, has been estimated below:



- Smoking remains the single largest cause of preventable deaths
- Smoking is one of the largest causes of health inequalities in England.
- Estimated smoking prevalence in Reading has reduced from 20.6% in 2012 to 15.8% in 2016 however it remains the second highest prevalence of smoking in Berkshire
- Smoking is responsible for about half the difference in death rates in men by socio- economic status, with rates of smoking in routine and manual occupations being a staggering 30.4%, compared to people in managerial and professional occupations where the prevalence has gone down to 14%.
- Estimated smoking prevalence of routine and manual workers in Reading is higher than all other local Berkshire LAs at 30.4%, and has risen above the England estimate of 26.5% (2016).
- Estimated smoking status at time of delivery is 8% for Reading (2015/16), similar to most other LAs in Berkshire and to England estimate of 10.6%. It is worth noting

that it is twice as high as that recorded in Wokingham, a neighbouring LA with significantly less deprivation.

- Stopping smoking decreases the risk of cardiovascular disease including coronary heart disease, TIAs and stroke and kidney disease.

Stopping smoking also decreases the risk of respiratory disease such as chronic obstructive pulmonary disease (COPD) and lung cancer, plus other cancers including larynx (voice box), mouth, esophagus, throat, bladder, kidney, liver, stomach, pancreas, colon and rectum, and cervix, as well as acute myeloid leukemia.

The drain of smoking on health and social care services throughout adult life is massive. Smoking is the biggest cause of inequalities in health and shortens healthy life expectancy.

5.2 Obesity

Reading JSNA gives us the following reasons for continuing to invest in weight management:

- The annual cost of obesity to the wider economy is estimated to be £27 billion nationally. It is estimated that treating the consequences of obesity costs the NHS over £5 billion a year. A significant proportion of this cost has been attributed to the management of diabetes and its comorbidities, which also impacts on social care costs. The Institute of Diabetes for Older People estimated that in 2013 there were 70,000 people with diabetes receiving local authority-funded direct care at a cost of £1.4bn/year and that by 2030 this could increase to 130,000 at a cost to local authorities of £2.5bn
- Severe obesity (having a BMI of 40-50Kg/m²) can reduce life expectancy by 8-10 years, which is the same as lifelong smoking. Many chronic health problems are associated with obesity in childhood such as type 2 diabetes, asthma, other respiratory problems, mental health disorders, muscle and bone problems, as well as an increased risk of bullying, lower attainment and school absence.
- In adults obesity increases the risk of high blood pressure, heart disease and stroke, type 2 diabetes (with complications such as blindness and limb amputation), some forms of cancer, osteoarthritis, reproductive problems in men and women, gallstones, stress, low self-esteem, social disadvantage and depression.
- Obesity has serious social consequences in addition to the health and psychological problems. An overweight population with lower levels of physical activity will have more sickness absence; severely obese people are three times as likely to need social care as those who are a healthy weight; the increased risk of serious diseases and premature death due to obesity is higher in areas of socio-economic deprivation.

The % of overweight and obese children in reception year in 15/16 was 21.8% in line with the national average. However the % of overweight and obese children in Year 6 in the same year was 36% - a significant increase. When compared with other LAs that have similar levels of deprivation Reading has the highest levels of obesity and overweight in Year 6. In adults excess weight in Reading is estimated to be 63.4% (2014-16).

These figures indicate the importance of continuing to invest in weight management services and a variety of other services including awareness raising campaigns, education programmes and physical activity opportunities for children and adults. Physical activity, healthy eating, weight management services etc. all the reasons in Reading's Healthy weight strategy.

5.3 Alcohol

Reading JSNA gives us the following reasons to continue to invest in supporting people to drink at safe and sensible levels. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.

The shorter term risks are injuries, including motor vehicle crashes, falls, drownings, and burns; violence, e.g. homicide, suicide, sexual assault, and intimate partner violence; alcohol poisoning, (a medical emergency that results from high blood alcohol levels); risky sexual behaviors, including unprotected sex or sex with multiple partners. These behaviors can result in unintended pregnancy or sexually transmitted diseases, including HIV; miscarriage and stillbirth or [fetal alcohol spectrum disorders \(FASDs\)](#) among pregnant women.

The longer term risks of alcohol include high blood pressure, heart disease, stroke, liver disease, and digestive problems. Other health risks include cancer of the breast, mouth, throat, esophagus, liver, and colon; learning and memory problems, including dementia and poor school performance; mental health problems, including depression and anxiety; alcohol dependence, or alcoholism. Social problems, including lost productivity, family problems, and unemployment are also associated with alcohol.

It is estimated that at least 30,000 Reading residents are drinking to hazardous levels and 4,500 are drinking to harmful levels. These figures are based on national self-reported drinking levels and due to underreporting are likely to be even higher. Reading has high rates of alcohol-specific mortality and morbidity from chronic liver disease in both men and women.

In 2015/16 the rate of alcohol related admissions adults in Reading was 599/100,000 or 831 people.

The <75 mortality rate from liver disease (2014-16) was 20/100,000 or 64 people. This was higher than regional rate (15.1/100,000) and national rate (18.3/100,000). Reading had the 4th highest rate in the South east region.

Below is an update on the main activities that are being commissioned in order to address priority one and priority six in the Health and Wellbeing Strategy:

5.4 DECREASING LEVELS OF OBESITY IN ADULTS AND CHILDREN

Reading's Health Weight Strategy was presented and signed off at the Health and Wellbeing Board in January 2017. This was used to inform the current Health and Wellbeing Action Plan. The following is a progress update on the programmes and work underway.

Tier 2 Adult Healthy Weight Programme in Reading

Eat 4 Health is an evidenced-based, accessible weight management and healthy lifestyle programme that facilitates sustained long-term movement towards and maintenance of a healthier weight & increased physical activity among overweight or obese adults (16+ yrs) in Reading. Eat 4 Health forms an integral part of the weight management services at tier 2 commissioned by local authorities. It is a community based, non-clinical weight management programme which has been submitted as part of a local example of best practice as part of a NICE call for evidence.

Each Eat 4 Health course runs for a twelve week period (increased from 10 weeks in previous contracts) for 12-15 adults and includes behaviour change techniques (in line with NICE guidance); with weekly sessions running for 1.5 hours, including a 45 minute theory session and a 45 minute bespoke physical activity session delivered by qualified exercise /adult nutrition instructors. Exercise instructors are qualified to work with

people with co-morbidities often associated with obesity such as high blood pressure and type 2 diabetes.

E4H programmes have been delivered in Nepalese, Hindi, Urdu and Punjabi as well as in gender specific groups to ensure an inclusive approach.

The provider has worked closely with GPs to generate a regular source of referrals using self-populating referral forms linked to the patient data system. Self-referrals can also be accepted for those meeting inclusion criteria.

The aim is for participants to lose 5% of their initial body weight, which has been shown to have clinically significant health benefits in terms of reducing cardiovascular risk factors. Early indication from 12 week Eat 4 Health programmes is that approximately 1/3 of participants lose 5% of their body weight by week 12 and 2/3 lose 3%. However, the course is designed to form lifelong habits and contact support post-course is provided to the service users who request it to support ongoing weight loss. All participants are followed up at 6 and 12 months after completing the programme to help promote and monitor continued or sustained weight loss.

KPIs for the programme have recently been updated to make the programme more targeted and aim to increase the percentage of service users achieving 5% weight loss. The results will be monitored in future monitoring reports. However, to date, the 2016/17 annual report shows that:

- Of 234 people starting the programme in Reading, 157 completed the course, giving a retention rate of 67%.
- Over all, 88% of people starting a course and 93% of people completing a course lost weight.

Follow up data from the 2015/16 programme showed that 72% of clients had either maintained or continued to lose weight 6 months after finishing the course. The provider is now trialling a course for older teenagers, which has been identified as a gap in Reading's Healthy Weight Strategy.

Tier 2 childhood healthy weight programme in Reading

Let's Get Going is a 12-week tier 2 healthy weight and lifestyle programme for children aged 7-12 and their families which utilises behaviour change techniques to promote healthy lifestyles.

In Reading, 7 programmes are commissioned / year, 5 are run in schools and 2 in community settings; each course accepts 10-15 children and their families. The courses adhere to NICE guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. This includes taking a multi-component approach (addressing dietary, activity and behavioural aspects). Also note updates in NICE Guidance 7 and Clinical Guidance 189.

The course covers healthy eating, portion sizes, food tasting, teeth and hand hygiene, growing skills, exercise and energy balance. Each session lasts for 1 hour 30 minutes and includes at least 40 minutes of physical activity.

Key service outcomes are:

A child's height and weight measured at baseline, weight status and NHS choices guidance shared with the parents; individual targets agreed with parents; height and weight measurement repeated at the end of the programme and an exit plan with referral options agreed with the parents.

- At least 50% of participants improve their step test results over the course duration as measured at the end of the programme compared to the beginning
- Increase in physical activity levels - (As per Chief Medical Officers guidelines)
- All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes every day.
- Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
- All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods (less than 2 hours of screen time a day outside of school).
- At least 50% increase in fruit/vegetable consumption for those participants not already achieving the recommended intake.
- At least 50% of participants achieve a reduction in the consumption of sugary drinks/sweets/chocolate

In the first half of 2017, 3 LGG courses were held in Reading (2 schools, one community) attracting 40 children and their families with a 75% completion rate.

Across all programmes, an average of:

79% of children improved their fitness test results.

75% reduced their consumption of sugary drinks and snacks.

73% reduced their sedentary screen time to less than 2 hours / day outside of school.

80% reduced or maintained their BMI centile (appropriate for children who are still growing).

The provider has been commissioned to develop a 'legacy pack' for schools to encourage them to embed the principles of the programme and support sustained behaviour change. This was launched in September 2017.

Tier 3 Healthy weight programme in Berkshire West

A specialist Tier 3 service is one which provides appropriate dietetic advice, exercise programs, psychological therapy techniques and interventions. This behaviour change intervention requires a high level of commitment and typically occurs over a 12 month treatment period. It will involve Face-to-face weight management by a medically qualified specialist in obesity. This may include one-to-one support and may be community or hospital based with the option of outreach and delivered by a team led by a specialist obesity physician. Patient management will also include specialist dietetic, psychological and physical activity input. This will include group work and access to leisure services. There will be access to a full range of medical specialists as required for co-morbidity management.

The service should work in conjunction with associated services in order to ensure that the service users adopt a holistic approach to their weight management. A Tier 3 weight management service is designed to form part of a tiered service for management of obesity. People will only be referred on by GPs to Tier 3 if they have tried and failed a supervised lifestyle weight management programme or self-directed dieting within tier 2. The service should be made up of a multi-disciplinary weight management team (MDT) that promotes permanent lifestyle change for health.

Tier 3 services for weight management are also a prerequisite to bariatric surgery. (Tier 4).

Tier 3 has been demonstrated as cost effective - particularly in relation to reduction of comorbid costs e.g diabetes control. Glasgow & Clyde Service has been highlighted nationally as an exemplar for service comparison.

There is currently no dedicated Tier 3 service within Berkshire West, and people requiring weight management support are either directed to the dietetic service within Berkshire Healthcare Trust or to other Tier 3 services, including those offered in Oxfordshire. Work is underway to offer a more local service to people and the BW CCGs as commissioners for Tier 3 services, have had two workshops with key stakeholders and have concluded they can model a tier 3 service from existing services. They will now map existing services, develop a protocol driven approach to get people to the right service, develop decision aids and outcome measures, promote services and develop approaches for people with co-morbidities. Work will include dietitians, Talking therapies and others. They aim to map/develop these and have an improved offer for people with obesity by March 2018.

Tier 4 healthy weight programme in Berkshire West

Tier 4 Bariatric surgery (Gastric banding and Gastric by-pass surgery) was previously resourced by NHS England but was reverted to CCG responsibility in April 2017. Bariatric surgery is a cost effective intervention – but still requires psychological preparation and behaviour change prior to surgery. Tier 4 Bariatric surgery and the pre surgical preparation of people intending to proceed with surgery is currently commissioned by the Berkshire West CCGs from the Royal Berkshire Hospital. Approximately 250 Bariatric surgical procedures are carried out by Royal Berkshire Hospital per year for people eligible for surgery across the population served by the hospital (wider than Berkshire West). People who are obese are associated with a high level of admission to hospital. The demand for Bariatric surgery is high and further reinforces the need for a managed tiered system of support to help people maintain a healthy weight and avoid the need for surgery

Tier 3 healthy weight programme in BOB STP

Although there is likely to be a similar definition of what is required for a tier 3 service in all 3 BOB areas, (based on national guidance), each CCG will develop their own tier 3 services locally, building on relationships with local tier 4 providers and a range of other existing services (including psychological and physical activity services).

The BOB STP Obesity Task and Finish group has also discussed a number of key issues besides the development of tier 3 services. This includes weight management services for people with learning disabilities (currently not being provided), exploring key performance indicators that can be used by all services across BOB to enable benchmarking and comparison of performance as well as approaches to weight management in pregnancy.

A proposal is also being considered for CCGs across the BOB STP footprint to jointly commission a pilot of a digital (on line Tier 3 weight management) service. This will ensure there is a wider offer of service at tier 3 which can complement any new community services that are developed. Local Authorities are required to commission tiers 1 and 2 weight management services and CCGs are responsible for commissioning tiers 3 and 4 weight management services.

Healthy weight strategy partnership work in Reading

Following the launch of Reading's Healthy Weight Strategy, a cross-directorate and multi-agency implementation group was assembled. As a result, a number of positive partnerships have allowed the development of work-streams that contribute towards tackling obesity in adults and children. These include:

- Partnership work with the Council's Planning Officers to include key actions in the revised planning policies including: promotion of an environment that encourages walking, and cycling whilst limiting car use; prioritising open space for sport and recreation, leisure facilities and improved air quality.

- The development of a dedicated healthy weight page on Reading Services Guide as a central location for information about healthy weight and physical activity services.
- Partnership work between Reading Sport and Leisure, Solutions 4 Health (providers of Eat 4 Health and Lets Get Going) and Reading Library services to hold informative sessions for parents with young children attending 'Rhymetime' sessions.
- The Neighbourhood Initiative and Troubled Families Teams are working with Public Health officers 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
- All children identified through the 0-19/25 service, who have a weight-related health need are offered a direct intervention by the service and signposted to sources of information and / or the commissioned child healthy lifestyle and weight management programme.
- Promotion of breast feeding, healthy eating and physical activity is embedded in the 0-19s service with the aim that 60% of infants are being breastfed at 6-8 weeks.
- 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.
- Work is underway in partnership with Reading CCGs and Bariatric services to address the gap in tier 3 clinical obesity services (CCG commissioned), identified in the Healthy Weight Strategy. This tier of service is important to help provide specialist support for obese patients who need more intensive support than afforded by a tier 2 programme but who do not wish to undergo or who are not eligible for bariatric surgery.

5.5 DECREASING SMOKING PREVELANCE - GENERAL AND TARGET POPULATIONS

RBC currently commissions the local stop smoking service, *Smokefreelife* Berkshire. This payment by results contract specifies target groups which attract a higher payment for successful 4 and 12 week quitters. These include routine & manual workers and pregnant women plus a number of other groups where inequalities exist. Successful quitters in these groups contribute to the PHOF indicators which are reported on. In 2016/17 the provider successfully supported 833 Reading residents to a 4 week quit and 499 to 12 weeks. This was above their target. Of these, a number of residents were a part of local target groups (either for payment or just in general due to other risk) for example 73 people had diabetes, 50 people were pre-operative, 21 were under 18 and 19 were pregnant women.

The local stop smoking services is widely promoted across the Reading community. The provider supports and promoted the national Stoptober campaign, hosting a launch in Reading. This year's event was supported by Lead Councillor for Health (Graeme Hoskin) and Trading Standards colleagues who funded for a sniffer dog company to attend - this was aimed at raising awareness of illegal tobacco sales in Reading and the impact it has on community.

Trading Standards also provided funding for a 'Meet The Stinkers' theatre show - this is targeted at primary school year 6 pupils and contains messages of peer resilience and health harms of smoking, session were evaluated and report is available to share. In addition to this, the Tobacco Control Alliance Coordinator has delivered health education sessions in 2 local senior schools. This is aimed at year 9 pupils and teaches them about

what is in a cigarette, the health harms and peer resilience. The annual school survey (drinking/smoking behaviour) will also be completed again - all schools across Reading will be encouraged to allow pupils time to complete. This provides us with local knowledge of health behaviours. The Tobacco Control Alliance Coordinator also worked with Smokefreelife Berkshire to target workplaces (various Reading depots) of routine and manual workers - this was to promote both the stop smoking service, but also to deliver harm reduction information such as smoke free cars and homes (The Whole 9 Yards campaign).

5.6 EARLY IDENTIFICATION OF UNHEALTHY LIFESTYLE BEHAVIOURS IN APPARENTLY HEALTHY ADULTS AGED 40-74 YEARS INCLUDING SMOKING, PHYSICAL ACTIVITY, BEING OVERWEIGHT OR OBESE AND DRINKING ALCOHOL ABOVE SAFE LEVELS.

CARDIOVASCULAR HEALTH CHECKS

RBC commission NHS Health Checks from most local GPs. This is a mandated programme and is commissioned in line with Public Health England's best practice guidance. The NHS Health Checks programme targets everyone aged 40-74 years, inviting people for a health check once every five years to assess their individual risk of developing cardiovascular disease in the next 10 years.

This involves the health care professional taking and recording key measurements (height, weight, familial risk, cholesterol, blood pressure and information on lifestyle behaviour) in order to assess this risk and communicate to the patient. Where risk is identified, the professional delivering the NHS Health Checks will have a conversation with the patient about ways the person can reduce their risk, ideally resulting in a behaviour change. This may also include a referral into other services/programmes (Smokefreelife Berkshire, Eat 4 Health, National Diabetes Programme) or it may also require further clinical intervention (ongoing monitoring for diabetes, hypertension etc).

The PHOF indicator reports on the collective performance of all providers in Reading. In 2016/17 the total eligible population for Reading was approximately 39,000 people. The number of people who should have been invited in this year would equate to 20% of this eligible group, i.e. 7,800 - in total, providers invited 4,877 (12.5%). The number of people who should have received a health check should equate to 50% , however in 2016/17 the collective performance of local service provision was 40.6%.

Quarter 1 and Quarter 2 collective performance across Reading shows a continual decline in both Reading's eligible population being invited for a health check and in those receiving one. There are many challenges with this programme and it is recognised the pressures on GPs to deliver core services is likely to be having an impact on it.

REDUCING THE AMOUNT OF ALCOHOL PEOPLE DRINK TO SAFER LEVELS

A draft Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018 - 2022 was presented at the Reading Policy Committee in October 2017 to seek approval for the strategy to go out to public consultation. This was agreed and a consultation period from November to January 2018 was agreed. The consultation has been delayed and will go out in early 2018. The strategy will be brought back to the Health and Wellbeing Board following the consultation.

The aims of the Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022 are:

- Prevention; reducing the amount of alcohol people drink to safer levels and reducing drug related harm.
- Treatment; Commissioning and delivering high quality drug and alcohol treatment systems - This will address ensuring drug users continue to receive the treatment they require to move towards recovery.

- Enforcement and Regulation; tackling alcohol and drug related crime and anti-social behaviour.

Consequently this report will not give further details of what is being commissioned/ delivered to reduce the amount of alcohol people drink to safer levels.

6. CONTRIBUTION TO STRATEGIC AIMS

6.1 This section is to ensure that proposals contained in reports are in line with the overall direction of the Health and Wellbeing Strategy by contributing to at least one of the Strategy's eight priorities:

1. Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity, physical activity and smoking)
2. Reducing loneliness and social isolation
3. Promoting positive mental health and wellbeing in children and young people
4. Reducing deaths by suicide
5. Reducing the amount of alcohol people drink to safe levels
6. Making Reading a place where people can live well with dementia
7. Increasing breast and bowel screening and prevention services
8. Reducing the number of people with tuberculosis

6.2 This report gives clear and unequivocal reasons why a considerable proportion of the Public Health ring-fenced grant is allocated to helping residents change their lifestyles to prevent many of the serious and chronic medical conditions that contribute to suffering and premature mortality. This includes diabetes, coronary heart disease, stroke, high blood pressure, many cancers including lung cancer and chronic obstructive pulmonary disease. The focus has been specifically on achieving and maintaining a healthy weight, being physically active, not smoking and drinking alcohol to safe and sensible limits.

This report does not attempt to detail all activities that PH either commissions, co-ordinates or delivers, but features the main services that are commissioned specifically to enable and support positive behaviour change. The PH team also works in partnership with the voluntary and community sector and many other parts of the council, to facilitate healthy behaviours. It has not been possible to highlight how PH addresses other priorities within the Health and Wellbeing Strategy including promoting mental health and wellbeing in children and young people, reducing loneliness and social isolation, suicide prevention, promoting oral health, enabling living well with dementia, increasing the uptake of cancer screening, and reducing the prevalence of TB. A significant portion of the PH grant is also spent in these areas and it is hoped that this can be reported back to the HW Board at subsequent meetings.

6.3

The proposal recognises that plans in support of Reading's 2017-20 Health and Wellbeing Strategy should be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing. The proposal specifically addresses these in the following ways:

1. Identifying the needs of the population of Reading through undertaking ongoing and comprehensive needs analysis and ensuring the state of the health and wellbeing of the population is displayed in the JSNA.
2. Working in partnership with the CCG to support them in commissioning evidence based, cost effective services to prevent illness and premature mortality
3. Commissioning cost effective, high quality and evidence based healthy lifestyle services to improve the health and wellbeing of all residents through supporting positive behaviour change

4. Raising awareness of staff, elected members and the general public of what constitutes a healthy lifestyle through campaigning, social media and disseminating on-line messages
5. Working in partnership with other services within the council to tackle inequalities in health and support healthy lifestyle behaviour change.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

- 7.1 No community and stakeholder engagement is required at this stage. Such consultation has taken place as part of the commissioning and procurement of various services as required.

8. EQUALITY IMPACT ASSESSMENT

- 8.1 No Equality Impact Assessment (EIA) is relevant to this report

9. LEGAL IMPLICATIONS

- 9.1 No legal decisions are required to be made for this report

10. FINANCIAL IMPLICATIONS

- 10.1 Public Health Ring fenced grant.

In the Local Authority Circular, [LAC] (DH)(2016)1, sent out to LAs on February 11th 2016, the following information is included:

- allocations of the local government public health grant for 2016/17; the conditions that will apply to that grant;
- indicative allocations for 2017/18 (the Department will publish confirmation of those allocations and the conditions that will apply in due course);
- and the background to the allocations and guidance intended to assist local authorities (LAs).

In spending the ring-fenced PH Grant the Local Authorities must 'have regard to the need to reduce inequalities between the people in its area' and 'have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.'

Listed below are all the Public Health functions that relate specifically to promoting the positive lifestyle behaviours in this report and preventing ill health:

Prescribed (Mandated) functions:

- NHS Health Check programme (identification of obesity, smoking, excess alcohol and physical inactivity in 40-74 year olds)
- Public health advice to NHS Commissioners (i.e. Clinical Commissioning Groups)
- National Child Measurement Programme (childhood obesity measurements in reception and Yr 6)
- Prescribed Children's 0-5 services (support of families with children aged 0-5)

Non-prescribed (Non-Mandated) functions:

- Obesity - adults
- Obesity - children
- Physical activity - adults
- Physical activity - children

- Treatment for alcohol misuse in adults
- Preventing and reducing harm from alcohol misuse in adults
- Specialist drugs and alcohol misuse services for children and young people
- Stop smoking services and interventions
- Wider tobacco control
- Children 5-19 public health programmes (support positive lifestyle behaviour for children and young people)
- Other Children's 0-5 services non prescribed (support positive lifestyle behaviour for families with children aged 0-5)
- Health at work (support positive lifestyle behaviour for workforce)
- Other miscellaneous services include
 - Nutrition initiatives
 - General prevention

The PH ring fenced grant will be decreased by 2.5% in 2018/19, as decided nationally for all LAs. Currently no firm decision has been made regarding when the ring fence will be removed.

11. BACKGROUND PAPERS

11.1

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

<https://vizhub.healthdata.org/gbd-compare/>

<http://www.reading.gov.uk/jsna>

<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Reading Joint Health and Wellbeing Strategy 2017-2010

Reading's Healthy Weight Statement 2017-2020

Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022