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To: Councillor Lovelock (Chair)
Councillors Davies, Duveen, Eden, Gavin, Gittings, Hopper, Hoskin, Jones, Page, Skeats, Stanford-Beale, Terry and White

Our Ref: N:\Policy Committee\Agenda\160118.doc
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8 January 2016

Your contact is: Simon Hill - Committee Services

NOTICE OF MEETING – POLICY COMMITTEE – 18 JANUARY 2016

A meeting of the Policy Committee will be held on Monday 18 January 2016 at 6.30pm in the Council Chamber, Civic Offices, Reading. The Agenda for the meeting is set out below.

Please Note – the Committee will first consider an item in closed session. Members of the press and public will be asked to leave the Chamber for a few minutes.

ITEMS FOR CONSIDERATION IN CLOSED SESSION

The following motion will be moved by the Chair:

"That, pursuant to Section 100A of the Local Government Act 1972 (as amended) members of the press and public be excluded during consideration of the following items on the agenda, as it is likely that there would be disclosure of exempt information as defined in the relevant Paragraphs of Part 1 of Schedule 12A (as amended) of that Act"

	ACTION	WARDS AFFECTED	PAGE NO
1.	**DECLARATIONS OF INTEREST FOR CLOSED SESSION ITEM**	-	-
2.	**NEEDLE EXCHANGE SUPPLIES CONTRACT** Councillor Hoskin / Director of Adult Care and Health Services	**BOROUGHWIDE**	**A1**

and assemble on the corner of Bridge Street and Fobney Street. You will be advised when it is safe to re-enter the building.

ITEMS FOR CONSIDERATION IN PUBLIC SESSION

3. CHAIR'S ANNOUNCEMENTS

4. DECLARATIONS OF INTEREST

Councillors to declare any interests they may have in relation to the items for consideration in public session.

5. MINUTES

To confirm the Minutes of the Policy Committee meeting on 30 November 2015. **B1**

6. PETITIONS AND QUESTIONS

To receive any petitions from the public and any questions from the public and Councillors.

7. DECISION BOOK REFERENCES

8. MENTAL HEALTH CHALLENGE **BOROUGHWIDE** **C1**

Councillor Hoskin / Director of Adult Care and Health Services

This report proposes that the Council take up the Mental Health Challenge Programme and appoint the Lead Councillor for Health as a Mental Health Champion.

9. ADULT SOCIAL CARE LOCAL ACCOUNT **BOROUGHWIDE** **D1**

Councillor Eden / Director of Adult Care and Health Services

This report presents the draft 2014/15 Local Account, a report of the Council's performance in Adult Social Care aimed at service users, carers, local residents and partners.

10. DRUG & ALCOHOL MISUSE NEEDS ASSESSMENT **BOROUGHWIDE** **E1**

Councillor Hoskin / Director of Adult Care and Health Services

This report sets out for endorsement a drug and alcohol misuse needs assessment, a precursor to a revised strategy for drug and alcohol services in Reading.

11. HERITAGE LOTTERY FUND GRANT AWARD FOR THE 'READING ABBEY REVEALED' PROJECT — **ABBEY** — **F1**

Councillor Gittings / Director of Environment and Neighbourhood Services

This report seeks approval to accept the offer of a Heritage Lottery Fund grant and the associated terms and conditions for the 'Reading Abbey Revealed' project, spend approval for the full amount of the project costs, and delegated authority to enter into the necessary contracts to implement the project.

12. SPECIALIST VEHICLES MAINTENANCE CONTRACT 2016-2021 – CONTRACT AWARD — **BOROUGHWIDE** — **G1**

Councillor Page / Director of Environment and Neighbourhood Services

This report informs the Committee of the ongoing procurement process for the Specialist Vehicle Maintenance Contract 2016-2021, and seeks delegated authority to enter into contract with most economically advantageous tenderer in accordance with the Public Contracts Regulations 2015.

13. SOLAR COMMUNITY SCHEME – BOARD MEMBER APPOINTMENTS — **BOROUGHWIDE** — **H1**

Councillor Page / Director of Environment and Neighbourhood Services

This report seeks the nomination of three Councillors and Officers to be appointed to the board of a Community Benefit Society to oversee the delivery of a solar community scheme in Reading.

14. READING'S RESPONSE TO THE REFUGEE CRISIS — **BOROUGHWIDE** — **J1**

Councillor Lovelock / Managing Director

This report provides information on the Home Office request for local authorities to participate in the Syrian Vulnerable Person Resettlement Programme and proposes that the Council make an indicative offer to accept three families per year for five years.

15. BUDGET 2016-17: APPROVAL OF COUNCIL TAX BASE, NNDR1 ESTIMATE & ESTIMATED COLLECTION FUND SURPLUS **BOROUGHWIDE** **K1**

Councillor Lovelock / Head of Finance

This report asks the Committee to recommend to Council the uprating of the allowances in the council tax support scheme and the approval of the estimated Council Tax collection rate and Council Tax base for 2016/17. The Committee is also asked to note the estimated surplus in respect of Council Tax and National Non-Domestic Rates (NNDR) transactions, and approve the NNDR1 form, which will be circulated with other additional information in a supplementary report.

16. BUDGET MONITORING 2015/16 **BOROUGHWIDE** **L1**

Councillor Lovelock / Head of Finance

This report set out the budget monitoring position for the Council to the end of November 2015.

WEBCASTING NOTICE

Please note that this meeting may be filmed for live and/or subsequent broadcast via the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. You should be aware that the Council is a Data Controller under the Data Protection Act. Data collected during a webcast will be retained in accordance with the Council's published policy.

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Members of the public who participate in the meeting will be filmed, unless they have given prior notice that they do not consent to this.

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POLICY COMMITTEE MINUTES - 30 NOVEMBER 2015

Present: Councillor Lovelock (Chair)

Councillors Davies, Duveen, Eden, Gittings, Hopper, Hoskin, Jones, Page, Skeats, Stanford-Beale, Terry and White.

Apologies: Councillor Gavin.

44. EXCLUSION OF THE PRESS AND PUBLIC

Resolved -

That pursuant to Section 100A of the Local Government Act 1972 (as amended), members of the press and public be excluded during consideration of item 45 below as it was likely that there would be a disclosure of exempt information as defined in the relevant paragraphs specified in Part 1 of Schedule 12A to that Act.

45. PROPERTY IN EAST READING

The Director of Environment and Neighbourhood Services submitted a report seeking approval to dispose of a property in East Reading to the current tenant, which was a partner organisation.

Resolved -

That the freehold interest of the property be sold in accordance with the terms set out in the report.

(Exempt information as defined in paragraph 3).

(Councillors Terry and Jones declared an interest in this item, left the meeting and took no part in the debate or the decision).

46. MINUTES

The Minutes of the meeting held on 2 November 2015 were agreed as a correct record and signed by the Chair.

47. PETITIONS & QUESTIONS

Emma Reeves presented a petition on the subject of Save Southcote Library.

Questions on the following matters were submitted by members of the public:

	Questioner	**Subject**	**Response**
1.	Gordon Watt	The Heights Free School - financial settlement	Councillor Jones

2.	Gordon Watt	The Heights Free School - Gosbrook Road site	Councillor Lovelock
3.	Gordon Watt	Bugs Bottom s106 payments	Councillor Page
4.	Niall Norbury	South Street funding bid	Councillor Gittings
5.	Niall Norbury	South Street – future options	Councillor Gittings
6.	Brenda McGonigle	Air And Noise Pollution From Heathrow Expansion	Councillor Page

(NB – The full text of the petition, questions and responses was made available on the Reading Borough Council website).

48. CHIEF CONSTABLE AND POLICE & CRIME COMMISSIONER PRESENTATIONS

Anthony Stansfeld, Thames Valley Police & Crime Commissioner, and Francis Habgood, Chief Constable of Thames Valley Police (TVP), attended the meeting to give presentations and answer questions from members of the Committee.

The presentation by the Police & Crime Commissioner covered achievements in 2014/15, the commissioning of new emotional and practical support services for victims of crime, and future issues including funding, cybercrime, adult safeguarding and changes in performance monitoring. The Chief Constable's presentation covered recent PEEL (Police Effectiveness, Efficiency and Legitimacy) assessments of TVP and a discussion of the strategic objectives for 2015/16, which were:

- Cut crimes that are of most concern to the community;
- Increase the visible presence of the police;
- Protect our communities from the most serious harm;
- Improve communication and use of technology to build community confidence and cut crime;
- Increase the professionalism and capability of our people;
- Reduce costs and protect the frontline.

Members of the Committee asked questions on matters including Community Safety Partnerships funding, the future of Reading police station, the number of PCSOs, speeding enforcement and a recent increase in violent crime.

Resolved -

(1) That the Police & Crime Commissioner and Chief Constable be thanked for their presentations;

(2) That the presentations be circulated to all councillors.

49. PROPOSED SERVICE OFFERS AND BUDGET PROPOSALS 2016-19 TO NARROW THE BUDGET GAP – CONSULTATION

Further to Minute 13 of the meeting held on 20 July 2015, the Managing Director

submitted a report setting out the outcomes of the Budget Consultation and recommendations relating to the proposals that had been subject to the consultation.

The report noted that the Committee, at its meeting on 20 July 2015, had agreed an initial set of proposals for change that would close the budget gap by £7.24m, and had approved the process for a public consultation on the proposals. The report set out the outcomes of the consultation, which had run for 12 weeks between 24 July and 16 October 2015. The consultation feedback for each individual proposal had been considered and was summarised, with a response from officers, in Appendix 1 attached to the report. Equality impacts had been considered and where appropriate a full Equality Impact Assessment had been completed; these were set out in Appendix 2 attached to the report.

The following proposals were recommended for approval and implementation, as submitted to the 20 July 2015 Policy Committee meeting:

- Adult Social Care
- New Directions
- Education for 0-19 years and school support services
- Building Cleaning and public conveniences (noting the Equalities Impact Assessment)
- Pest control and Dog Wardens
- Planning Development and Regulatory Services – Management and Operational Savings
- Building Control – Shared Service
- Parks and Grounds Maintenance
- Street Care Cleansing
- Waste operations
- Highway Engineering
- Introduction of fixed penalty noticing and enforcement overrunning road works
- Introduction of Red Routes
- Parking Permits (this proposal was verbally amended at the meeting to specify that it be implemented from 1 February 2016)
- Customer Services - Digital by Design
- Property and Health & Safety
- Council Tax Support Scheme

The recommendations for other proposals were as follows:

- Library Review – to note that the first phase of public consultation was underway;

- Museum and Town Hall – to note and agree the changes included in Appendix 1, which developed and provided further detail to the proposal submitted to the 20 July 2015 meeting;
- Hexagon and South Street – to note the current position;
- Increasing Public Car Parking – to note the current position;
- Customer Services (Alternative Delivery Model) – to note the current position;
- Commissioning from the Voluntary Sector – to agree the level of savings included in the Proposal for Change as submitted to the 20 July 2015 meeting, and agree that these be delivered to the revised profile as set out in Appendix 1.

Resolved -

(1) That the consultation feedback, officer responses and equality considerations set out in the 'Budget Consultation – July 2015' Report attached to the report at Appendix 1 be noted;

(2) That the recommendation for each of the Proposals for Change as set out above be agreed, and that officers be authorised to take the action necessary to implement the changes, subject to any further consultation or development and agreement of detailed proposals that may be required.

50. REVIEW OF PUBLIC HEALTH-COMMISSIONED SERVICES IN RESPONSE TO THE IN-YEAR REDUCTION TO PUBLIC HEALTH GRANT BY THE DEPARTMENT OF HEALTH

The Director of Adult Care and Health Services submitted a report setting out for approval an approach to a review of public health-commissioned services, in response to the Department of Health's in-year reduction of approximately £600k to the Council's public health grant of £9.6m.

The report explained that for the purposes of the proposed review the public health budget had been divided into three categories:

1) projects/services where either (i) the budget had already been spent, (ii) a separate review was required to assess strategic fit, effectiveness and value for money, or (iii) it was proposed to continue services at their current level with no scope to make an in-year reduction;

2) projects/services where it was considered reductions might be achieved in 2015/16, subject to Committee approval and compliance with the Council's legal duties; and

3) projects/services where it was considered reductions could not be achieved in 2015/16 but might be in 2016/17, subject to Committee approval and

compliance with the Council's legal duties.

The report explained that it was considered that the proposed approach would allow the Council to meet the imposed cut to Public Health Grant in 2015/16, meet an anticipated Public Health Grant in 2016/17 that was reduced by a similar amount, and leave some funding in the anticipated 2016/17 grant for use in newly-identified and robustly-evaluated projects/services to help address needs identified in a revised joint strategic needs assessment. The report noted that the proposed reductions in funding would lead to reductions in services that were otherwise intended to improve well-being and to reduce health inequalities, and gave examples.

Details of the projects/services included in the categories 1)-3) above were set out in an overview of the public health budget and target reduction attached to the report at Appendix 1. Equality Impact Assessments for the proposed reductions to services/projects were set out in Appendix 2.

Resolved –

That the approach to the review of public-health commissioned services in response to the proposed reductions in the Public Health Grant payment for 2015/16, as set out in Appendix 1, be endorsed.

51. 2015/16 HALF YEAR PERFORMANCE AND BUDGET UPDATE

The Managing Director submitted a report setting out a half year performance update for April – September 2015 and the Council's budget position at the end of September 2015.

The report noted that the 'Narrowing the Gaps' Corporate Plan for 2015/18, reported to Policy Committee at its meeting on 16 February 2015 (Minute 76 refers), identified new milestones and performance measures to deliver the following priorities:

- Safeguarding and protecting those that are most vulnerable;
- Providing the best start in life through education, early help and healthy living;
- Providing homes for those in most need;
- Keeping the town clean, safe, green and active;
- Providing infrastructure to support the economy; and
- Remaining financially sustainable to deliver these service priorities.

The report set out a half year performance update for April – September 2015, providing a summary for each of the service priorities of where progress had been made against the milestones and performance measures in the Corporate Plan, and also areas where action was being taken to correct any underperformance.

The report also included the budget position for the Council at the end of September

2015. Whilst there had been a range of movements in the detailed forecast, it continued to be predicted that the Council would be at the minimum General Fund Balance at 31 March 2016.

Resolved –

(1) That the performance achieved and areas identified for action against the priorities outlined in the Corporate Plan during the first half year 2015/16 be noted;

(2) That the budget position at the end of September 2015 be noted.

52. CHANGES TO THE LOCAL DISCRETIONARY HOUSING PAYMENTS SCHEME

Further to Minute 18 of the meeting held on 20 July 2015, the Managing Director submitted a report on an Equality Impact Assessment (EIA) and consultation on proposed changes to the Council's local Discretionary Housing Payments (DHP) scheme. The EIA was set out in Appendix 1 attached to the report.

The report explained that officers had carried out an EIA for the proposals and were satisfied that the proposed scheme did not adversely affect or discriminate against any person or group of people in the local community in terms of age, disability, gender, pregnancy and maternity, religious belief or sexual orientation. It was therefore proposed to introduce the changes to the DHP scheme, as previously reported to the Committee on 20 July 2015.

Resolved –

(1) That, having taken into consideration the results of the Equality Impact Assessment and consultation exercise and in light of the funding cuts to the Council's Discretionary Housing Payment (DHP) allocation and in order to contain spending on DHPs and remain within the reduced budget allocation for 2015/16, the DHP criteria be amended to the following:

(a) Payments be made to households threatened with homelessness to keep them in their current accommodation, assist with a move to alternative accommodation or provide assistance with resettlement support either as a one off payment or a short term award;

(b) Payments remain in place for priority groups, as defined in (2) below and set out in the report, for up to 52 weeks;

(c) Short-term awards be made to customers falling outside the priority groups, subject to consideration on a case-by-case basis on a short-term basis, whilst funding was available, to

allow advice and assistance to be provided on what options were available to them and conditions put in place that they must meet to reduce their reliance on a DHP;

(2) That the priority groups who required financial assistance to remain in their home be made up of the following categories:

(i) People with health or medical problems who needed access to local medical services or support that might not be available elsewhere;

(ii) People with disabilities who received informal care and support in their current neighbourhood from family and friends which would not be available in a new area, including families with a disabled child who relied heavily on local support networks;

(iii) Vulnerable adults who had lived in the area for a long time and would find it difficult to establish support networks in a new area;

(iv) Severely disabled tenants in adapted properties;

(v) Tenants requiring an extra room for a member of the family for medical reasons in line with the Council's Allocations Scheme;

(vi) Tenants approaching Pension Credit age (3- 6 month period);

(vii) Pregnant women expecting their first child who required an extra room (up to 6 months prior to the baby's birth);

(3) That payments to the priority groups listed in (2) above remain in place and be subject to review after a maximum period of 52 weeks;

(4) That applicants outside the non-priority groups be expected to attend a Debt Advice appointment in the first instance and any short term award of DHP be subject to conditions in the majority of circumstances, which would include: increasing their income; reducing their rental liability; and bidding for, or finding alternative accommodation or reducing other outgoings and in practical terms the conditions could include:

(i) Attending work-related coaching with one of the Council's partners;

(ii) Actively looking for work, with or without the support of the Council, or one of our partners;

(iii) Registering for housing and bidding for suitable properties in each cycle;

(iv) Making use of 'homeswapper' for mutual exchanges;

(v) Seeking assistance to manage debts;

(vi) Paying rent arrears; and

(vii) Engaging with specialist support services;

(5) That, in accordance with DHP guidance, awards not be used for rent costs that had come about through sanctions for non-compliance of back-to-work conditions or restrictions of Housing Benefit in regard to maximum rent payable following a rent officer decision outside of the priority groups;

(6) That the start date for DHP be made from the Monday following the application being received and not be back dated, unless there were exceptional circumstances;

(7) That action be taken to recover DHP overpayments where misrepresentation or false declaration of circumstances or income had been made by applicants.

53. REVIEW OF LEISURE FACILITIES AND FUTURE PROVISION

The Director of Environment and Neighbourhood Services submitted a report setting out the findings and recommendations from a review of options for the modernisation of leisure facilities, and proposing a number of options for the Committee to consider.

The report explained that a review of leisure facilities in the Borough had been commissioned with a view to considering and taking forward new options for the modernisation of the leisure estate. The review had included all indoor sports provision with a particular focus on swimming facilities, because of the acknowledged need to re-provide Central Pool, which was the Borough's only competition-standard pool. The review had been supported by consultants undertaking two linked pieces of work: an indoor sports facilities needs assessment and an options appraisal and feasibility study for the development of new leisure facilities. These were still being finalised but the findings of the draft needs assessment were that whilst there was sufficient pool space in the Borough, the quality of provision needed upgrading. The draft needs assessment also indicated a requirement for a new five court sports hall. The draft options appraisal recommended the replacement of the most outdated facilities with more modern cost-effective leisure facilities that would also offer a much better service.

The report explained that condition surveys of existing facilities had been undertaken in parallel with the review. Current condition issues at Central Pool mean that there was a need for immediate investment to enable it to remain open, and a schedule of works with a total cost of £350k had been identified to extend the life of the facility for a minimum of two years. Works to poolside would mean a closure of the building for a minimum of two weeks, which was planned for December 2015. The two year period of continued operation afforded by these works would enable alternative interim provision to be put in place before a planned closure of Central Pool.

The report set out a proposal for procurement of a temporary demountable pool, as a more cost-effective means of ensuring continuity of provision during the anticipated minimum period of 4-5 years it would take to deliver a replacement facility for Central Pool. The proposed 25m pool and additional learning pool would be sited at Rivermead Leisure Centre, with detailed arrangements subject to negotiation with GLL, the Council's contracted operator of Rivermead. It was envisaged that it would be possible to open the new pool at Rivermead within 18 months – two years, at an estimated cost of £1.6 - £1.8m - significantly cheaper than the sums required to upgrade Central Pool to a similar standard. Images of demountable pools were attached to the report at Appendix 1.

The report also outlined a proposal for officers to undertake a detailed feasibility study in order to progress the potential provision of a new 25m six-lane pool at Palmer Park, linked to the existing leisure facilities. The report noted that Arthur Hill Pool was an old facility on a constrained site; the building was expensive to run and required significant investment over the next few years if it was to remain operational, and had a limited lifespan. Therefore it was proposed that a better option to ensure a good geographic spread of facilities and afford ease of access across Reading's communities was to look at replacement with a new swimming pool that offered a better environment and increased capacity.

The report explained that the Council was committed to ensuring that Reading had a new competition standard swimming pool, incorporating provision for diving and a range of indoor facilities, which would include provision of a new five court sports hall to meet future levels of demand as outlined in the draft Facilities Needs Assessment. It was proposed that officers undertake further detailed feasibility work, to establish a preferred site and to work up a project delivery plan for what would be a major development scheme.

The report noted that the capital investment required to deliver new facilities as outlined was estimated to be in excess of £25m. To secure this level of investment and to get best value it is was proposed to commence a formal procurement process to seek a delivery partner to operate the Borough's leisure facilities. The report outlined factors that would mean that through appointing a new leisure operator there would be a significant revenue improvement compared to the current costs of the Council's provision. With new facilities income would exceed costs of operation

and this additional income potential could be used to support the capital investment needed to deliver new facilities.

Resolved –

(1) That the key recommendations of the Leisure Review as outlined in the report be endorsed in principle;

(2) That the proposed works to Central Pool be noted;

(3) That the proposal to develop a temporary demountable pool at Rivermead be approved;

(4) That the Director of Environment and Neighbourhood Services in consultation with the Lead Councillor for Sport, Culture & Consumer Services, the Head of Finance and the Head of Legal & Democratic Services be authorised to finalise procurement arrangements and negotiations with Greenwich leisure limited (GLL) and to enter into any necessary contracts required to deliver a temporary pool at Rivermead;

(5) That the proposal for officers to undertake detailed feasibility work for the provision of a new swimming pool at Palmer Park be approved;

(6) That the proposal to develop a new leisure facility to replace Central Pool be welcomed, and the proposal for officers to undertake further feasibility and planning work to take this proposal forward be approved;

(7) That the commencement of a procurement process to seek external support and investment to secure the improvement of the Borough's leisure facilities be approved.

54. CARERS INFORMATION ADVICE AND SUPPORT SERVICES

The Director of Adult Care and Health Services submitted a report seeking authority to progress a commissioning exercise to secure local services which provided information, advice and support to carers.

The report explained that, in line with the national carers strategy, NHS England's Commitment to Carers and the requirements of the Care Act 2014, health and social care commissioners across Reading and West Berkshire were working together to commission services to support informal / unpaid adult carers – whether those carers were supporting other adults with care needs, or children with additional support needs. The report sought delegated authority to progress this commissioning exercise and secure local services which connected carers with

relevant information advice and support to enable them to continue caring, and be supported to have a life of their own outside caring.

Resolved –

That the Director of Adult Care & Health Services, in consultation with the Head of Legal & Democratic Services and the Lead Councillor for Adult Social Care, be authorised to:

(a) negotiate and enter into a legally binding agreement with South Reading Clinical Commissioning Group and North and West Reading Clinical Commissioning Group, pursuant to Section 75 of the National Health Service Act 2006, to manage a pooled budget for commissioning and monitoring Carers Information, Advice and Support services across Reading; and

(b) enter into appropriate funding agreements for 2016-18 with the organisation or organisations which succeed in the commissioning exercise.

55. FOSSIL FUEL FREE PENSION FUND AND OTHER ETHICAL MATTERS

Further to Minute 33 of the meeting of Council held on 20 October 2015, the Head of Finance submitted a report setting out advice on a motion regarding Fossil fuel-free pension fund and other ethical matters, which had been referred to the Committee by the Council meeting on 20 October 2015 in accordance with Council Procedure Rule 14(7)(a). The motion originally proposed to Council was attached to the report at Appendix 1.

The report explained that the Head of Finance had discussed the issues raised by the motion with the officers at the Royal Borough of Windsor & Maidenhead (RBWM), who managed the Fund, and the Council's Treasury Management Advisor, in order to provide advice to the Committee.

The report explained that the motion had included an estimate of £66.5m for the Berkshire Pension Fund's 'fossil fuel investments', but that the Pension Fund had provided information which showed that the value of such investments in the portfolio actually totalled about £27m. Whilst it was reasonable for the Council as a major employer to express views as to what the Pension Fund could or indeed should do, such views ought to be expressed in the context of recognising that it was the responsibility of RBWM to decide on investments, and the primary duty of the Pension Fund was to secure the best returns reasonably possible. It also needed to be recognised that divestment might, at least in some circumstances be seen as being in conflict with the primary duty.

The report noted that in 2014 Oxford City Council had considered this issue, and had encouraged disinvestment in Fossil Fuel investments by the Oxfordshire Pension

Fund, and decided to add the following commitment to its own Treasury Strategy:

> 'The Council will not knowingly invest directly in businesses whose activities and practices pose a risk of serious harm to individuals or groups, or whose activities are inconsistent with the Council's mission and values. This would include institutions with material links to
>
> - human rights abuse (e.g. child labour, political oppression)
>
> - environmentally harmful activities (e.g. pollution, destruction of habitat, fossil fuels)
>
> - socially harmful activities (e.g. tobacco, gambling)
>
> These principles will be applied to all investments made by the Council.'

To put this into practice, officers in Oxford would work with a ratings agency to develop a workable ethical policy aligned with the above mission and values. The report explained that it should be straightforward to adopt similar wording in Reading, although given the Council's limited range of investments the additional wording was not likely to have a significant impact. Money market fund (indirect) investments would be discussed with Oxford and the Council's Treasury Advisor Arlingclose.

At the meeting Councillor Lovelock moved recommendations based on the advice in the report.

Resolved –

(1) That the Committee note:

- **the Council's public commitment to tackling climate change;**
- **that the Royal County of Berkshire Pension Fund, of which most Council staff are members, currently has over £27m invested indirectly in fossil fuels;**
- **that if fossil fuel companies extract and burn just 20% of the reserves they hold, this is likely to cause serious adverse climate change;**
- **the legal duties on the Pension Fund under statute and under general trust law principles to manage the Scheme in the best financial interests of the Scheme members and beneficiaries. i.e. the Then Pension Fund must invest the money available to meet its future liabilities, and that as the Local Government Pension Scheme is a defined benefit scheme with regulated contributions from employees, the impact of investment performance feeds**

through into employer contribution rates, which are set to enable the Pension Fund to move towards full financing over a 30 year transitional period and these in turn will directly impact the Council's budget;

- **that the Pension Fund employs several specialist fund managers to make investments on its behalf, so has limited ability to change those investments at short notice;**

(2) That the Committee believe:

- **the urgency of stopping climate change requires that we progressively stop burning fossil fuels now;**
- **that appropriate pension fund investment can be a positive driver towards a low-carbon economy;**
- **that public bodies and their related pension funds should, where possible, and where consistent with their legal duties direct investment into 'green energy' infrastructure rather than invest in fossil fuel extraction companies;**
- **that local authority pension funds can and should consider directing a share of their investments to supporting the sustainable development of their local economies;**

(3) That the principle of fossil fuel divestment be supported, and Reading's businesses and institutions be encouraged through the Climate Change Partnership to divest from fossil fuels;

(4) That the following explicit Ethical Investment Statement be included in the Council's Treasury Strategy Statement:

'The Council will not knowingly invest directly in businesses whose activities and practices pose a risk of serious harm to individuals or groups, or whose activities are inconsistent with the Council's Corporate Plan and values. This would include institutions with material links to:

- human rights abuse (e.g. child labour, political oppression)

- environmentally harmful activities (e.g. pollution, destruction of habitat, fossil fuels)

- socially harmful activities (e.g. tobacco, gambling)

These principles will be applied to all investments made by the Council.'

(5) That the Council not accept direct sponsorship and advertising from fossil fuel companies, and Reading Buses be asked to adopt a similar position in relation to bus advertising;

(6) That the Managing Director write to Royal Berkshire Pension Fund and ask them to review and strengthen their own Ethical Investment statement, consider membership of the Institutional Investors Investment Forum with a view to avoiding new investment in the top 200 publicly-traded fossil fuel companies and to consider the possibility of divesting from fossil fuel investments (whether equities or corporate bonds issued by such companies) by 2020.

43. ELECTORAL REGISTRATION AND ELECTIONS – UPDATE

Further to Minute 88 of the Policy Committee of 16 March 2015, the Electoral Registration Officer & Returning Officer submitted a report reviewing the UK Parliamentary, Local Borough and other Elections held on 7 May 2015, and setting out the arrangements for the 2015 annual canvass, which had run between 24 July and 20 November 2015.

Resolved –

That the report be noted.

(The meeting started at 6.30pm and closed at 21.40pm).

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	**POLICY COMMITTEE**		
DATE:	**18 JANUARY 2016**	**AGENDA ITEM:**	**8**
TITLE:	**MENTAL HEALTH CHALLENGE PROPOSAL**		
LEAD COUNCILLOR:	**COUNCILLOR HOSKIN**	**PORTFOLIO:**	**HEALTH**
SERVICE:	**ADULT SOCIAL CARE**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**MELANIE O'ROURKE**	**TEL:**	**0118 937 4053**
JOB TITLE:	**HEAD OF ADULT SOCIAL CARE**	**E-MAIL:**	**melanie.o'rourke@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The Mental Health Challenge is a national initiative and was set up by a group of key mental health (MH) organisations. It is funded by the Department of Health, Public Health England and NHS England through the 'Voluntary Sector Strategic Partnership Programme'. The initiative is asking all local authorities to undertake this important function through the Mental Health Champion role.

1.2 This report aims to outline the benefits to the Reading area of the Lead Councillor for Health becoming a MH Champion.

1.3 Participation in the challenge is timely given the recent work of Cllrs Hoskin, Eden and Stanford Beale in the scrutiny of the number of absconders from prospect park hospital which was presented to ACE in November 2015.

2. RECOMMENDED ACTION

2.1 For the council to take up the Mental Health Challenge programme led by the Lead Councillor for Health Cllr Graeme Hoskin.

2.2 To agree the identification of a lead officer as described in the initiative.

2.3 For the council to agree to identify a person with experience of using mental health services to form part of the 'challenge group'.

2.4 Work with existing strategies and initiatives across the system, such as CAMHs Transformation and future strategies in development to promote Mental Health issues.

3. POLICY CONTEXT

3.1 The initiative highlights the need for Local Authorities to have a key role in implementing the mental health strategy and improving mental health in their communities. It supports and encourages local authorities to take a proactive approach to this crucial issue.

4. THE PROPOSAL

4.1 The challenge provides a vehicle to promote awareness and create challenge for issues related to Mental Health.

The initiative provides helpful information to aid the authority to understand the context and impact of mental illness on its community, as well as the roles and responsibilities individual members and officers across the council. These are described below:

- 1 in 4 people will experience a mental health problem in a given year
- The World Health Organisation predicts that depression will be the second most common health condition world wide by 2020
- Mental ill health costs some £105 billion each year in England alone
- People with a severe mental illness die up to 20 years younger than their peers in the UK
- There is often a circular relationship between mental health and issues such as housing, employment, family problems and debt

4.2 The role of the council should be:

- As a local authority we have a crucial role to play in improving the mental health of everyone in our community and tackling some of the widest and most entrenched inequalities in health
- Mental health should be a priority across all the local authority's areas of responsibility, including housing, community safety and planning.
- All councillors, whether members of the Executive or Scrutiny and within community and casework roles, can play a positive role in championing mental health on an individual and strategic basis

4.3 It suggests that the council should resolve to:

- To sign the Local Authorities Mental Health Challenge run by Centre for Mental Health, Mental Health Foundation, Mental Health Providers Forum, Mind, Rethink Mental Illness, Royal College of Psychiatrists and YoungMinds.
- Commit to appoint an elected member as "mental health champion" across the council
- Seek to identify a member of staff within the council to act as 'lead officer' for mental health.

And that the council should also;

- Support positive mental health in our community, including local schools, neighbourhoods and workplaces
- Work to reduce inequalities in mental health in our community

- Work with local partners to offer effective support for people with mental health needs.

- Tackle discrimination on the grounds of mental health in our community

- Proactively listen to people of all ages and backgrounds about what they need for better mental health

5. BENEFITS OF BECOMING A CHAMPION

5.1 The council will have access to a number of tools including a checklist to review Public Health impact on mental health as well as guidance tools for councillors and officers.

5.2 In the South East of England there are few councillors who have become champions. However, it is anticipated that this number will rise, particularly give the spot light that mental health services now have nationally.

6. CONTRIBUTION TO STRATEGIC AIMS

6.1 The Mental Health Champion role will promote our key corporate and strategic aims of:

- Safeguarding and protecting those that are most vulnerable
- Providing the best life through education, early help and health living
- Remaining financially sustainable to deliver these service priorities

7. COMMUNITY ENGAGEMENT

7.1 Limited community engagement has been apparent to date. However this will increase through the development of the champion role.

7.2 There is a strategic commissioning group lead by the Head of Adult Social Care who can raise the profile of mental health needs and services across the Reading locality.

8. LEGAL IMPLICATIONS

8.1 None identified at this stage.

9. EQUALITY IMPACT ASSESSMENT

9.1 To be developed as the role becomes established.

10. FINANCIAL IMPLICATIONS

10.1 There are no costs associated to becoming a Mental Health Champion, however it should be noted that neither is there any allocated investment as a result of becoming a champion.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	**POLICY COMMITTEE**		
DATE:	**18 JANUARY 2016**	**AGENDA ITEM:**	**9**
TITLE:	**ADULT SOCIAL CARE LOCAL ACCOUNT**		
LEAD COUNCILLOR:	**CLLR EDEN**	**PORTFOLIO:**	**ADULT SOCIAL CARE**
SERVICE:	**ADULT SOCIAL CARE**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**ANGELA DAKIN**	**TEL:**	**0118 9374752**
JOB TITLE:	**HEAD OF COMMISSIONING AND IMPROVEMENT (INTERIM)**	**E-MAIL:**	**Angela.dakin@reading.gov.uk**

1. PURPOSE OF THE REPORT AND EXECUTIVE SUMMARY

1.1 The Local Account is a report of the Council's performance in Adult Social Care. It is strongly influenced by sector led improvement good practice requirements, and is a useful summary of what the council is doing well and where we plan to do further work to improve the way that we support people.

1.2 The Local Account is aimed at service users, carers, local residents and partners. With this is mind, the document is presented in a way that should make the information accessible and interesting to this audience. A draft of the Local Account for 2014-15 is attached (Appendix A). Following feedback including consultation with local people through Healthwatch Reading, the final version will be published and promoted to local people.

2. RECOMMENDED ACTION

2.1 To endorse the Local Account for 2014/15 and approve for publication.

3. POLICY CONTEXT

3.1 Local Accounts are a core component of the overall approach to sector led improvement for social care. They sit alongside peer challenge and support, benchmarking common data sets and making best use of resources through accessing best practice in how to deliver good outcomes for local people who use services at a time of diminishing resources and growing demand. All of these components enable councils to be aware of their performance and to set priorities through engaging local people.

3.2 A 'Toward Excellence in Social Care' (TEASC) paper on local accounts in 2013 suggested that the local account be a short document that is readily accessible. The paper proposes that areas to cover should include outcomes achieved for local people, complaints information, service user feedback, progress against local priorities, and improvement priorities for the future.

4. THE PROPOSAL

4.1 For 2013/14, a one page summary of key performance areas was published in the Adult Social Care newsletter sent to all current service users and carers and published on the Council's website.

4.2 It was agreed to produce a full Local Account for 2014/15 that would provide more detail on the Council's performance. After reviewing the Local Accounts published by other councils and in consultation with Healthwatch Reading, an outline format and content list for the Local Account was compiled and agreed with the Lead Member for Adult Social Care:

- Introduction from Lead Member and Director
- Scene setting/background to Adult Social Care – including ASC vision, national and local context, key population information and basic information about ASC services
- How we did – including achievements against service plans, key performance indicators, overview of budget information, and links to Safeguarding Annual Report
- Feedback – user and carer survey results, complaints data, recent consultations
- Other achievements and good news stories
- Forward look – priority focus areas for 2015-16 and beyond

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The Local Account sets out how the Council is meeting Priorities 1, 2, 3 and 6 in the Corporate Plan, as set out below:

1. Safeguarding and protecting those that are most vulnerable;
2. Providing the best start in life through education, early help and healthy living;
3. Providing homes for those in most need;
4. Keeping the town clean, safe, green and active;
5. Providing infrastructure to support the economy; and
6. Remaining financially sustainable to deliver these service priorities.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Healthwatch Reading have supported the development of the Local Account, by sharing their views on the proposed content and making suggestions to ensure this is interesting and relevant to local people – ensuring performance

is presented in terms of the outcomes for service users, for example, to make this more real to people.

6.2 The draft Local Account has been shared with the Adult Social Care User Panel members and with a panel of interested local people recruited by Healthwatch Reading. The feedback from these groups on the content and presentation has informed the final version of the Local Account.

6.3 Once published, people will be offered routes to give their feedback on the Local Account and this information will be used to shape plans for publishing performance information in future years in the most accessible format.

7. EQUALITY IMPACT ASSESSMENT

7.1 An Equality Impact Assessment is not required for the Local Account. The Local Account does highlight the diversity of Reading's population and identifies any areas of good performance or those for further improvement, to ensure that people with different protected characteristics are supported effectively.

8. LEGAL IMPLICATIONS

8.1 The Care Act statutory guidance encourages local authorities to use Local Accounts as a way to report progress against their strategies for care and support, and to review these with stakeholders.

9. FINANCIAL IMPLICATIONS

9.1 There is a small cost related to the production of the Local Account, to pay for the work from an external design agency to present the information in an accessible and attractive format. This has been covered from existing budgets.

9.2 A small print run is proposed for accessibility purposes and to provide reference copies in Council buildings. This is budgeted for from existing community engagement and promotion budgets. However it is not proposed to print a significant number of copies, as people will be encouraged to view and download the full document on the Council's website.

10. BACKGROUND PAPERS

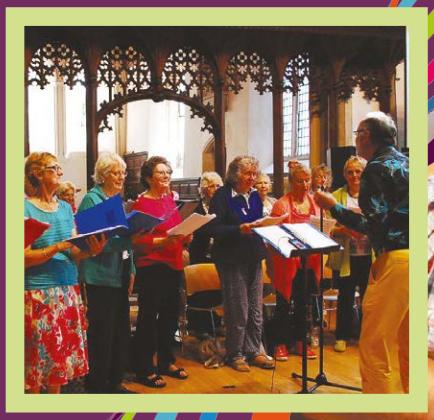
10.1 Appendix A: 'How Did We Do? – Adult Social Care Local Account 2014/15' (Draft version)

10.2 Towards Excellence in Adult Social Care: Developing Local Accounts – What we Know (May 2013)

How Did We Do?

Adult Social Care Local Account

2014/15



Reading Borough Council

Working better with you


keeping adults
safe and well
care and
support
to those that need it
helping people to live
fulfilling
lives

Welcome

Welcome to Reading's Local Account. This document summarises our performance between April 2014 and March 2015.

Our Local Account for Adult Social Care tells you:

- how much we spend and who we support
- how we organise our services
- our achievements and where we're doing well
- where we want to get better
- our plans for the future

We face a huge financial challenge to provide vital services from a reducing budget, but we are committed to delivering our vision for adult social care, in keeping adults safe and well, providing care and support to those that need it and helping people to live fulfilling lives. We want to support people's independence by developing an exciting and appealing range of community-based support that gives people opportunities to access universal services and other support in their local area. We need a broader range of housing options to give people with additional care needs support to move away from institutionalised residential care to more appropriate and independent living arrangements.

This report is about the Council's performance, but our work is closely linked to other local partners. Some of the examples of the way we've worked with health services such as GPs and hospitals to improve how we can support people in a more joined-up way are included here, and we plan to do more of this over the next three years.

The views of people who experience our services are really valuable, and we've included some of the ways that we have used this feedback to shape our plans over the last year. We will continue to talk to you about our ideas for improving the way we work with you, and to get service users and carers involved in shaping what these plans are in a much more active way. If you are interested in getting involved, you can find out how you can do that in the 'Have Your Say' section at the end of this report.

We hope that you will find this review helpful and interesting. We're really interested in your feedback on what is included in the Local Account and if there's anything more that you think we should add that would be useful for people to know. Please let us know your views through the contact details on page 15.

Finally, we want to say thank you to all the staff who have worked hard to deliver the services which support and keep safe some of our most vulnerable residents in the Borough. Thank you to the residents who volunteer and support our work. Thank you also to Healthwatch Reading for their input to this document.

Councillor Rachel Eden
Lead Councillor for Adult Social Care

Wendy Fabbro
Director of Adult Care & Health Services

About Adult Social Care

What is Adult Social Care?

For most adults who live healthy and independent lives in Reading we offer information, advice and universal services that help people to stay well by accessing services in their local community.

Adult social care is governed by a range of statutory duties to provide care and support for people with eligible needs. If people have care and support needs because of a disability or needs that develop as they get older, adult social care can help them to get the right level of support for their situation. This might be something simple like a piece of equipment to make it easier to move about their house, or some short-term support to help them to recover after a hospital stay.

For those with needs that are eligible for ongoing support, we will work with them to find the best option to meet their needs and assess their finances to see what they can afford to pay towards the cost of this support. People receiving care and support are involved in their own assessment and planning process and may also choose to take a direct payment and organise their own care.

Some services are free and available to all. We also provide support (such as training, information and advice) free to people who care for someone with care and support needs.

Protecting vulnerable adults is the most important part of our work. In our safeguarding role we work closely with other councils, the police, health services and others to try to prevent adult abuse occurring and stop it when it happens.

How we are organised

Our Vision and Priorities

Adult Social Care & Health supports the Council's Corporate Plan – 'Helping to narrow the gaps in Reading'.

The vision

- Our purpose is to support, care and help people to stay safe and well, and recover independence so that they can live their lives with purpose and meaning.
- We do this collaboratively with customers, carers, communities and partners; tailoring a response to meet needs and to effectively deliver targets and outcomes.
- In delivering these services we will be fair, efficient and proportionate in allocating our resources.

6 council-wide priorities

1. Safeguarding and protecting those that are most vulnerable
2. Providing the best life through education, early help and healthy living
3. Providing homes for those in most need
4. Keeping the town clean, safe, green and active
5. Providing infrastructure to support the economy
6. Remaining financially sustainable to deliver these service priorities

In line with the Council's Corporate Plan, during 2014/15 we had 3 main Adult Social Care priorities:

1 Meeting the Care Act

The Care Act changed the law for adult social care from April 2015. This included new duties to prevent people needing care and support and to support their general wellbeing, as well as new national eligibility criteria. It also gave carers the right to support for their eligible needs. We needed to change the way we worked over the last year to meet the Care Act.

2 Joining up health and social care services

We published our joint plan with health services about how we would work together more closely to integrate the way we support people. Our Better Care Fund plan included putting in support that would help people to stay out of hospital or leave hospital more quickly. The Government signed off our plans and we started work in Berkshire to put these in plac

3 Delivering savings

The Council has needed to make budget savings every year since 2011 because of a reduction in the grant we get from the government. In 2014-15 the Council made savings of £12m in the overall budget. Adult Social Care had its part to play in delivering these savings – we achieved savings of £2.48m, which equals an average of £47,836 every week.

How We Spent Our Money

42% of the Council's net budget is spent on adult social care services – the largest single area of spend for the Council.

Money in – £55.8m*

32.4%
£18.1m
supporting people with physical disabilities

30.3%
£16.9m
supporting people with learning disabilities

10.4%
£5.8m
supporting people with memory & cognition needs

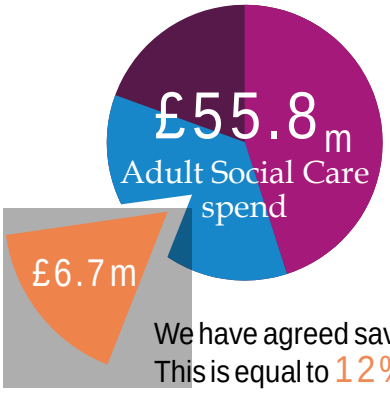
Adult Social Care spend on different types of support

6.6%
£3.7m
supporting people with mental health needs

1.6%
£0.9m
social support e.g. for carers

0.4%
£0.2m
supporting people with sensory needs

18.3%
£10.2m
cross-cutting services**



42% of the Adult Social Care spend supported people of working age (18-64 years).

38% of the Adult Social Care spend supported people aged 65 and older.

20% The remaining 20% is spent on cross-cutting services.**

We have agreed savings of £6.7m that need to be delivered from April 2015 to March 2019. This is equal to 12% of our spend in the last financial year (2014-15), although this spend will change over the coming years.

Across all these groups, we spend the biggest share of our budget on services that support people to live in the community – £18.7m in 2014/15.

In 2014-15 the average cost for Reading to support a person with a learning disability of working age (18-64 years) in a care home was £ 1,600 a week. This is higher than the average cost to other councils in the South East.

* Gross Expenditure – ASC-FR Return 2014/15

** Equipment and adaptations, information and prevention services, managing and commissioning people's care

Our Population

Reading is the second most ethnically diverse council area in the South East. After White and British, the most common ethnicities are Asian/Asian British, Other White, and Black/African/Caribbean/Black British.

35% of our population are currently from Black & Minority Ethnic Groups This has increased from 13% in the 2001 Census.

160,825 people currently live in Reading – a 9% increase since 2001. The population will increase to 193,665 by 2050.

19,400 people currently living in Reading are aged 65 and over. It is estimated this will increase to 26,700 by 2030.

26% live in private rented homes. This has increased from 18% in the 2001 Census.

Fuel poverty has increased in Reading from 5,600 households in 2006 to 6,695 households now. (10.97%)

2,900 people are currently aged 85 and over. It is estimated this will increase by 15% in the next five years, to 3,400.

8% of Reading's population – 12,315 people – said they were providing some level of unpaid care at the time of the last Census (2011).

Men who live in the most deprived areas in Reading are estimated to live eight and a half years less than men in the least deprived areas.

78 years is the average male life expectancy in Reading.

83 years is the average female life expectancy in Reading.

The number of working age adults with a moderate physical disability is projected to increase by 600 to 7,794 people by 2030.

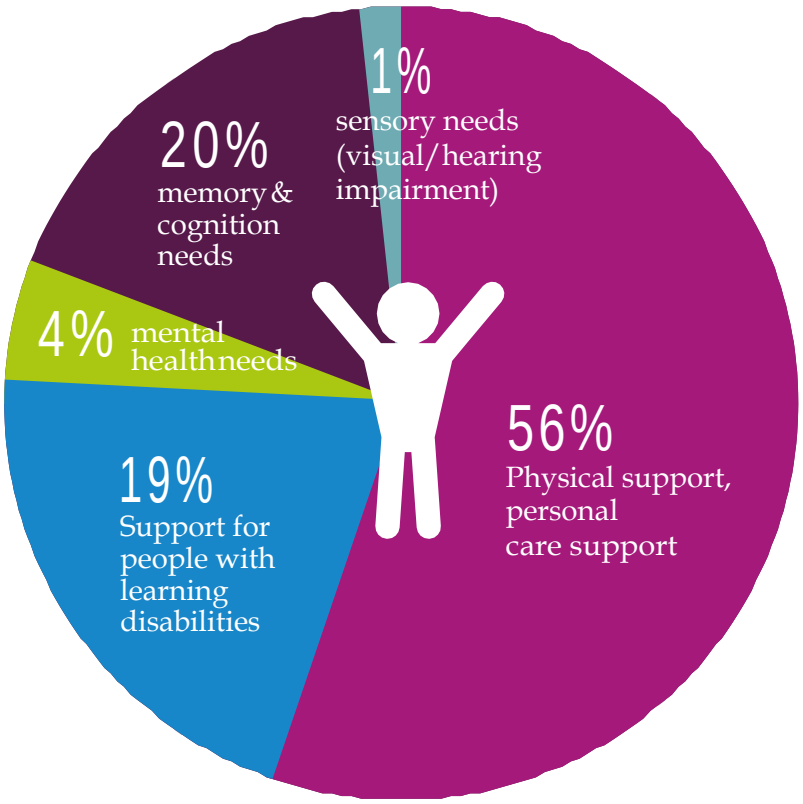
The number of working age adults with a learning disability is projected to increase from 2,576 to 2,672 people by 2030.

5,846 people in the 2011 Census, said they had bad or very bad health – 3.8% of the population.

Approximately 255 people in Reading died prematurely of heart disease and stroke between 2011-13 – an average of 2 people each week.

Adult Social Care – Who We Supported

2,890 people were supported, including 510 as carers, by the Council's Adult Social Care services between April 2014 and March 2015.



3,727 weeks of short term support were provided to help people recover from illness or injury.

615 people received support in a residential/ nursing care home.

1,765 people were supported to live with some help in the community – of which 394 accessed this in a Supported Living setting, and 131 in Extra Care Housing. 562 people accessed services to help with their mental health needs (dementia, for example).

757 people received support from structured drug and alcohol treatment services.

185 people took part in our neighbourhood clubs and activities that give older people opportunities to spend time with others in their local area.

32 voluntary sector organisations that we funded with **£900,000** in grants provided support to keep people healthy and independent. This includes information and advice, self-advocacy, opportunities for carers to take breaks, supporting people to regain independence, handyperson services, and opportunities for social contact to reduce loneliness.

96 quality monitoring visits to care providers

We worked with other councils and the NHS to jointly fund information and advice services from Berkshire Carers which supported around **800 carers** in Reading.

148 direct payments for service users.

341 direct payments to unpaid carers.

We received **702 safeguarding concerns** during the year, in relation to 621 adults. From these concerns, we carried out 527 enquiries.

35 partnerships, working groups and **other events** were held for people to have their say about services in Reading.

441 people currently with a learning disability receive adult social care support in Reading. This will rise by between 37 and 75 additional people by 2030.

Our Key Achievements in 2014-15

- 91% of older people (aged 65+) who left hospital with reablement/rehabilitation services to help them get their independence back were still at home 91 days later. This is better than last year (88%), and better than the England average (81%).

  (Adult Social Care Outcomes Framework 2014/15)

- 79.4% of people using social care services said they had control over their daily life – higher than last year's survey results (78%) and a bigger percentage compared to other councils (77%).

  (ASCOF 2014/15)

- We reduced the number of younger adults moving into care homes, from 20.1 to 16.4 in every 100,000 people. We still need to reduce this even more – in other councils the average for England is 13.7 in every 100,000 people.

  (ASCOF 2014/15)

- 100% of carers who received support from social care accessed this through a direct payment, giving maximum choice and control about how they spent this to meet their caring needs.

  (ASCOF 2014/15)

- More adults in contact with mental health services live in their own homes or with their family compared to other councils (80% in Reading and 60% nationally).

  (ASCOF 2014/15)

- In 2014 we opened Cedar Court, a new council extra care housing scheme in South Reading. There are 40 flats that offer people the chance to live independently in their own homes with care and support services available when (and if) they are needed.
- We commissioned a new service to make sure people who need an advocate to take part in care assessments, support planning or reviews can access this.
- Over 300 people came to our event in October 2014 to celebrate Older People's Day. Age UK Berkshire chaired the day and some of Reading's older people helped to plan for the day.
- We celebrated unpaid carers and promoted their rights to assessment and support in Carers Week in June and Carer's Rights Day in November.
- We launched Discharge to Assess beds at The Willows, to give people leaving hospital somewhere to go to have time to decide about their options for meeting their ongoing needs for support.
- We were the first local authority in the South East (outside London) to sign up to the Unison Ethical Care Charter, which means that homecare workers are guaranteed the Living Wage and paid to do the training they need. All the providers on our Homecare Framework commissioned in 2015 are signed up to the Charter too. People using services were involved in choosing the organisations to be part of the Homecare Framework.
- We completed our Supported Living Accreditation Select List tender. This offers people the ability to choose from a range of providers of supported living services that are approved by the Council.

YOUR ExPERIENCES

Mr F is in his 80s and his poor health means he can't leave his bed. His wife cares for him with help from a homecare agency. When Mrs F was admitted to hospital the carers from the agency were on hand to make sure Mr F still had the support he needed. Mrs F has now left hospital and a social worker carried out a carers assessment to identify what support she needed. Mrs F now has respite care that lets her take a break from caring.

Our Areas for Improvement

There are some areas of our work where we know we need to focus on doing better, and we've put plans in place to work on this in 2015-16:

- Reducing delays in getting people out of hospital – there was an average of 11.5 delays for every 100,000 people in Reading in 2014/15. This is more than the previous year and higher than the England average (11.2 delays).

  (ASCOF 2014/15)

- The number of people who move to residential care is still higher than the national average and for similar councils to Reading.

  Older people residential care admissions – 955/100,000 people (England – 659/100,000).

  Younger adults residential care admissions – 16/100,000 people (England – 13/100,000).

  (ASCOF 2014/15)

- Increasing the number of people using direct payments to manage their care and support themselves. In 2014/15 only 10% of people with care and support needs took up this option in Reading, compared to 26% nationally.

  (ASCOF 2014/15)

- Increasing the number of people with learning disabilities in paid employment from 5.4% – our performance has gone down in the last year and similar councils have higher numbers (8.4%) in paid employment.

  (ASCOF 2014/15)

- Improving people's satisfaction with services – in the annual survey, 60% of social care service users in Reading said they were satisfied with their services. This is lower than last year (62%) and the England average of 65%.

  (ASCOF 2014/15)

- Increasing the number of people successfully completing drug treatment – this fell in 2014/15 to 6.2% of opiate drug users, which is below the national average (7.8%) and lower than similar councils to Reading. (National Drug Treatment Monitoring System, 2014-15).

- Improving our safeguarding practice to do more to involve people in the decisions made about keeping them safe.

- Spending less of our budget on residential care and more on community-based support and services that help people to maintain their independence.

- Working more closely with our partners in the NHS to support people more seamlessly across health and social care services.

What You've Told Us

39 compliments were received about our services in 2014/15.

68 complaints were received about our services in 2014/15.

"Your system of care in Reading is very organised and you have made sure that I understand every step of the path you are taking with Mother."

Most of the complaints we received (47%) were about the service provision that people got.

The number of formal complaints about our services are reducing:

We try to consider Alternate Dispute Resolution (ADR) at every stage of the complaints process. This means resolving a complaint or concern informally through a face to face meeting or telephone discussion.

This doesn't restrict someone's right to request a formal investigation at any stage. All complaints and concerns are a valuable source of feedback that helps us to understand where and why changes are needed to improve the services we provide. This data doesn't show the issues that are resolved informally when someone first raises a concern.

In the first year of the NHS Complaints Advocacy service provided by Healthwatch Reading, 50 people received advocacy for complaints and there was informal support for a further 70.

YOUR EXPERIENCES

Miss S is a young adult with a learning disability who wanted to get support to go to the gym, to improve her health and support her wellbeing by helping her to leave the house. Her social worker helped her to set up a direct payment and she used some of this to pay for a personal assistant to accompany her to the gym at the times she chose to go.

You Said, We Did

We gather a lot of views from people who use services through consultations. Some of the comments from people are below, with an explanation of how we put the learning from this feedback into practice:

"Their heart is in the right place… but the system is not designed for speed. It's very, very slow. The system hasn't been designed properly."

Healthwatch Reading interviewed people about their experiences of leaving hospital. They identified areas where improvements were needed to make the process work better for people. We are working on an action plan to meet the recommendations Healthwatch made and improve how people are discharged from hospital.

"Supported Living is a place where you can live with others and where you get support if you need it."

People in Supported Living accommodation told us that being able to live independently with help to manage their money and maintain their homes was really important to them. We used the feedback to shape our requirements for the new Supported Living Framework we have in place with providers.

"Carers do an invaluable job and the more information and help they can get can only be good."

We asked people for their views on how we planned to meet the Care Act duties in Reading.

They agreed generally with our local proposals, and told us about the importance of access to information and advice, and the right support to stay well and independent for people and their carers.

"The carers get to me when they can. I know traffic can be very heavy in Reading, but I think the office gives them unrealistic schedules sometimes… one of the carers told me there's no travel time allowed for in their schedule."

We did some research with people who used homecare services. They told us how important the services were to their daily lives, but also that

YOUR EXPERIENCES

Mrs L had a terminal illness and didn't want to spend her last few days in hospital. The social care team arranged for support to get Mrs L into respite care to keep her comfortable. Mrs L died on her first day in the respite bed, but her daughter was very grateful that she got to end her life how she wanted to.

there were some problems with short visits and workers arriving late. We made sure these areas were addressed when we commissioned our new Homecare Framework. All the Framework providers have signed UNISON's Ethical Care Charter which includes commitments to paying travel time for staff and no calls of 15 minutes for personal care.

"Great to have so much information, that is user friendly and accessible to look through. Searching seems to work well too, and can find out up to date information on what's around locally."

We ran a survey on the Reading Services Guide, a directory of services for adults, families and young people. 73 people responded – of these 91% thought the information on the Guide was clear and easy to access. People gave feedback on how to improve the Reading Services Guide, and we will use these ideas to further develop the information available.

Carers told us the most important things in an Information & Advice support service for them was:

- Centralised point – support appears to be split between different organisations.
- Accessibility – various formats to get information including phone, face to face, post and email.
- Easy to find emergency contact information.

YOUR EXPERIENCES

Mr B was struggling to get into and out of bed, and his wife was straining her back to assist him. An occupational therapist applied to a charity for a grant to buy an electric bed to make this easier and help the couple to stay living together at home, instead of Mr B moving to a care home. Mr B also has a direct payment which he uses to buy personal care when his wife is away.

YOUR EXPERIENCES

Mrs D went to hospital after falling and injuring herself, and needed support when she left hospital. A social worker met with Mrs D and her son to understand her situation and arranged for the equipment she needed to be at Mrs D's home that day. The social worker identified that Mrs D should have ongoing support with her dementia, and arranged carers to help her stay at home – something that is very important to Mrs D.

Our Plans for the Future

We are ambitious about enabling people to live more fulfilling lives, despite the challenges we face. These are the areas that we are intending to focus on to help us meet our vision and priorities:

The budget context

The Council has made savings of nearly £57 million since 2011. Following the Government's spending review we will need to make further substantial savings over the next four years..

We are working hard already to deliver savings in the budget for this and future years. We have agreed savings of £6.7m that need to be delivered by Adult Social Care by March 2019.

Our future plans

Despite the budget pressures, Adult Social Care services will still support people who need it in Reading. Over the next three years we will:

> Despite the budget pressures, Adult Social Care services over the next three years will still support people who need it in Reading.

- Achieve bronze status in 'Making Safeguarding Personal' – a national scheme that will make sure we works closely with people to get the outcomes that are important to them during Safeguarding investigations.
- Continue implementing the Care Act, as we better understand the changes to the law, making sure the whole Council is doing its part to meet the new Wellbeing duty for people in Reading.
- Publish our strategies for Learning Disabilities, Mental Health, Older People, and Accommodation with Care to set out how we will commission these services in the future and make sure we have the right support for people.
- Fund voluntary sector organisations through the Narrowing the Gap framework, working towards a consistent quality standard and monitoring of these services to ensure they are meeting our key outcomes to support people's wellbeing.
- Test an approach known as 'Right For You' to support people who contact social care. This will mean a more personalised approach to their situation and provide timely support in a crisis including better connections to their local community. If this is successful, we will extend the approach to all our social care teams.
- Continue to work with partners to provide more Extra Care Housing schemes, including sites in South Reading and Caversham.
- Build 10 new supported living flats for people with learning disabilities at Whitley Rise, South Reading, as an alternative to residential care.
- Modernising Day Services – ensuring there is a range of day opportunities linked to local community and neighbourhood services, while providing a specialist service at a new venue co-located at Rivermead Leisure Centre.

D17

Have Your Say on Care and Support Services

Your view of care and support services is really valuable to us as we aim to keep on improving our services, and there are lots of ways you can get involved.

We have a number of groups and partnerships which hold regular meetings and are always open to new people taking part:

- Older People's Working Group
- Carers Steering Group
- Physical Disabilities and Sensory Needs Network
- Learning Disabilities Partnership Board
- Learning Disabilities Carers Forum

If you would like to find out more about any of the groups or if you are interested in sharing your views, phone 0118 937 2383 or email transformation@reading.gov.uk.

Older People's Day 2015

A small number of older people from the Older People's Working Group volunteered to help to plan and run the Council's event to celebrate Older People's Day in October. These older people worked with Council staff and partners to decide what should happen on the day and to make sure it ran smoothly.

Improving Day Services Consultation

Between March and June 2015 we ran a three month consultation on a proposal to improve the current day services offer for older people. We used the meetings of the groups and forums to explain the proposal and to answer people's questions and hear their views and ideas.

The consultation responses helped to shape our final proposal.

YOUR EXPERIENCES

A group of older people using The Maples Resource Centre for day support went on a trip with their carers to Southsea, arranged by the workers at the centre. The day included spending time by the sea and lunch. It was a great success and enjoyed by all those who went.

Reading Borough Council
Working better with you

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	**POLICY COMMITTEE**		
DATE:	**18 JANUARY 2016**	**AGENDA ITEM:**	**10**
TITLE:	**READING DRUG & ALCOHOL MISUSE NEEDS ASSESSMENT**		
LEAD COUNCILLOR:	**GRAEME HOSKIN**	**PORTFOLIO:**	**HEALTH**
SERVICE:	**PUBLIC HEALTH**	**WARDS:**	**BOROUGH WIDE**
LEAD OFFICER:	**SUZIE WATT**	**TEL:**	**0118 937 4806**
JOB TITLE:	**PROGRAMME OFFICER**	**E-MAIL:**	**susan.watt@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The Reading Borough Council (RBC) drug and alcohol misuse needs assessment quantifies the extent of misuse of alcohol and drugs in Reading; the effect this is likely to have on people and thus on health and social care and other services, and on prevention and early interventions and, the nature of current services and treatment demand for substance misuse; and what might be done to better meet identified needs.

1.2 This needs assessment is a precursor to a revised strategy for drug and alcohol services in Reading which will be developed in the near future.

1.3 Contributors to the report include key stakeholders and partners for example, Clinical Commission Group's, Source (RBC's Young Persons Drug & Alcohol Treatment Service), IRiS (Adults Drug & Alcohol Treatment service provider), RBC's Parental Substance Misuse Service, Thames Valley Police and RBC Licensing/Trading Standards Team. Client feedback and/or experience is **not** reflected within the paper because this is a needs assessment and not a details proposal for how service might be changed in the light of a needs assessment.

1.4 In Reading, as in many other places, there has been a greater emphasis put on the treatment of drug misuse rather than alcohol misuse. Whilst drug-related deaths rates in the local population are higher than the England average, and in comparison to other Berkshire local authorities, the numbers remain small. In contrast, the figures in the needs assessment show that the health and social care and the wider societal effects of alcohol misuse are substantially greater than those of drug misuse.

1.5 Appendix A – Reading Drugs & Alcohol Misuse Needs Assessment

2. RECOMMENDED ACTION

That Policy Committee endorse the Reading Borough Council's Drug & Alcohol Needs Assessment and recommendations.

3. POLICY CONTEXT

The recommendations in this paper will help the Council meet obligations including:

3.1 National Policy & legislation:

- National Health Service Act (2006)[1] and Health & Social Care Act (2012)[2] – mandates local authorities to improve life expectancy and reduce health inequalities.

3.2 Reading's Health & Wellbeing Strategy:

- Promote and protect the health of all communities, particularly those disadvantaged
- Reduce the impact of long term conditions with approaches focused on specific groups
- Promote health-enabling behaviours & lifestyles tailored to the differing needs of communities.
- Joint Strategic Needs Assessment

3.3 Public Health Outcomes Framework [PHOF], which councils are required 'to have regard to:

- Hospital admission episodes for alcohol-related AND alcohol-specific conditions
- Alcohol-specific mortality AND alcohol-related mortality
- Mortality from chronic liver disease
- Number in treatment at specialist alcohol misuse services
- People entering prison with substance dependence issues who are previously not known to community treatment
- Successful completion of treatment for alcohol
- Proportion waiting more than 3 weeks for alcohol treatment
- Claimants of benefits due to alcoholism

4. THE PROPOSAL

4.1 Current Position:

Please see Appendix A.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 Prevention, intervention and treatment of drug and alcohol misuse contribute to Corporate Priority 2: *Providing the best life through education, early help and healthy living*.

5.2 The drugs and alcohol treatment services allows the council to significantly contribute to other strategic aims and corporate priorities. It contributes to

[1] *National Health Service Act 2006.* London, HMSO. Available at: http://www.legislation.gov.uk/ukpga/2006/41/contents (Accessed 22 July 2015)
[2] *Health and Social Care Act 2012, c.7.* Available at: http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted (Accessed: 22 July 2015).

the protection of vulnerable children, families and adults. It supports the prevention of alcohol and drug misuse and, uses harm reduction as a way of reducing risks to clients.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Community engagement and consultation will be actioned in the follow up stages, once the needs assessment has been approved.

7. EQUALITY IMPACT ASSESSMENT

7.2 An Equality Impact Assessment (EIA) is not relevant at this stage.

8. LEGAL IMPLICATIONS

8.1 There are no legal implications at this stage.

9. FINANCIAL IMPLICATIONS

9.1 Not applicable at this stage.

Reading drug and alcohol misuse needs assessment

7 January 2016

Suzie Watt
Public Health Programme Officer

Kim McCall
Drugs and Alcohol Contract Performance Analyst

Sally Anderson
Drugs and Alcohol Contract Manager

Dr Andrew Burnett
Interim Consultant in Public Health Medicine

CONTENTS

SUMMARY

The misuse of both drugs and alcohol is a problem in Reading, as elsewhere, and is growing for alcohol; locally, we are not doing all that we can to prevent misuse and the provision of interventions are not to be addressing the need of local Reading residents.

Alcohol misuse, mainly in the adult population, is a far greater problem than drug use in Reading, as elsewhere. Principally this is because of the sheer number of people who drink alcohol in our society (a very large majority) and the increasing proportion who do so in ways that risk injuring their health: based on current guidelines, we estimate that at least some 30,000 Reading residents are drinking to hazardous levels and 4,500 are drinking to harmful levels. As these figures are based on national self-reported drinking levels, and research shows that people significantly under-report their drinking, we can infer that people's true drinking levels are even higher than this. It is noteworthy that Reading has high rates of alcohol-specific mortality and mortality from chronic liver disease in both men and women. These rates indicate a significant population who have been drinking heavily and persistently over the past 10-30 years. Liver disease is one of the major causes of mortality and morbidity which increasing in England with deaths reaching record levels having risen by 20% in the last decade.

Whilst locally the numbers of drug-related admissions and drug-related deaths are proportionally smaller, what is clear is that drug misuse, particularly of opiates and crack cocaine, places an enormous strain on the families of drug users, including their children; can have a serious negative impact on the long-term health and well-being of family members; and that many drug misusers have a myriad of health and social problems which require interventions from a range of providers.

The most commonly used drugs, such as cannabis, opiates and crack cocaine, are illegal, uncontrolled novel psychoactive substances (also known as 'legal highs' and 'club drugs') are relatively easily available.

Drug and, especially, alcohol misuse is a significant cause of both violent crime and acquisitive crime. Whilst we know that acquisitive crime, mainly associated with drug use, is declining, violent crimes and assaults (including domestic abuse) are increasing and are a significant factor in personal and family problems, often placing children at especial risk.

Many young people receiving interventions for substance misuse have a range of vulnerabilities that require specialist support and intervention. Those in treatment often report being victims of domestic violence; having contracted a sexually transmitted infection; experiencing sexual exploitation; being more likely not to be in education, employment or training; and being increasingly likely to be in contact with the youth justice systems.

More needs to be done to encourage and enable front-line personnel in education, health and social care, and across other relevant sectors, to sustainably raise awareness of the risks of drug and alcohol misuse and how to avoid it.

Education, health and social care front-line personnel also need to be enabled and encouraged to do more to identify people at risk of misusing drugs and/or alcohol, to provide brief interventions, and to refer to appropriate services. It would be appropriate to extend this to other services too, which may come into contact with vulnerable adults and young people, such as housing and the police.

A review of current specialist service provision for drug and alcohol misuse against current resource allocation in Reading is required. It may be appropriate to change the way current services are delivered, with the current resources allocated, in order to meet the needs of an ageing, dependent, opiate using population and increase the access to specialist alcohol misuse services and youth services. Specifically, Reading needs a revised approach to its drug and alcohol services that:

- puts a much greater emphasis on the problems of alcohol misuse at all ages (that is, younger people and older ones), and for people with different problems causing them to use drugs and/or to misuse alcohol;
- puts a much greater emphasis on prevention, particularly targeting 0-18 year-olds, with specialist family support for children at risk, but also helping to address the issue that both young and older adults face;
- ensures that all health and social care services, and those of the police and judicial system, work together more effectively so that people do not fall into gaps between services and so that it is simple to provide care between different agencies without the service user having to try to negotiate their way from one to another;
- provides services of all types in different locations to improve engagement and thus outcomes;
- enables and encourages front-line staff in all sectors, to do much more to identify people at risk of misusing drugs and/or alcohol and to provide brief interventions, and refer to appropriate services; and
- enables different policies and services and the enforcement of regulations, to take account of the cumulative impact of drug and alcohol misuse to enable greater benefit to people's health and to the community more widely.

IMPORTANT NOTE

At the time of writing this report it was announced that the Department of Health was expected to publish new guidelines on alcohol consumption including that the recommended weekly upper limits for drinking were to be reduced and made the same for men and women. In addition, it was expected that the Department of Health would add that there was actually no real safe lower limit for alcohol consumption.

This report was completed before the publication of these revised guidelines and the calculations in it in relation to the number of people in Reading drinking alcohol at hazardous and at harmful levels are likely to be underestimates in the light of this expected revised guidance.

Reading drug and alcohol misuse needs assessment 2015/16

1 Introduction

The Reading Borough Council (RBC) drug and alcohol misuse needs assessment quantifies the extent of misuse of alcohol and drugs in Reading; the effect this is likely to have on people and thus on health and social care and other services, and on prevention and early interventions and, the nature of current services and treatment demand for substance misuse; and what might be done to better meet identified needs.

This needs assessment will enable the development of a Reading drug and alcohol strategy and action plan. We have sought contributions from key stakeholders and partners, particularly those who have direct involvement in drug and alcohol treatment services.

The most significant drug of addiction in England,[i] nicotine – most commonly inhaled in tobacco smoke – is not considered in this report; this is a sufficiently large topic to merit dealing with separately, and references here to the use of 'substances' should be read as being 'he most likely after tobacco in terms of having a deleterious effect on health.

2 Context

2.1 Population – age, ethnicity and socioeconomic deprivation

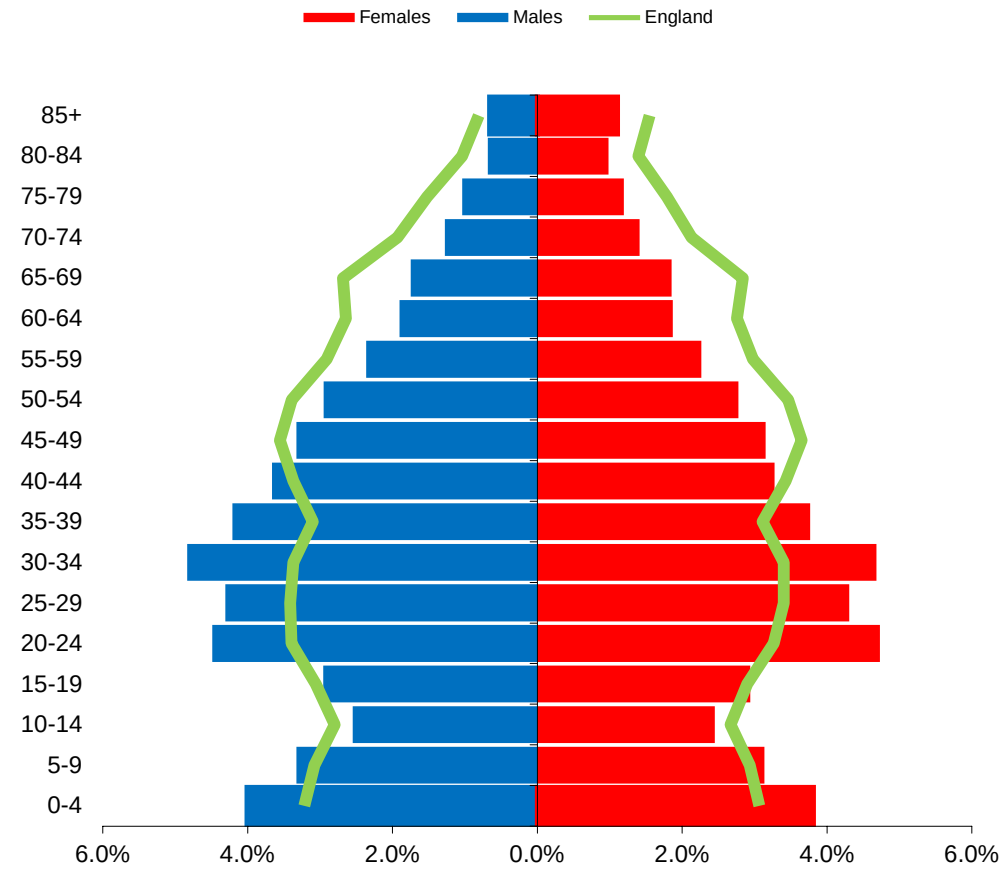
The structure of a population can have an impact on how we apply and model evidence about local drugs and alcohol misuse and more importantly, how we plan prevention, intervention and treatment services. There is good evidence that different populations have different relationships with drugs and alcohol, this includes age, sex and ethnicity. Socioeconomic deprivation is linked with health inequalities and with a higher incidence of substance misuse.[1]

The Office for National Statistics (ONS) mid-year 2014 population estimates 124,171 people aged 18+ as living in Reading [2] and, as seen in Figure 1, Reading has a greater proportion of younger residents aged 18-27 years in comparison to the England average and other local authorities in Berkshire. The difference between the Berkshire local authorities could be partially be explained by the number of students attending Reading University and Reading College and the number of large business that provide employment opportunities.

The majority of people from Black and ethnic minorities (BME) in Berkshire come from the Asian/Asian British community (Figure 2), making up approximately 12.6% of the population in Reading. In total, people from BME backgrounds make up approximately 20% of the total Berkshire population and 22.2% of the Reading population (Figure 3).

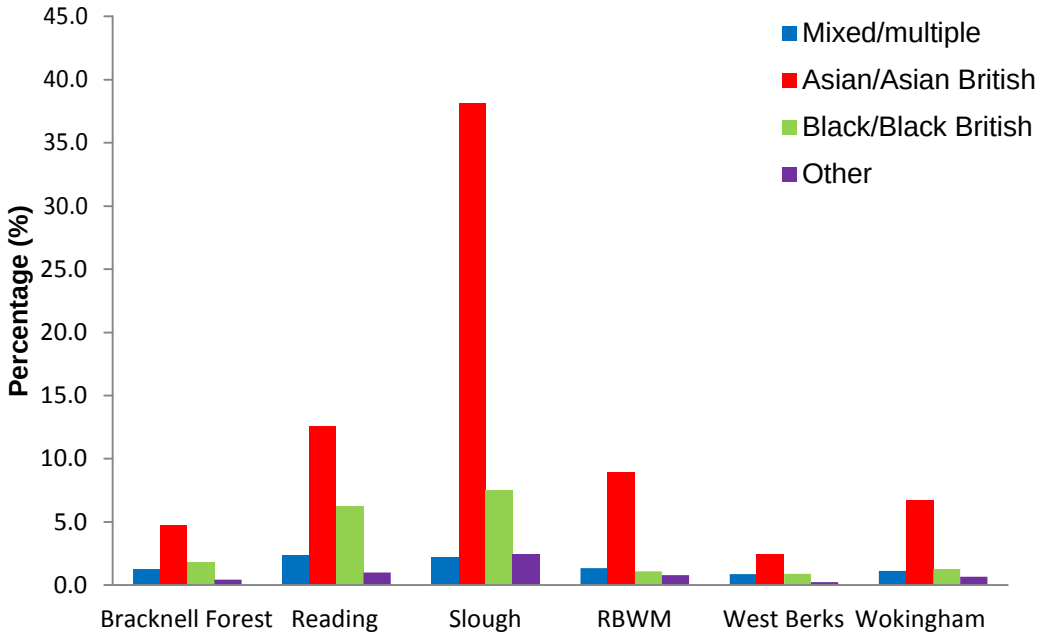
i Addiction, increasingly referred to as 'dependence', is characterised by various features, including a compulsion to take a substance; tolerance (a need to take increasingly larger amounts to get the same effect); and physical and psychological withdrawal symptoms when unable to do so. (World Health Organisation. *Management of substance abuse. Dependence Syndrome*. See http://www.who.int/substance_abuse/terminology/definition1/en/ (accessed 26 October 2015))

Figure 1. Reading population structure 2014 compare to England



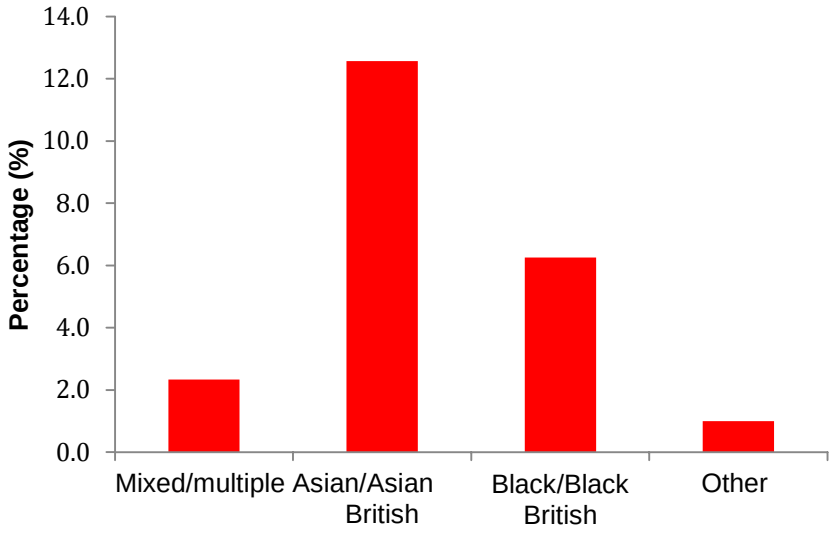
Source: ONS Mid-year population Estimates, 2014.

Figure 2. BME ethnicity in Berkshire as % of population, by Berkshire local authority, 2013



Source: ONS Mid-year population Estimates, 2013.

Figure 3. Proportion of people in the population from BME groups in Reading



Source: Ce

Social and economic inequalities in society are reflected in, and can help to determine, our health outcomes. [3] In 2011, Lower Super Output Areas (LSOA) [ii] boundaries were revised, taking changes into account, Public Health England (PHE) have used a formulation, applying a score and ranking system. LSOAs are ranked using adjusted scores and are aggregated into ten groups, or 'deprivation deciles' based on their ranking. The most deprived tenth were allocated to decile one and the least deprived to decile ten. [4] Depending on the year of the data source, Reading falls predominantly within the fifth decile.

Reading has over half of the LSOAs in Berkshire that fall within the 20% most deprived areas, a significant higher proportion that most other Berkshire local authorities (as shown in Table 1). Current evidence shows, for example, that a boy born to parents living in Minster ward, is expected to live 11 years longer than one born at the same time to parents in Whitley ward. Some sources of evidence usefully allow us to compare Reading outcomes against areas that are estimated to have similar levels of deprivation. Where comparators are available, we have used these throughout the report.

Table 1. Number of LSOAs by Berkshire Local Authority that fall in the 20% most deprived nationally:

Local Authority	Number
Reading	12
Slough	10
West Berkshire	1
Wokingham	0
Bracknell	0
Royal Borough of Windsor & Maidenhead	0

Source: Department for Communities and Local Government 2011

ii Lower super output areas (LSOAs) are subdivisions of electoral wards for data analysis purposes that are defined by aggregating individual household data collected at the decennial census into larger groups. The importance of analysing data at LSOA level is that electoral wards are not homogenous: most wards are patchworks of, for example, small areas of different levels of deprivation and different proportions of people from Black and minority ethnic groups. These differences affect local need and how services can be targeted effectively

Whilst health outcomes are determined by a number of different factors, understanding local inequalities is useful in us being able to determine what the local needs are in relation to drugs and alcohol misuse, particularly where vulnerabilities are socioeconomically factors. Identifying what the alcohol and drug misuse issues are in Reading is also reliant on data such as hospital admissions, treatment services and crime statistics, being recorded in such way that we can confidently draw conclusions from them. Where local data and intelligence is available and relevant, it is presented and discussed, and, where appropriate, we have extrapolated national and international evidence and applied this to our local population in order to estimate the impacts of drug and alcohol misuse in our community.

2.2 Drugs & Alcohol

Alcohol, within certain limits, is legal to purchase and use in this country, however the situation with drugs is different. Drugs can be obtained on prescription, some of them can be sold and bought legally, and some are illegal.

Unlike alcohol, it is also less clear whether the use of some drugs can be associated with reasonably safe relaxation and pleasure. Legal and illegal drug use is less obvious to the public. This may be that many people use certain drugs without significant harm being apparent (as is the case with moderate use of alcohol) and thus do not come to the attention of the health, social care or police or judicial systems. [5]

It is also noteworthy that there anecdotal reports from children and young people in Reading that it is far easier to obtain drugs than it is alcohol. This phenomenon is likely to be found elsewhere too with the increasingly effective enforcement of age restrictions on the selling of alcohol to minors. Whilst there are number of factors that influence a person's alcohol and drug use behaviour, we know that young people's attitude and behaviours are heavily influenced by people they live with.[1,6]

What is clear is that drug misuse, particularly of opiates and crack cocaine, can place an enormous strain on the families of drug users, including their children; can have a serious negative impact on the long-term health and well-being of family members; and that many drug misusers have a myriad of health and social problems which require interventions from a range of providers.[1]

The use of alcohol, to an extent, is largely socially acceptable, not only because of its legal status but also because drinking is a well-established part of our culture. We know that chronic heaving drinking, hazardous and harmful drinking (to a lesser degree) also pose threats to the health and wellbeing of the drinker, their family, and friends as well as to the community and has wide health and social care costs. [7]

2.3 Commonly-used illicit drugs

The illicit drug most likely to be used in the United Kingdom (UK) is cannabis, followed by cocaine, and then other stimulants such as amphetamine and similar drugs such as the extremely addictive crystal methamphetamine. Opioids (such as heroin), lead to the most significant health problems, are used less commonly,[8] and, as will be seen later, are more commonly used by an ageing cohort who took up the habit in the 1980s and 1990s. Opioids are now much less commonly being taken up by younger people. Novel psychoactive substances (NPSs) are an emerging issue and are commonly advertised and sold as 'legal highs' and 'club drugs' and are often cheaper than illicit drugs. [9] The impact of illicit drug use is discussed in further detail in section 3.0 of this report.

Cannabis is mainly consumed as marijuana (which essentially is the dried flowering tops of plant Cannabis sativa), as hashish (resin, commonly referred to as 'hash'), or as an oil extracted from the resin. Cannabis is commonly mixed with tobacco and smoked in a cigarette or 'joint', but can also be swallowed. It contains a psychoactive ingredient, delta-9-tetrahydrocannabinol (also known as THC) and levels of this vary in different strains of plant. Cannabis remains in the body for up to a month; when smoked it is rapidly absorbed by the bloodstream and reaches the brain within seconds. Health impacts are dependent on quantity consumed and frequency of consumption: cannabis impairs both short and long-term cognitive functioning, including being able to organise and integrate complex information, and impairs recall of previously-learned tasks for up to 24 hours after consumption.[10,11]

Opiates is the generic term used to describe the group of drugs which are derived from the opium poppy (Papaver somniferum). Naturally-occurring drugs in this group include opium, morphine and codeine, whilst substances such as heroin are classified as semi-synthetic. Opioids, or 'opiate-like' substances such as methadone, pethidine and fentanyl, are wholly synthetic products. Opiates depress the central nervous system and are used therapeutically in many commonly-used and prescribed medications.[10, iii]

Because of its ability to penetrate the blood-brain barrier, heroin produces a quicker 'high' in comparison to other opiates, making it the drug of choice for many opiate users. The euphoriant effects of heroin, often results in the reduction of anxiety, boredom, physical and emotional pain. Heroin can be snorted, smoked or inhaled (a method known as 'chasing the dragon' whereby it is heated on foil and the fumes inhaled). In addition to the features of dependence, its use, especially if injected intravenously, is associated with a number of harms. [10,12]

Cocaine acts a stimulant to the central nervous system. Some naturally occurring plants which act in a similar way include khat and betel nuts (not currently under international control). Crack-cocaine and cocaine hydrochloride are products which are extracted from the leaf of the coca bush. Similar to opiates, there are therapeutic uses for cocaine, for example being used a local anesthetic and, synthetic stimulants, which are similar in chemical structure and effects, are used in treatment for narcolepsy and of children suffering from attention deficit disorder.[10, 13]

Drugs which act as a central nervous system stimulant are often used to elevate mood, to overcome fatigue and to improve performance. The effects vary depending on the drug of choice. Effects from cocaine can last from a few minutes to less than an hour, whereas the effects of amphetamine-type stimulants (ATS) may last several hours. Cocaine hydrochloride is most commonly snorted, but can also be injected. Crack cocaine is usually smoked and ATS can be taken orally, injected, smoked or snorted. [5, 10,13]

NPSs are drugs that affect brain function (hence the term 'psychoactive'). They are 'novel' because many are relatively new and/or variants of other drugs and chemicals which are not currently prohibited substances under the United Nations (UN) Single Convention on Narcotic Drugs or by the Misuse of Drugs Act 1971. They are predominately used for their intoxicating and stimulating properties. NPSs began to appear in the UK drug scene around 2008/09.[9,14]

The fact that most NPSs are not currently prohibited does not mean that they are

iii Opiates are powerful pain killers, the best known being morphine. Heroin is manufactured from morphine and has been used with great benefit in medical practice, albeit much less commonly since Harold Shipman was convicted of multiple murders using excessive doses of this drug.

harmless. Heavily marketed as 'legal highs' (and tagged with various trade names), in most cases they only remain lawful because there has been no scientific testing and advice leading to a ban. They are usually sold with no indication of active ingredients or dosage, while others are sold as 'research chemicals' with chemical names, but both are often of unreliable quality and analysis shows that the contents can change substantially between batches.[9, 10]

NPSs fall into four main categories:[9]

- Synthetic cannabinoids – these mimic cannabis and bear no relation to the plant other than to act on the brain in a similar way. Current trade names include Clockwork Orange and Black Mamba.
- Stimulant-type drugs – these drugs are structured to mimic amphetamines, cocaine and ecstasy and include mephedrone, ethylphenidate, benzylpiperazine (BZP), methylenedioxypyrovalenrone (MPDV), Naphyrone (NRG -1), Benzo Fury, 5,6-Methylenedioxy-2-aminoindane (MDAI).
- 'Downer'/tranquiliser-type drugs – structured to mimic anti-anxiety or tranquiliser drugs, particularly from the benzodiazepines family, and include Etizolam, Pyrazolam and Flubromazepam.
- Hallucinogenic drugs – these drugs mimic substances like LSD and include 25i-NBOMe, Bromo-Dragonfly and the more ketamine-like methoxetamine.

In recent years, the UK has seen an increase in the number and range of new NPSs. Health care professionals have reported dealing with patients under the influence of substances that they have not heard of. In part, this is because chemists involved are dynamic, responding quickly to changes in the law, easily creating new substances to replace newly-banned ones repacking substances as a different (and allegedly legal) product. [9,10]

2.4 Alcohol

Alcohol is a psychoactive substance made from a chemical called ethanol, produced by putting either grains, fruits or vegetables through a fermentation process. The length of fermentation determines the drink's alcohol content. Whilst our bodies, mainly the liver, can generally process one unit of alcohol per hour (although this is dependent on a number of factors), the fact is that ethanol is a poison which sometimes has lethal consequences.[15,16]

Most people who drink alcohol reportedly do so in moderation, its use is widely associated with relaxation and pleasure, and is a well-established part of culture in the UK. It is the *misuse* of alcohol that leads to problems, with 'binge drinking' accounting for half of all alcohol consumed in the UK.[17]

Whilst excessive alcohol intake does not always lead to harm, alcohol consumption is the primary causal factors in more than 200 different diseases and injury conditions.[15] It also increases the risk of social, physical and mental harm to the drinker and to others. For example, it is well known that driving under the influence of alcohol substantially increases the risk of having a serious accident, with fatal injuries occurring especially in relatively younger age groups.[15] Excessive alcohol intake is also associated with antisocial behaviour, street violence, domestic violence and suicide; it also affects people's ability to work and, when it becomes a significant problem, this can often lead to job loss. [15,18] An estimated 7.5m people in England are unaware of the damage their drinking could be causing. [19]

A variety of factors have been identified at individual and societal levels, which

affects the levels and patterns of alcohol consumption. For example, culture, availability of alcohol, enforcement of alcohol policies, family history; psychological factors such as anxiety or depression; the addictive nature of alcohol itself, and the environment in which people live.[20]

Whilst alcohol consumption in the UK has nearly doubled since the 1950s,[21] official data available shows that in the UK, between 2005 and 2012 the proportion of adult men who self-reported drinking in the week preceding the surveys fell from 72% to 67% and the proportion of adult women fell from 57% to 53%.[6] As 40-60% of alcoholic drinks sold in this country are unaccounted for based on self-reported consumption, it is reasonable to assume that these statistics are not a wholly reflective of alcohol consumption in the population, and it is likely to be significantly higher.[22]

Statistics also show that between 2009 and 2012, household spending on alcoholic drinks increased by 1.3%, whilst alcohol brought outside the home decreased 9.8%, but more importantly, alcohol was 53.8% more affordable in 2014 than it was in 1980. This is based on a 'basket of alcohol' rather than cheapest, or that with the highest purity. [22]

Over one third of adults are apparently drinking above weekly guidelines and more than three-quarters are drinking above daily limits on their heaviest drinking day each week, with women as likely as men to be binge drinking and more likely to exceed daily limits.[23] It is important to note that binge drinking is not limited to the media image of young people consuming excessive amounts of alcoholic drinks in public places but includes people of all ages often binge drinking in the privacy of their own homes. Adults living in household in the highest income quintile are twice as likely to drink heavily than adults in the lowest income quintiles – 22% compared to 10% and whilst older people tend to drink more frequently, younger people tend to drink more heavily on a single occasion. [24]

The current recommended limits to alcohol drinking are that:

- men should not regularly drink more that 3-4 units[iv] of alcohol each day;
- women should not regularly drink more than 2-3 units of alcohol each day; and
- anyone who has had a heavy drinking session should refrain from drinking alcohol for the next 48 hours.[25, v]

iv In the UK, consumption of an alcohol drink is measure in units. Units are a simple way of expressing the quantity of pure alcohol in a drink by offering a standardised comparison of the volume of pure alcohol between alcohol beverages, that is 1 unit is equal to 8 grams of pure alcohol, which is equivalent to 10 millilitres of pure ethanol (alcohol).

v There are two important aspects to these recommended limits: (1) the recommended maximum intake for women is lower because the relative amount of fat and muscle is different in women's and men's bodies. This leads to alcohol being distributed in the body differently and metabolised at different rates, and (2) many alcoholic drinks are now stronger than when these recommended drinking limits were defined. For example, the average strength of wine is now 12.5% whilst alcohol units are based on wine of 9% strength, and a unit of beer was based on an alcoholic strength of 3.5%, whilst the strength of most modern lagers is 4%. In addition, wine is normally now sold in pubs and bars in 175ml or 250ml glasses whilst a unit of wine is based on a 125ml measure. Most alcoholic drinks are now labeled with definitions of their alcohol contents and show, for example, that whilst a 70cl bottle of wine used to contain six units of alcohol most now contain 9-10 units

It is also noteworthy that some authorities now recommend that people who drink on most days of the week should refrain from drinking on two days of every week.[vi]

The *Smoking, Drinking and Drugs Use Amongst Young People in England* survey contains information on drinking in children aged 11 to 15 years in secondary schools. In 2013, there was a decrease in the national trend of pupils reporting drinking alcohol as well as the proportion of pupils who drank alcohol in the week preceding the survey. Pupils were more likely to drink if they lived with someone who did and/or if they felt their families would not mind them drinking, as long as it was to excess. [26] Despite this, alcohol misuse remains a problem in children and young people, with over 24,000 treated in the NHS for alcohol-related problems in 2008 and 2009 and, the secondary school survey would not account for our most vulnerable children who may not be in long term education or training.[27]

3 The impact of drugs

Individuals who take illicit drugs face risk of being poisoned, overdosing and other potential health risks. [1] This section presents a range of national and local information about the impact of drugs, including hospital admissions and health and social care impacts.

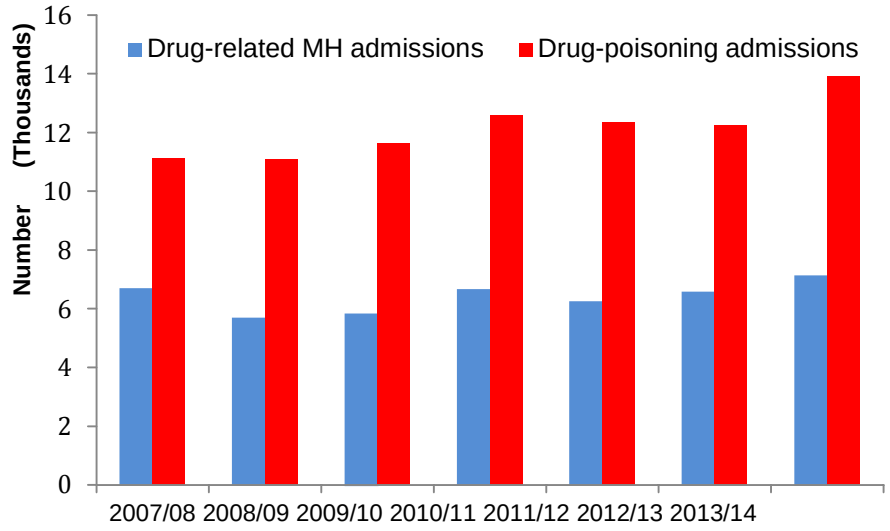
3.1 Hospital admissions

Nationally there has been a marginal increase since 2011/12 in the number of people being admitted to hospital because of an illicit drug-related mental health and behavioural disorder, with the greatest increase being in people aged 16 to 24 years. Despite this, the overall numbers have still not returned to the higher levels seen in the early 2000s. The same cannot be said for the number of NHS hospital admission in England with a primary diagnosis of poisoning by illicit drugs; this has been on the increase since 2003/04 (see Figure 4). This is true of all age groups, with the exception of those under the aged of 16 where nationally there has been a marginal decrease. The largest increase in admissions was seen in those aged between 45 and 54 years. [28,29]

The numbers for such admissions for 2013/14 were relatively small for Reading, there being fewer than five admissions recorded for drug-related mental health or behavioural disorders and 32 for poisoning by illicit drugs. Both have declined since 2010/11, down from 21 and 45 respectively. We unable to confidently compare figures to previous years as 2013/14 was the first year admissions were reported by local authorities, prior to which admissions were reported by primary care trusts (PCTs).[28]

vi Some academics consider that there is no safe lower limit for alcohol consumption and that there is no 'moderate' intake of alcohol that actually improves health. See http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_intimate.pdf (accessed 1 November 2015). Certainly, there have been no good-quality randomised controlled trials comparing the long-term effects of alcohol against a placebo. And observational studies that were thought to show a so-called J-shaped mortality curve (implying that people who totally abstained from alcohol had higher death rates than those imbibing 'moderate' amounts, whilst those consuming much larger quantities had much higher death rates) are now thought to have suffered from confounding with a high proportion of subjects refraining from taking alcohol because they were already in poor health and thus at a higher risk of dying

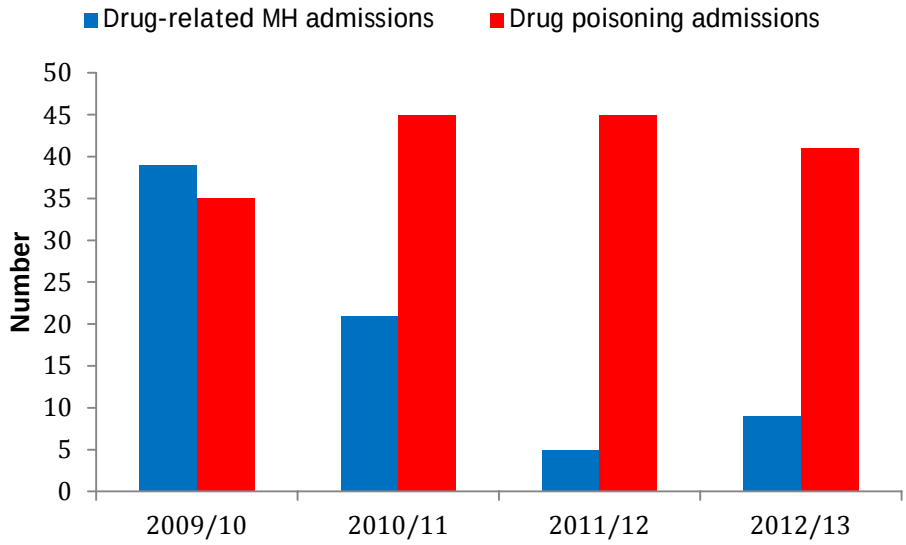
Figure 4. The number of NHS hospital admissions in England by primary diagnosis of drug-related mental health or behavioural disorder, or primary diagnosis of poisoning by illicit drugs, 2007/08 – 2013/14.



Source: Hospital Episode Statistics (HES). The Health and Social Care Information Centre 2014.

Figure 5 below shows the number of NHS hospital admissions for Berkshire West PCT[vii] for both drug related mental health conditions and drug poisonings, 2009/10 to 2012/13. It is difficult to confidently draw conclusions on what the true numbers are for Reading, but what we can say is that drug-related mental health admissions showed a decreasing trend until 2012/13, whilst drug poisoning admissions remain fairly consistent.[25]

Figure 5. The number of NHS hospital admissions in Berkshire West PCT where there was a primary diagnosis of drug-related mental health (or behavioural disorder) and of poisoning by illicit drugs 2009/10 to 2012/13



Source: Hospital Episode Statistics (HES). The Health and Social Care Information Centre 2014.

vii Under the historical structure of PCTs, the patient population for Berkshire West PCT was made up of residents from Reading, West Berkshire and Wokingham.

3.2 Overdose

A drug 'overdose' is the usually inadvertent consumption of an excessive and amount of a substance leading to harm. The main causes of overdose include:[30]

- low tolerance/using too much – users' bodies develop tolerance to repeated presence of drugs. Tolerance is reduced if there is a break or reduction in drug use for a period. Higher doses are often needed to achieve the same effect, increasing the risk of overdose;
- mixing drugs (including alcohol) – combining drugs often results in unintentional physical effects, especially when depressants are used as they slow down a user's breathing and heart rate. The top four drugs involved in overdoses are depressants such as heroin, diazepam, alcohol and methadone; and
- variable purity levels – illicit drugs vary in strength and unknown purity levels have implications for users when deciding how much to take.

Additional substances may be added to bulk, dilute, complement and enhance the effects of drugs, however stories of illicit drugs being frequently cut with household cleaning products are often inaccurate. Poisonings commonly occur through the use of adulterants[viii] such as lead, quinine and clenbuterol, to name but a few. Toxicity is also a risk when adulterants such as paracetamol and procaine are used.[31]

The rate of drug misuse death is relatively high in Reading, but the numbers are low (see section 3.3). [32] Drug misuse deaths in Reading are mostly associated with overdoses from heroin. In terms of harm, long-term follow-up of heroin addicts show they have a mortality risk nearly 12 times greater than the general population.[33]

It is difficult to report the true number of drug-related overdoses, however local usage of naloxone is one source of information we can consider. Naloxone provision is a safe, efficacious drug administered to reverse the effects of opioid overdoses and it is used both nationally and in Reading as an intervention to reduce the risk of a drug-related death.[34] Of course, it has to be given in sufficient time following an overdose.

Between April 2014 and June 2015 naloxone was administered by South Centre Ambulance Service (SCAS) paramedics 149 times in Berkshire clinical commissioning group (CCG) areas. Of these, the drug was administered 48 times to residents in South Reading CCG and five times to residents in North and West Reading CCG. [35] This represents over a third of all naloxone used by SCAS in Berkshire, suggesting a higher need for use in Reading in comparison to other areas in Berkshire. It was mostly administered to those aged 26-34 (16 individuals) and 35-49 (13 individuals) and to men (37). This correlates to the higher prevalence of drug use, drug-related deaths and injecting-use in Reading in comparison the other Berkshire local authorities.

3.3 Drug Misuse Deaths [ix]

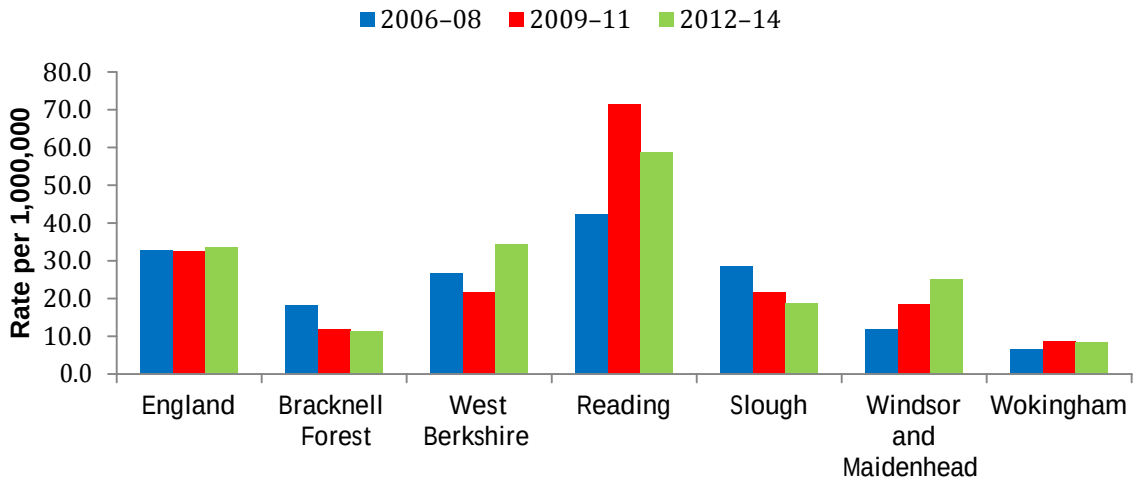
In 2012-2014, Reading had a drug-misuse death (also referred to as drug-related death (DRD)) rate of 58.7 per 1,000,000 population, much higher than the England

viii Adulterants refer to pharmacologically active ingredients added to give either a synergistic or antagonistic effects.

ix Drug Misuse deaths are defined by ONS as deaths where a) *the underlying cause is drug abuse or drug dependence* or b*) where the underlying cause is drug poisoning AND where any of the substances controlled under the Misuse of Drugs Act 1971 are involved*. This definition has been adopted across the UK.

average of 33.5 per 1,000,000, and the highest rate in Berkshire (see Figure 6). Although the rate is high, the number of deaths that occurred is relatively small. Local information suggests that deaths correspond to patterns seen nationally.[36,37]

Figure 6. DRD rate per million by Berkshire local authority, 2006-2014



Source: Office for National Statistics 2014

In 2014/15, ten people in Reading died as a direct result of their drug use (two are still awaiting inquest, however a verdict [x] of DRD is anticipated in both). Heroin was implicated in eight of the deaths (alone or in combination), one involved amphetamines and MDMA, and there is one case where information about the substances involved is unavailable.

So far in 2015/16, nine people In Reading have apparently died of drug-related causes. A verdict of DRD has been recorded in four of the Reading cases, and five are awaiting inquest. Two out of the four cases deaths where verdicts have been made involved heroin, the other two involved a combination of (primarily) prescribed drugs and, in one of the cases, alcohol.

Of the 19 deaths recorded in Reading (in 2014/15 and in 2015/16 to date) seven of those who died were in their 40s, six in their 30s, three in their 20s, two in their 50s and one in their 60s. Eighteen were male and one female. Five of those who died were engaged with local treatment services and one was in residential rehabilitation; the others were not known to the drug and alcohol services. It seems that in most years, only about half of those suffering a drug-related death are known to the local drug and alcohol services.

There is an apparently greater risk of death from overdose in Reading compared to other areas in Berkshire, and in comparison to the England average, but care must be taken in interpreting these statistics as the numbers are very small. The risk is apparently greater for heroin users, which is unsurprising given the evidence of risks associated with heroin use, particularly when injecting. The risk of drug-related deaths is greater in men who are in their late 30s and 40s living alone and this is also seen locally. [36, 37]

x Verdicts are determined by the local Coroner and it is important to note that whilst drug use may be factor in a person's death, a DRD verdict may not necessarily be returned in all cases.

3.4 Injecting Drugs and Blood Borne Virus

Whilst non-injecting and injecting drugs users face similar harms from the drugs themselves, injecting drug users are also vulnerable to contracting and to spreading blood-borne viruses such as hepatitis B, hepatitis C and Human Immunodeficiency Virus (HIV). They are also at an increased risk of endocarditis (inflammation/infection of the heart); liver disease; kidney disease; thrombosis, abscesses; pneumonia; and death.[38, 39] A study of injecting drug users also showed that they were 22 times more likely to die prematurely than their non-injecting peers.[40]

Injecting drug users also have a:

- 10-fold greater risk of community-acquired pneumonia;
- increased risk of general infection due to poor nutrition;
- increased risk of contracting tuberculosis; and
- increased risk of experience psychiatric and other psychological problems, that is major depression, anxiety and withdrawal syndromes. [27]

RBC commissions a needle and syringe exchange service in order to reduce the blood-borne virus risks associated with injecting drug use. Whilst there is good evidence of this as a harm-reduction strategy, we are unable to determine the true impact of this service on the health outcomes of injecting drug users, but based on national evidence, where it is utilised, it is likely to be positive.

3.5 Other harms

Drug users tend to have worse physical and mental health than the general population, and as well as symptoms of physical dependence and withdrawal; there are often factors involved which lead to other adverse outcomes such as offending or risky sexual behaviour.[41]

Long-term effects of cocaine use include internal damage to the nasal passages if it is inhaled (because of its strong blood vessel constrictor action), upper respiratory tract infections, heart attack, stroke and sudden death.[42] Injecting cocaine and crack cocaine[xi] is associated with the highest health risks.[43]

Drug users who also inhale (for example, cannabis, cocaine, ATS) have a high frequency of upper respiratory tract infections.[10] Probably the greatest health risk associated with cannabis use is from the tobacco which it is commonly mixed with, and whilst this needs assessment is not focused on tobacco, it is important to note indisputable evidence of the burden tobacco in terms of lives prematurely lost, reduced quality of life (principally through smoking-related illness) and the high health and social care costs.[44]

There is growing evidence that regular use of cannabis, particularly from adolescence, doubles the risk of developing an acute psychotic episode or developing chronic schizophrenia in the longer term. [45] As well as impairing new learning, cannabis use impairs motor co-ordination and increases the risk of motor vehicle accidents; and its use in pregnancy can impair fetal development and lead to low birth-weight.[46]

People using NPSs are exposed to a number of similar risks to those using illicit

xi Crack cocaine is a form of the drug that can be smoked rather than snorted as a powder. It is considered to be much more addictive.

drugs, but the variable potency and variation in effect mean that it is difficult to determine or compare the level of risk. A 2013 survey carried out by *The Scottish Drug Forum* summarized the short and long term harms of NPSs as:[47]

- overdose and temporary psychotic states and unpredictable behaviours;
- attendance at A&E, some resulting some hospital admission;
- sudden increase in body temperature, heart rate, coma and risk to internal organs;
- hallucination and vomiting;
- confusion leading to aggression and violence;
- intense 'comedown' that cause users to feel suicidal;
- increase mental health issues e.g. psychosis, paranoia, anxiety, depression; and
- physical and psychological dependency.

'Chemsex' is also an emerging issue. Surveys indicate that a higher than average proportion of men who have sex with men (MSM)[xii] drink alcohol and use drugs to enhance the effect[48] making them an especially high-risk population. To a lesser extent the risk also applies to the wider community including the lesbian, gay, bisexual and transgender (LGBT) population.[49]

Illicit drugs such as crystal methamphetamine, GHB/GBL and mephedrone are commonly used for chemsex, and there is evidence that these drugs are sometime injected (also known as 'slamming'). National data from the National Drug Treatment Monitoring System (NDTMS) shows that self-reported gay or bisexual men who started drug treatment in 2013/14 accounted for three percent of all men starting treatment in that year. In comparison to heterosexual men, this group presented with problematic amphetamine use (32% compared to 7%), and GBL use (16% compared to 0.1%), whereas problematic heroin and crack cocaine use is more prevalent amongst heterosexual men. Gay or bisexual men in treatment for non-opiate drugs were more likely to inject (16% compared to heterosexual (3%), however injecting rates for opiates were practically the same.[45] Further assessment of the of the Reading MSM population and associated patterns of drug use is required in order to understand the local impact of this emerging issues.

4 The health impact of alcohol

The national situation with alcohol has shown a similar trend except that the problem is much bigger, in that the numbers are greater. Alcohol misuse is estimated to cost the NHS about £3.5bn per year and society a whole £21bn annually (see section 4.4 for more information on economic cost). This does not include any estimate for the economic costs of alcohol misuse to families and the community.[17, 50]

4.1 Hospital admission

Hospital admission episodes are coded as being 'alcohol-related' that is, partially attributable to alcohol or alcohol-specific, where they are wholly attributable to alcohol. [6]

xii MSM: 'men who have sexual contact with other men' is the term use most often to describe a population by sexual behaviour rather than sexual identity. Public Health England acknowledges that 'it is not a term appropriate to use more broadly when discussing issues of diversity relating to male gay community or to the lesbian, bisexual and trans communities. PHE feel it helpful in the context of discussing specific topics such as chemsex.

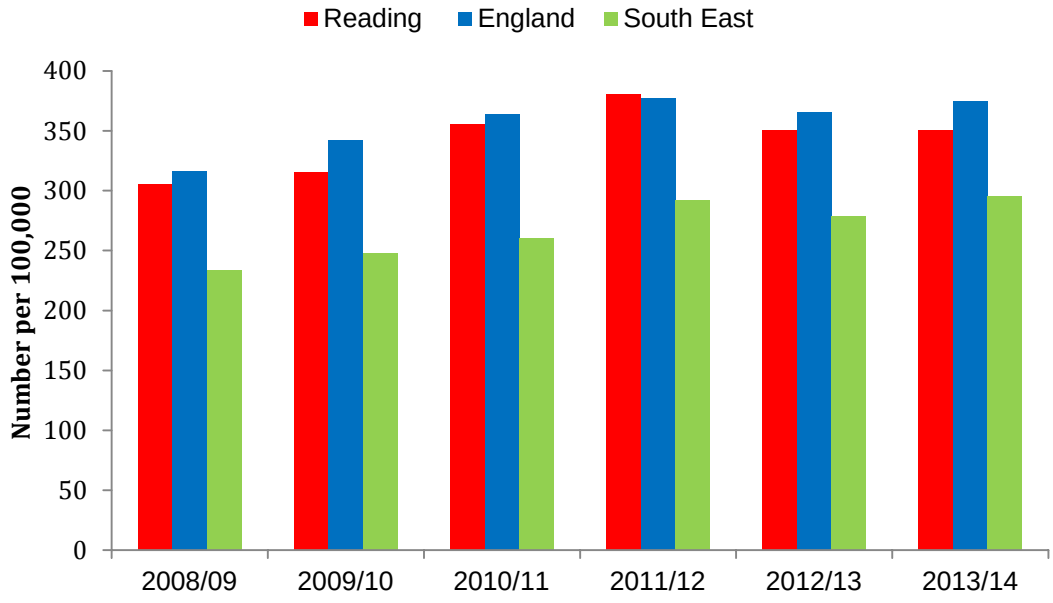
There are two different measures for alcohol-related hospital admissions:

- *broad* – which is an indication of the totality of alcohol-related health harm (primary or secondary diagnosis); and
- *narrow* – which is an indication of admission where alcohol was the primary reason for admission, or was identified as an external cause.

The broad measure is a comprehensive indicator of the total burden that alcohol has on health services because it includes all alcohol-related harms. The narrow measure more precise focus makes it easier to see changes over time. [6]

As shown in Figure 7, there seems to be little difference between alcohol-specific hospital admissions for Reading in comparison to England, but there are more admissions in comparison to the South East England average. The total burden on health services is greater in Reading than the average burden to others in the South East England region. More analysis would be required in order to understand what makes Reading different to others in the South East England, which might include, for example, there being higher levels of deprivation, a generally younger population and the proximity to London.[51]

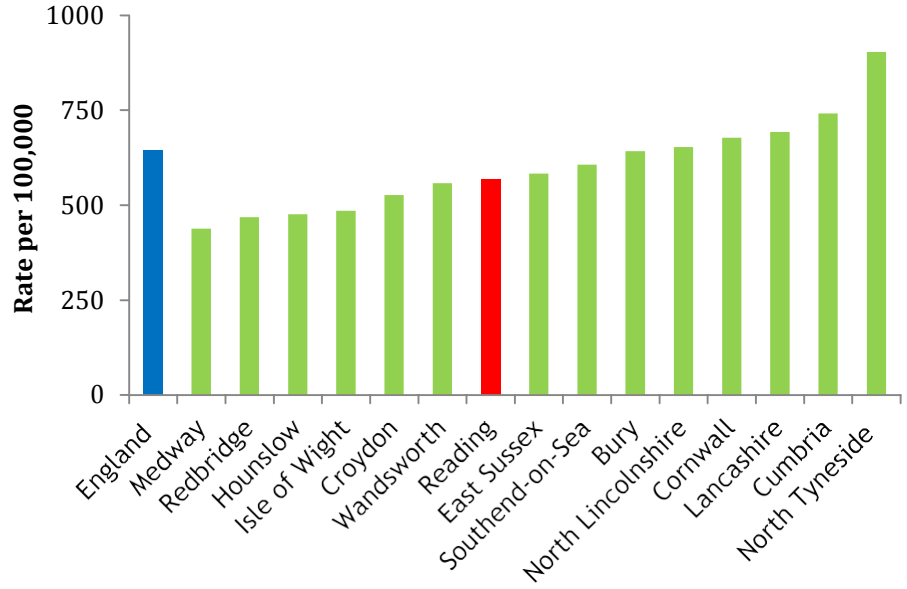
Figure 7. Reading Alcohol-specific hospital admissions (Persons) (Broad) 2008/9 to 2013/14



Source: Public Health England, Local Alcohol Profile England 2015

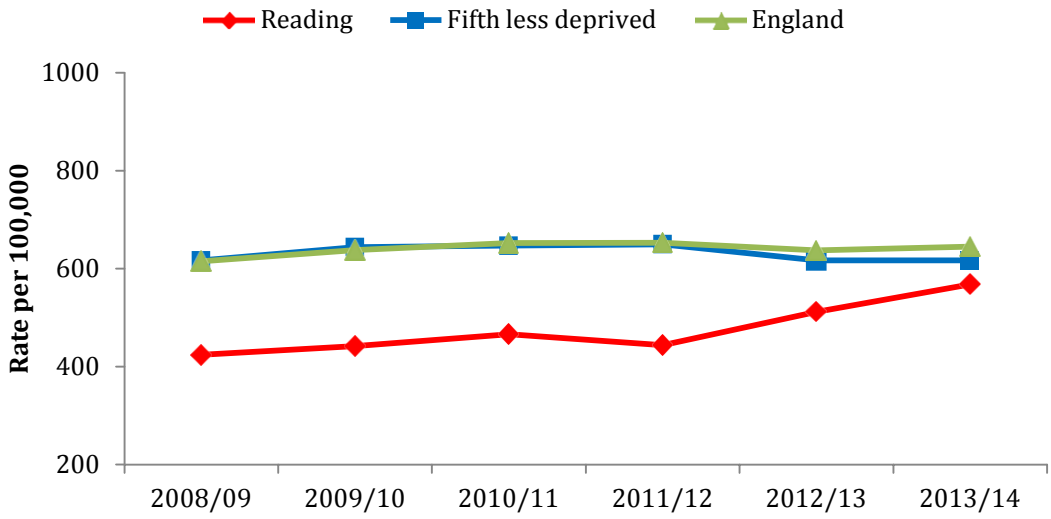
As shown in Figure 8 and Figure 9, hospital admissions for alcohol-related conditions puts Reading as seventh out of the 15 comparator sites (all in the filth less-deprivation decile) and lower than the England average. Whilst this suggests a comparatively modest rate of alcohol-related admissions, it is worth noting that since 2011/12 there has been a greater increase in comparison to previous years and has significantly narrowed the gap making Reading similar to the England and the average of those in the fifth less deprivation decile. [51, 52]

Figure 8: Admission episodes for alcohol-related conditions, for Reading, England and comparator local authorities (all in fifth less deprivation decile),[xiii] 2013/14



Source: Public Health Outcomes Framework, 2015

Figure 9: Admission episodes for alcohol-related conditions (narrow), for Reading, England and all in fifth less deprivation decile, 2008/09 – 2013/14



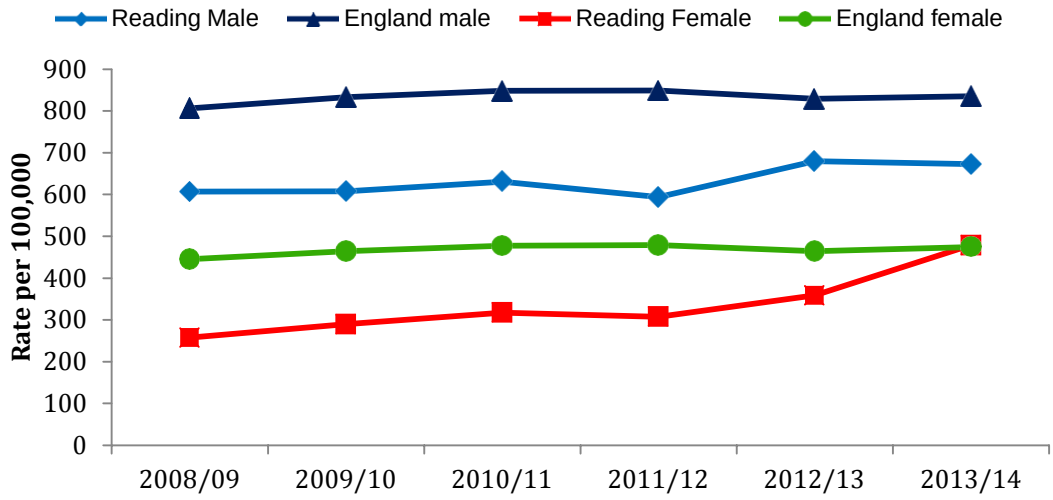
Source: Public Health Outcomes Framework, 2015

xiii As referred to in section 2.1, local authority areas can be compared by looking at levels of deprivation in 'lower layer output areas' (LSOAs), which are subdivisions of electoral wards based on decennial census data. LSOAs are ranked using adjusted scores and aggregated into ten groups (deprivation deciles). The most deprived tenth are allocated to decile one and the least deprived to decile ten. xiii Depending on the year of the data source, Reading falls predominantly within the fifth decile. Comparator local authorities used in this needs assessment, unless otherwise stated, are those in the same decile as the borough of Reading in the relevant year

The total number of admission per 100,000 were greatest in 2013/14 in all persons and in males aged 65 to 74 years, however for females it was greatest in those aged 55 to 64. There could be number of reasons for this, for example, females being more likely to access health services. In England there has been a steady decline in admissions for all persons aged under 16, whilst all other ages groups show an increasing trend since 2003/04. Females aged under 16 are still more likely to be admitted than males. [52]

Whilst males in Reading had a far greater number of admission episodes for alcohol-related conditions than females, 673 versus 479 respectively, (see Figure 10), and are lower than the England average, the number of Reading female admission episodes showed a sharp increase between 2011/12 and 2013/14, narrowing that gap with Reading males. This does not necessarily mean that more local women started drinking alcohol at harmful levels during this year, rather, it could be similar number to previous years, but the number of women diagnosed and/or being admitted to hospital with alcohol-related conditions during this year increased.[52]

Figure 10. Admissions episodes for alcohol-related conditions (narrow), Reading and England, 2008/09 – 2013/14

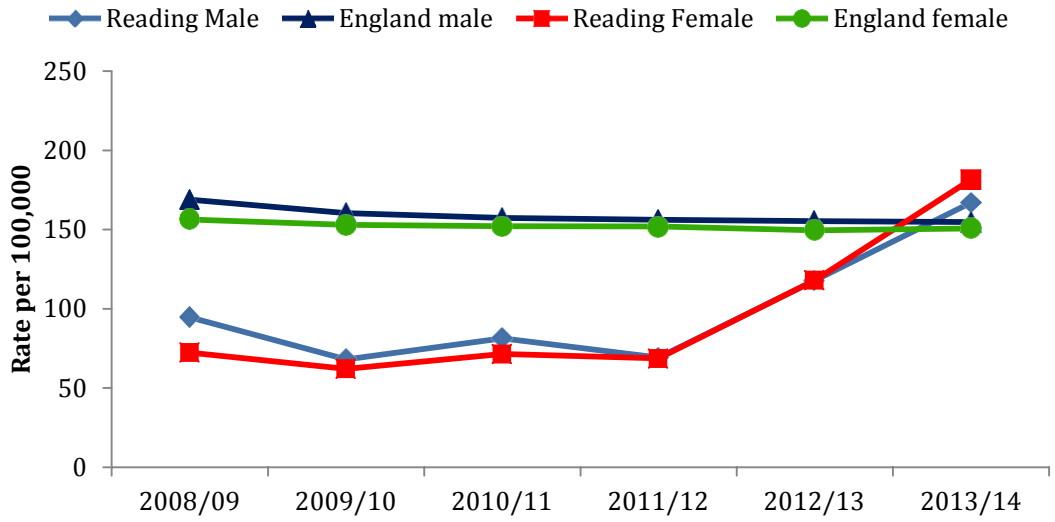


Source: Public Health Outcomes Framework, 2015

Further analysis of the data for alcohol-related conditions (as shown in Figures 11 - 13), reveals that hospital admissions for alcohol-related cancers in Reading residents increased substantially from 2011/12. By 2013/14, females in Reading were more likely to be admitted for this than Reading males. This would go some way to explaining the increase in the overall alcohol-related admissions figures in Reading as shown in Figure 10. At this stage, we cannot be sure what this increase might be attributed to.[52]

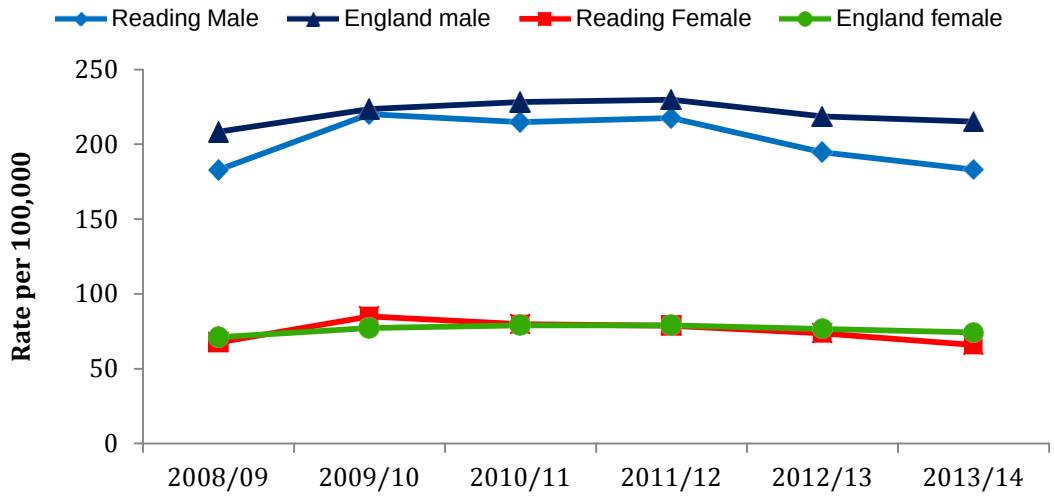
Males in both Reading and England are almost three times more likely to be admitted to hospital for alcohol-related unintentional injuries in comparison to females. This is unsurprising considering the evidence clearly showing that, nationally, males drink more frequently, particularly at harmful levels, and we also know that there is an increased risk of injury when excessive alcohol is consumed. [6. 52]

Figure 11. Admission for alcohol-related malignant neoplasm conditions (narrow), all ages, directly age standardised (males and females), Reading and England, 2008-09 – 2013/14.



Source: Public Health England, Local Alcohol Profile England, 2015

Figure 12. Admission episodes for alcohol-related unintentional injuries (Narrow) all ages, directly age standardised (Males and Females), 2008/09 – 2013/14.

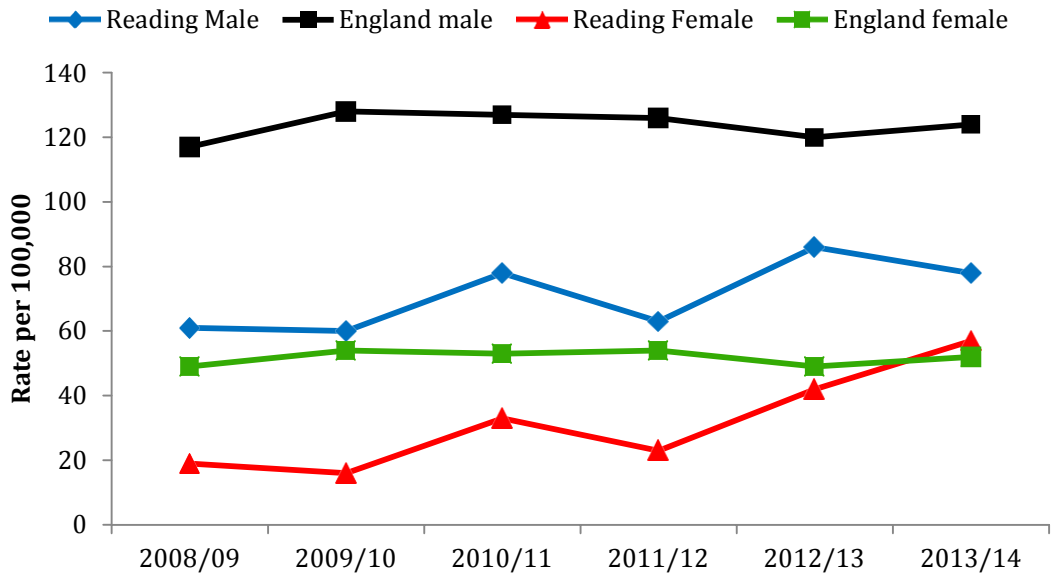


Source: Public Health England, Local Alcohol Profile England, 2015

Nationally, males are one-and-a-half times more likely to be admitted with alcohol-related mental and behavioural problems than females, however for Reading males this does not appear to be the case as rates are significantly lower than the England average (as shown in Figure 13). Since 2011/12, there has been a significant increase in Reading female admissions for alcohol-related mental and behavioural problems due to use of alcohol. [52] There could several reasons for this, including improved diagnosis of conditions that require hospital treatment, rather than it being a real increase in number of women affected. Regardless of what this can be attributed too, we can be confident that in Reading we are seeing a change in alcohol-related admission trends, particularly in the female population and the risks to males remains higher. In the short term, this has an immediate impact on health

costs and in the long term there is an increased likelihood of increasing costs for social care as well.

Figure 13. Admission episodes for alcohol-related mental and behavioural due to use of alcohol condition (Narrow) all ages, directly age standardised (Males and Females), Reading and England, 2008/09 – 2013/14.

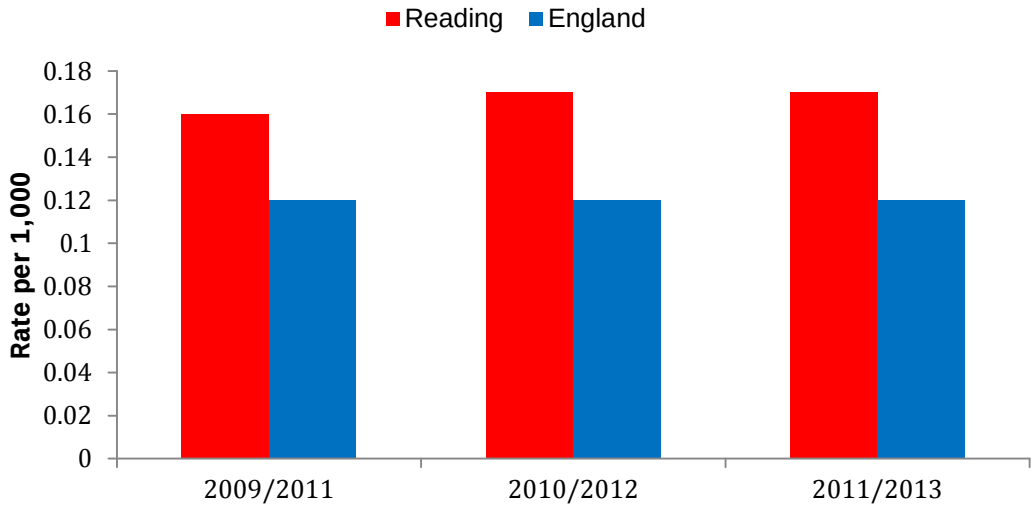


Source: Public Health England, Local Alcohol Profile England, 2015

4.2 Mortality and alcohol

Mortality resulting from alcohol misuse is consistently higher in Reading in comparison to the national average, with around 3% of all deaths in Reading being linked to alcohol use. Of these, about a third are alcohol-specific, as shown in Figure 14, that is conditions that are directly caused by alcohol use such as poisoning, alcoholic liver disease, and alcoholic pancreatitis.[52,53]

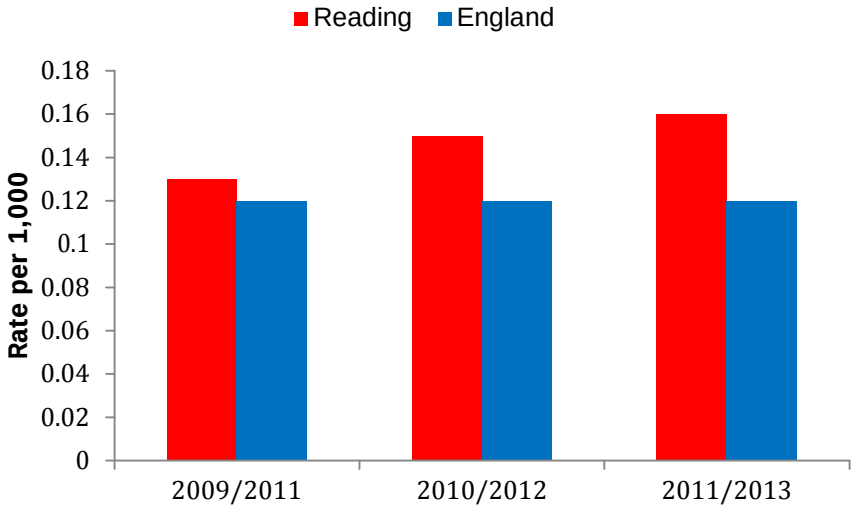
Figure 14. Alcohol-specific mortality 2011-2013 (All persons)



Source: Alcohol Data: JSNA support Pack, Public Health England 2015

High rates of alcohol-specific mortality, as shown above, and mortality from chronic liver disease (shown in Figure 15) are likely to indicate a significant population who have been drinking heavily and persistently over the past 10-30 years. [53]

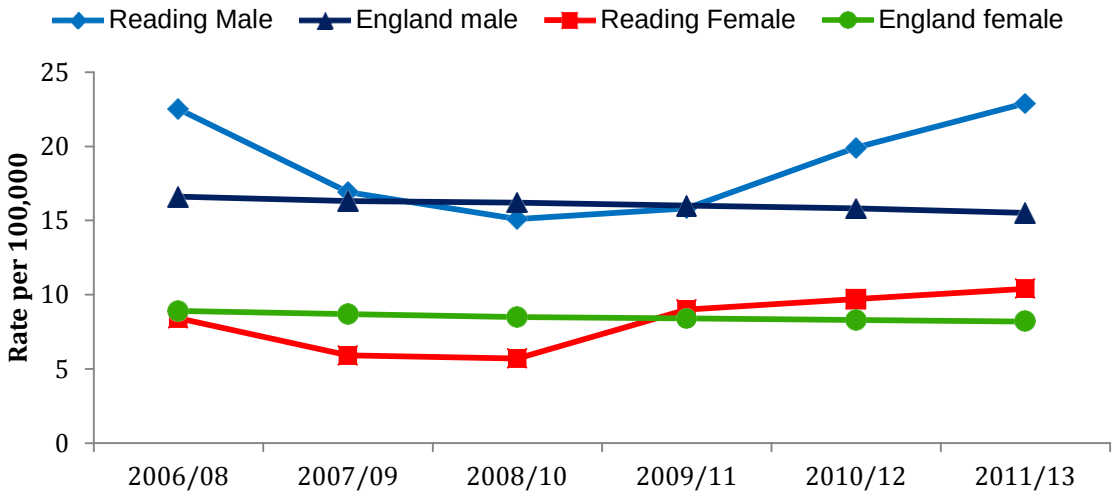
Figure 15. Mortality from chronic liver disease 2011-2013 (All persons)



Source: Alcohol Data: JSNA support Pack, Public Health England 2015

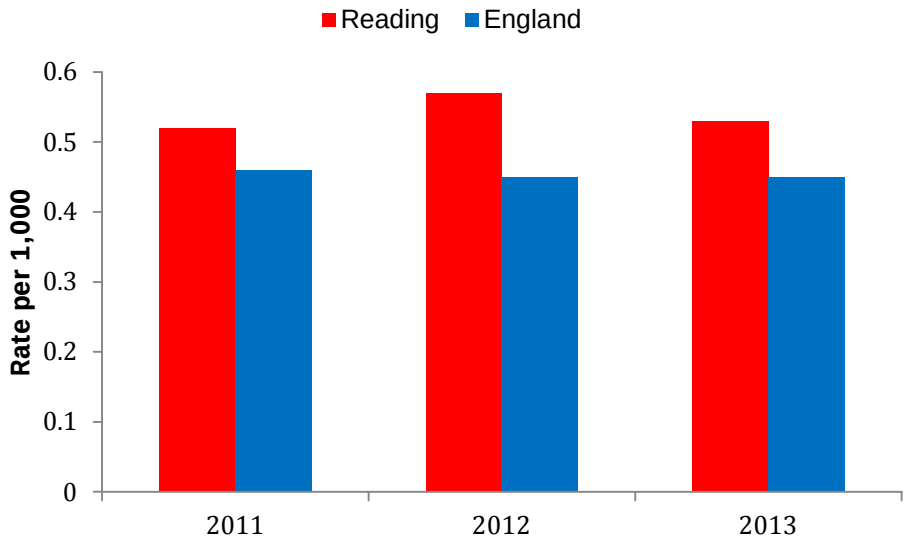
Figure 16 shows that mortality from chronic liver disease in Reading is greater than England averages for both males and females, and, significantly greater in Reading males. This indicates that chronic drinking is significantly prevalent in Reading male population. Liver disease is one of the major causes of mortality and morbidity which is increasing in England, whilst decreasing in other European countries, with deaths reaching record levels, having risen by 20% in a decade. [54, 55]

Figure 16. Mortality from chronic liver disease, Reading and England, 2006/08 – 2011/13 (male and females)



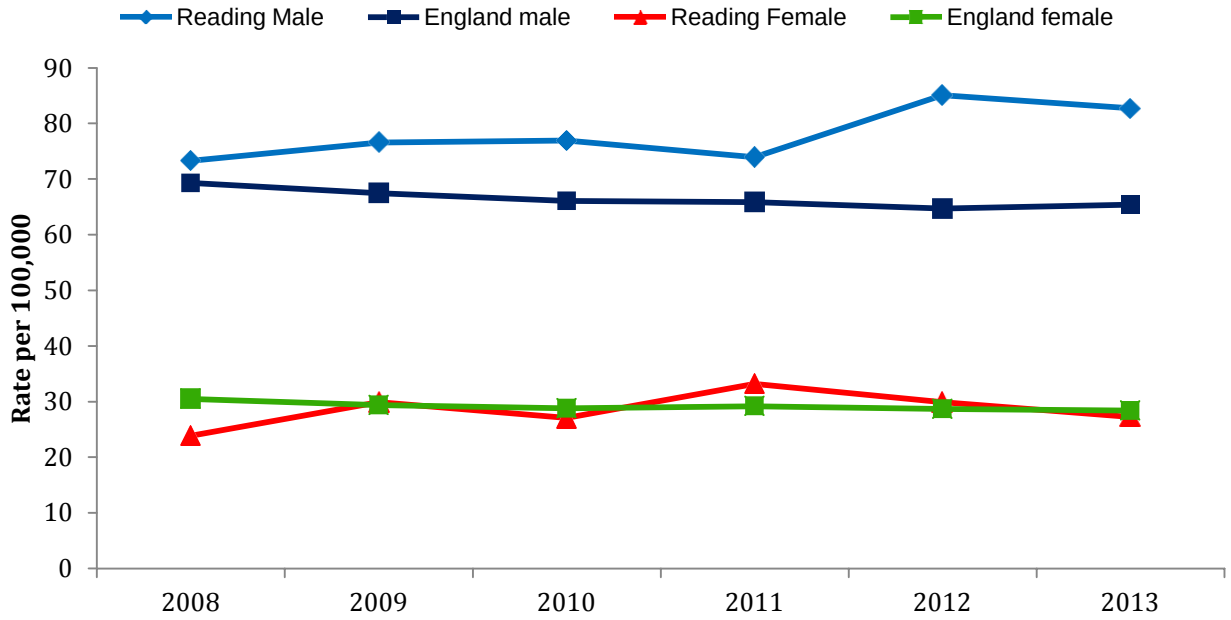
The remaining two thirds are alcohol-related deaths that is, conditions that are frequently, but not always, related to alcohol, such as haemorrhagic stroke, cardiac arrhythmias, cancer of the oesophagus, road traffic collisions or intentional self-harm (see Figure 17). Males in Reading are also more likely die due to alcohol-related conditions in comparison to the England average and, females in Reading (see Figure 18).

Figure 17. Alcohol-related mortality, Reading and England, 2011 - 2013 (All persons)



Source: Alcohol Data: JSNA support Pack, Public Health England 2015

Figure 18. Alcohol-related mortality, Reading and England (males and females)

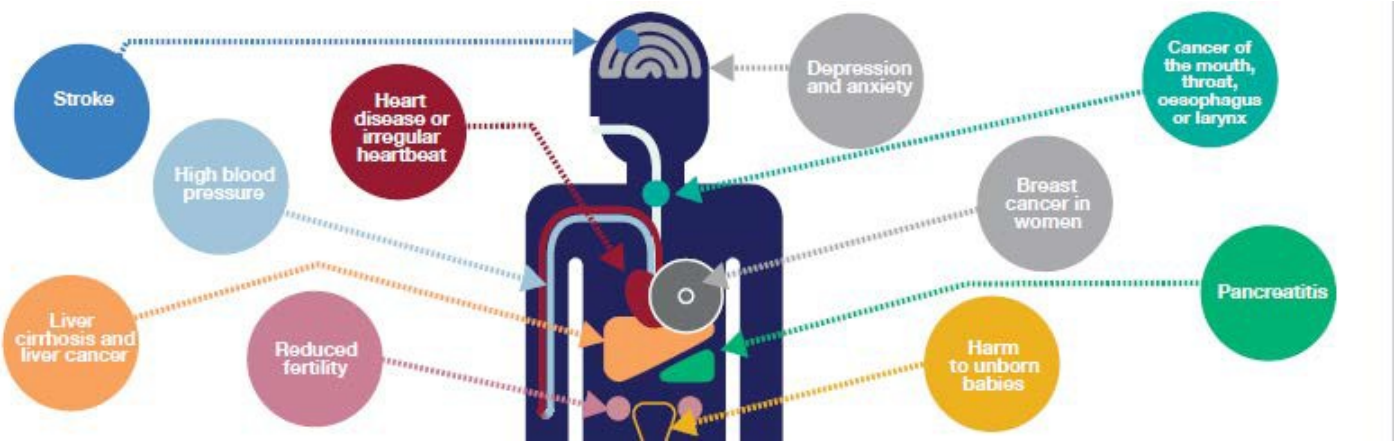


Source: Alcohol Data: JSNA support Pack, Public Health England 2015

4.3 Other harms

Despite the fact that alcohol is legal to buy (for some), and to drink, in the UK, we cannot avoid the fact that alcohol is an addictive drug as well as a toxic substance. As depicted in Figure 19, excessive use is causally related to more than 60 different medical conditions, including cancer of the mouth, pharynx, oesophagus, liver and breast; depression; epilepsy; diabetes; heart attack and stroke; cirrhosis of the liver; and foetal alcohol spectrum disorder (including mental and physical birth defects) in the babies of mothers who drink heavily when pregnant. [56]

Figure 19. ***Infographic depicting alcohol misuse damages to health***



Source: Based on Lisa Jones & Mark A Bellis (2013), Updating England-Specific Alcohol-Attributable Fractions. Alcohol-Attributable Fractions Report, Liverpool John Moores University.

Hazardous drinking is a pattern of alcohol consumption which carries risks of physical and psychological harm. Harmful drinking denotes the most hazardous use of alcohol; this is the level at which damage to health is likely, and carries a risk of alcohol dependence. Alcohol dependence is often a combination of behavioural, cognitive and physiological factors that typically manifests in a person have an overwhelming desire to consume alcohol and difficulties in controlling their drinking.[57] Dependent drinking is a complex issue and can have many causes, including family history; psychological factors such as anxiety or depression; the addictive nature of alcohol itself; and the environment in which people live and socialise. [58]

Alcohol is an addictive substance in the same way as tobacco and opiates; people can both physically and emotionally depend upon it and become habituated. Dependent drinkers are much more likely to be consuming physically-damaging quantities of alcohol and are thus at greater risk of developing significant ill health as a consequence. [59] Furthermore, if we consider hospital admissions and death attributable to alcohol, the burden associated with drinking alcohol at harmful levels is generally increasing in Reading. This is likely to increase the burden on the health and social care services as well as having wider impacts. Crucially, these problems are avoidable.

4.3.1 Economics, accidents and injuries

As well as the health impacts, there are also economic implications, for example, revenues generated from local sales, which is taxed by the government, and jobs which are created through alcohol production and distribution. [22] It is estimated that the UK alcohol industry directly employs more than 650,000 people and supports a further 1.1 million jobs in the wider economy. [60] Duty on spirit, wine, beer and cider in 2012/13 raised £10.1b for the Exchequer. It is difficult to be precise about the local economic benefits of alcohol but it is reasonable to assume that it contributes significantly to local economy.

In contrast, the government's alcohol strategy estimated that alcohol-related harm costs England society £21b annually (this excludes estimates for economic cost of alcohol misuse to families and social networks).[17] This is broken down as:

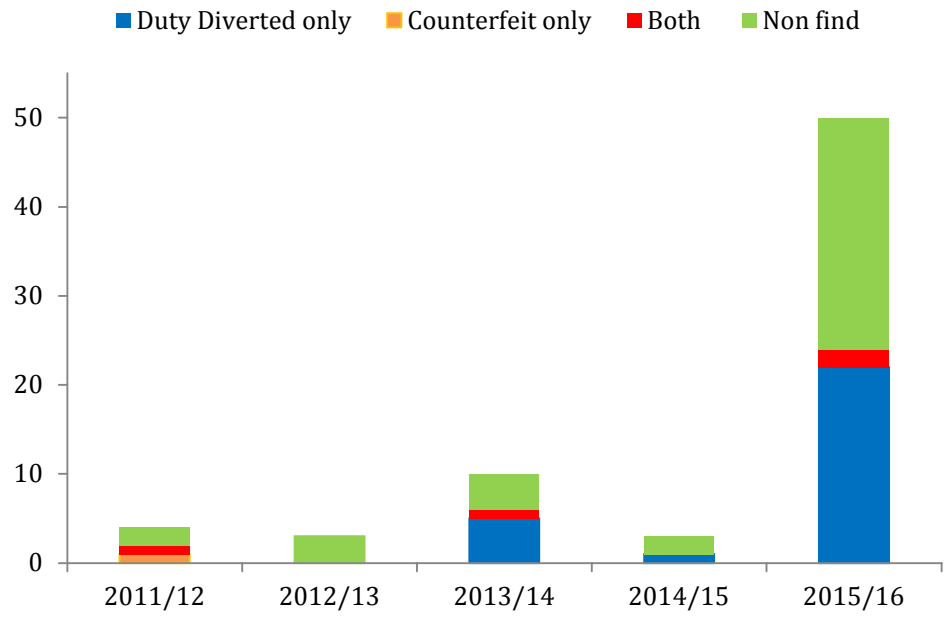
- £3.5b per year NHS costs (at 2009-10 costs);
- £11b per year alcohol-related crime (at 2010-11 costs); and

- £7.3b per year lost productivity due to alcohol (at 2009-2010 costs, UK estimate).

HM Customs and Revenue estimates that fraudulent alcohol supply costs the UK around £1.3bn a year in lost venue, also having an adverse effect on the drinks industry. [61] Results from the work carried out by the local RBC trading standards and licensing teams shows that this year, nearly half the inspections has resulted in seizures for alcohol where duty was diverted (see Figure 20). During one inspection, where both counterfeit and duty diverted alcohol was found, a total of 103 bottles were seized. Year to date, five licenses have been revoked as a result of the work.

Inspections in 2011-13 were primarily reactive to consumer complaints, with some support from the International Federation of Spirit Producers and HM Revenue and Customs. In 2015, the RBC Trading Standards team had a small increase in capacity which has allowed them to carry out proactive visits.

Figure 20. Trading Standards inspection results, Reading, 2011/12 – 2015/16 (YTD)



Source: RBC Trading Standard Performance Monitoring Report, 2015.

Drink driving is also a significant source of pressure for police, fire, paramedical and hospital emergency services as well as its impact on the victims and their families. Since 1979 there has been an almost six-fold reduction in the number of people killed in the UK in drink-drive accidents and a similar drop in seriously injured casualties. Despite this, in 2013 there were 5,690 road traffic collisions caused by alcohol resulting in an estimated 8,270 casualties. In the same year, 240 people were killed in the UK in accidents attributed to drink-driving, which is more than four deaths per week.

Binge drinking has been calculated to increase road traffic collisions by 17%, costing an estimated £2bn (2014 prices), this cost being spread across emergency services and the wider public sector. Local data on road traffic collisions directly attributed to alcohol is unavailable, but we know that between 2012-14 the rate of people killed and seriously injured on roads in Reading was lower than the England average being 28.3 compared to 39.3 per 100,000. [62]

In addition to road traffic collisions, we can also measure the burden using local data and intelligence such as that gathered through Reading's First Stop Bus (FSB) project. The service is delivered on an appropriately resourced bus, including medical staff and first-aiders trained to treat minor injuries, and the aim is to ease the burden on the A&E department at the Royal Berkshire Hospital.

Information collected by FSB staff indicates that between December 2013 and October 2015 some 800 people have been seen. South Central Ambulance Service estimates that during this period, 662 people would have either had an ambulance called and/or been taken to A&E. Conservative estimates on the total amount money that was saved through avoidance of ambulance calls for the full period is £46,340 and the total save preventing treatment at A&E was £51,636.[xiv]

Of those people presenting, mostly as a result of an accident or alcohol intoxication, 685 (87%), had consumed alcohol and 73 (9%) had used other substances. Almost two-thirds were males (62%) and over half (55.4%) were aged between 18-24 years, 18.7% were aged 25-30 years and 14.5% were aged 31-40 years.

5 The impact of drug and alcohol misuse on other aspects of community life

5.1 Police and judicial systems

Drug and alcohol use are both associated with crime. Alcohol is estimated to be implicated in 40% of violent crime and 78% of assaults, including domestic violence, and 88% of criminal damage cases are committed while the offender is under the influence of alcohol.[63] Some research studies have found that a lot of acquisitive crime is committed by dependent users of heroin and crack cocaine trying to pay for their drugs. Some show a high proportion of people arrested for a range of offenses testing positive for drug use. It has been suggested that one third to over a half of all acquisitive crime is related to illegal drug use [64] although acquisitive crime rates have dropped substantially since the mid-1990s [65] and it is noteworthy, as referred to elsewhere in this paper, that overall opiate and crack cocaine use is less common now.

Categorising crimes as drug-related and alcohol-related is methodologically complex. For example, categorisation would require that relationships between the behaviours of drug-using and offending be established as causal, rather than coincidental, and that records of when offenders have used drugs or are dependent are kept. This is rarely done. As a result, it is not possible to ascertain the true extent to which crime in Reading is related to drug or to alcohol use.[66]

Drugs and alcohol use appear to impact on crime rates in different ways. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) identifies four categories of drug-related crime:

- psychopharmacological - while under the influence of a substance;
- economic compulsive - to obtain money to purchase drugs;
- systemic - drug market activities; and

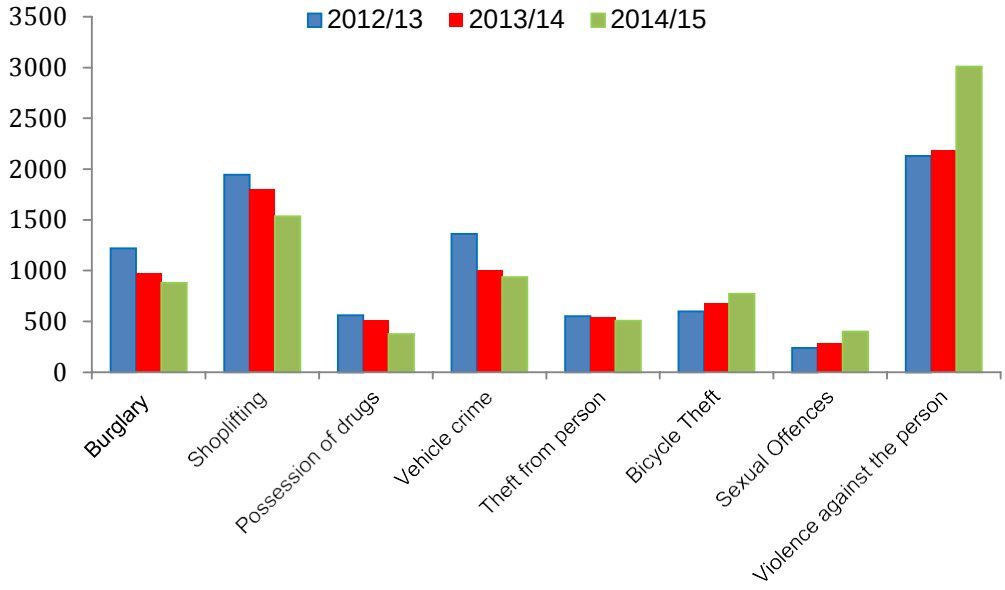
xiv Ambulance call savings are based upon the cost of mobilising an emergency vehicle (£70 per call). This does not take account of the time and treatment that would follow. Total savings for preventing treatment at A&E has been calculated by taking Tier 1 and Tier 2 2014 cost of treatment at an A&E for treatment, which equates to £78 per patient. Higher tiers are not included as most patients treated by FSB would generally not trigger in higher tier costs.

- drug law - in violation of legislation e.g. possession.

The EMCDDA report goes on to associate psychopharmacological crime mainly with alcohol use but also with some illicit stimulant use. Economically-motivated crimes (principally acquisitive crime, sex working and drug selling) are associated with drug dependence.[43] Other surveys and reports also link drug use, particularly opiate use and injecting, with shoplifting and other acquisitive crime.[67]

Despite the absence of specific information on drug-related crimes in Reading, reviewing all notifiable offences in Reading, as shown in Figure 21, may help in understanding trends. From October 2014 to September 2015, there was a 2.5% increase in recorded crime[xv] overall, with a total of 12,853 crimes committed in the period in Reading. While most of these were acquisitive the numbers of most acquisitive crimes have decreased year on year since 2012/13 (with the exception of theft of vehicles and bicycle theft, which are, perhaps, less likely to be related to trying to raise money to buy drugs). The crime types with the largest increases in the same period were violent offences and sexual offences, which are more likely to be related to alcohol use. [68] Whilst acquisitive crime remains dominant, the figures suggest a growing volume of alcohol-related crime, and a diminishing amount of drug-related acquisitive crime.

Figure 21. Summary of notifiable offenses for Reading, October 2012/13 – September 2014/15



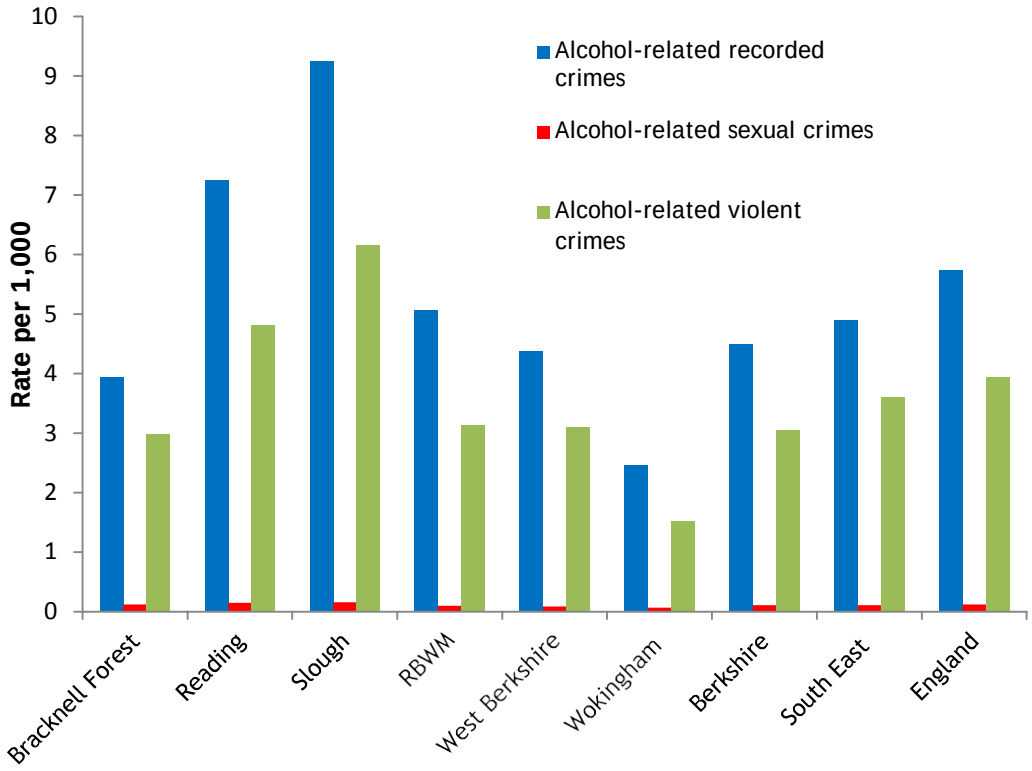
Source: Thames Valley Police, Summary of notifiable offence report, 2015

Three indicators of alcohol-related crimes (all alcohol-related recorded crimes, sexual crimes and violent crimes) have been used to measure alcohol-related crime. These measures are estimates based on the Home Office's former key offence categories

xv Crime is recorded for the year in which it was reported, not necessarily allegedly committed. For example, the increase in reported sexual offences in recent years is, in part, attributable to people reporting alleged historical assaults. The rise in violence against the person has been driven by increases in 'violence without injury' and may, in part, reflect changes in recording practice {see http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/year-ending-june-2015/stb-crime--ye-june-2015.html (accessed 6 January 2016)]

and include a proportion of all violent offences, domestic violence and visible anti-social behaviour and damage related to the night time economy. [69] Reading was similar to the national average except for alcohol-related recorded crimes where it has a higher rate of alcohol-related crime than average. Reading also recorded the second highest crime rates relating to alcohol in Berkshire, with Slough recording the highest (see Figure 22). Local crime rates suggest an increasing level of violent crime, but more work is needed to determine the precise nature of this.

Figure 22. Alcohol-related crime[xvi] rate per 1,000 population by Berkshire local authority and England, 2012/13



Source: Public Health England, Local Alcohol Profiles England, 2015

5.1.1 Treatment for the prevention of offending

There is evidence to suggest that pharmacological treatment interventions for the management of opiate dependence can help to reduce re-offending, especially where dose is high enough, the time in treatment is sufficient, and where psychological support is also provided. Treatment often takes the form of long-term prescribing of an opioid substitute such as methadone or buprenorphine. The aim is for people who are dependent to progress from maintenance to detoxification and then abstinence. However, depending on the individual, it can be associated with longer periods in treatment, sometimes for many years with some clients seeming to have little or no motivation to stop using substances.[xvii] It is therefore reasonable to

xvi Six offences: violence against a person, sexual offenses, robbery, burglary dwelling, theft of a motor vehicle and theft from a motor vehicle. Alcohol related sexual crimes are therefore included in the alcohol-related recorded crime rates

xvii There are anecdotal reports of some such people being referred to as 'Giro Junkies', that is, when they receive a state benefit payment they buy illicit opioids or other substances and when their money runs out they use methadone or buprenorphine prescribed by drug and alcohol services or by their GP

conclude that this kind of treatment will have little effect on the numbers of people leaving treatment in the short-term or on the average length of time in treatment.[70, 71, 72, 73, 74]

Reading's Integrated Offender Management (IOM) programme targets the most prolific acquisitive offenders in the area. A recent analysis showed that 58% of those on the scheme were also in drug treatment at the time (which has to raise questions about the effectiveness of treatment and crime reduction, especially as perhaps only half of the opiate and crack cocaine users in Reading are known to the drug and alcohol service) and a further 17% had been referred for treatment or been in treatment at another time. Some 95% of those who had been in treatment while on the programme identified heroin as their main substance of use. No information is available to show what effect opioid substitute prescribing had on their offending. In light of this, while we can say that a high proportion of prolific offenders in Reading engage with substitute prescribing treatment, and that drug-related offending appears to have declined in recent years, it is not possible to conclude that this treatment had a mitigating effect on the offending rates of these local prolific offenders.

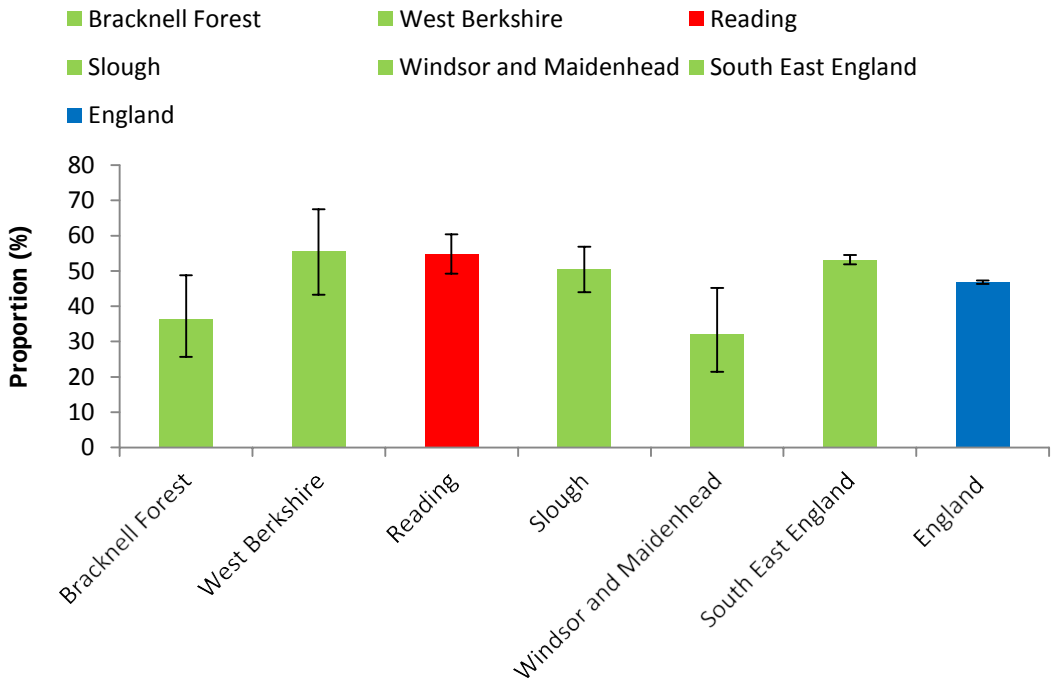
The Public Health Outcomes Framework measures the proportion of those who are assessed for drug and alcohol treatment in prison, who have been engaged with treatment in the community. In the context of the outcomes framework, this is because treatment is considered to be one way of helping to reduce offending and this serves as a measure of prevention work on substance dependence among vulnerable groups.[75]

In 2012/13 Reading had a statistically significantly higher proportion of drug or alcohol users who had not engaged with treatment in the community before entering treatment in prison than the England average. Figure 23 shows the percentage of people entering prison with substance misuse issues who were not previously known to community treatment services in comparison with England and the other areas of Berkshire.

The data indicate that a lower proportion of offenders in Reading have used community treatment services than offenders elsewhere, suggesting that less preventative work is done locally to reduce drug and alcohol-related offending than in the rest of England. Confidence intervals for local authority level data are wide, so it is not possible to conclude that this is significantly worse in Reading than in the rest of Berkshire, We can say, however, that Reading is the only local authority in Berkshire that is significantly worse than the England average.

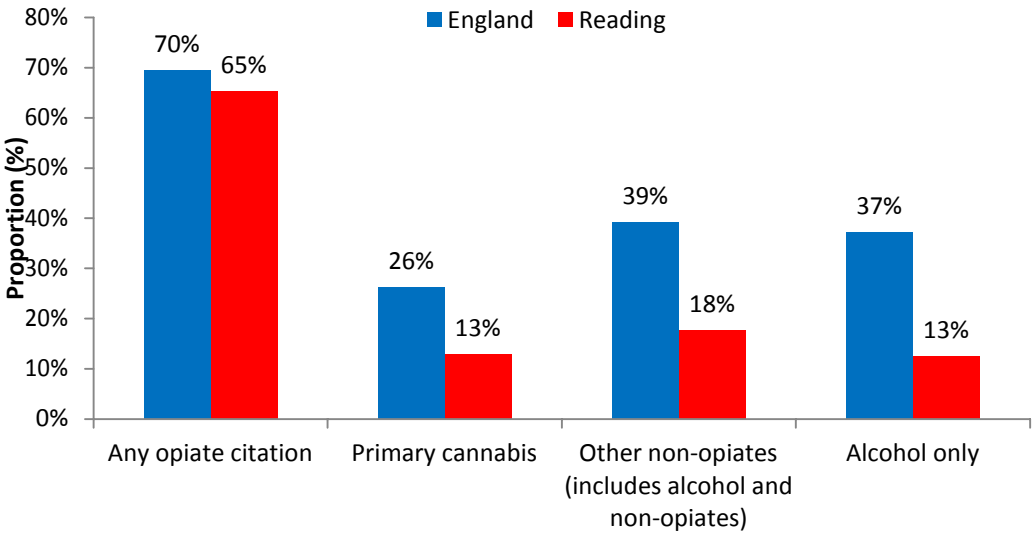
Further analysis shows that 65% of opiate users from Reading who started treatment in prison had been in treatment in the community. This is close to the England average of 70%. The proportions of alcohol, cannabis and other non-opiate are much lower in Reading and the rest of England, but the differences between Reading and the England averages are much greater for alcohol and non-opiate substances (see Figure 24). This suggests a low proportion of offenders and those at risk of offending who use alcohol and non-opiate drugs receive treatment in Reading. Confidence intervals are not provided for this further breakdown, and the numbers at local authority level are small, so these analyses need to be considered with caution.

Figure 23. Proportion of people assessed for substance dependence issues when entering prison who then required structured treatment and have not already received it in the community, 2012/13.



Source: Public Health Outcomes Framework, 2015

Figure 24. Proportion of users in treatment in the community in Reading, 2013/14, by substance



Source: Public Health Outcomes Framework (PHOF) Indicator 2.16 Supporting Data 2013/14

So, while opiate users in Reading are almost as likely as opiate users elsewhere to have received treatment in the community prior to entering treatment in prison, users of other substances appear to be less likely to have received treatment. This may indicate that more preventative work could be done, particularly with alcohol users, to reduce local levels of crime.

5.1.2 Obtaining novel psychoactive substances

Because of the legal status of NPSs, they are currently easily obtainable with open sales occurring in offline retail outlets, including being available on most high streets, sometimes being sold in 'headshops' (shops which sell drug paraphernalia), market stalls, takeaways, convenience stores, newsagents or petrol stations. The three main sources which users obtain NPSs from are online retailers, high-street retailers and non-retail vendors (family, friends, and street level dealers).[9, 76]

Anecdotally it is suggested that transactions with high-street and non-retail vendors could be seen an easier source for young people to acquire NPSs as they will invariable involve untraceable, cash transactions. Whilst the virtual marketplace is popular and provides anonymity to website owners and buyers because of the sophisticated technical concealment of web market places, for younger people, it requires them to have access to a bankcard, which could make it harder for them to purchase via this source. The clever concealment of these virtual markets makes it increasingly difficult for law enforcement authorities to understand the true scale of the drug trade and therefore drug-related crimes, but is fair to say that there will be a local impact.[9,10]

The UK Government proposes to introduce legislation that will seek to eradicate the NPSs market, but there is debate that *The Psychoactive Substance Bill (HL) 2015-16* [77] does not address the key problems of NPSs and there are concerns it will merely serve to move NPSs into the illicit market, possible at street level and online.[78] If this happens there is a possibility that it will impact on drug-related crimes but how is unknown. There are no precise numbers of offline or online retail outlets in the UK selling illicit drugs or NPS, however there are reports of there being more than 250 headshops selling non-controlled NPSs and, the National Crime Agency (NCA) estimates there to be between 100 and 150 UK-based 'clearnet' sites, who primarily sell non-controlled NPSs.[9,10]

5.2 Domestic violence and parental substance misuse

Domestic violence and abuse is frequently associated with alcohol use.[79] In 2013/14, 36% of victims of domestic abuse reported in face-to-face interviews that the offender was under the influence of alcohol [80] and around 20% of high-risk victims of abuse report using drugs and/or alcohol. [81] Unfortunately, there are no local data for the numbers of women or men accessing domestic abuse services, or coming into contact with police for domestic abuse issues, where alcohol or drug misuse is a contributory factor.

In addition to the harm the adult victim of domestic abuse faces, children in families where there is parental alcohol or drug misuse, including babies in the womb, face an increased risk of significant harm. Parental substance misuse is a major risk factor for harm to children and may expose them to physical abuse or neglect, dangerously inadequate supervision, intermittent or permanent separation or changes in residence, toxic substances in the home, interrupted education, criminal or other inappropriate adult behaviour and social isolation. [82,83]

An analysis of child deaths and serious injuries in England (2003-2005) found that in well over half of cases (57%), there was evidence of substance misuse, furthermore, over half of children were living with domestic violence, or parental mental ill health, or parental substance misuse (with these three problems often co-existing). There are serious concerns that this is likely to be underestimated as there is no routine screening by children and family services for parental alcohol misuse. [84]

An inquiry by the Advisory Council on the Misuse of Drugs in 2003 estimated that 2-3% of children aged under 16 were likely to be affected by parental substance misuse. Recent estimates of the number of children affected based on UK household surveys suggest that the number of children in the UK living with a parent misusing drugs or alcohol is likely to be higher than previously thought, with an estimated 22% (over 2.6 million children) living with a parent with a drinking pattern that is hazardous and 705,000 living with dependent drinkers.[74,85,86,87,88]

In Reading, this equates to some around 600 children aged under 16 likely to be affected by parental substance misuse and 6,000 children likely to be living with a parent misusing drugs or alcohol.

An evaluation of Family Drug and Alcohol Courts highlighted both supportive work to enable children to return to their families where possible and swift action to find an alternative home where it was not. The evaluation also reports more positive attitudes amongst parents and savings to local authorities.[74]

RBC has a Parental Substance Misuse Service (PSMS) which was developed to help to address concerns about the needs of parents in drug and alcohol treatment. The team work with any family where a child's needs are affected by their parents' misuse of drugs or alcohol. Children are usually identified by family workers, through children's centres or drug and alcohol treatment services, or, sometimes when child is put on a child protection plan. The service offers a holistic response to each family's needs, helping them to access both drug and alcohol treatment and provides parenting support. The service continues to work with the family until parents are established in recovery or the children have been permanently removed. While families may be required to work with a social worker, engagement with the PSMS is voluntary. Social workers can choose to make a referral but are not required to do so in all cases where substance misuse is identified.

Reading's PSMS currently provides one-to-one support to 22 parents/pregnant women who are experiencing problems with drug and alcohol use; group work programmes called *Just What You Need* and *Family Time* programmes, which are used by a further 17 parents; and they also support three people who are caring for children of drug or alcohol using parents (within their extended family).

Most of those receiving one-to-one support are users of alcohol (15), four primarily use heroin and two cannabis. As shown in Table 2 below, eight have children on child protection plans,[xviii] nine have children monitored under *Child In Need* [xix] (three have been de-escalated from child protection plans), two are being assessed after contact with police or identification by the Early Help hub, one parent has a child who is classified as a *looked after child* [xx] as they are in residential rehabilitation with their child, one is abstinent and receiving support to maintain recovery, and one is currently pregnant. Most of those using the group work programme are currently abstinent from substances and working with the service to maintain their recovery.

xviii A CPP is a plan drawn up by the local authority. It sets out how a child can be kept safe, how things can be made better for the family and what support they will need. Parents should be told the reason for the plan.

xix Section 17 of the Children Act 1989 has defined criteria for when a child is considered as being in need, for more information, please see http://protectingchildren.org.uk/cp-system/child-in-need/

xx A *looked after child* may either be accommodated (which means the local council is looking after them with the agreement, at the request or in the absence of their parents) or subject to Care Order by the Family Courts.

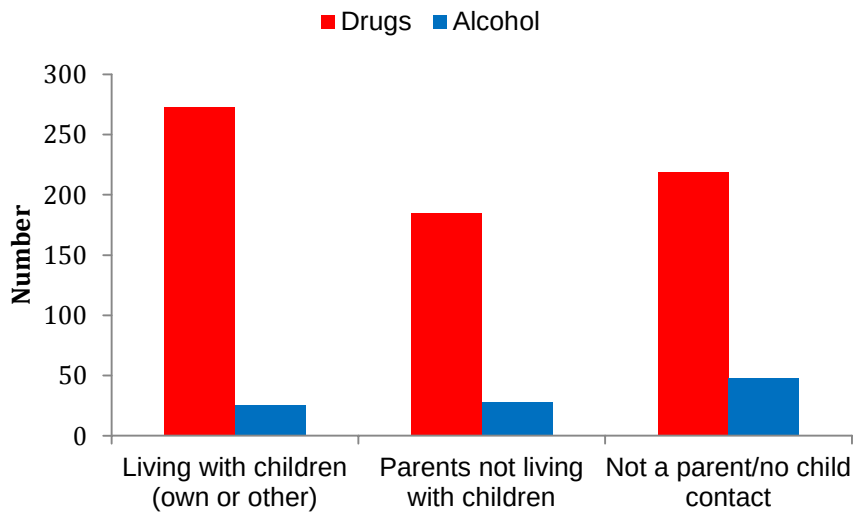
Table 2. Current case analysis (snapshot) of parents supported by RBC PSMS, as of November 2015

Status	Number
Child Protection	8
Child in Need	9
Assessment	2
Looked after child (residential rehabilitation)	1
Abstinent - recovery support only	1
Pregnant	1

Source: RBC Parental Substance Misuse Service, 2015

Data from local treatment services can also be used to illustrate the number of drug and alcohol users in Reading in treatment who: live with children; are parents but do not live with children; and do not have children. This is shown in Figure 25 (incomplete data have been removed). However, it is important to recognise that this is a reflection of the balance of drug and alcohol users in treatment in Reading and not of the actual number of misusers of drugs and, especially, alcohol in the borough.

Figure 25. The parental status number of drug and alcohol treatment-users in Reading



Source: Drug Data: JSNA support Pack, Public Health England 2015

Based on estimates of local alcohol misuse, there is likely to be a significant number of children in Reading whose parents require interventions or treatment for alcohol misuse who are not engaged with treatment services. Furthermore, the number of parents' engagement with the PSMS is relatively low in comparison to the number of children we know to be living with drug users in Reading. It is important to note that these users are engaged with treatment services and referrals to the PSMS may not be necessary if it has been determined that their drug and/or alcohol misuse does not affect their ability to meet their child's needs.

Despite this, the Office of the Children's Commissioner has highlighted the large and increasing prevalence of parental alcohol use and recommends a greater policy focus within the wider scope of all parental substance use.[55] Several sources

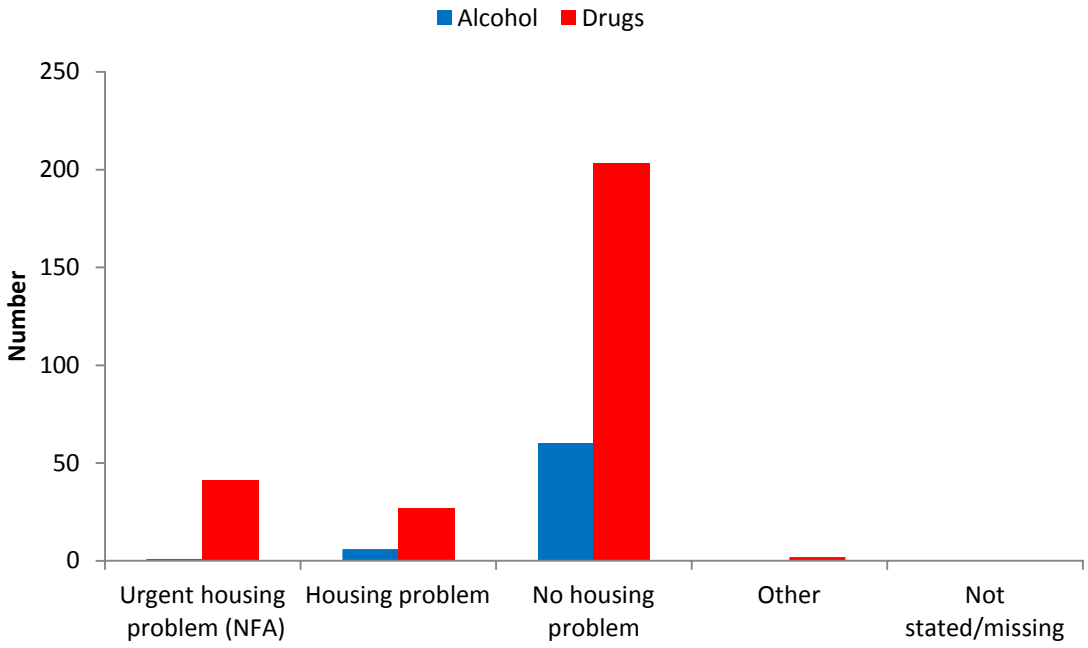
highlight connections between parental drug and alcohol use, inadequate parenting, domestic violence, poor mental health and housing and social problems and recommend 'whole family' approaches focussed on creating a stable environment for the child or children. This in turn, is likely to have a positive impact on the future behaviours of children, particularly in relation to drug and alcohol use, which could reduce the burden of health and social care costs.[52, 53, 89]

5.3 Local authority housing

Local authorities are obliged to give re-housing priority to people who are vulnerable and homeless. For drug and/or alcohol misusers, a safe, stable home environment better enables them to sustain their recovery whilst insecure housing or homelessness threatens it. RBC does not give re-housing priority to people simply because they misuse drugs and/or alcohol.

The overall number of decisions on homelessness applications taken by RBC in 2014/15 was 737. Figure 26 shows the self-reported housing status of adults when they started treatment for drugs and/or alcohol misuse in the same period. Based on self-reported housing status, we can see that urgent housing problems are more prevalent in drug users at the start of treatment, in comparison to alcohol users in treatment, which is unsurprising considering we know locally more people access treatment services for drug misuse rather than alcohol misuse, but that the prevalence of misuse is higher for alcohol than drugs. These data could also mean that people who misuse alcohol in Reading do so without causing significant risk to their housing status and thus do not come to the attention of the council. Based on data in Figure 26, 10% of the applications considered involved someone who commenced treatment for drug or alcohol misuse.

Figure 26. Self-reported housing status of adults at start of treatment (by drugs and alcohol) Reading, 2014/15



Source: Drug & Alcohol Data: JSNA support Pack, Public Health England 2015

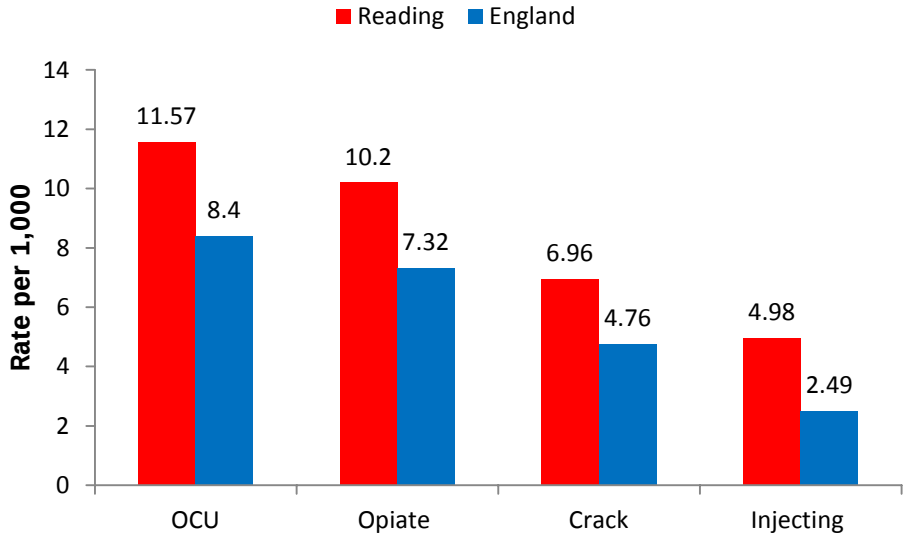
6 How big is the problem of drug and alcohol misuse in Reading?

6.1 Drugs

The estimated prevalence of opiate and crack cocaine use was carried out in eight 'sweeps' by independent researchers commissioned by the Home Office.[90, 91, 92, 93, 94] The estimates use numbers of known opiate and/or crack users recorded by different sources and other indicators, such as levels of drug-related crime.

The most recent estimate indicates a higher rate of opiate and/or crack cocaine users (OCU) per 1,000 population in Reading than the England average: 11.7 and 8.4, respectively. The rate of injecting drugs in Reading is twice as high as the England average: 4.98 in Reading compared to 2.49 England average (see Figure 27).

Figure 27. Prevalence estimates of drug users, Reading and England

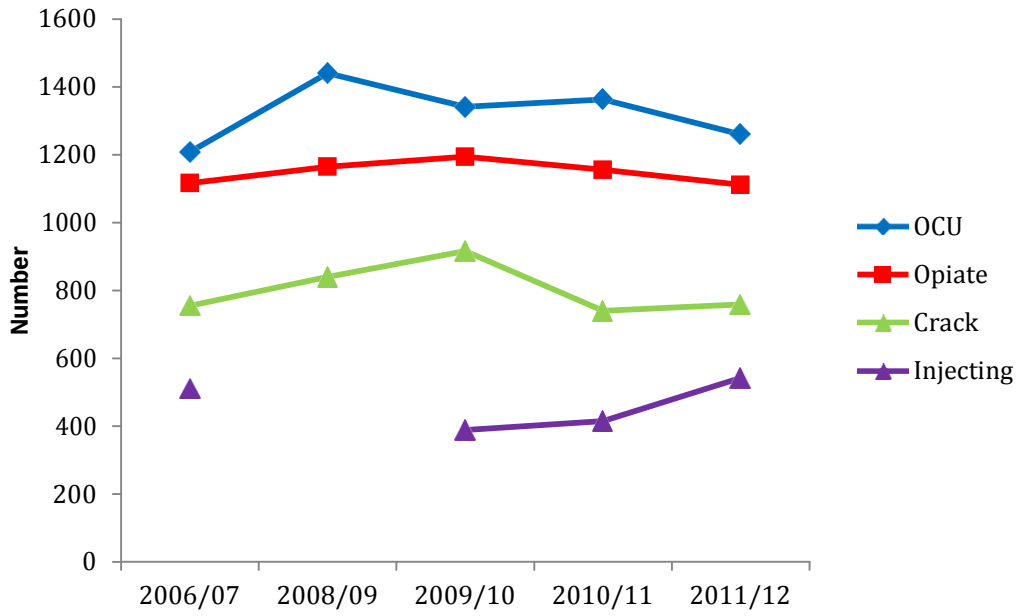


Source: Drug Data: JSNA support Pack, Public Health England 2015

Opiate and crack cocaine use prevalence trends, by drug-use category, are shown in Figure 28. The numbers suggest little change since 2006/07. This is consistent with the overall national picture, which saw a slight decrease in OCU prevalence, but not a significantly significant one. Prevalence estimates also report a national decrease in drug injecting between 2010/11 and 2011/12, but point to an increasing trend in Reading. Although prevalence estimates were carried out prior to 2006/07, these data are no longer publicly available. No local authority-level data for prevalence of injecting is available for 2008/09.

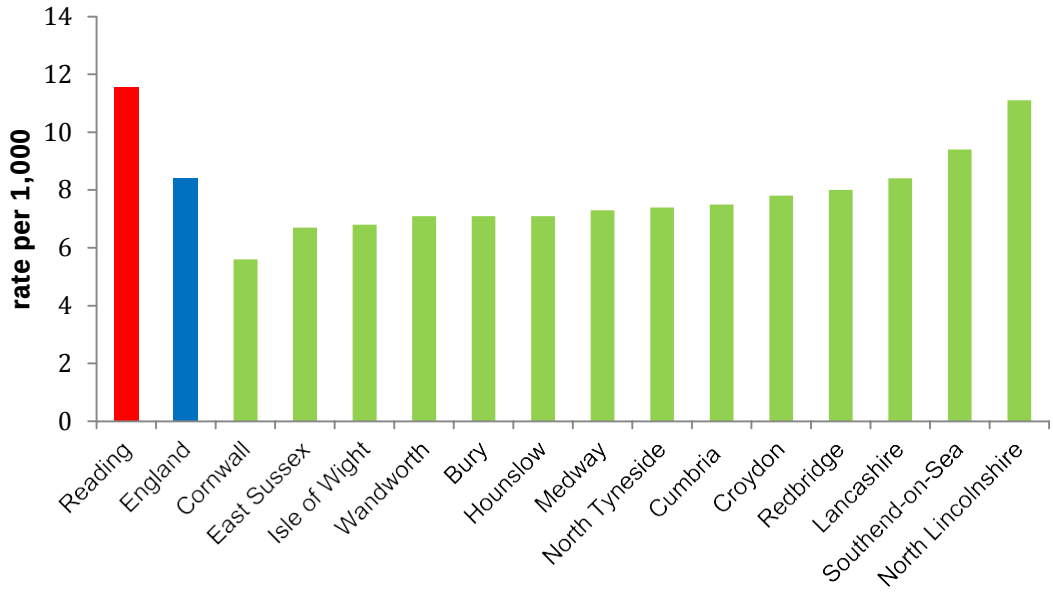
When compared to areas with similar levels of socioeconomic deprivation, Reading's estimated rates of OCU and injecting drug users per 1,000 population are higher than similar local authorities, suggesting that local high rates of opiate and crack cocaine use and drug injecting may not be linked simply to relative deprivation (Figures 29 and 30).

Figure 28. ***Estimated number of drug users, by drug use, Reading, 2006/07 to 2011/12***



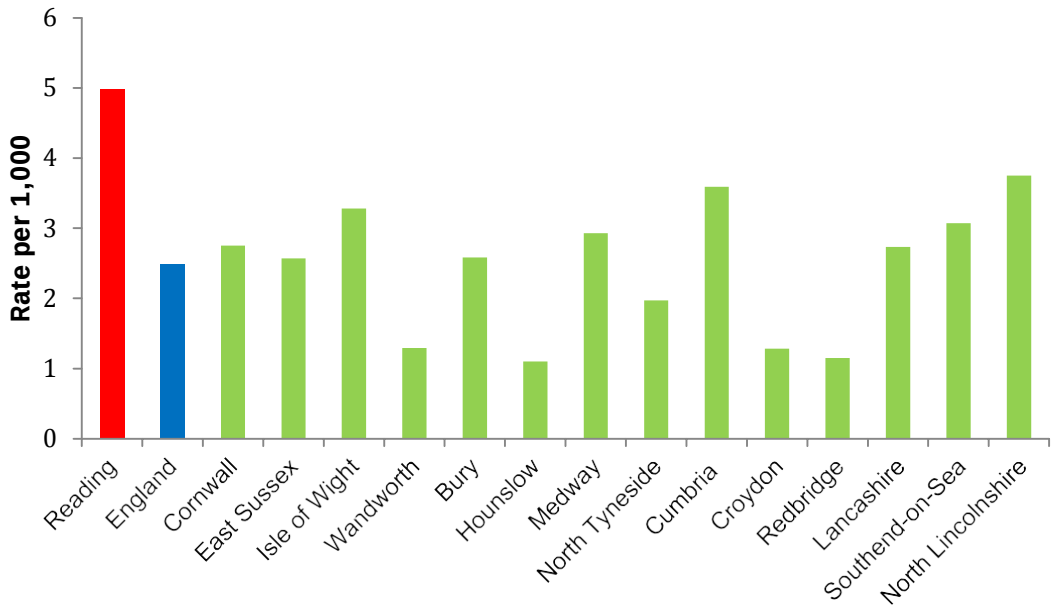
Source: Healthier Lives, Public Health England 2015

Figure 29. Prevalence estimates of OCU per 1,000 population by comparator local authorities (Socioeconomic decile 6)



Source: Healthier Lives, Public Health England 2015

Figure 30. Rate of injecting OCU users per 1,000 population by comparator local authorities (Socioeconomic decile 6)



Source: Healthier Lives, Public Health England 2015

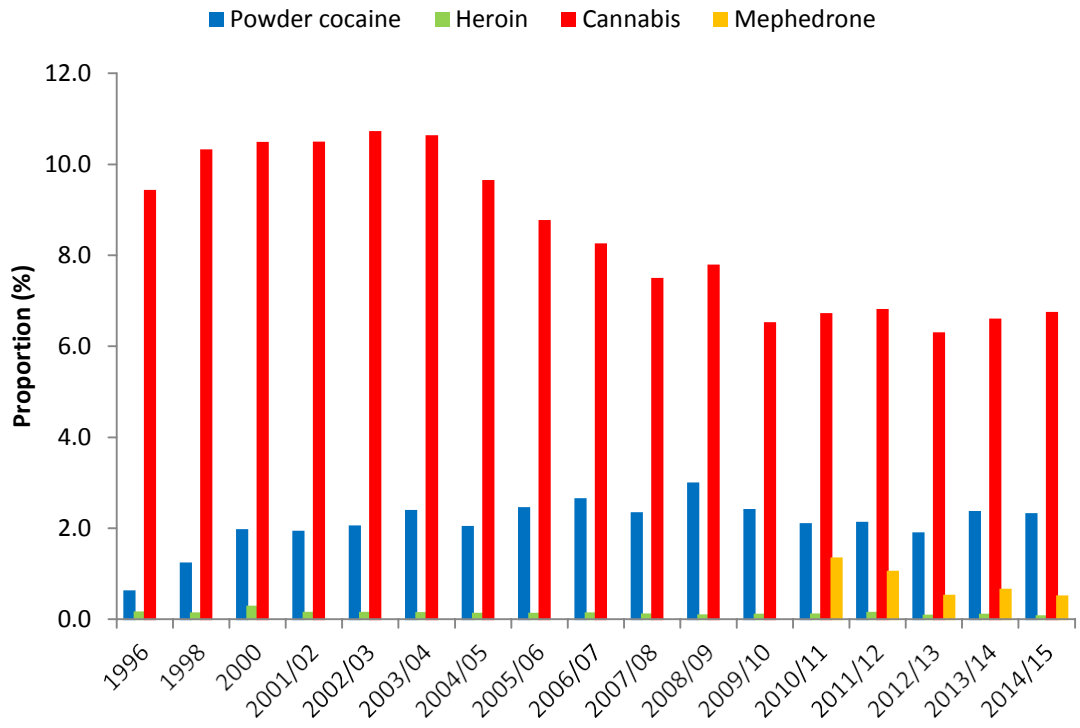
While there are no estimates on the prevalence of cannabis and other drug use by local authority area, the Crime Survey for England and Wales produces statistics on self-reported drug use amongst respondents, most recently, as shown in Figure 31, the evidence suggests that 6.7% of 16-59 year olds used cannabis in the last year and 2.3% used powder cocaine and 0.5% mephedrone (included in the survey since 2011).

Applied crudely to the 2014 mid-year population estimate for 16-59 year olds for Reading,[xxi] this equates to nearly 6,000 people having used cannabis, some 2,000 having used cocaine, 445 having used mephedrone and about 90 having used heroin in the year 2014/15. We should note that there is likely to be a discrepancy between self-reported drug use and actual drug use, and that this may be greater where there is greater stigma, (for example, more than 500 people from Reading presented to drug treatment services with problematic heroin use in the same period) so we need to consider the implications of using the survey method for collecting information about drug use prevalence. Nevertheless, the survey data suggests much wider use of cannabis, powder cocaine and NPS than class A drugs such as heroin and crack cocaine.

Reliable data on the number of people using NPS are impossible to obtain. The data in Figure 32 cover the main NPSs reported by new entrants into specialist drug and alcohol treatment England. While the majority of opiate and crack users can be expected to develop significant health and/or social care service needs in time, the long-term health impact of NPS use is not yet known. Non-opiate using adult NPS users typically have good personal resources – such as jobs, relationships, accommodation – and this may mean that they are less likely to need treatment or, if they do, that they will be more likely to make the most of it.[95]

xxi The borough's estimated adult population in mid-2014, produced by ONS, is 124,975 people aged 18+ years.

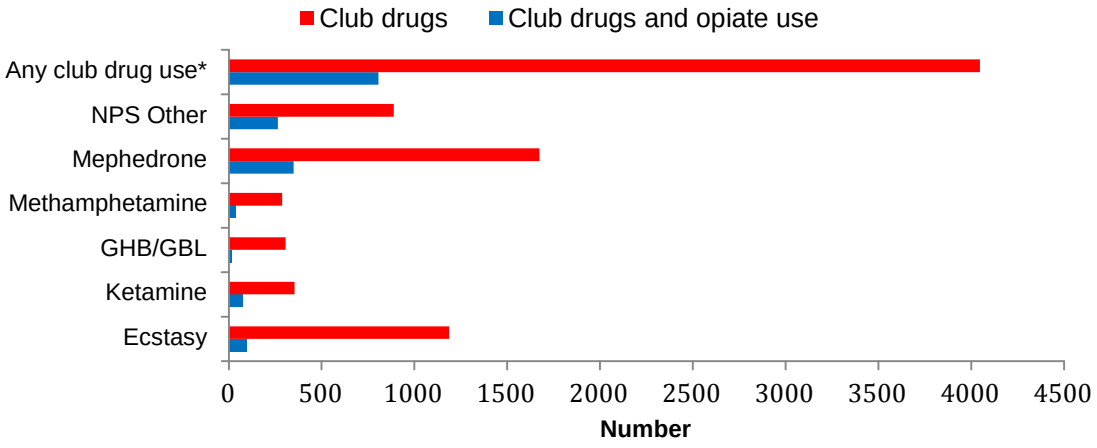
Figure 31. Self-reported drug use in the last year, 16-59 year olds, England, 1996 – 2014/15



Source: Home Office (2015). Drug Misuse: Findings from the 2014-2015 CSEW.

The majority of opiate and crack users can be expected to develop significant health and/or social care service needs in time, whereas possibly a majority of NPS users will not, unless they go on to use opiates and/or crack (although there is no inevitable pathway from one to the other). A very high proportion of opiate and crack users will also use tobacco and alcohol.

Figure 32. The number of new treatment entrants in England citing club drug use or club drug use and opiate



Source: Drug Data: JSNA support Pack, Public Health England 2015

Surveys of young people suggest that 20-40% will have tried an NPS at some time and that, before it was banned, some 34% had tried mephedrone, but these data may be derived from heavily biased samples and give an inaccurate picture. [96] Despite these limitations, it is probably reasonable to assume that a sizeable minority of young people in Reading have used an NPS at least once.

NPSs are relatively new in the UK and it is difficult to meaningfully determine the profile of people using them; patterns of use vary enormously across the UK. Much of the data are collected from self-reporting or from surveys of self-selecting participants, often carried out amongst those with a higher level of drug use than the general population. So far, relatively few people accessing treatment service cite NPS as their primary drug problem. There could a number of reasons for this, for example, it could reflect that people are able to use NPSs without harm being apparent or without dependency forming, or it this could reflect treatment set-up, including access to specialist club drug services;[97] there would appear to be only two specialist NPS clinic in England at present, one in London and the other in Brighton. In 2014/15, barely a handful of people accessing drug treatment services cited NPSs as problematic substance during an assessment with the Reading drug treatment service.

Source (Young People's Drug & Alcohol Service in Reading) reports that the majority of young people that they come into contact with are aware of NPSs and some have experimented/used them for a period of time. Based on ONS mid-year data, Reading had over 33,000 young people (aged 15 to 27 years). Using the lower end of the survey's results referred to earlier, this means we can estimate that over 6,500 people aged 15-27 years in Reading will have used NPSs at some time.

With regard to young people and drugs, the key findings from the *Smoking, drinking and drug use amongst young people in England 2014* report, which surveys pupils in secondary school aged between 11 to 15 years in England, included that :[98]

- there is a continuing decline in the prevalence of drug use amongst pupils aged 11 to 15 years in England, however the decline has slowed since 2010;
- almost 15% of pupils have ever taken drugs and 10% have taken drugs in the last year and 6% in the last month;
- drug use prevalence increased with age, 6% of 11 year olds compared to 24% of 15 year olds reported trying drugs at least once;
- 2% of pupils said that they usually took drugs once a month or more often;
- cannabis was the drug most likely to have been taken in the last year by pupils (6.7%), with 2.7% reporting inhaling glue, gas, aerosols or solvents. Very few reported use of other types of drugs;
- 2.5% reported having taken NPSs, including 2% having taken them in the last year and less than one percent taken them in the last month; and
- pupils who smoked, drank alcohol, truanted from school or had been excluded from school were more likely to have taken drugs in the last year. Ethnicity and region were also associated with reported drug use.

The relationship between drug use and mental health problems amongst young people is of particular concern and over time, regular users run the risk of developing dependence. Drug use is more prevalent in young people with multiple vulnerabilities including truanting, exclusion from school, homelessness, time in care or serious/frequent offending. Addressing the issues of drug use amongst young people should aim to change their attitudes and behaviours, as well as providing

information and advice to parents and communities in order to prevent uptake.[99, 100]

6.2 Alcohol

Obtaining reliable information about drinking behaviour is difficult, however results from the 2013 Health Survey for England[101] show that most adults in England who drink alcohol do so in moderation, with 63% of men and 64% of women reporting drinking at levels indicating lower risk of harm, that is, their average weekly consumption is at or under the currently recommended weekly limits. Applying this to the Reading mid-year population data for 2014[2] we can infer that some 40,000 adult male and 32,400 adult female residents drink alcohol at levels which are consider a low harm risk.[102] Surveys consistently record lower levels of consumption that would be expected from data on alcohol sales with some 40-60% of alcohol sales are unaccounted for[103] so actual consumption I – and thus the number of people at risk – is likely to be much higher.

Whilst there is no reliable national model that estimates prevalence of alcohol dependence at a local level, the latest the *Statistics on Alcohol* produced by HSCIC cites national estimates for hazardous and harmful drinking and alcohol dependence in the general adult population in England.[6,7,74] In 2007, HSCIC estimated that some 24% of adults in England (33.2% of men and 15.7% of women), were drinking at hazardous levels. Of these, 3.8% (5.8% of men and 1.9% of women) were drinking at levels which were classified as harmful. In men, both hazardous and harmful drinking was most prevalent in 25-34 year-olds, for women it was in those aged 16-24 years, and, as mentioned earlier, females under 16 years are more likely to be admitted to hospital for alcohol-related conditions (broad) that males.[52] Based on these overall estimates, we can surmise that nearly 30,000 Reading residents could be drinking at hazardous levels and over 4,500 residents drinking at harmful levels. It is also reasonable to assume that the prevalence of alcohol misuse in Reading may be greater that the national estimates because Reading has a younger population in comparison to England.

Alcohol dependence is also more common in white males and females than in those from BME groups. Males are also at risk of cumulative health harms in that they are more likely to drive under the influence of alcohol, commit domestic violence and experience martial breakdown; there is also evidence that heavy drinkers have poorer mental health.[74]

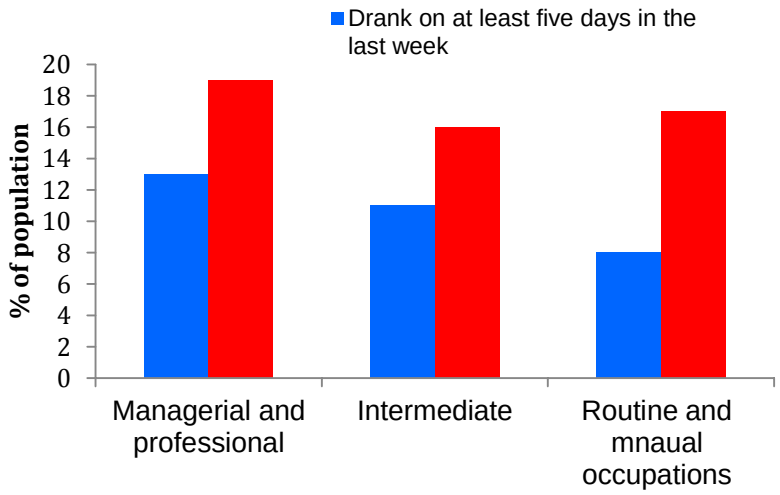
Alcohol consumption is also influenced by availability and affordability, and evidence shows variations in consumption by economic status and other socio-economic variables. Between 1980 and 2014, the price of alcohol increased by 23.2%, however, relatively speaking, it was 53.8% more affordable than in 1980. This is relevant in that affordability is an influencing factor in an individual's choice of whether to purchase alcohol.[74]

It is also fair to surmise the pattern of drinking amongst drinkers in Reading is likely to be widening health inequalities. Whilst data from the General Household Survey[104] (shown in Figure 33) shows that nationally, men and women who are more affluent tend to drink more alcohol than those who are more deprived, people in more deprived areas are: [105,106]

- 2-3 times as likely to die of causes influenced by, in part, alcohol;
- 3-5 times more likely to die of an alcohol-specific cause; and
- 2-5 times more likely to be admitted to hospital because of an alcohol-related condition.

This differential effect is likely to be related to the generally poorer health experienced by people living in more deprived areas, thus have a negative effect on health inequalities. This is significant for Reading as it has over half the LSOAs in Berkshire that fall within the 20% most deprived areas nationally.

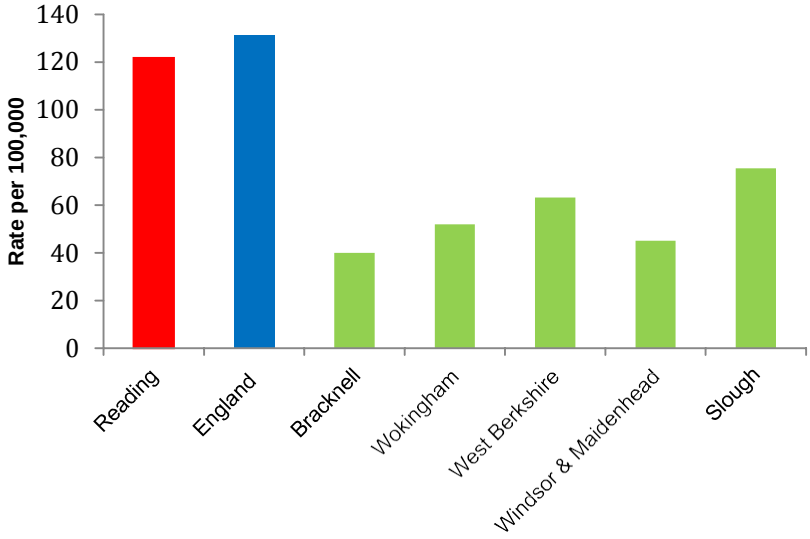
Figure 33: The proportion of adults, by economic class, reporting drinking alcohol in the preceding week



*6 units for women and 8 units for men Source: ONS 2015, General Household Survey 2013

In 2014, Public Health England calculated a crude rate per 100,000 of claimants of Incapacity Benefit/Severe Disablement Allowance or Employment Support Allowance who cited alcohol misuse as their main disabling condition. As shown in Figure 34, whilst the number of claimants in Reading is similar to the England average, it is double that in comparison to most other Berkshire local authorities (with the exception of Slough).

Figure 34. Claimants of Incapacity Benefit/Severe Disablement Allowance or Employment Support Allowance who cite alcohol misuses as the main disabling condition, 2014.



Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using bespoke request data from Department for Work and Pensions and ONS mid-year population estimates 2014.

The drinking prevalence amongst young people in England has continued on a downward drink since 1998 [107] (when measurement first began), when 61% of pupils aged 11-15 years in secondary school reporting having drunk alcohol at least one, in comparison to 38% in 2014. Other key findings of the *Smoking, drinking and drug use amongst young people in England 2014* report in relation to alcohol were that:

- the proportion of pupils having drunk in the week preceding the survey was 8% in 2014, this has continued on a downward trend since 2003 when it was 25%;
- about half (48%) of pupils thought it was acceptable for someone of their age to try drinking alcohol, and 24% thought it was ok to drink once a week. Some 18% thought it was acceptable for someone their aged to try getting drunk to see what it was like and 7% thought it was acceptable to get drunk once a week;
- the proportion of pupils who have ever drunk alcohol increased with aged, from 8% of 11 year olds to 69% of 15 year olds, as well as those who drank alcohol in the last week, increasing from 1% of 11 year olds to 18% of 15 year olds;
- most pupils who drank alcohol in the last week had consumed more than one type of alcoholic drink;
- males and females were equally likely to have reported drinking alcohol and to drink similar amounts. Most were likely to have drunk beer, larger or cider (72%), followed by spirits (59%), alcopops (40%) or wine, martini and sherry (38%). Preferences differ between the sexes, with females more likely to consume spirits, alcopops or wine;
- pupils were more likely to drink alcohol if they lived with someone who did, and 86% of pupils whose households did not include anyone who drank had not themselves drunk alcohol, but 40% of pupils who lived with three or more drinkers had; and
- pupils who thought their families did not like them drinking were less likely to have drunk alcohol in the last with only 2% reported drinking, compared to 16 percent of pupils who said their parents would not mind as long as they did not 'drink too much'.

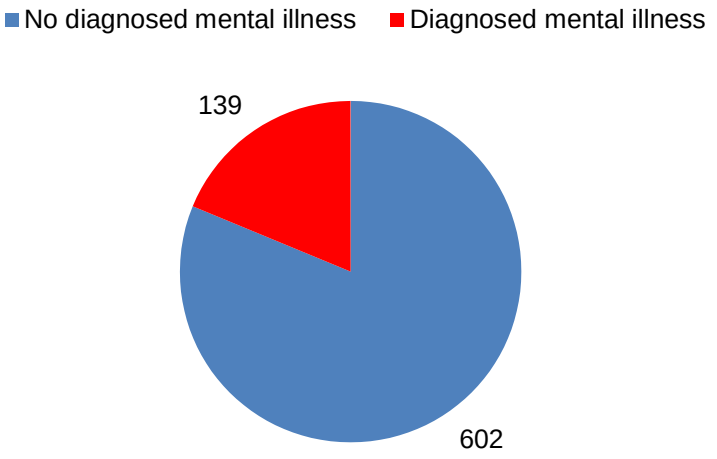
The burden of alcohol on Reading's health care system, and by implication also its social care system (and, probably also its policing and other judicial systems), is likely to be worsening and yet to be under-reported. Whilst the national trend of both young people and adults drinking alcohol has shown a decline, under-reporting means we have more people drinking at harmful and possibly hazardous levels, and they will remain undetected until health and social issues arise.[17] Whilst alcohol-specific and alcohol-related hospital admission in Reading indicate that Reading has similar numbers to the England average, some alcohol-related conditions, alcohol-specific mortality and months of life lost reflects a level of chronic heavy drinking in a proportion of the Reading population, which is not reflected in number of clients in treatment services.[108]

6.3 Dual diagnosis – mental illness combined with drug or alcohol use

In the context of this needs assessment, the term *dual diagnosis* refers to a diagnosis of a mental illness alongside a drug and/or alcohol problem. (Some sources use the term to refer to any mental illness, while others restrict the definition to severe illness.) Prevalence estimates range from 20% to 37% of mental health patients and 6-15% of those in addiction treatment having a dual diagnosis.[109]

Local treatment data (as shown in Figure 35) shows that 19% of those in drug and alcohol treatment (139 people) in 2014-15 in Reading reported a dual diagnosis at the time of starting their treatment.

Figure 35. Number of people in drug and/or alcohol treatment with dual diagnosis, Reading, 2014-15.



Source: Local drug and alcohol treatment data

Just over 1,000 people registered with GPs in the South Reading CCG and some 770 registered with GPs in North and West Reading CCG have been diagnosed with a serious mental health problem (including schizophrenia, bipolar affective disorder and other psychoses). [110] Applying the prevalence estimates above suggests that between 360 and 670 of these people may have a dual diagnosis across North and West Reading CCG and South Reading CCG areas, respectively. These estimates do not include personality disorder, which is likely to be more prevalent amongst those misusing drugs and alcohol.[111] It should be noted that a small number of the people registered with GPs in these two CCGs may be resident in neighbouring boroughs.

7 What works and what is available in Reading for people who misuse drugs and/or alcohol?

There is significant evidence of the benefit of primary prevention and early intervention of drug and alcohol misuse and of the types of activities that can have a positive impact on behaviour. There are a number of commissioned services in Reading whose primary focus is drug and alcohol misuse, but we know there are whole range of other services, that are not necessarily commissioned or funded directly by RBC, which have either a direct or indirect impact on people misusing drugs and alcohol. These include, but are not limited to, services provided by voluntary and community sector, planning and licensing, housing and domestic abuse services. This section is not intended to be a comprehensive list of all prevention and intervention services.

7.1 Prevention and early interventions to reduce long term dependence on drugs and/or alcohol

Primary prevention is designed to prevent misuse of drugs and alcohol occurring in the first place; this is a particularly important activity to be targeted at children and young people before they start using substances. Young people are particularly

vulnerable because they are at an age when behavioural patterns are being formed and they are particularly influenced by peers and role models. [112] At a time when budgets are being significantly reduced, investing in prevention can only benefit Reading residents in both the short and long term; a cost-benefit analysis found that every £1 invested in specialist interventions for young people's substance misuse saved £1.93 within two years and, up to £8.38 in the long term.[55]

Evidence shows that a normative pattern for drug use initiation, beginning with tobacco and alcohol use, moving into cannabis use and then harder illicit drugs, can occur.[113,114] There is evidence to suggest that progression to illicit drugs is dependent on prior use of alcohol in males, but in females, the use of *either* cigarettes or alcohol is sufficient to led to the use of cannabis. [115] There is continuing debate about whether there is a predictive association between these factors or whether they reflect confounding environmental factors such as socioeconomic deprivation or availability of substances.[116, 117] Put another way, not all young people who drink alcohol or who smoke will go on to use cannabis or other drugs or to misuse alcohol but all those who misuse substances started with smoking and/or using alcohol. Importantly, the use of cannabis is associated with a doubling of the risk of developing schizophrenia and this risk could be reduced by discouraging its use amongst vulnerable young people; [118] and, significantly, American studies have shown that the median age at onset of drug abuse or dependence is 19 years.[119] Doing something early in someone's life to prevent progression to substance misuse is therefore important.

School-based approaches that help pupils to develop coping skills and examine motivation for risky behaviour [120 , 121] family-based programmes addressing parenting,[87,122,123] group-based therapy for children entering secondary school who are persistently aggressive,[89] and motivational interviewing for under 25s who are already using drugs[88,89] are recommended evidence-based interventions to prevent the onset of problematic drug and alcohol use.

There is also strong, high quality evidence that community-based multi-component models (that is, mass media as well as local community and school-based approaches) that enable the creation of partnerships are effective in preventing drug and alcohol misuse, bringing together different groups in a community. Whilst there is marginally less strong evidence on multi-component workplace prevention programmes, these too can enable employers to maintain safe and healthy workplaces.[124]

Whilst prevention is often focused primarily on the younger population, it is important to note the steady increase in the amount of alcohol consumed by older people in recent years [125] and a sizable cohort of people now aged 46-65 years consume more alcohol every day than any previous generation. [126] It is also likely that there are differences in the reasons that younger and older people drink more heavily, for example because of bereavement, job loss, reduced self-esteem because of major life changes (such as job loss, reduced independence, long-term medical conditions). Perhaps a third of older drinkers are 'late onset' drinkers[127,128,129] and the remainder, 'early onset' drinkers started before the age of 40 years.[127] Specialist services for older drinkers are scarce in the UK but there is evidence that not only are specialist services for older people linked to better results but that they offer additional treatment benefits to current mainstream services.[130]

It is also important to recognise that a quarter to a third of drug misusers also misuse alcohol and these people need to be offered treatment for both drug and alcohol

misuse.[131] (It is noteworthy that informal reports from Reading's drug and alcohol services suggest that at least 50% of drug users also misuse alcohol.)

There is also evidence that interventions for people with moderate or harmful dependence on alcohol are cost effective. For example, in the context of the provision of psychotherapy and other interventions for such people it has been found that:[132]

- social behaviour and network therapy is equally cost effective as motivational enhancement therapy, each saving about five times as much in costs on health, social care and criminal justice services;
- stepped-care interventions (single session of behavioural change counselling by a GP practice nurse, four 50-minute sessions of motivational enhancement therapy delivered by a trained alcohol counselor, and referral to a community alcohol treatment agency) can lead to greater cost savings and more motivation to change compared with minimal interventions (such as 5-minute directive advice);
- extended case monitoring (low intensity, long-term interaction with an alcohol case worker) was both clinically and cost-effective in preventing lapses in those who had previously misused alcohol;
- coping and social skills, behavioural self-control, motivational enhancement therapy, and family therapy were all cost-effective and reduced relapse rates;
- psychosocial/family therapies produced cost savings to the NHS; and
- two-week in and day-patient regimes were as clinically effective as five-week in-patient regimes but had significantly lower costs.

Local primary prevention activity targeting young people in Reading is mainly delivered through Personal Social Health & Economic (PSHE) Education in local schools, RBC's local young person's substance misuse service, *Source*, and initiatives such as the Community Alcohol Partnership (CAP). The collective aim is develop a culture where both young people and adults, are aware of the risks related to alcohol and, are able to drink responsibly; young people under the age of 18 are only able to access alcohol under responsible and informed supervision, and, safe consumption limits are understood.

Source is a small team of drug and alcohol workers who support young people up to the age of 18 years (or 25 years if a young person has a learning disability). Their service is also extended to parents and carers who are affected by a young person's drug use. Source can also refer the families and carers of young people with drug and alcohol issues to an independently-funded provider that works across different Berkshire locations, *DrugFAM*, which provide free support and delivers weekly support groups, one-to-one sessions with families, and telephone support.

The Reading CAP initiative aims to raise awareness of substance misuse through the provision of free resources which are made available to schools across the Reading borough; Resources from the Alcohol Education Trust have been independently evaluated and are aimed at those aged between 11–18 years. Using these resources alcohol awareness lessons are delivered by the Reading CAP, teachers and professionals working within the schools. Professionals are trained to deliver these lessons and support is ongoing to ensure this resource will be used consistently for years to come.

The Reading CAP will also be piloting the *Royal Society of Public Health Youth Health Champions Qualification* in some schools in Reading during 2016. The scheme aims to provide knowledge and vital practical skill sets, and harness young people's natural energy and enthusiasm to facilitate peer to peer education and mentoring about lifestyle related risks to health, to effect real and lasting change in the wider community. These Youth Health Champions will be a valuable resource to the community and the school in which they are situated.

Another essential part of the Reading CAP involves enforcement of the laws relating to young people and alcohol including purchase of alcohol by under-18s, sale to under-18s, drinking by under-18s in public places, and proxy or agent purchase. Compliance testing is an integral part of any CAP and usually takes place several times in the life of a CAP to provide benchmarking activity and monitor the success, or otherwise, of retailer training.

Alcohol retailers in Reading are encouraged to use Challenge 25 [xxii] as an age verification policy. RBC funds training for all retailers on this, as well as on how to identify fake identification, to ensure that this policy is applied in practice locally by all authorised staff. All of this training and intervention contributes towards reducing the risk of young people purchasing alcohol in Reading. (It is interesting to note that anecdotal reports from young people in Reading indicate that it is easier to obtain drugs than it is alcohol for this reason.)

The Reading CAP also supports and aims to ensure that local youth diversionary activities are in place and highlights any community where there may be gaps. Diversionary activities have included provision of sports (using local Reading leisure and sports facilities, youth clubs or 'youth buses' and local cafes) and it provides opportunities for young people to drop in and meet in a supervised, safe environment. Youth workers also have access to the alcohol education resources and offer alcohol awareness activities at youth clubs across Reading.

Parental education is also a key part of the CAP. National studies have shown consistently that only a small proportion of under-18s buy alcohol themselves and that it is mainly adults – usually parents, but also older friends or strangers – who purchase alcohol on behalf of young people. The Reading CAP encourages communications targeted at parents and other adults about the importance of not giving children and younger teenagers alcohol and highlighting the offence of proxy purchase (buying alcohol for or on behalf of an under 18 year-old).

There is also a Cumulative Impact Policy (CIP) that applies to all premises in a designated zone in the centre of Reading. To date, the policy has been effective in restricting new premise license application for late night venues that wish to sell alcohol past midnight and takeaways, which are both becoming a focus for disorder at night in Reading town centre. A combination of CIP and partnership working between RBCs licensing team and Thames Valley Police has been key in providing a local focus on restricting extended licenses to applicants that can robustly demonstrate they can meet the conditions of the license, and, to raise standards with existing licensees. This work could be enhanced with the further evidence and support from other key partners, as improved evidence and intelligence creates better opportunities to reduce the burden of anti-social behaviour fuelled by alcohol

xxii Challenge 25 is a scheme that encourages anyone who is over 18 but looks under 25 to carry acceptable ID when they want to buy alcohol. Challenge 25 builds on the Challenge 21 campaign introduced by the British Beer and Pub Association, who represent the beer and pub sector, in 2005. It's now run by the Retail of Alcohol Standards Group, which represents alcohol retailers.

misuse. One way of achieving this may be taking a coordinated response from all responsible authorities in relation to new license applications, or applications to extend alcohol hours, which could make the CIP more robust. Also, there is currently no body within Reading that can bring together the licensees. Previously there were schemes such as *Pubwatch* and *Best Bar None* which helped to give RBC and traders a forum to meet and to raise standards but these no longer exist.

7.2 Drug and alcohol treatment services in Reading

In 2013, RBC adult services responded to a national drug strategy[133] and alcohol strategy[134] by restructuring existing drug and alcohol misuse service provision being delivered through five separate service providers into a single contract, with a greater focus on recovery from addiction. Previously, in line with national policy, investment was concentrated on a service providing pharmacological harm reduction treatment. Local and national strategy aimed to attract those likely to be engaged in risky behaviour and drug-related crime into a substitute prescribing programme intended to minimise risks. Changes in national policy to focus on supporting drug and alcohol users to achieve recovery made this harm reduction model outdated. Amalgamating these contracts appeared to offer an opportunity for investment to be shifted.

The resulting contract was awarded to Integrated Recovery in Services (*IRiS) Partnership*, [135] a consortium led by *Cranstoun* and including *Inclusion*, both well-established third sector providers of drug and alcohol treatment services. The service is structured into three tranches offering:

- *Health and Engagement:* needle exchange, harm minimisation advice, drop-in services;
- *Change and Recovery:* structured pharmacological and psychosocial interventions, e.g. alcohol detoxification, opiate substitute prescribing, keywork and group work utilising motivational interventions and cognitive behavioural approaches to relapse prevention; and
- *Recovery and Reintegration:* offering peer support, access to community activities and mutual aid.

In 2014/15, 85% of all people in treatment with IRiS in Reading received motivational interventions and 37% received cognitive behavioural therapy. [136] Residential rehabilitation is also funded by RBC in exceptional cases. Applicants must demonstrate commitment to their own recovery and that they have made use of community treatment to progress as far as they are able. Typically, a keyworker may suggest residential rehabilitation as a treatment option and help their client to prepare an application, including looking at which establishment is likely to offer the most appropriate treatment.

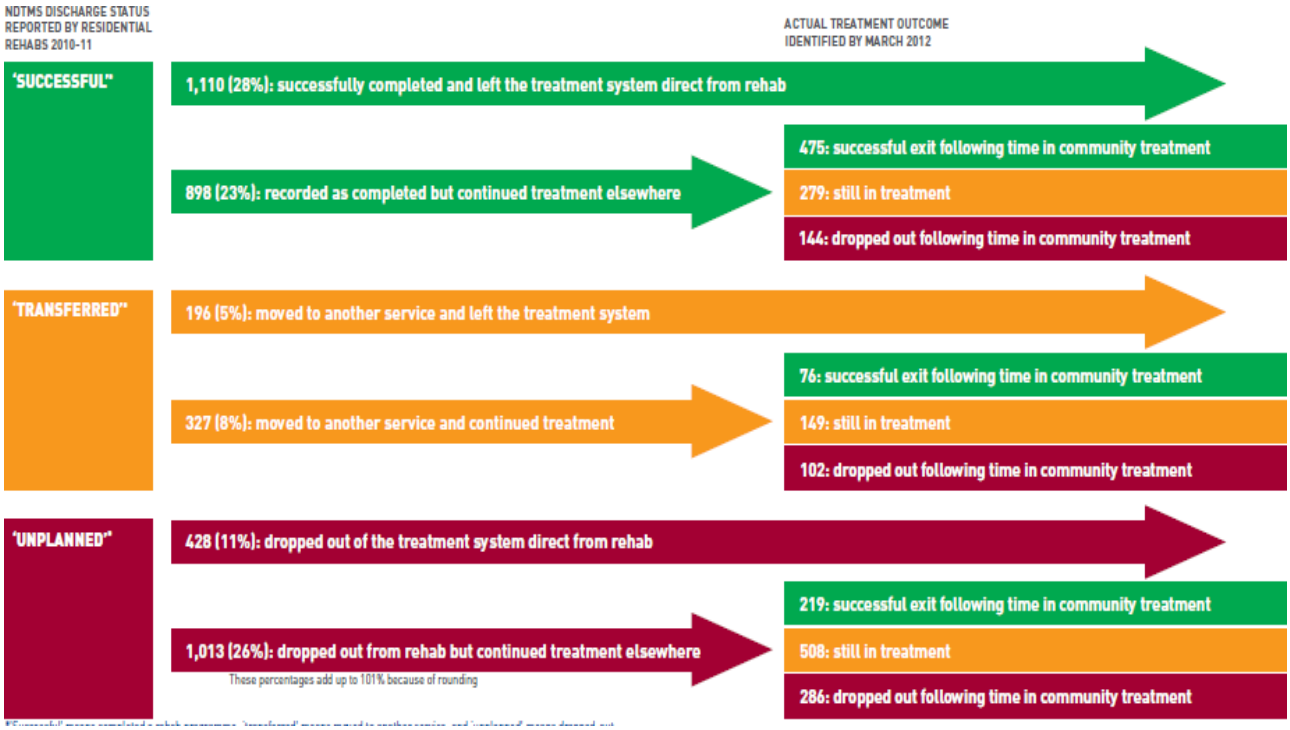
Residential drug or alcohol treatment is perceived as a very powerful treatment option in comparison with equivalent, community-based treatment programmes. There is good evidence to support the effectiveness of residential rehabilitation in helping some people to overcome drug or alcohol addiction.[137, 138, 139, 140] Residential rehabilitation is particularly recommended for those with complex social and health factors for example, homelessness, significant physical health conditions or severe mental health problems.[65, 66, 141]

Residential rehabilitation is an expensive provision; each client would be expected to stay for a minimum of 12 weeks at a cost of around £600 per week.[108] Many would be expected to continue to a second stage of a further 12 weeks, sometimes at a slightly reduced weekly cost. Treatment of one client at a residential rehabilitation establishment can therefore be expected to cost between £7,000 and £12,000. Research by the Department of Work and Pensions concludes that, despite good

outcomes, these costs of residential rehabilitation for opiate users are not fully offset by savings from housing benefit, offending, health, and employment.

Evidence published in 2012 by the National Treatment Agency for Substance Misuse (NTA) demonstrates some of the methodological difficulties in understanding effectiveness of residential rehabilitation treatment. The NTA report tracked the treatment journeys of nearly 4,000 residential treatment residents during 2010-12 (see Figure 33) and showed that although half left residential rehabilitation before completion, only 22% of these left treatment altogether. The remainder returned to community treatment and 15% of them ultimately left community treatment free of addiction. Of those who completed their residential rehabilitation treatment, 23% also returned to community treatment (see Figure 36).

Figure 36. The treatment journey of 3,972 residential rehabs residents, 2010 -12



*'Successful' means completed a rehab programme; 'transferred' means moved to another service; and 'unplanned' means dropped-out.

Source: Public Health England (PHE) 2014. *Residential Rehabilitation, pg. 7.*

Through primary care contracts, RBC currently commissions alcohol screening and brief motivation interventions from 27 GP practices across South Reading CCG and North & West Reading CCG. Practices are required to screen both newly-registered and existing patients aged 16 years and older using the AUDIT C tool. AUDIT C is a shortened version of the Alcohol Use Disorders Identification Test, a validated tool developed by the World Health Organisation and used for identifying problematic alcohol use.[142] Where problematic alcohol use is identified, GP practices should offer a brief intervention in line with the 'FRAMES' model described by the National Institute for Care and Excellence,[143] which includes:

- **F**eedback: identify personal risk or impairment, such as alcohol as a cause of gastritis;
- **R**esponsibility: emphasis on personal responsibility to change;

- **A**dvice: discuss ways to cut down or abstain in the context of lifestyle choices;
- **M**enu: provide a range of alternative options for changing drinking patterns and setting targets;
- **E**mpathic interviewing: listening reflectively without cajoling or confronting; and
- **S**elf-efficacy: an interviewing style which enhances people's belief in their ability to change.

Opportunistic brief interventions (also called 'Identification and Brief Advice' (IBA)) are recommended for people drinking above sensible limits who may or may not be experiencing problems which may be related to their alcohol use and, these can be delivered through primary care and other health and social care settings. [76, 144, 145, 146]

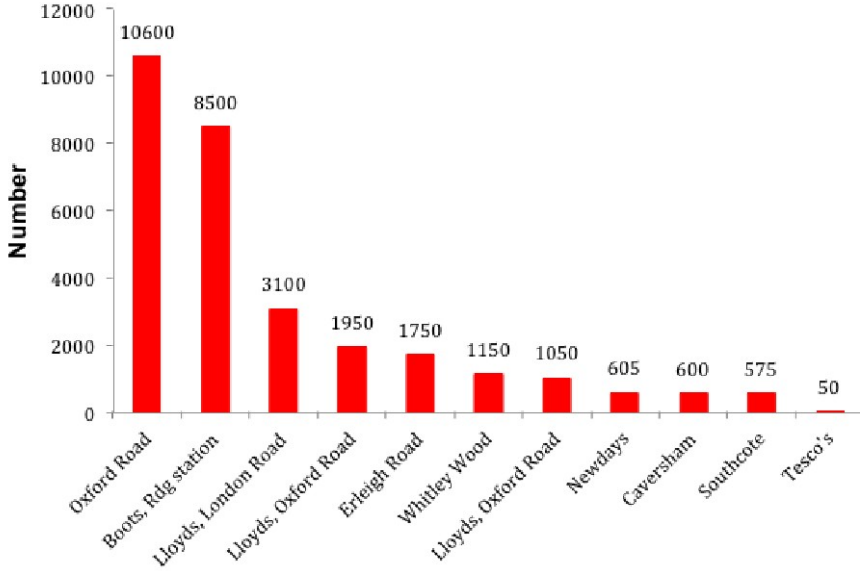
Software used by GP practices uses an automated version of AUDIT C and prompts users to complete assessments. In the first quarter of 2015-16, 812 AUDIT C results were recorded but this does not coincide with modelled estimates of need, or with the number of brief interventions delivered or referrals to structured alcohol treatment. More work is needed to understand how consistently brief interventions are being offered in primary care.

7.3 Needle Exchange

There is good evidence that needle and syringe programmes (NSPs) are an effective way to reduce risks of blood-borne virus transmission associated with injecting drug use, especially where coverage (the proportion of injections for which sterile equipment was used) is high. [147] In Reading, NSPs are provided through nine community pharmacies and at one site provided by IRiS, the specialist drug and alcohol treatment service.

Activity as shown in Figure 37, suggest that the most frequently used pharmacy-based needle exchanges are in Reading station (town centre) and the Oxford Road area (west of town centre).

Figure .



Source: Frontier Medical Group, Payments report, 2014-15

xxiii Pharmacists are required to record transactions using the Pharmoutcomes system, but many Pharmacies do not do so and reports are therefore unreliable. The system has capacity to prompt users to ask questions and to link to printable information sheets).

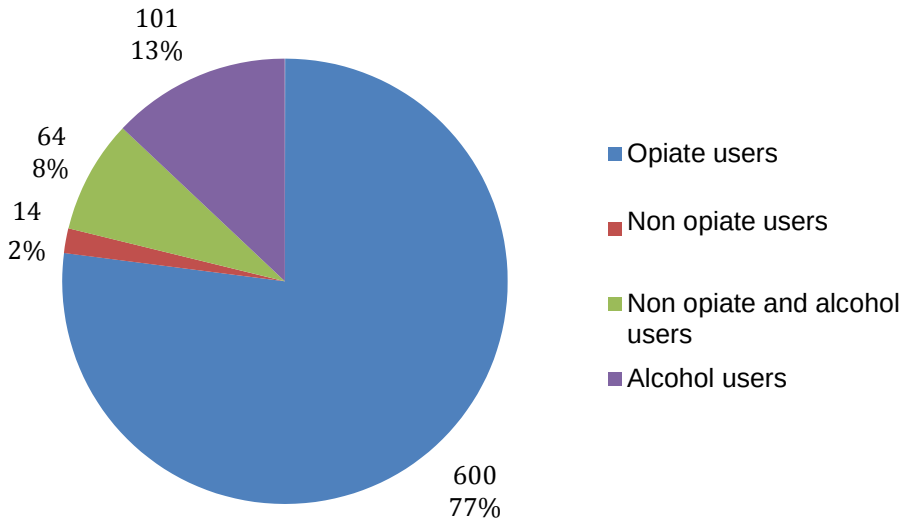
In April 2015, IRiS conducted a survey with pharmacies providing NSPs. The results indicated that pharmacists and pharmacy workers felt that they had gaps in their knowledge about drug use and that they did not always feel confident to provide verbal harm reduction advice to those using needle exchange services, respondents also felt they did not know how to access written information to be taken away. [148] Further analysis of this would be required in order to fully understand the implications of this, for both pharmacy staff and patients.

8 How are services currently being used in Reading?

The following section looks at how local adults and young people's drug and alcohol treatment services are being used and, at a high level, the outcomes of treatment. The information reported on nationally for adults and young people differs, for example, treatment completion rates for young people are generally measure on planned and unplanned exits rather than successful completions (see section 8.9 for more information).

As shown in Figure 38, three quarters of receiving adults-only care are primarily in treatment for opiate use, followed by alcohol use. These proportions are very similar to those seen in treatment prior to the start of the IRiS contract but does not reflect the need for alcohol misuse identified in this needs assessment. It is important to note that these data do not necessarily include all opiate users in treatment in Reading as some may be prescribed an opiate substitute by their GP without involvement of specialist services.

Figure 38. Substance use profiles of adults in Reading receiving treatment from IRiS, 2014/15

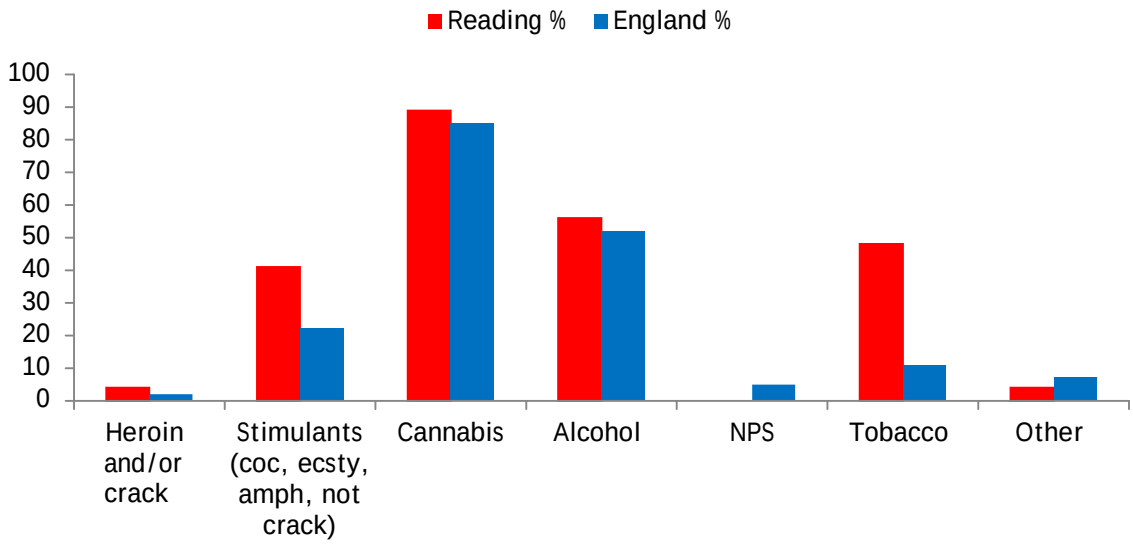


Source: Drug and Alcohol JSNA Support Packs, Public Health England 2015

Cannabis was the main substance used by young people accessing specialist misuses services in Reading during 2014-15 (as shown in Figure 39 below). This includes those aged 18 years and over accessing 'young people only' services. Whilst the numbers in Reading are small, 27 in total across all in the service, the percentage comparison against England (substance of use) is similar for all substances except tobacco and stimulants, which were higher in Reading. This

suggests multiple drug use amongst the young people in Reading who are accessing the service.

Figure 39. Substance use in young people* in specialist substance misuse services, Reading and England, 2014-15.

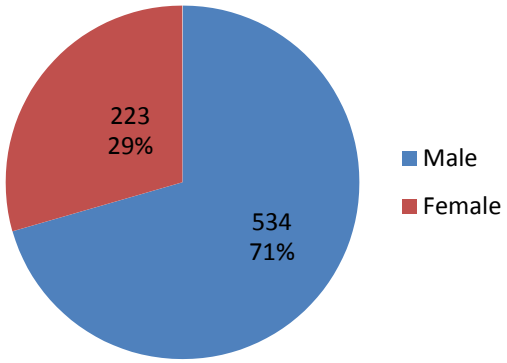


Source: Young People's substance misuse data: JSNA Support Packs, Public Health England 2015.

8.1 All in treatment population

Over two-thirds of those in drug and alcohol treatment (adults only) in Reading during 2014/15 were male (Figure 40), a similar proportion to that seen nationally (69.9%). While almost half of all referrals into drug and alcohol treatment are self-referrals, fewer women self-refer. Most women are referred to drug and alcohol services through the criminal justice system (35%) or 'other' (31%).[149]

Figure 40. Reading adult client treatment profile by gender, 2014/15.



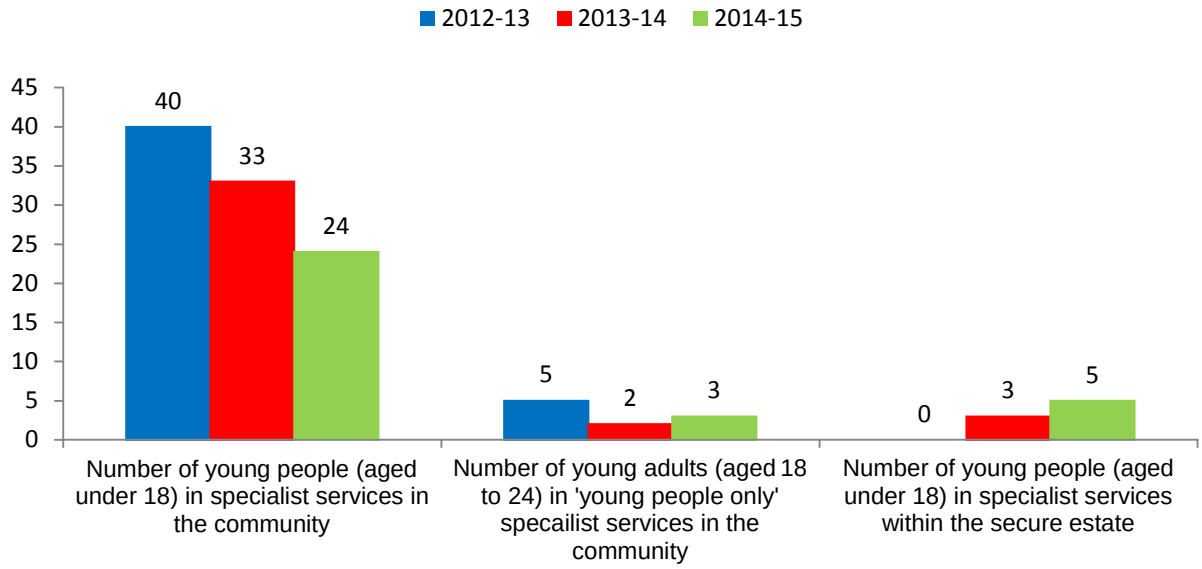
Source: National Drug Treatment Monitoring System, 2015

This was similar for young people in specialist substance misuse services in Reading during 2014/15, where over two thirds (71%) were male. Nationally, the proportion of

females citing alcohol a problematic substance is higher than males, the opposite being the case for cannabis. In Reading, the proportions and numbers are similar.

In Reading, we have also seen a decline in the numbers of young people (aged under 18) in specialist services in the community since 2012-13 (as shown in Figure 41), however we have seen a marginal increase in the number of those in specialist services within the secure estate[xxiv].

Figure 41. ***Numbers in service, Reading, 2012-13 to 2014-15.***



Source: Young people's substance misuse data: JSNA support pack. Public Health England 2015.

The number of adults in Reading treatment services from Black and minority ethnic groups is small, as shown in Table 3, and, with the exception of African and Asian populations, roughly corresponding to their proportion in Reading's population. Relationships between drug use and ethnicity are various and complex.

A series of reviews of Department of Health data on drug misuse and different Black and minority ethnic groups discusses the impact of cultural identities on stigma attached to drug use. For example, Black Caribbean participants reported concern about the negative effects of drug use and dealing on their localities and the reputation of their community, leading to increased stigma for users.

The National Treatment Agency for Substance Misuse has concluded that various ethnic groups require more and better-targeted information which not only enables community members to understand the impact of drugs, but also helps them to access and to trust drug services when needed.[150]

xxiv Reporting into NDTMS is now done by secure estates such as young offender institutions (YOIs), secure training centres and secure children's homes.

Table 3: Reading users in treatment by ethnic group, 2014/15

Ethnic group		Number in treatment	Proportion in treatment (%)	Proportion in local population (%)
White	White British	586	77.4	65.3
	White Irish	7	0.7	1.5
	Other White	38	5.0	7.9
Mixed	White & Black	22	2.9	1.7
	White & Black African	0	0	0.5
	White & Asian	2	0.3	0.9
	Other Mixed	6	0.8	0.8
Asian or Asian British	Indian	4	0.5	4.2
	Pakistani	27	3.6	4.5
	Bangladeshi	1	0.1	0.4
	Other Asian	20	2.6	3.5
Black or Black British	Caribbean	15	2	2.1
	African	5	0.7	3.9
	Other Black	4	0.5	0.7
Chinese/ Other	Chinese	0	0.0	1.0
	Other	3	0.4	0.5
	Not stated/missing code	19	2.5	0
	Total	757	100	99.4

Source: National Drug Treatment Monitoring System (NMDTS) & Census 2011

Table 4: Patterns of drug use in various Black and minority ethnic groups

Ethnicity	Patterns of Use
Chinese and Vietnamese	Smaller population available for study, difficult to make comments on prevalence. Cannabis and ecstasy most commonly used, especially among young people. Heroin and cocaine powder are also used, but by far fewer than cannabis and ecstasy. Other use of illicit drug is low.
South Asian	Patterns are little different to general population. May be less amongst women, but this may be greater under-reporting.
Black African	Lower prevalence than amongst general population. Cannabis is most used. Khat amongst Somalis and Ethiopians.
Black Caribbean	Large majority exposed to illicit drug use. Cannabis is most used. Crack cocaine more widely used than heroin. Early onset drug use.

Source: Fountain, J (2009).[151]

8.2 Opiate and crack users in treatment

Reading has an estimated 1,260 opiate and crack users (OCUs).[78] During 2014/15, 561 opiate or opiate and crack adult users were 'effectively' engaged [xxv] with treatment services in Reading, equivalent to 44.5% of the estimated number of users

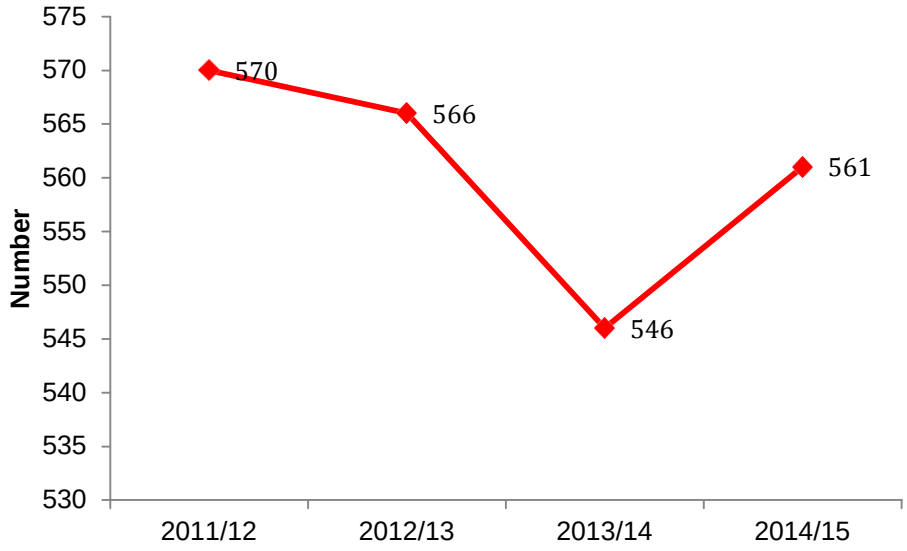
xxv When engaged with treatment, people use fewer illegal drugs. A measure for effective treatment is when people have been in treatment for three months or more and are using fewer or no illegal drugs

in the borough. This is slightly lower than the national rate of 49.6% drug users in treatment of (estimated 293,879 OCUs in England, 145,875 in treatment during 2014/15).

Nearly 80% (589) of those individuals using drug and alcohol treatment services in 2014/15 reported problematic heroin or other opiate use at the point when they entered treatment in Reading. Of these, most (59% or 347 individuals) reported using both opiates and crack cocaine. The remainder used opiates only (23% or 139 individuals) or opiates and other drugs (17% or 103 individuals).

The total number of opiate users 'effectively' engaged in treatment declined from 2011/12 to 2013/14, where we can see the number has increase in 2014/15 (Figure 42).

Figure 42. Number of opiate users effectively engaged in treatment, Reading 2011/12 – 2014/15



Source: Public Health England, JSNA Support Pack, Drug Data 2011/12 – 2015/16.

The total number of opiate users 'effectively' engaged in treatment declined from 2011/12 to 2013/14, where we can see the number has increase in 2014/15 (Figure 43).

It is also noteworthy is that a recent statistical analysis by Public Health England and partners of NDTMS data[152, 153] has drawn attention to the decline in the number of heroin users in treatment in England and highlighted that many now in treatment are older and likely to have additional health needs. The number of opiate users in treatment has fallen from over 170,000 in 2009-10 to less than 155,000 in 2014-15. In 2014-15 nearly half (48%) were aged over 40, compared to just over a third (34%) in 2012-13.

The national report also highlighted a decline in the number of young people accessing drug and alcohol services, which supports the earlier local evidence shown in Figure 44. A large majority of young people in treatment both nationally and in Reading are users of cannabis and alcohol. The total number of young people in treatment peaked in 2009-10 at 23,356, and has since declined, reaching 18,334 in 2014-15. The decline has mostly been seen amongst young alcohol users engaging in treatment, with numbers of cannabis users remaining more consistent. The

number of young people using opiates is consistently low, accounting for not more than 2% of those in treatment in any year since 2005-06. [138]

Figure 43. Trends in opiate users in treatment in England, 2009/10 – 2014/15

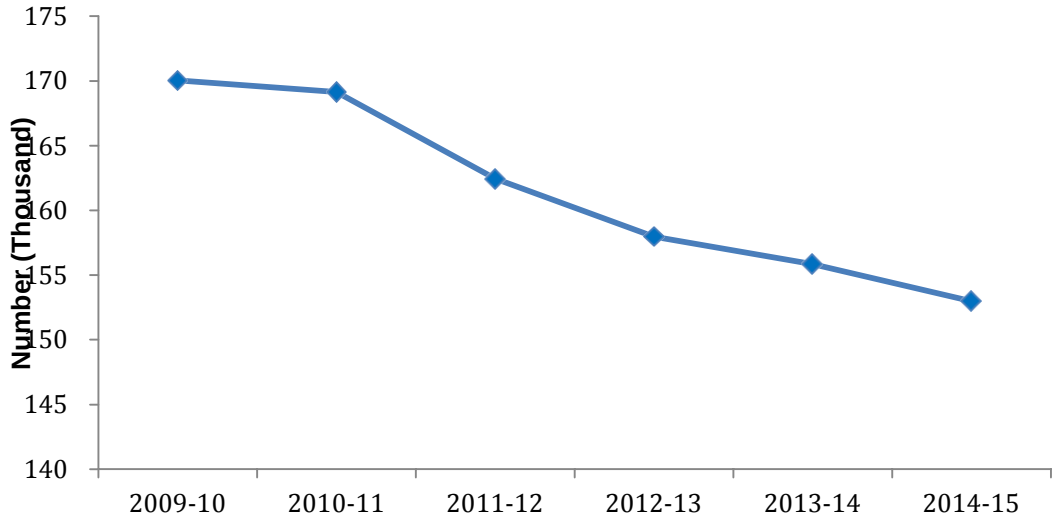
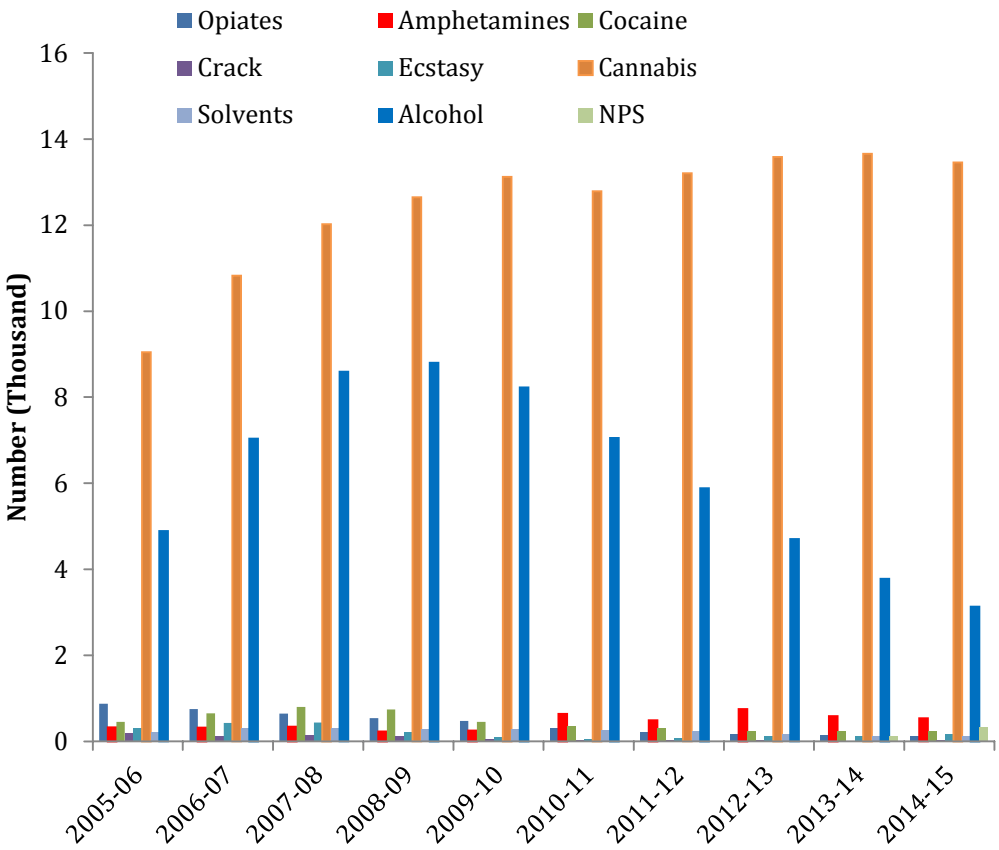


Figure 44. Number of young people in treatment by substance

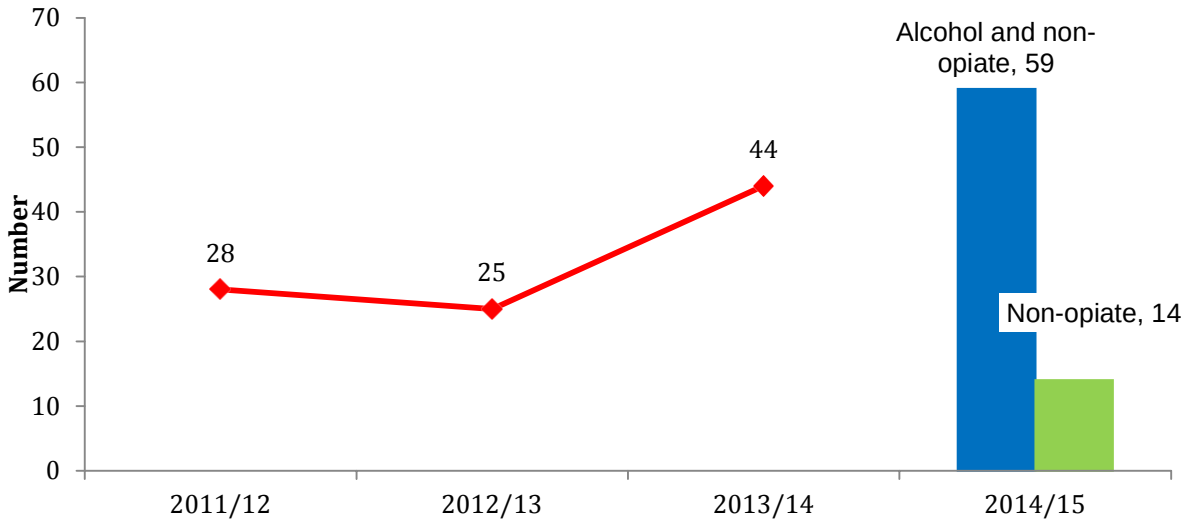


While local data in Reading seem suggest an increasing number of opiate users in treatment, they nevertheless support the finding that opiate users tend to be older, to have been accessing treatment services for their dependence for many years and to have complex needs that are difficult to meet (see section 8.2 for information on complexity)

8.3 Users of other drugs in treatment

Figure 45 shows for the general non-opiate using population, there appears to have been a peak in engagement in 2013/14, which may be related to increased focus on increasing number of successful completions, which tends to be easier to achieve for this cohort. In 2014/15, there was a change in the way substance user profiles were categorised, therefore these numbers have been include in the new categories of 'alcohol and non-opiate' and, 'non-opiate only'.

Figure 45. Non-opiate users in effective treatment, Reading, 2012/13 – 2014/15



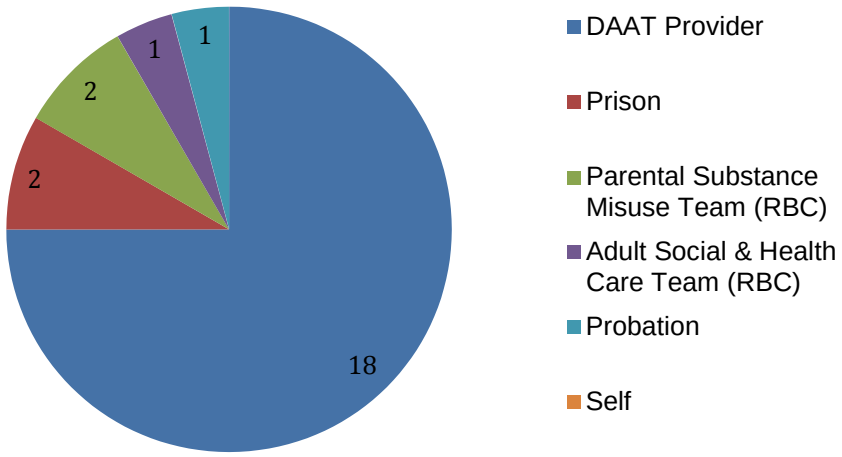
Source: Public Health England, JSNA Support Pack, Drug Data 2011/12 – 2015/16

8.4 Residential rehabilitation

Residential rehabilitation can be very effective but is an expensive treatment option. A local report into outcomes from locally funded residential rehabilitation treatment was made at the end of 2013-14. Applications for funding are made to a panel and reviewed against criteria requiring the applicant to demonstrate their commitment and preparation for residential treatment. During the year, 26 applications for funding were received, with over two thirds being put forward by the drug and alcohol treatment providers (figure 46). Funding was agreed for 17 applicants, the remainder either withdrew applications or were not considered to have met the criteria.

At the end of 2013-14, six of the 17 applicants had completed successfully. Only two successfully completed before the standard 12 weeks of treatment; two completed at 24 weeks of treatment and two after completing more than 24 weeks of treatment. Nearly half have gone beyond the standard 12 weeks of rehabilitation. Using the average weekly costings outlined in section 6 of this report, for the person engaged for 42 weeks, the estimated cost of treatment is in excess of £25,000.

Figure 46. Number of Reading residential rehabilitation applications by referral source 2013/14

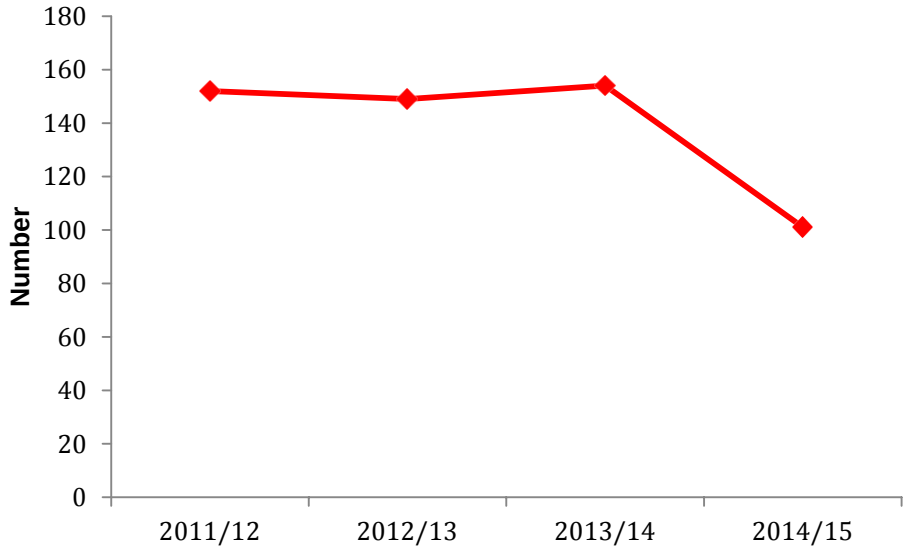


Source: RBC, Integrated Review Panel case records, 2014

8.5 Alcohol users in treatment

The number of adults engaged in treatment who use alcohol and no illicit drugs is much smaller than the proportion of opiate users in treatment and represents only a tiny proportion of those estimated in Reading's population to have problematic drinking. As shown in Figure 47, there were 53 fewer people in alcohol treatment between 2013-14 and 2014-15, representing a very small proportion of the estimated 4,500 adults in Reading drinking at harmful levels.

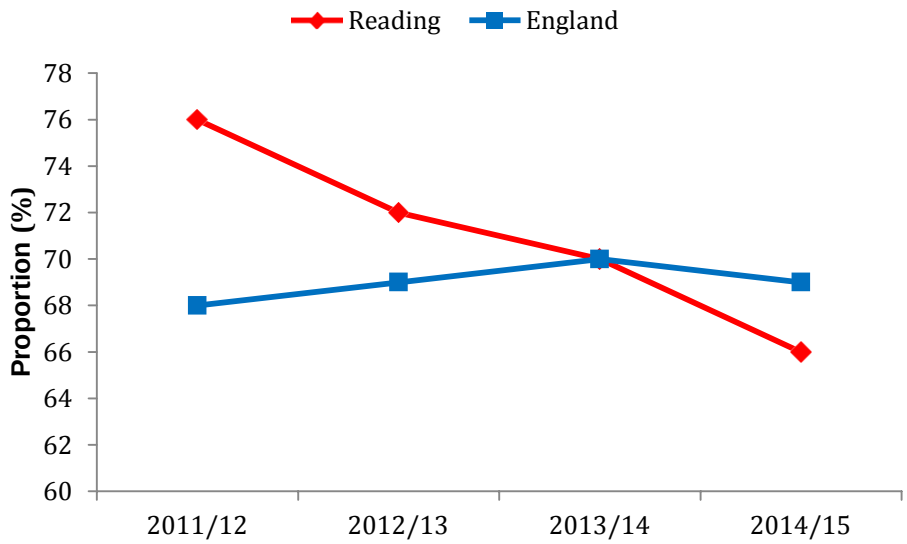
Figure 47. Number of alcohol users in treatment, Reading, 2011/12 – 2014/15.



Source: Public Health England, JSNA Support Pack, Alcohol Data 2011/12 – 2015/16

The proportion of adults starting new treatment in the year as a percentage of all in treatment in Reading has also seen a decline (Figure 48). This suggests that, in contrast to the rest of England, the amount of treatment being provided to alcohol misusers in Reading is decreasing and that the number of alcohol misusers in the area receiving treatment may fall even further the current low number.

Figure 48. The proportion (%) of adults starting new treatment, Reading and England, 2011/12 – 2014/15.



Source: Public Health England, JSNA Support Pack, Alcohol Data 2011/12 – 2015/16

8.6 Drug treatment completion rates

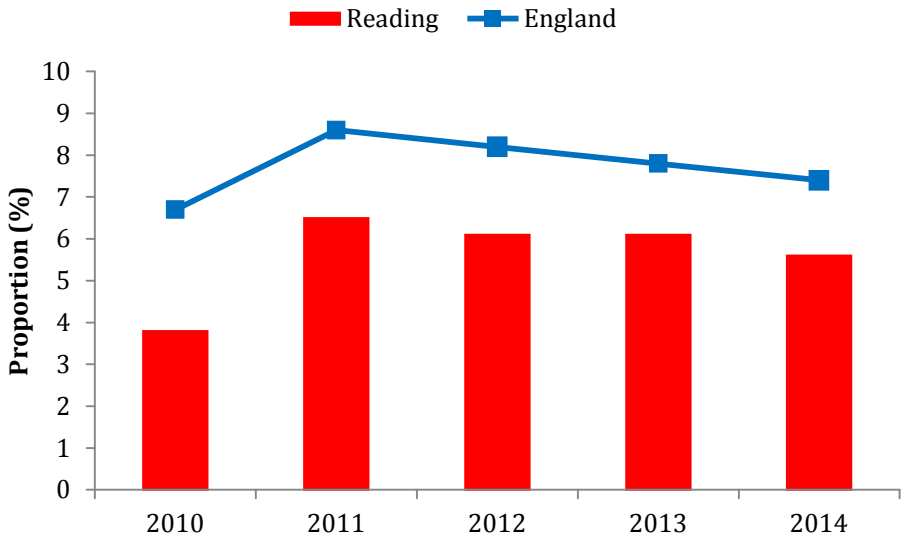
The Public Health Outcomes Framework indicators 2.15 (i), *opiate using* and 2.15(ii), *non-opiate using*, report the proportion of adults in the treatment population who are discharged with completed treatment. Successful drug treatment completion can be defined as people who have used drugs being free of drugs on leaving treatment and not presenting for treatment again for at least six months. To be effective, such treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems.[154] .

8.6.1 Drug treatment completion – opiate users

The proportion of opiate users who leave treatment drug-free is low in Reading: 5.6% left drug-free in 2014, compared to an England average of 7.4% (Figure 49). There has been little change in Reading in performance on this indicator since 2011. The proportion completing treatment has remained consistently below the England average and compares poorly with comparable areas (see Figure 50).[xxvi]

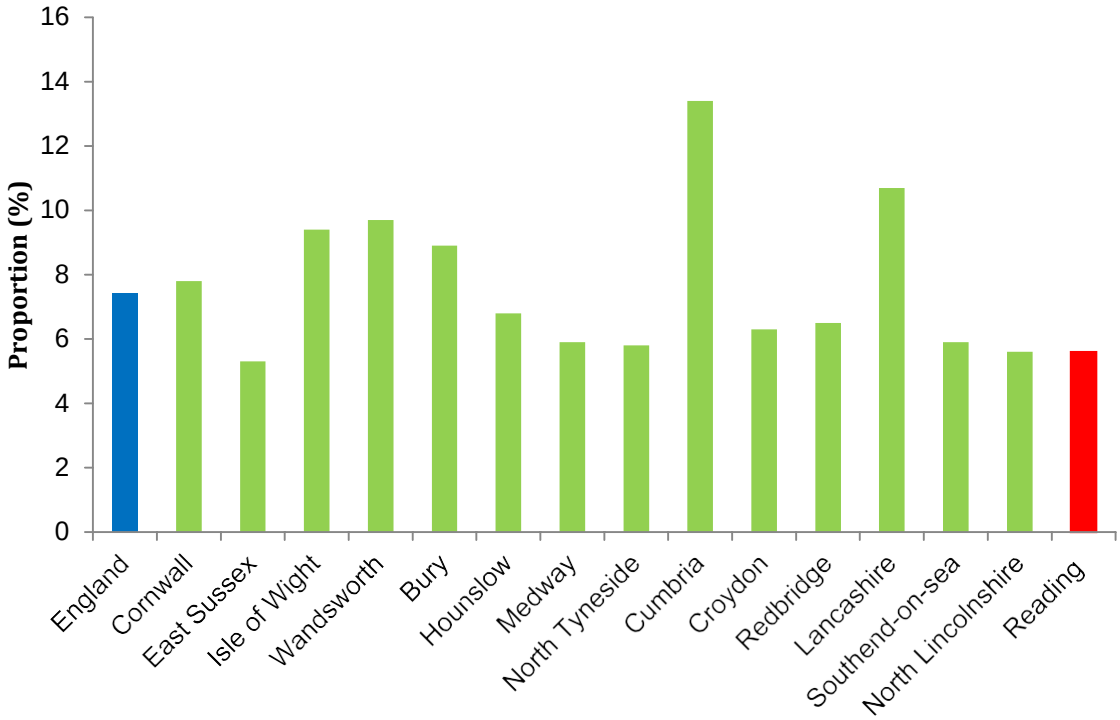
xxvi In 2014/15 a new method of comparators was devised by Public Health England which aimed to improve comparisons between local performance and that of other areas. Local outcome comparators are based specifically on the complexity of the populations in substance misuse treatment and not on broader similarity between the general population of each local authority.

Figure 49 – PHOF 2.15i Proportion (%) of successful completion of drug treatment – opiate users, Reading and England 2012-2015



Source: Calculated by Public Health England Knowledge and Intelligence Team (North West) using data from the NDTMS

Figure 50 – PHOF 2.15i Proportion (%) of successful completion of drug treatment – opiate users, by comparator authorities, 2014

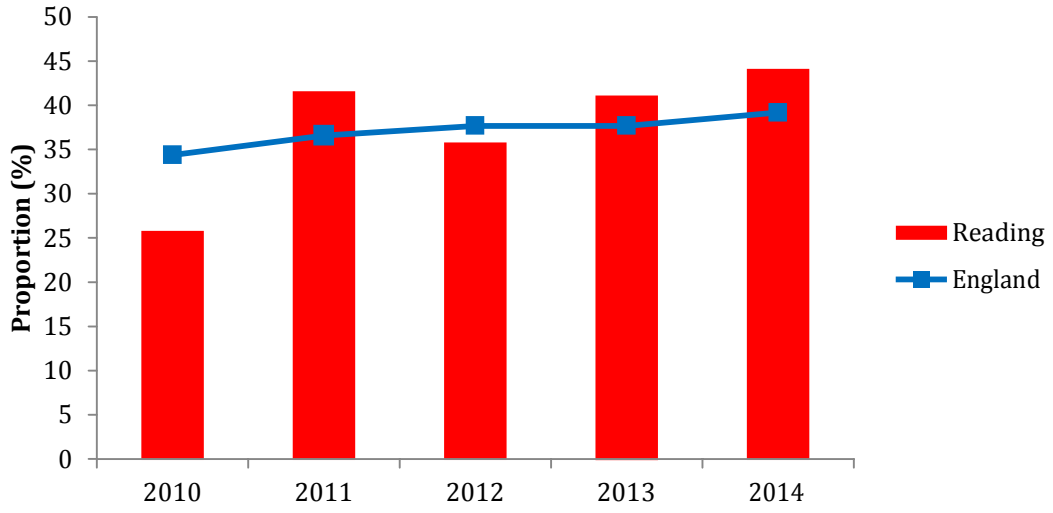


Source: Calculated by Public Health England Knowledge and Intelligence Team (North West) using data from the NDTMS.

8.6.2 *Drug treatment completion – non-opiate users*

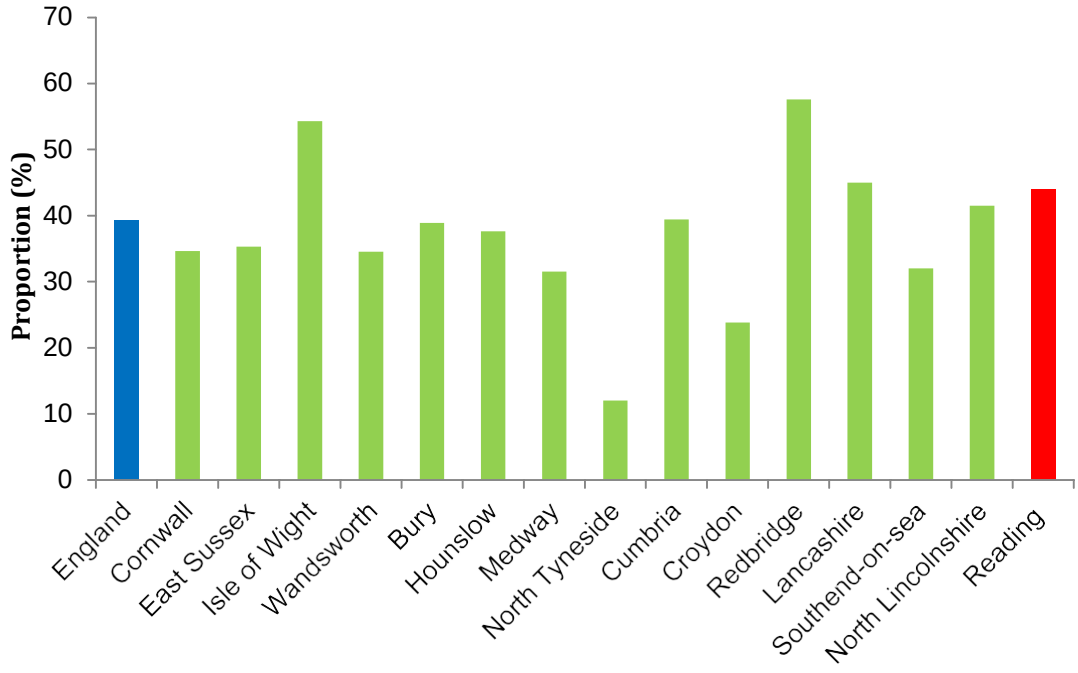
The proportion of adult non-opiate users in Reading who leave treatment drug-free is much larger and, at 44% at the end of 2014, was higher than the England average of 39.2%. Reading performs well against local authority areas with similar deprivation levels (see Figure 51 and Figure 52). It should be remembered, however, that this represents a small proportion of the treatment population so differences may not be statistically significant.

Figure 51 – PHOF 2.15ii Proportion (%) of successful completion of drug treatment – non-opiate user, Reading and England, 2010 - 2014



Source: Calculated by Public Health England Knowledge and Intelligence Team (North West) using data from the NDTMS.

Figure 52 – PHOF 2.15ii Successful completion of drug treatment – non-opiate user, 2014

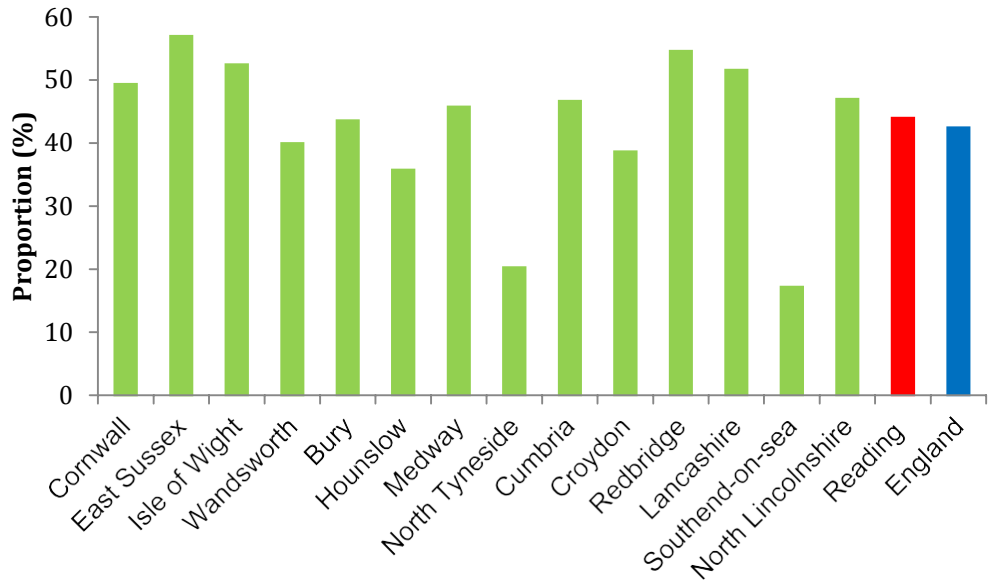


Source: Calculated by Public Health England Knowledge and Intelligence Team (North West) using data from the NDTMS.

8.7 Alcohol completion treatment rate

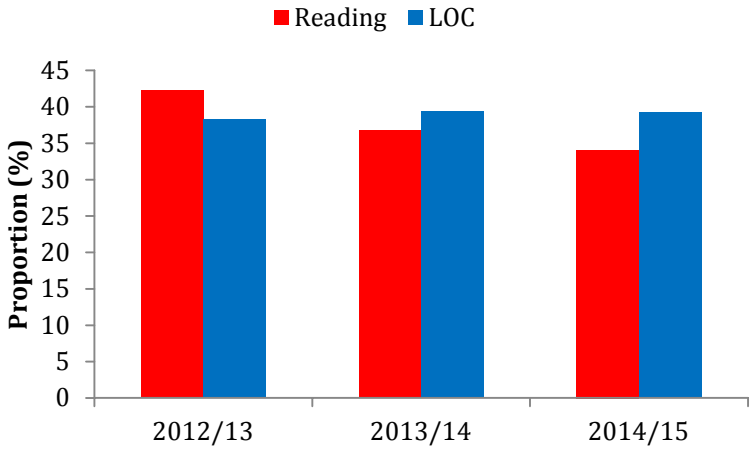
The proportion of clients completing treatment alcohol-free is much the same as the national average (see Figure 53). Again, it should be remembered that this represents only a small proportion of the total alcohol misusing population as the number of alcohol users receiving treatment is very small. As the completion of alcohol treatment is not measured by PHOF, using the data from NDTMS (figure 54), we can see this shows a similar trend.

Figure 53. Successful completion of treatment for alcohol 2013 (in comparison with areas with similar level of deprivation)



Source: Healthier Lives, Public Health England 2015

Figure 54 – Successful completion of alcohol treatment, Reading and LOC[xxvii] 2012/13-2014/15 – non-opiate users



Source: NDTMS, Recovery Diagnostic Tool, 2014/15

xxvii Reading's 'Local Outcome Comparators' are the 32 areas considered most similar to Reading based on measures of treatment population complexity, determined by NDTMS and PHE.

8.8 Complexity

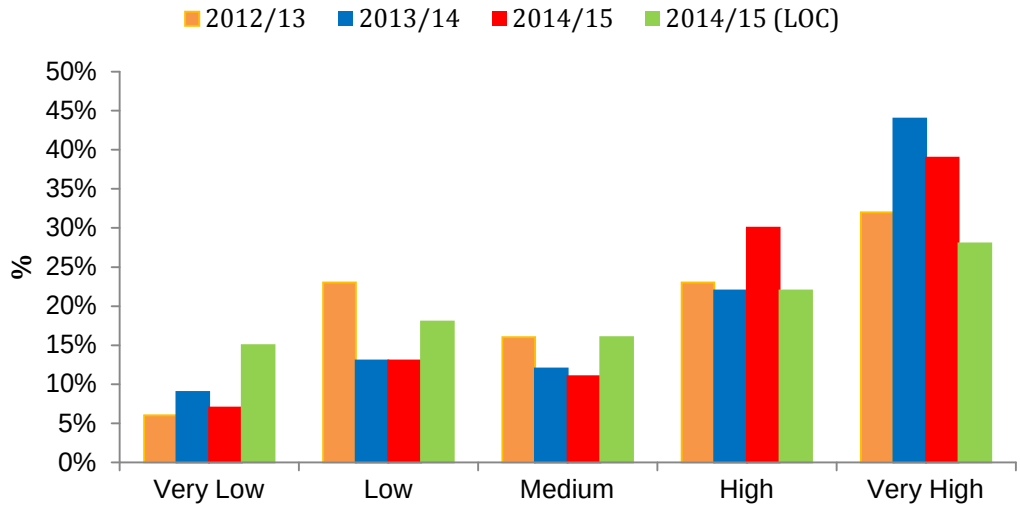
One of the difficulties in comparing treatment engagement and outcomes for drug and alcohol treatment in different localities is the diversity in populations and differences in the needs of those seeking treatment. A small population of individuals with needs that are difficult to meet may require more resources than a larger population whose needs could be considered straightforward.

Public Health England assigns a complexity score to individuals in drug and alcohol treatment that enables the characteristics of treatment populations in different areas to be compared. Complexity scores are based on:

- whether they use heroin, methadone or other opiates;
- the frequency of heroin use;
- the frequency of injecting;
- the frequency of crack use;
- the frequency of amphetamine use;
- the frequency of alcohol use;
- whether they use benzodiazepines; and
- the number of previous unsuccessful episode of treatment.

As shown in Figure 55, of the 669 individuals in treatment in drug and alcohol treatment in Reading in 2014/15, 258 (39%) scored 'very high' for complexity. This indicates that, based on criteria developed by Public Health England and measured through NDTMS, Reading's treatment population appears to have very complex needs that require more resources to meet. This is higher than the national average of 28% 'very complex' individuals.

Figure 55 – Complexity scores for all in drug and alcohol treatment in Reading

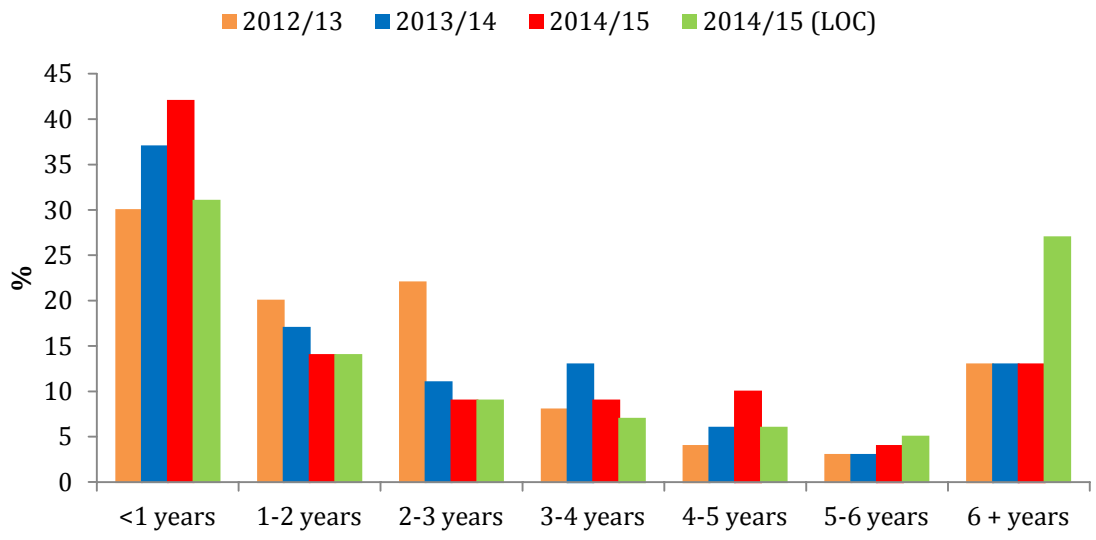


Source: NDTMS, Recovery Diagnostic Tool, 2014/15

In part, it is likely that this reflects the high proportion of heroin and other opiate users in Reading's treatment population. It may also be a reflection of the long-term heroin use amongst this growing cohort. As shown in Figure 56, the proportion of those in treatment in Reading for opiate use who have remained in treatment for four years or more increased from 20% to 27% between 2012-13 and 2014-15 (112 individuals in

2012-13, 127 in 2013-14 and 161 in 2014-15). The proportion of the population with four or more previous episodes of treatment has also increased from 21% to 30% in the same period and in 2014/15 was higher than in Reading's comparable local authority areas (LOC) (figure 56). This suggests a growing proportion in treatment who have been in treatment for a long time or have moved in and out of treatment over a number of years.

Figure 56 – Length of time in treatment opiate users in treatment in Reading compared to areas with similar treatment populations



.Source: NDTMS, Recovery Diagnostic Tool, 2014/15

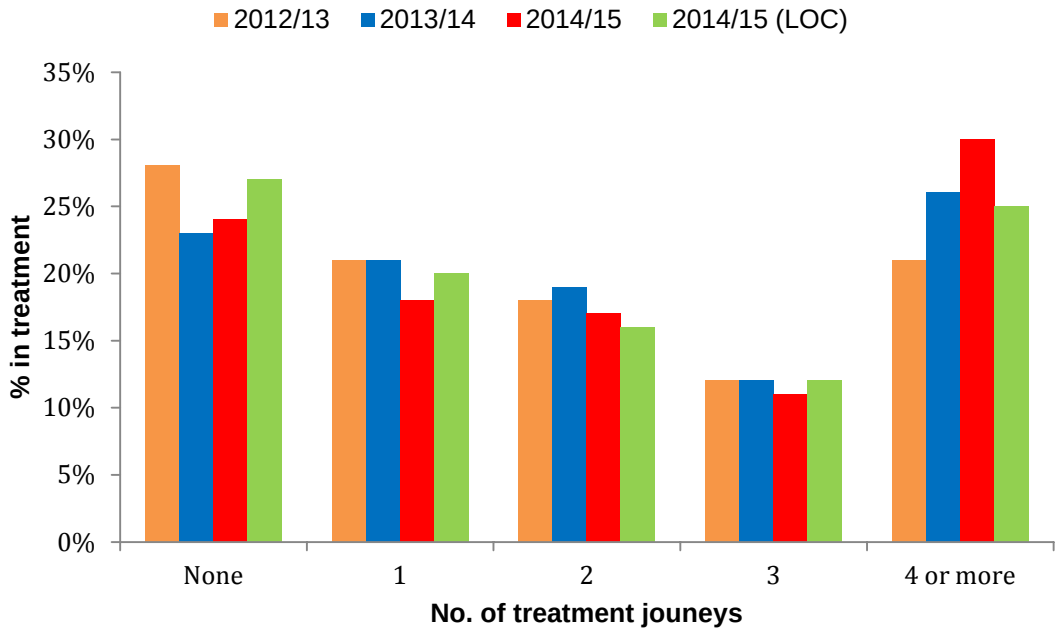
Figure 56 shows how long opiate users in treatment in Reading have been in treatment. The proportion in each 'treatment length' category for Reading is shown for each year alongside the percentage in comparison with areas with treatment populations of similar complexity (shown in green).

The chart demonstrates a large and increasing proportion in treatment for less than one year (most of these are unsuccessful). For the last three years around 13% of those in treatment have been in treatment for 6 years or more.

Figure 57 shows how many previous episodes of treatment opiate users in Reading have had. The proportion in each 'number of previous episodes' category for Reading is shown for each year alongside the percentage in comparison with areas with treatment populations of similar complexity (shown in green).

The chart indicates that the largest proportion (30%) have had four or more treatment journeys, suggesting that most people in treatment in Reading have moved in and out of treatment several times without successfully addressing their opiate use. The proportion of those in treatment in this category is higher than the average amongst comparable areas and is on an upward trend.

Figure 57 – Number of previous treatment journeys of opiate users in treatment in Reading compared to areas with similar treatment populations



Source: NDTMS, Recovery Diagnostic Tool, 2014/15

By comparison, alcohol users and non-opiate users in treatment in Reading are less likely to have had multiple previous treatment episodes and more likely to have a successful outcome from treatment. (In 2013/14, no non-opiate users and 7% of alcohol users had four or more treatment journeys, 86% of non-opiate users and 43% of alcohol users had never entered treatment before). This suggests that non-opiate and alcohol users are more likely to have a single episode of successful treatment, while opiate users are more likely to move in and out of treatment for a number of years and not to leave treatment free of addiction.

8.9 Young people and treatment

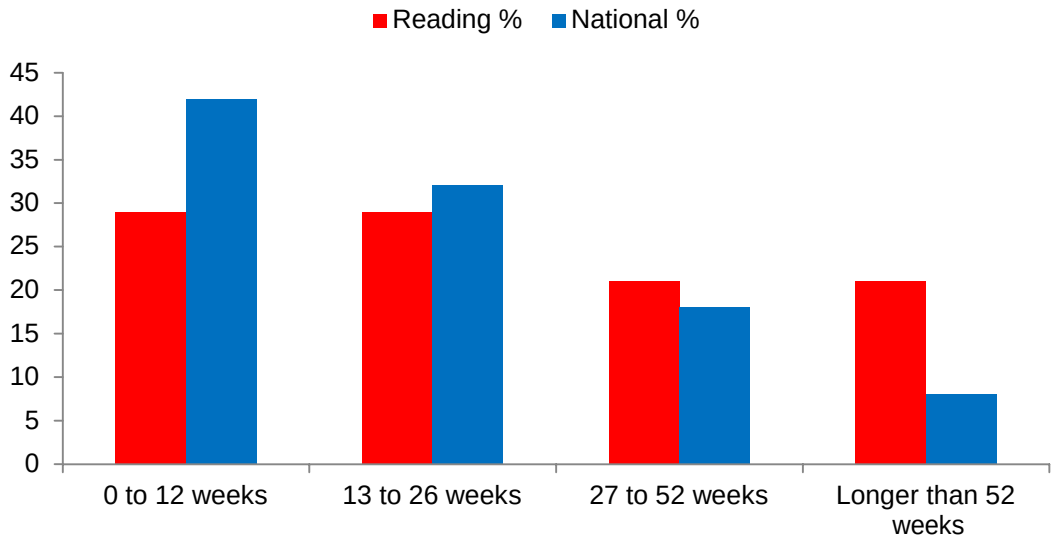
This section describes the length of time, interventions delivered and planned exit of young people who accessed specialist substance misuse treatment services in Reading. Whilst young people with complex needs often require extended support, for the most part, it is expected that young people will spend less time in specialist interventions.

Figure 58 shows that the proportion of young people in specialist services is similar to the national figure, except for those that in services between 0-12 weeks and, longer than 52 weeks. Whilst the numbers are very small, having more young people in treatment longer than 52 weeks could indicate Reading has more complex cases, or younger people with wider vulnerabilities that need ongoing support.

Having available a wide range of interventions which can be delivered to meet the specific needs of a young person will often result in better outcomes, particularly

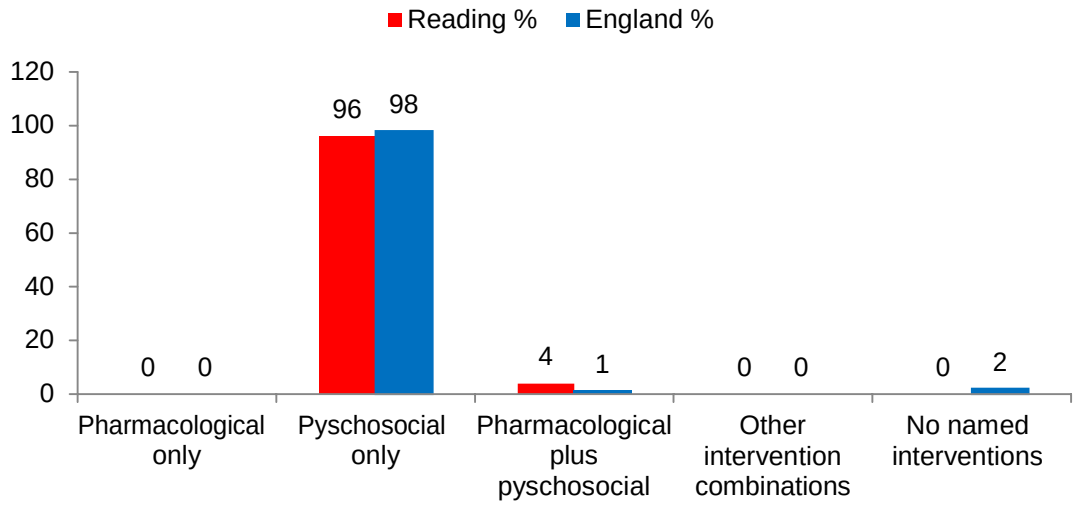
when supported by care. As shown in Figure 59, the most common intervention is psychosocial[xxviii] which is designed to encourage behaviour change.

Figure 58 Young people length of time in specialist substance misuse services, Reading, 2014-15.



Source: Young people's substance misuse data: JSNA support pack. Public Health England 2015.

Figure 59. Interventions offered to young people in treatment services, Reading and England, 2014-15.



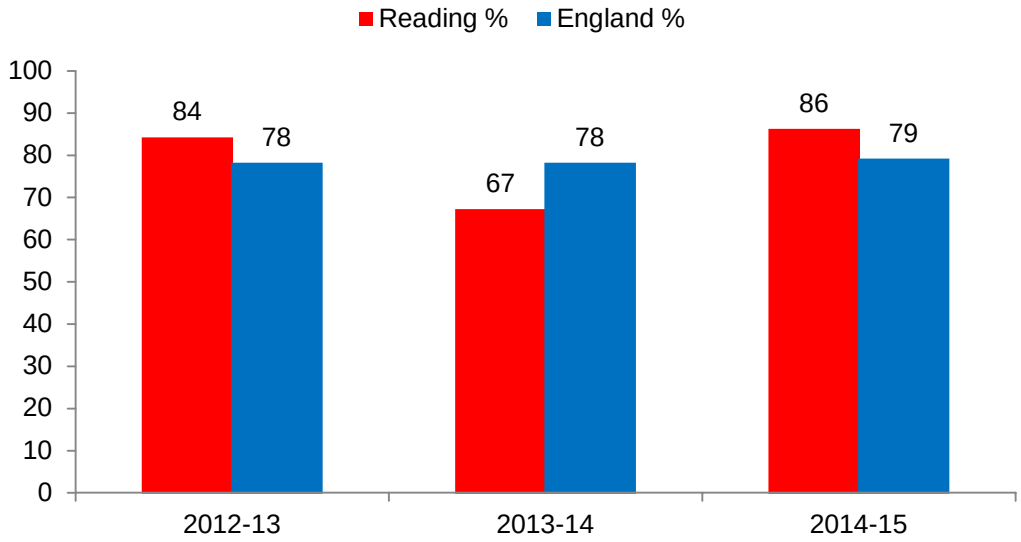
Source: Young people's substance misuse data: JSNA support pack. Public Health England 2015.

Leaving specialist interventions in a planned way is the measure of success for young people, however if they re-present to treatment, this is not necessarily considered a failure. Re-presentations may occur if a young person's circumstances change and, this creates an opportunity for reassessment and a personalised plan

xxviii Psychosocial interventions are a range of talking therapies designed to encourage behaviour change. Data produced and published by Public Health England includes family interventions and harm reduction as well as other specific psychosocial interventions types.

that can support them to address the challenges they face. Figure 60 shows that the proportion of young people leaving substance misuse services in Reading in a planned is similar to the England for 2014-15, having seen an increase between 2013-14 and 2014-15. There were no planned exits with re-presentation in Reading between 1 January 2014 and 31 December 2014.

Figure 60. Proportion of those leaving young persons treatment in a planned way as a percentage of all exits, Reading and England, 2012-13 to 2014-15.



Source: Young people's substance misuse data: JSNA support pack. Public Health England 2015.

Commissioning of local specialist services for young people enables us to engage quickly and effectively with young people and the Department of Education cost-analysis estimates that for every £1 invested, savings of between £1.93 (within 2 years) and £8.38 (long term) could be achieved.

9 Discussion

In Reading, understandably, there has perhaps been a greater emphasis put on the treatment of drug misuse rather than alcohol misuse. Whilst drug-related deaths rates in the local population are higher than the England average, and in comparison with the other Berkshire local authorities, the numbers remain small. In contrast, the figures in this report show that the health and social care and the wider societal effects of alcohol misuse are substantially greater than those of drug misuse. This may be in part because, with the possible exception of cannabis and NPSs, only a relatively small number of people use drugs (principally opiates, cocaine, and their derivatives, all of which are illegal), the use of almost all of which leads to a variety of significant and very complex problems. In contrast, a very large number of people use alcohol (which is a legal substance that is a significant part of the culture in the UK) and which has a proportionately smaller risk of significant problems. But, because the number of alcohol users is so large, the number of people who develop health and social problems is very much higher and the wider societal issues associated with it are very much more extensive.

Next to tobacco, alcohol is the most commonly used substance in Reading that leads to significant health problems. We know that nationally there has been a decrease in the estimated numbers of people drinking alcohol; but there is still a sizable proportion of people drinking at hazardous and at harmful levels. Modelled estimates

for Reading suggest that there are likely to be a large number of people (almost 30,000) drinking in excess of current recommended weekly amounts, with nearly 4,500 residents drinking to harmful levels. Taking into consideration that surveys on which national and local estimates are based consistently reported lower levels of consumption that would be expected using data on alcohol sales, we can conclude that the modelled estimates for Reading are likely to substantially underestimate the alcohol consumption in our community, perhaps by about a half.

More adult males than females drink alcohol at high risk levels, however alcohol misuse is increasingly more common amongst young females. There is also evidence of higher than average rates of alcohol-related ill health and mortality in adults in Reading, which reflects a cohort of people who have been drinking chronically (probably for between 10 and 30 years), and reported admissions to hospital are increasing (possibly because detection of previously undiagnosed alcohol related conditions has improved, particularly notable in some conditions in females) but mostly because more alcohol is being consumed. We also know that alcohol misuse is not confined to young people but to people of all ages and that a sizable cohort of people now aged 46-65 years consume more alcohol every day than any previous generation. It is also noteworthy that alcohol consumption is generally greater amongst people in higher socio-economic groups.

Alcohol is estimated to be implicated in 40% of violent crimes and 78% of assaults (such as domestic violence) and 88% of criminal damage cases, and figures suggest there is a growing number of alcohol-related crimes in Reading. Reading also has a statistically significant higher proportion of alcohol misusers who had not engaged with treatment in the community before entering prison.

In addition to low engagement of treatment by offenders entering prison in Reading, in comparison to the estimated number of people drinking to harmful levels, there are low numbers of people in the general community in Reading engaged with adult treatment services citing alcohol as their primary substances of misuse. It is unclear if this is due to lack of awareness, low screening rates of patients in Reading of their alcohol use, and/or referrals into treatment services. Furthermore, we know that there are different reasons that younger and older populations drink alcohol and, perhaps, a greater availability of specialist services, particularly for older people, may result in better engagement.

By comparison, Reading has an estimated population of between 600 and 1,300 opiate and/or crack cocaine users, and drug use incurs physical dependence, unpleasant symptoms of withdrawal and a risky, volatile lifestyle that exposes users to potential overdose, blood borne viruses (for those injecting drugs), and involvement in crime (particularly acquisitive crime). Reading has a statistically significant higher proportion of injecting drug users in comparison to other similar local authorities and, a higher rate of drug-related deaths.

Specialist drug treatment services in Reading engage with around 500-600 opiate users each year, which means that we are potentially only reaching half the drug-using population over a year. (The number is probably lower as many of these 500-600 clients stay in treatment for several years or leave and return to treatment.) Only a very small proportion of these clients (and smaller than other areas with similarly complex treatment populations) leave treatment drug-free.

Finally, while there good evidence from household surveys that suggests that, nationally, cannabis is the most widely used illegal drug, followed by cocaine, and that there is an emerging issue relating to novel psychoactive substances, there are

only a small number of people, particularly young people, in treatment in Reading who cite these drugs as being problematic for them and even fewer citing these as the drugs that they are primarily dependent upon. This could be because, for the most part, people believe they are able to use these drugs recreationally or with seemingly little effect on their lives (and this may be true to a large extent, although there is an increase risk, certainly of health harms, associated with their use).

So what else can be done to identify and help people who misuse drugs and/or alcohol? One simple thing is improving the local provision of 'brief advice' by health services (and, by implication, also by social and community care) professionals; brief advice for hazardous and harmful drinking is effective in reducing harm, but it is important to recognise that people with alcohol dependence and some harmful drinkers will require more specialist alcohol services.[155] This certainly applies in a primary care setting, where there is consistent evidence from a large number of studies of the effectiveness of brief interventions in reducing total alcohol consumption and episodes of binge drinking in hazardous drinkers for periods lasting up to a year.[156] A brief intervention is effective at the point when the hazardous or harmful drinker is newly identified[157] and may occur during attendance for a related or unrelated illness or injury, at health screening for employment or for insurance purposes. With appropriate training, it should be possible to provide such brief interventions in social care and other council service settings as well, especially as alcohol misuse is a common but often unrecognised problem in older people.[158]

A particularly authoritative source of evidence for various different approaches to the management of alcohol misuse has been produced by the National Institute for Health and Care Excellence[159] together with a recent update.[160] The key points of these, all of which are based on evidence of effectiveness, are that:

- a combination of approaches is required to manage alcohol misuse at both a population-level and an individual one;
- making alcohol less affordable is the most effective way of reducing alcohol-related harm (all major medical bodies, such as medical royal colleges, advocate a national minimum price policy for alcoholic drinks based on the number of alcohol units contained);
- reducing the availability of alcohol, for example, by limiting the number of outlets selling alcohol in an area, and the number of days and hours when it can be sold: in Scotland, protection of the public's health is part of the licensing objectives;
- reducing the exposure of young people to alcohol advertising;
- using local crime and related trauma data to map alcohol-related problems as part of a review of licensing policy;
- adequately resourcing enforcement services to prevent under-age sales;
- supporting children and young people who are thought to be at risk because of their use of alcohol;
- supporting the use of screening and brief interventions (which applies in both health and social care and voluntary sector settings);
- supporting the use of extended brief interventions, for example, using motivational interviewing, (which applies in both health and social care and voluntary sector settings); and
- referring people to services, as relevant (which requires adequate resourcing of those services).

There is also a role for voluntary organisations (for example Alcoholics' Anonymous) in helping people with drinking problems (and the related organisations, Al-Anon for the significant others of alcoholics, and Al-Ateen for their children). A review of a number of studies of Alcoholics Anonymous (AA) and other self-help 'twelve-step facilitation' (TSF) programmes versus other psychological interventions in reducing alcohol intake, obtaining and maintaining abstinence, improving the quality of life of affected people and their families, and reducing alcohol-related accidents and health problems found no experimental studies unequivocally proving the effectiveness of AA or TSF for reducing drinking problems, but attending AA meetings was shown to help people to accept treatment and to stay in treatment, and both AA and TSF helped people to reduce drinking, but not necessarily to achieve complete abstinence, in comparison with other psychological programmes.[161]

Helping people with drug problems, and – especially – helping them to avoid starting misuse in the first place, is more difficult. Not only do many drug misusers have a myriad of health and social problems which require interventions from a range of providers (who ideally should work in an integrated way), drug misuse can also place an enormous strain on families, including children, and can have a serious negative impact on the long-term health and wellbeing of family members: protecting children from the potential impact of drug misuse is thus also an important issue. [162] Specialist-provider involvement is especially important for drug misusers, as injecting drug users especially, which is a particularly issue in Reading, are particularly vulnerable to contracting and spreading blood-borne viruses such as hepatitis B, hepatitis C and HIV. For example, a long-term follow-up of heroin addicts showed they had a mortality risk nearly 12 times greater than the general population,[163] and another study of injecting drug users showed that they were 22 times more likely to die than their non-injecting peers.[164]

A large proportion of people who misuse drugs do not limit their use to any particular one and a very high proportion also misuse alcohol and also smoke tobacco. Pharmacological approaches are the primary treatment option for opioid misuse, with psychosocial interventions providing an important element of the overall treatment package. Opportunistic brief interventions focused on motivation should be offered to people in limited contact with drug services (for example, those attending a needle and syringe exchange service and in primary care settings) if the service user or staff member identifies concerns about drug misuse. These interventions should:

- normally consist of two sessions each lasting 10–45 minutes; and
- explore ambivalence about drug use and possible treatment, with the aim of increasing motivation to change behaviour, and provide non-judgmental feedback.[165]

Addressing broad social problems, improving levels of educational attainment and opportunities for work, in common with reducing health inequalities and improving people's health, are also relevant to helping people to avoid getting drawn in to the downward spiral that usually accompanies drug use.

Whilst helping to address drug misuse issues in Reading is important, the sheer size of the alcohol misuse problem should make this a much greater priority.

10 Conclusion

Alcohol misuse is a much bigger issue in Reading than drug misuse: it affects far more people individually and has much wider societal impacts. Significant problems

are related to both, but especially to alcohol misuse, are getting bigger year-on-year in Reading, as elsewhere.

The lives of most drug users and of a sizeable group of alcohol misusers are complex and often chaotic. A multidisciplinary approach that truly joins up the various different services provided (for example, general practice, A&E, other hospital services, community services, specialist drug and alcohol services, social services and voluntary and community services) will enable benefit for them and their families and for society more generally.

Our current service has been commissioned to concentrate mainly on people with significant opioid drug dependency (with, recently, a slight increase in the number of people with severe alcohol dependency being treated) with many having been in 'treatment' for many years: we currently have a cohort of between 500-600 opiate users many of whom have multiple occasions of engagement with specialist services, but with only a very small proportion leaving treatment drug-free each year. This begs the question: are they content with their current lifestyle and have no real motivation to change? Whatever the reasons, within the current allocation of resources for drug and alcohol services, there are very many people who would benefit from short-term, semi or high intensity interventions that would have a high likelihood of preventing them from developing significant drug or alcohol-related problems but whose needs are not being addressed. We thus need to consider providing a different type of specialist service to the one currently being provided so that many more people with alcohol misuse problems, and those with early drug use problems, who can benefit from specialist intervention and be much more likely to avoid long-term misuse and dependency, can benefit from specialist interventions.

There is also a need to develop services for people who use NSPs. Currently, there are only one or two specialist units in the country yet this is becoming an increasing problem. The scale of physical and mental health risk in using NSPs is not clear, and, for many, it may be that 'recreational use' of these substances, and cannabis, is no more an issue that the 'recreational use' of alcohol. However, it is important that, for 'recreational' users of both drugs (such as cannabis and NSPs) and alcohol, there are services available to help those at risk of dependency and significant harm.

It is clear that current drug and alcohol services are not meeting local needs. Principally the needs of people that are not being met are:

- alcohol misuse – there are very many more people in Reading who could benefit from specialist treatment than are able to receive it under current arrangements; and
- prevention – there are many people in Reading with either (or both) 'early' misuse of alcohol and drugs who could benefit from specialist intervention to help them avoid a decent into more damaging use of substances.

11 Recommendations

Reading needs a revised approach to its drug and alcohol services that:

- puts a much greater emphasis on the problems of alcohol misuse at all ages (that is, younger people and older ones), and for people with different problems causing them to use drugs and/or to misuse alcohol;
- puts a much greater emphasis on prevention, particularly targeting 0-18 year-olds, with specialist family support for children at risk, but also helping to address the issue that both young and older adults face;

- ensures that all health and social care services, and those of the police and judicial system, work together more effectively so that people do not fall into gaps between services and so that it is simple to provide care between different agencies without the service user having to try to negotiate their way from one to another;
- provides services of all types in different locations to improve engagement and thus outcomes;
- enables and encourages front-line staff in all sectors, to do much more to identify people at risk of misusing drugs and/or alcohol and to provide brief interventions, and refer to appropriate services; and
- enables different policies and services and the enforcement of regulations, to take account of the cumulative impact of drug and alcohol misuse to enable greater benefit to people's health and to the community more widely.

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READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ENVIRONMENT AND NEIGHBOURHOOD SERVICES

TO:	**POLICY COMMITTEE**		
DATE:	**18 JANUARY 2016**	**AGENDA ITEM:**	**11**
TITLE:	**HERITAGE LOTTERY FUND GRANT AWARD FOR THE 'READING ABBEY REVEALED' PROJECT**		
LEAD COUNCILLOR:	**PAUL GITTINGS**	**PORTFOLIO:**	**CULTURE, SPORT AND CONSUMER SERVICES**
SERVICE:	**ECONOMIC & CULTURAL DEVELOPMENT**	**WARDS:**	**ABBEY (WITH BOROUGHWIDE IMPLICATIONS)**
LEAD OFFICERS:	**GRANT THORNTON CHRISTELLE BEAUPOUX**	**TEL:**	**0118 937 2416 0118 937 4097**
JOB TITLE:	**HEAD OF ECONOMIC & CULTURAL DEVELOPMENT PROJECT MANAGER**	**E-MAIL:**	**grant.thornton@reading.gov.uk christelle.beaupoux@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 Further to Minute 86 of Policy Committee on 17 February 2014, in December 2015 the Council received confirmation that its stage 2 application to the Heritage Lottery Fund (HLF) for grant of £1.7775 million towards the £3.154 million 'Reading Abbey Revealed' project had been successful. This report outlines the scope of the delivery phase of the project comprising:

- Implementation of conservation works to restore the Abbey Ruins and the Abbey Gateway (both part of a Scheduled Monument and Grade I listed), thereby safeguarding their future and enabling public access to be restored;
- Comprehensive interpretation and signage across the whole Abbey Quarter, including Reading Museum, and associated branding; and
- A linked 5 year programme of community engagement, educational events and activities across the heritage site.

1.2 The report seeks approval to accept the offer of grant and the associated terms and conditions as set out in the offer letter from HLF. The report also seeks spend approval for the full amount of the project costs, and delegated authority to enter into the necessary contracts required to implement the 'Abbey Revealed' project.

1.3 **Appendix 1** is a copy of the grant offer letter, including the conditions of grant.

2. RECOMMENDED ACTION

2.1 That the grant offer of £1,777,500 from HLF for the 'Reading Abbey Revealed' project be accepted, having regard to the grant conditions as set out in the grant offer letter at Appendix 1 and the legal implications as set out in section 8 of this report

2.2 That spend approval of up to £3,154,622 be given to deliver the 'Reading Abbey Revealed' project, this being the total cost of the project.

2.3 That a capital contribution of £1,282,122 be approved from the Council towards the costs of the project and that this amount be included in the Council's Capital Programme.

2.4 That up to £250,000 of this capital contribution may be funded from borrowing in the event of insufficient Section 106 developer contributions being secured to cover the full cost of the Council's capital contribution, as set out in paragraph 4.2 of this report.

2.5 That the Head of Legal and Democratic Services, in consultation with the Director of Environment and Neighbourhood Services, the Lead Councillor for Culture Sport and Consumer Services and the Head of Finance, be authorised to enter into an agreement with Heritage Lottery Fund for them to provide the funding grant of £1,777,500 in respect of the "Reading Abbey Revealed" Project.

2.6 That the Director of Environment and Neighbourhood Services, in consultation with the Lead Councillor for Culture, Sport and Consumer Services and Head of Finance and the Head of Legal and Democratic Services, be authorised to procure and appoint the necessary consultants and contractors to implement and deliver the project.

2.7 That the Director of Environment and Neighbourhood Services submit an annual update report to the Committee to allow it to monitor progress and scrutinise the effectiveness of the delivery phase of the project.

3. POLICY CONTEXT

3.1 A new 'Culture and Heritage Strategy 2015-2030' for Reading has been developed under the auspices of the Cultural Partnership. This multi-agency board has agreed the development and implementation of Readings next Cultural Strategy as a key objective in its revised Terms of Reference. Policy Committee endorsed the new Cultural Strategy for Reading at its meeting on 2 November 2015.

3.2 A Heritage Statement for Reading has already been developed with an action plan to co-ordinate the long term management and maintenance of the town's heritage assets. Early development of this Statement was undertaken in part as a necessary requirement to progress the bid to the Heritage Lottery Fund (HLF) for the restoration of the Abbey Ruins and Gateway. The existing Heritage Statement is reflected in the wider Cultural and Heritage Strategy.

3.3 Both the Cultural Strategy and the Heritage Statement outline the significant heritage and cultural assets that Reading already has and the need to both protect and enhance the current offer. The Cultural Strategy also recognises that the profile and reputation of the town for Cultural activities needs to be improved and its vision is that:

> *By 2030 Reading will be recognised as a centre of creativity with a reputation for cultural and heritage excellence at a regional, national and international level with increased engagement across the town.*

3.4 The significance of Reading Abbey to the historical development of Reading as a place and the pivotal role its restoration could play in delivering the aspirations for the future of culture and heritage in the town is fully acknowledged in the Strategy.

3.5 Policy Committee authorised a Stage 1 application to HLF for the 'Reading Abbey Revealed' project at its meeting on 17 February 2014.

4. THE PROPOSAL

4.1 Current Position:

4.1.1 The Council's Stage 1 grant application for the 'Reading Abbey Revealed' project secured approval from HLF in June 2014 and the Council received permission from HLF in September 2014 to start the subsequent Development Phase. Further work was then commissioned to develop detailed proposals for the key strands of work required for the Stage 2 application: conservation works to the Abbey Ruins and Abbey Gate; interpretation and signage; and an activity and events programme. Work with consultants, the architects and a close liaison with Historic England enabled the project team to finalise the detailed conservation programme for the Abbey Ruins and the Abbey Gate.

4.1.2 Two consultants were procured and appointed to engage with stakeholders and the public to work up plans for activities and interpretation that will enhance visitors' understanding, appreciation and enjoyment of the Abbey's heritage. These work-streams were then brought together to prepare the detailed documents and costings for the round 2 application to the HLF that was submitted on the 1st September 2015.

4.1.3 In December 2015, the Council heard from HLF that it was successful with its round 2 application and had secured grant of £1,777,500 towards the total costs of £3,154,622 to deliver its 'Reading Abbey Revealed' project. This grant represents 56% of the total project costs. The 44% match funding contribution from Reading Borough Council equates to £1,377,122.

4.2 Options Proposed

4.2.1 This report recommends that the Council formally accepts the offer of grant from the HLF in order to commence the delivery phase of the project and implement the proposals outlined in the Stage 2 bid to HLF and summarised in the HLF's offer letter as:

- The conservation and stabilisation of the abbey ruins, to enable them to be reopened to the public, plus some landscaping works and improved security;
- The restoration of the abbey gatehouse buildings, to create a new public space and a space to let;
- Delivery of the Activity Plan;
- A new Interpretation Strategy for the Abbey Quarter, including new signage, leaflets, guides and trails;
- New webpages on the Museum website with interactivity and links to social media;
- A new volunteer programme, to be integrated with the existing Reading Museum volunteers;
- Paid internships for up to 6 young people.

4.2.2 This vital work will contribute to protecting Reading's unique and nationally important heritage and enable the Council to finally re-open the Abbey ruins site. The improvement of the Abbey Quarter will complement and build on the existing vibrant business and shopping offer in the town centre, making Reading a more attractive destination. Clear improvement plans for the Abbey Quarter will also provide an important context for the future redevelopment of Reading Prison, providing opportunities to further develop the Abbey and its environs as a cultural quarter and destination.

4.2.3 For the next 5 years there will be a programme of events and activities around the site that will be coordinated by newly appointed staff as the project progresses under the responsibility of the Museum and the project team. A wide variety of events and activities will be delivered, from hard-hat tours during conservation work to a high profile opening event and beyond the reopening a range of events and performances. The project's participation programme will extend Reading Museum's track-record of delivering community engagement, educational activities and volunteering. The Museum has recently successfully renewed its Investing in Volunteer status and will use this experience to establish the wider Abbey volunteering programme that will actively engage 35 regular volunteers who will contribute across a broad range of activities to care for and share the Abbey's heritage. Through this range of activities the project will significantly raise the profile of the Abbey Quarter and help to build people's understanding and appreciation of the status that the town has historically held and its role in the history of England, as well as how the Abbey has shaped Reading's current status and character.

4.2.4 The Council's total match funding commitment, should the grant be accepted, is £1,377,122. This comprises:

- £75,000 of increased maintenance costs over 5 years (funded through income generated by the scheme);
- £20,000 of volunteer time as an 'in-kind' contribution.
- £1,282,122 capital contribution to the conservation works, capital elements of signage and interpretation proposals and associated professional fees.

4.2.5 Funding for the capital match funding is derived from developer contributions through Section 106 planning agreements for leisure and environmental improvements in the town centre linked to major developments in and around the town centre. To date the Council has secured and ring-fenced £1.05m of Section 106 receipts to the 'Reading Abbey Revealed' project. It is anticipated that the remaining £232k will become available as other consented developments are implemented and section 106 payments become due. However, in order to provide certainty it is proposed that the Council makes provision in the capital programme for up to £250k of the Council's £1.282m contribution to be funded from borrowing.

4.2.6 Should the offer of grant from the HLF be accepted, and once we have formal permission from HLF to commence, it is anticipated that the delivery stage will start in spring 2016 with the procurement and appointment the main contractors for the capital conservation programme. The work on site will commence at the end of the summer of 2016 and will take between 18 months and 2 years to complete. The Ruins should be fully re-opened in summer 2018. The project's activity programme will continue until the end of 2020.

4.3 Other Options Considered

4.3.1 The Abbey Quarter project was conceived in 2010 as an opportunity to reverse the piecemeal approach to the conservation and interpretation of historic monuments within the former precinct of Reading Abbey. The aim was to focus on the many hidden heritage gems of both local and national importance and to create a unique heritage destination for residents and visitors. A project team and an Abbey Quarter Board were set up to guide the formulation and to deliver the Council's vision for the Abbey Quarter. The project team started to seek external funding through the HLF to support the conservation of the Abbey Ruins and the Abbey Gateway (both Scheduled Monument and Grade I listed).

4.3.2 After two previously unsuccessful round 1 applications to the HLF for its national funding programme , due to very high national competition, and following advice from the HLF officers, the Council submitted another application at regional level and

secured a round 1 pass from HLF in June 2014. The choice of the option to submit an application at regional level and to increase the proportion of match funding from the Council has ultimately been successful and was endorsed by Policy Committee in February 2014.

4.3.3 Given this history and the extensive work that has been undertaken to develop the successful Stage 2 application it is not considered that other options are tenable at this stage.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The Reading Abbey Revealed project, within the wider Abbey Quarter vision, is a highly significant heritage and leisure project that has been identified as a priority in the Council's Corporate Plan 2015-18 and in the Cultural and Heritage Strategy. The project contributes to achieving the following Corporate Priorities:

- Keeping the Town clean, safe green and active
- Providing the best life through education, early help and healthy living
- Providing infrastructure to support the economy.

5.2 The project will deliver key elements of the Abbey Quarter vision and will address an identified need in the wider culture and heritage strategy for Reading to raise the profile and quality of the cultural offer in the town and it will also provide a key contribution to the Reading 2016 Year of Culture.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 There has been widespread public consultation and media coverage of the Reading Abbey Revealed proposals, with extremely positive feedback and support for the project and the funding application to the HLF. During January 2014, RBC launched an online consultation encouraging residents and visitors to give their views on the project. The Council received a record number of 1,156 responses, the most ever received for an online consultation held by the Council. The results showed that respondents overwhelmingly supported the project and the RBC bid to the HLF. At the end of the consultation the results was analysed and included in first round application to the HLF as evidence of strong public support.

6.2 During the project's development stage the activity plan consultants engaged with a wide range of stakeholders and local communities. A very successful online survey about the project ran between 5 January and 5 February 2015 and was completed by 1,053 people. This was the most responses the activity consultants had ever received for an HLF project consultation they had been involved with. Out of the 25 surveys they run over the past four years, their second most successful survey reached just 779 responses.

6.3 The survey attracted a local audience with just over a third (36%) living within walking distance of the Abbey Ruins. The respondents were largely familiar with both Reading Museum and the Abbey Quarter. 90% had visited the Museum and 76% had been to the Ruins prior to closure. Virtually all participants agreed that the Abbey Ruins and Gate were an important part of Reading's history and identity (99.5% agreed with this statement, with 93.4% of respondents strongly agreeing). Overwhelmingly, 99.6% of respondents agreed that local residents should have the opportunity to learn more about the history of the Abbey. 98.8% of respondents agreed that schools should also have this opportunity. When asked what kinds of activities and ways of learning about the Abbey Ruins they were interested in, people were most enthusiastic about:

- new signage and information panels (95% of respondents interested, with 63% very interested)
- maps/leaflets for self-guided tours (94% interested, with 62% very interested)
- a new exhibition about the Abbey in Reading Museum (91% were interested, with 52% very interested)

6.4 These results, as well as several stakeholders' interviews, focus groups and workshops, have been fed into the project's activity plan that creates extensive opportunities for people to participate and learn about their heritage, whilst satisfying the HLF outcomes for engaging a wide range of people and communities. The activity plan covers all public activities, training and volunteering that will take place throughout the 5 year delivery phase of the Reading Abbey Revealed project. This includes extending the Museum's volunteering programme which the Consultant working on the activity plan described as 'streets ahead of any organisation that they have dealt with in terms of the roles of volunteers and their personal development'.

6.5 The public and stakeholders will continue to be updated on progress on a regular basis through the Project's newsletters, guided tours, social media, projects talks and meetings.

7. EQUALITY IMPACT ASSESSMENT

7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 The project has clear objectives to be inclusive and engage with a wide range of people and communities and, indeed, this is a key criterion of the HLF's assessment framework for applications. The project will rejuvenate and raise the profile of Reading's historic centre, providing a powerful symbol of civic pride and identity for the town. People from all age, social & economic backgrounds will benefit from better visitor facilities and a more accessible site with coherent interpretation and a choice of means to access information. Improved interpretation will enable anyone who wishes to, to enjoy and understand the important and multi-layered heritage of the Abbey Quarter. The project's activity and interpretation proposals demonstrate a proactive approach to being inclusive, providing opportunities for enjoyment, learning and participation for all residents and visitors regardless of ethnic origin, social background or financial means. Furthermore the project will continue to widly consult and evaluate to ensure that each group feel included and represented.

7.3 An Equality Impact Assessment (EIA) is not relevant to this report.

8. LEGAL IMPLICATIONS

8.1 The Council has power to enter into the funding agreement and to undertake and implement the Abbey Revealed project under s1. Localism Act 2011 (the general power of competence). The Council also has power under s.19 Local Government (Miscellaneous Provisions) Act 1976 to provide inside or outside its area recreational facilities as it thinks fit.

8.2 A delegation is sought at paragraph 2.5 for the Head of Legal and Democratic Services in consultation with Lead Councillor for Culture Sport and Consumer Services and

officers as stated to formally accept the offer of grant from the Heritage Lottery Fund on the terms set out in Appendix 1.

8.3 A delegation is sought at paragraph 2.6 for the Director of Environment and Neighbourhood Services in consultation with Lead Councillor for Culture Sport and Consumer Services and officers as stated to procure and appoint the necessary contractors and consultants to implement and deliver the project. The procurement of contractors and consultants will be subject to the Council's Contract Procedure Rules and will be subject to the Public Contract Regulations 2015 where applicable

9. FINANCIAL IMPLICATIONS

9.1 Funding for the delivery phase of the project can be summarised as follows:

Income Heading	**Description**	**Total (£)**
Local Authority	Capital expenditure funded through Section 106 Developer contributions*	1,282,122
Increased management and maintenance costs (maximum 5 years)		75,000
Volunteer time (in-kind match)		20,000
HLF Grant		1,777,500
Total Income		3,154,622

*As outlined in paragraph 4.2 of the report it is anticipated that the full cost of the Council's capital contribution will be met through the allocation of Section 106 receipts. To date the Council has secured and ring-fenced £1.05m of Section 106 receipts to the 'Reading Abbey Revealed' project. It is anticipated that the remaining £232k will become available as other consented developments are implemented and Section 106 payments become due. However, in order to provide certainty it is proposed that the Council makes provision in the capital programme for up to £250k of the Council's £1.282m contribution to be funded from borrowing.

Value for Money (VFM)

9.2 The Council match funding contribution totalling 1.377m will lever in HLF grant of £1.777m. This represents a funding split for the total project costs of 56% grant funding from HLF and 44% match funding contribution from the Council, the latter secured through the strategic allocation of s106 developer contributions. The Abbey Ruins and Abbey Gate are Council owned and in their current condition are a significant liability. Coupled with the widespread benefits to the heritage and people of the town of restoring and conserving these historic assets it is considered that the project represents excellent value for money.

Risk Assessment

9.3 The Council's financial contribution is based on the use of Section 106 receipts secured from developers through the planning process, a relatively small proportion of the total contribution is anticipated from developments that have planning permission but which have yet to pay their s106 contribution. There is a small risk that some of these anticipated receipts may not materialise. The size of the capital contribution that might be funded through borrowing as set out in paragraph 4.2 of the report is to cover the risk that not all the anticipated receipts materialise in time to deliver the project.

9.4 The risk of cost overruns has been minimised through the detailed work undertaken to develop the Stage 2 application and robust cost-estimates that include both an allowance for inflation and a prudent contingency allowances of 15% and 10% for construction costs and interpretation costs respectively.

10. BACKGROUND PAPERS

10.1 Application for HLF funding for the Abbey Quarter project Policy Committee Report 17th February 2014.

Reading's Culture & Heritage Strategy 2015-2030

Heritage Statement, February 2014

Reading Abbey Revealed project -HLF Grant Offer Letter 10 December 2015– Attached at Appendix 1.

South Easl England
7 Holbein Plac e
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020 7591 **6000**
FacslmUe
020 75916273

Texlphone
020 75916255
Website
www.hlf.org.uk

heritage lottery fund

10 December 2015 Our Ref: HG-13-20031

Christelle Beaupoux
Reading Borough Council
New Civic Centre
Bridge Street
Reading
Berkshire
RG1 2LU

Dear Christelle

Reading Abbey Revealed Project

Congratulations, your application has now been assessed, and I am delighted to inform you that we have decided to award you a grant of up to £1,777,500 (56% of the total eligible project cost of £3,154,622) towards your project. More specifically, we will monitor your progress against the following:

Approved Purposes

- The conservation and stabilisation of the abbey ruins, to enable them to be reopened to the public, plus some landscaping works and improved security
- The restoration of the abbey gatehouse building, to create a new public space and space to let
- Delivery of the Activity Plan
- A new Interpretation Strategy for the Abbey Quarter, including new signage, leaflets, guides and trails
- A new Interpretation Strategy for the Abbey Quarter, including new signage, leaflets, guides and trails
- New webpages on the Museum website with interactivity and links to social media
- A new volunteer programme, to be integrated with the existing Reading Museum volunteers
- Paid internships for up to 6 young people

The percentage above is knows as your 'grant percentage.' As your approved project costs include non-cash contributions and/or volunteer time, we have also calculated the percentage of cash that we will be contributing towards the project. We describe this as the 'payment percentage' and for your project this will be 57%. More information on this can be found within the enclosed *Receiving* a *grant* guidance.

Part 1 of this letter sets out how we will work with you during the delivery phase of your project.

Part 2 deals with the legal aspects of the grant that we are offering. It refers to the standard terms of grant that you accepted when you completed the Declaration section of your online application.

Part 3 advises you on the next steps.

Part 1 - How we will work with you

Delivering your project
You will need to deliver your project in line with the proposals set out in your application. We will contact you shortly to arrange a start-up discussion, when we will agree a timetable for progress reporting and grant payment requests. More information on this can be found within the enclosed *Receiving a grant* guidance .

Keeping in touch
We will be monitoring your progress against the approved purposes of our grant and any areas of risk we have identified. This will help us to understand how well the delivery is advancing and alert us to any issues .

We may appoint an external mentor or monitor to support you during your delivery phase. We will let you know their name and responsibilities if they are appointed.

Please read the enclosed *Receiving* a *grant* guidance. This requires you to:

- obtain our permission to start the delivery phase;
- submit progress reports at a frequency agreed between us when we have our start up discussion;
- request your grant payments;
- provide a completion and evaluation report when you have finished the delivery phase;
- procure goods, works and services in accordance with EU procurement regulations and the 'Receiving a grant' guidance.

The forms that you will need for requesting permission to start, requesting your grant and reporting your progress and completion should be **accessed and submitted via your online account (https://forms.hlf.org.uk/officeforms/HLF_Projects.ofml),** in the same way that you supplied your application form. If you do not have an online account, send hard copies of your forms to your Grants Officer.

Part 2 - The legal section

Grantee name and address:
Reading Borough Council: Cultural Services
whose registered office is at
Cultural Services,
New Civic Centre,

Bridge Street
Reading,
Berkshire
RG1 2LU

Project Reference Number: HG-13-20031

Grant
The attached appendix 1 sets out the principal elements of the approved purposes to which the Heritage Lottery Fund (HLF) has agreed to contribute along with anticipated partnership funding.

Please be aware that if you spend less on your delivery project than the approved project budget, we will reduce the final grant payable. Any reduction will be in proportion to HLF's grant contribution.

Standard terms of grant
We will pay you the grant subject to you complying with our standard terms of grant which formed part of your application; the additional grant conditions (if any) set out below; and with the conditions and requirements set out in *Receiving* a *grant.*

Additional grant conditions
In addition to our standard terms of grant, you must observe the following additional conditions in respect of the Project: see Appendix 2

Grant expiry date
You must complete the approved purposes by 31 December 2020

Duration of the terms of grant
The standard terms of grant and the additional grant conditions (if any) will last for 20 years from the Project Completion Date.

The following documents define the project for which the grant is offered:

1. This letter
2. Your application
3. Documents submitted by you in support of your application

Withdrawal of the grant
We may withdraw the grant if:

- You have already started work on the delivery phase before we have given you our permission to do so, in accordance with the standard terms of grant.
- You do not start work on the delivery phase within 6 months of the date of this letter.

Part 3 - Next steps

The following documents accompany this letter:

- *Receiving* a *grant* setting out our monitoring requirements
- *How to acknowledge your grant* guidance
- Photography of HLF-funded projects: A guide for grantees - accessible via www.hlf.org.uk/photography
- How to announce your grant to the media
- Template photo call notice
- Template press release- second round pass

Permission to start
We will only give you our permission to start when certain pre-conditions, defined in the *Receiving* a *grant* guidance, have been satisfied. For us to pay your grant requests by bank transfer (BAGS), we need to see a copy of a recent bank statement (within the last three months), or a cheque or a paying-in slip for the relevant account, showing the bank's name and address. You will need to submit this with your 'Permission to start' form.

Please note that your *Permission to start* form will be released to your online account within 15 working days of this letter. Please contact your Grants Officer using the contact details below if you need to access the form any earlier than this.

Lucy Perry
Casework Manager
Direct Line: 020 7591 6244
Fax: 020 7591 6273
Email: lucyp@hlf.org.uk

Publicity
It is important to publicise your award to local media so that lottery players know where their money has gone. However, you must keep your award confidential until we have discussed and agreed your publicity plans. We will publish the fact that you have been awarded a grant on our website within 1O days of the grant being awarded. Your grant officer can assist you with queries about publicity and the media and I have enclosed a template press release which you may find helpful to issue to media once your publicity plans have been agreed.

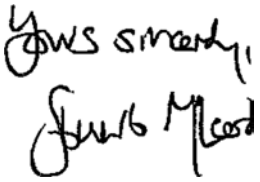
Please also contact your grant officer as soon as possible to agree the most appropriate location and nature of HLF acknowledgment for your grant both during your project and after its completion. You must make sure you include our logo on any information you produce about your delivery, for example, on public consultation or fundraising information or materials. You must also include our logo on all designs or plans you produce, on all specialist reports or surveys, and on all tender documents that are funded by our grant. Please refer to the enclosed *How to acknowledge your grant* guidance which explains how to do this.

Join our Online Community
Did you know that we have an Online Community to connect people working on HLF-supported projects? It's a friendly and informal forum to ask and answer questions, share learning and network with other grantees and heritage professionals. You can find it on our

website at https://www.hlf.org.uk/community. If you'd like to join in the discussions, simply log in with your existing **HLF** account username and password, or you can register a new account at www.hlf.org.uk/user/register. If you have any questions about the Online Community, please contact onlinecommunity@hlf.org.uk.

We wish you every success with your project, and look forward to receiving regular updates.

Please contact your case grant officer Lucy Perry if you have any queries arising from this letter.



Stuart Mcleod
Head of HLF South East

Appendix 1 - Approved project costs

a) Delivery Phase costs

Capital costs

Cost Heading	Description	Cost	Vat	Contingency		Total
		£	£	£	%	£
Repair and conservation work	Abbey Ruins and Gate	1,527,474	0	0	0	1,527,474
Other capital work	Site interpretation and signage	255,000	0	0	0	255,000
Professional fees relating to any of the above (capital)	Architect, M&E engineers, Landscape, structural engineers, CDM-C, Access consultant, Interpretation content and management fees, specialist surveys, Archaeoglogy, planning fees	239,824	0	0	0	239,824
Total Costs		2,022,298	0	0	0	2,022,298

Activity costs

Cost Heading	Description	Cost	Vat	Contingency		Total
		£	£	£	%	£
New staff costs	3 part time positions: Abbey Community Engagement Officer, Abbey Learning Officer, Abbey Volunteer Coordinator	130,000	0	0	0	130,000
Training for staff	Training for staff	4,700	0	0	0	4,700
Paid training placements	Up to six paid interns	45,000	0	0	0	45,000
Training for volunteers	Training for 35 volunteers	10,000	0	0	0	10,000
Travel for staff	Travel for staff	1,700	0	0	0	1,700
Travel and expenses for volunteers	Expenses for 35 volunteers	5,000	0	0	0	5,000
other costs (activity)	Informal learning and formal learning and	83,005	0	0	0	83,005

Cost Heading	Description	Cost	Vat	Contingency		Total
		£	£	£	%	£
	participation					
Equipment and materials (activity)	Digital & Interactive strategy learning and public engagement programme, production and printed materials	64,000	0	0	0	64,000
Total Costs		343,405	0	0	0	343,405

Other costs

Cost Heading	Description	Cost	Vat	Contingency		Total
		£	£	£	%	£
Recruitment	Project staff, Interns and consultants	13,000	0	0	0	13,000
Publicity and promotion	Publicity and promotion	20,000	0	0	0	20,000
Evaluation	Evaluation consultant	15,000	0	0	0	15,000
Contingency	15% of construction cost. 10% of interpretation costs & fees	276,569	0	0	0	276,569
Inflation	16.2% to 20 2016	319,350	0	0	0	319,350
Increased management and maintenance costs (maximum five years)	Increased management and maintenance	75,000	0	0	0	75,000
Volunteer time	Volunteer time	20,000	0	0	0	20,000
other costs	Heritage Management expertise	50,000	0	0	0	50,000
Total Costs		788,919	0	0	0	788,919

b) Delivery Phase income

Delivery income

Income Heading	Description	Secured	Total(£)
Local authorit	S106	Yes	1,282,122
Increased management and maintenance Costs (maximum five years)	Increased management and maintenance	Yes	75,000
Volunteer time	Volunteer time	Yes	20,000
HLF Grant			1,777,500
Total Income			3,154,622

Appendix 2

1 Local-authority Grantee

Evidence of local-authority decision-making process

a Within 28 days of the date of the Grant Notification Letter, you must send us a certified copy (signed to confirm it is a true copy) of the document recording your decision (or the decision of the relevant properly constituted committee, executive or authorised officer) authorising you to accept the terms of grant, together with a statement containing the information set out in paragraph b below.

b The statement must include the following information.

- The power (statutory or otherwise) you have and which you have used to accept the terms of grant.
- An extract of that part of your policy framework under which you have accepted the terms of grant.
- The executive arrangements under which your decision to accept the terms of grant was made.
- The considerations that you took into account in using the powers and the procedure under which any consultation took place and the decision was made.
- The authority under which the Declaration forming part of the Application has been signed on your behalf.

c Without affecting clause 31, you must (if we think it is necessary) confirm your decision in whatever way we direct. Within seven days of confirming, you must send us evidence of this.

d We may withdraw the Grant (after considering the matters referred to in paragraphs 1a and 1b) if we are not satisfied that the terms of grant are valid and binding on you.

e Within 21 days of sending us the document and information needed under paragraph 1a (or evidence of the confirmation of the decision in line with paragraph 1c), we may ask that you get the written opinion of a barrister, in a form satisfactory to us, asking for his or her opinion on whether:

- the powers you are relying on in accepting the terms of grant do allow you to enter into these arrangements;

- you have followed correctly all procedural requirements in using those powers and have acted in a reasonable and proper way; and

- you have taken account of only, and all, relevant considerations in using those powers.

You must send us the barrister's opinion and make sure that it is addressed to us as well as to you. You must also make sure that the barrister confirms we may rely on his or her opinion for our own purposes.

f You acknowledge that neither any documents or information that you send us, nor the fact that we may then have paid you part of the Grant, will affect our right to rely on the promise in paragraph g below.

g You promise that:

- you have the authority to accept the terms of grant;

- in using that authority you have acted in good faith, in a reasonable and proper way, for a proper purpose, without breaking any procedural requirement and in considering only (and all) relevant considerations; and

- your decision to accept the terms of grant is one that any reasonable local authority (applying the laws that are relevant to it) could have reached.

h Within one month of the end of each of the 10 years after you finish the work, you must send us detailed accounts, certified by your chief finance officer, showing the funding and resources you used on the Property in the year before.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ENVIRONMENT AND NEIGHBOURHOOD SERVICES

TO:	**POLICY COMMITTEE**		
DATE:	**18 JANUARY 2016**	**AGENDA ITEM:**	**12**
TITLE:	**SPECIALIST VEHICLES MAINTENANCE CONTRACT 2016-2021 – CONTRACT AWARD**		
LEAD COUNCILLOR:	**TONY PAGE**	**PORTFOLIO:**	**STRATEGIC ENVIRONMENT, PLANNING & TRANSPORT**
SERVICE:	**TRANSPORTATION AND STREETCARE**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**CRIS BUTLER**	**TEL:**	**(0118) 937 2068**
JOB TITLE:	**STRATEGIC TRANSPORTATION PROGRAMME MANAGER**	**E-MAIL:**	**Cris.butler@reading.gov.uk**

1. PURPOSE OF THE REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of the report is to inform Councillors of the ongoing procurement process for the Specialist Vehicle Maintenance Contract 2016-2021 and to seek delegated authority to enter into contract with most economically advantageous tenderer in accordance with the Public Contracts Regulations 2015.

2. RECOMMENDED ACTION

2.1 That delegated authority is given to the Head of Transportation & Streetcare in consultation with the Lead Councillor for Strategic Environment, Planning and Transport, the Head of Legal & Democratic Services and the Head of Finance to enter into contract for the provision of Specialist Vehicles Maintenance.

3. POLICY CONTEXT

3.1 To secure the most effective use of resources in the delivery of high quality, best value public service.

3.2 To ensure timely and efficient collection of waste and recycling from private and commercial premises in accordance with the Environmental Protection Act 1990.

4. THE PROPOSAL

4.1 The Council has a legal duty to collect and dispose of household waste and undertake recycling. Historically the Council has provided these collection services internally, and continues to do so. As a result in July 2014 the Council undertook a procurement process to purchase 13 new freighters to replace the existing fleet, which at the time of replacement was 10 years old and no longer practical to maintain.

4.2 A short term (12 month) maintenance contract was negotiated with the vehicle supplier to cover the immediate period following delivery.

4.3 The Council operates a number of additional large and/or specialist vehicles (including tippers, accessible vehicles, gully clearers & street sweepers) that have maintenance requirements. In order to generate additional efficiencies the Council is seeking a single contractor to fulfil these maintenance requirements.

4.4 The Council is proposing the use of workshop facilities at Bennett Road, to be fitted out by the contractor with all the necessary equipment to fulfil the requirements of this maintenance contract.

4.5 The Council is now undertaking a procurement process, utilising the Yorkshire Procurement Organisation (YPO) managed service framework for fleet and workshop operations.

4.6 The YPO framework is OJEU compliant and each maintenance contract is subject to a mini competition. The framework offers the quickest and most efficient means of procuring the ongoing maintenance service for the new refuse freighters by reducing officer time involved in the procurement.

4.7 The Council is proposing to enter into contract with the successful tenderer for an initial period of 5 years, with the option to extend for a further 2 years. The total estimated value of this contract is £2.5m.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The delivery of this programme will help to deliver the following Corporate Plan Service Priorities:

- Keeping the town clean, safe, green and active.
- Remaining financially sustainable to deliver these service priorities

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 N/A

7. EQUALITY IMPACT ASSESSMENT

7.1 Under the Equality Act 2010, Section 149, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 The Council has reviewed the scope of the programme as outlined within this report and considers that the proposals have no direct impact on any groups with protected characteristics.

8. LEGAL IMPLICATIONS

8.1 It will be necessary to sign a customer access agreement in respect of the YPO framework agreement and to undertake a mini-competition in accordance with the Public Contracts Regulations 2015.

8.2 The tender process in respect of the framework agreement has been undertaken by YPO in accordance with the Public Contracts Regulations 2006 as amended. In accordance with the Council's Contract Procedure Rules 9 (3)(b) a mini competition will need to be conducted amongst the suppliers on the framework capable of performing the contract.

8.3 It will be necessary to enter into a formal contract with the successful tenderer, using the call-off contract terms and conditions as prescribed by the Framework Agreement.

9. FINANCIAL IMPLICATIONS

9.1 Provision has been made within the existing fleet maintenance budgets to enable the fleet to continue to be maintained.

10. BACKGROUND PAPERS

10.1 Delegated Refuse Freighters Contract Award Report to Policy Committee, 21 July 2014.

10.2 Delegated Refuse Freighter Maintenance Contract Award Report to Policy Committee, 16 February 2015.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ENVIRONMENT AND NEIGHBOURHOOD SERVICES

TO:	**POLICY COMMITTEE**		
DATE:	**18 JANUARY 2016**	**AGENDA ITEM:**	**13**
TITLE:	**SOLAR COMMUNITY SCHEME – BOARD MEMBER APPOINTMENTS**		
LEAD COUNCILLOR:	**COUNCILLOR PAGE**	**PORTFOLIO:**	**STRATEGIC ENVIRONMENT, PLANNING AND TRANSPORT**
SERVICE:	**SUSTAINABILITY**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**BEN BURFOOT**	**TEL:**	**0118 9372232**
JOB TITLE:	**SUSTAINABILITY MANAGER**	**E-MAIL:**	**ben.burfoot@reading.gov.uk**

1.0 EXECUTIVE SUMMARY

1.1 This report seeks to nominate a total of three Councillors and Officers of the Council to be appointed to the board of a Community Benefit Society currently named Reading Campus Community Energy Society (BenCom) to oversee the delivery of a solar community scheme in Reading. The Bencom will be known as Reading Community Energy.

2.0 RECOMMENDATIONS

2.1 That the Policy Committee nominates a total of three Councillors and Officers to join the Board of Directors of Reading Campus Community Energy Society Limited to be known also as Reading Community Energy.

3.0 BACKGROUND

3.1 In August 2015, the Government announced that it was dramatically reducing the subsidies available for photovoltaic solar panels called Feed-in-Tariff (FiT). However, an exemption for community schemes was subsequently announced. The Council joined forces with a local group, the Berkshire Energy Pioneers, to work with an organisation called Energy4All to pre-register 23 schemes as a solar community scheme.

3.2 The Strategic Environment Planning and Transport Committee on 24th November 2015 agreed to lease thirteen building roofs to the Community Benefit Society (BenCom) in order to install solar panels using capital raised by a public share offer (Link to report). Once the viability of these buildings for the use of solar installations has been established then a further report will be submitted seeking approval for the Council to grant leases for a term of 20 years to RCE.

3.3 The scheme will not require capital funds from the Council but will seek to raise funds through community share issued by the Bencom officially registered as

'Reading Campus Community Energy' but will trade as 'Reading Community Energy' (RCE).

3.4 Following from the above decision, Bencom rules state that there must be a minimum of three and maximum of nine board members in place. Currently there are three proposed representatives from Berkshire Energy Pioneers and one proposed member from the Reading Climate Change Partnership (RCCP). In addition, Energy4All (E4A) has a place on the board.

3.5 The proposal is to seek three board members from the Council to the Reading Community Energy Board.

3.6 The capital finance will be raised through the Bencom, who will launch a 'share offer' aiming to raise an estimated £750,000 in a period of two months (based on current building portfolio). Investing in the scheme will give shareholders an estimated return on investment of 5% per annum. After annual costs have been met, the Bencom will have a surplus fund, which will be allocated to local community projects.

3.7 The directors' roles in the first year will be focussed on establishing the leases with building owners, raising funds from the community and installing the solar panels by 29th September 2016. It is proposed that Director's Insurance be taken out to provide individuals with insurance against 'honest mistakes'. This insurance is available on the market for cover of up to £3Million. This cost of the insurance would be met by the Bencom.

3.8 E4A will provide strategic and administrative support to the board. They will also manage the project to launch and administer the share offer and then to install solar panels. Their involvement will continue while the FiT payment is in place and for the duration of the leases (20 years). Their involvement will be compensated with payment from the FiT. This will reduce the time commitment of board members, who are expected to meet monthly in the initial stages of the project (predicted to be one year) and thereafter three times per annum.

3.9 In addition to the above decisions, members of the board will decide what proportion of the profit goes to shareholders and what goes towards local community / charity organisations. The fees payable to E4A will also be agreed, although these are likely to be in line with the 1.4% of total capital (around £10,000 annually) which is typically applied to cover administration and running of the scheme. Additionally, E4A will apply a set up charge of 4% (around £30,000)

3.10 The profits of the organisation will be used to fund local charitable activities. In the Bencom rules it states that the objectives of the organisation are to carry out:

- The conservation of energy through advice on energy efficiency including energy efficient products and the supply of energy efficient products;
- The generation of income to provide grants to community organisations in the locality of any energy project supported by the Society;
- The promotion of awareness of environmental and related Issues and support for educational initiatives related to renewable energy; and
- Enabling the local and wider community to share in the ownership of, and reinvest in, renewable and low carbon energy generation and energy efficiency initiatives.

3.11 Council backing of a local share offer through its involvement in a scheme and actively publicising it will be beneficial to the BenCom's reputation and ultimately to its success.

3.12 The risk table below outlines the main risks to the Bencom,the implications for Directors, shareholders and building owners and the measures in place to minimise their impact. The likelihood rating has been put together with the advice of E4A who currently support 20 Bencoms nationally. Reputational risk is considered in respect of the Bencom and other organisations that board members are associated.

Figure 1 – Table of risks

Risk	Mitigation	Impact	Likelihood (Mitigated)	Risk
Bencom decides to borrow money but due to insufficient incomes cannot make payments.	1. Loans would be secured against the panels, use FiT, energy payments and export revenues to pay it back. The FiT and Export tariff are paid by a utility company who are legally bound to pay the FiT applicant for twenty years from the date of registration and the rate will increase according to the indexing. The PPA agreement is binding on the building owner. 2. PV technology is well established and yield estimates are conservative to ensure that sufficient incomes could begenerated even on a year with low insolation (sunshine). 3. Further schemes would not be progressed using borrowed finance alone. Community share would be the preferred initial option. Borrowing may be progressed to finalise the funding of a scheme. In this situation, preference would be given to the lender before shareholders (subject to agreement of members). Once the debts had been serviced, shareholders dividends would be paid.	Financial loss	Low	Low
PV systems fail and predicted income is not achieved	E4A to monitor systems and will raise issues to the board. Any potential damage to solar panel is covered by buildings insurance. RBC systems are covered by insurance but the high excess means that a claim would be unlikely and the Council would be liable for repair of any systems which are not covered by revenue Loss of income is not covered. It is unlikely that large numbers of panels would fail based on experience of other schemes.	Low Financial – the loss of FiT could reduce community share fund. Reputational - Shareholders dividends could reduce	Medium	Low
Potential host buildings don't get free solar panels or free electricity and complain.	Buildings are chosen on their technical merit and this is made clear to the shareholders and building hosts. The order of installs will be decided and clarified (i.e. larger system sizes get priority)	Low Reputational. Conflict of interest for board members.	Medium – needs to be managed and communicated	Low
Can't pay shareholders the agreed return on their investment	The share offer document makes clear that investors money is at risk. Any investor takes on this risk by choice. The solar panels will not be installed without the sufficient funds being raised and the FiT being available. Shareholders will get back their capital investment if the panels are not installed.	Medium Reputational Financial	Low	Low
A host building wants to leave the scheme	Lease allows buildings to leave the scheme upon repaying the depreciated capital cost plus 25%. The Shareholders capital investment would be returned without interest. Their share ownership would reduce and their annual dividends would be reduced.	Medium Reputational Financial	Medium	Medium
A host building wants to temporarily remove the panels	Allowed in the lease, possibly at the cost of the host organisation, and in a way that minimises the loss of FiT	Medium Financial	Medium	Medium
Decision regarding RBC buildings conflict with the other interests of an RBC councillor/ officer	Decisions on RBC buildings have been delegated to officers and the Lead Councillor at the SEPT Committeeon 24/11/2015 and will be made outside of Bencom meetings.	Medium Conflict of interest	Medium	Medium
Decisions on distribution of community funds conflict with the other interests of an RBC councillor/ officer	Criteria on distribution of community funds is set out in the Bencom rules, but where these differ from Council priorities . Directors of the Bencom need to take decisions in accordance with its objectives and not in the interests of any other body that they represent where this is not in accordance with the objectives of the Bencom, as detailed in 3.11 above.	Low Conflict of interest – Board member would not vote	Low	Low
Investors hold the Council responsible if their investment is not profitable due to the association of the Bencom with RBC.	It will be made clear to investors through the share offer documentation that the Bencom is the accountable body and that no other organisation that members of the board also belong is in any way accountable for the failure of the scheme	Medium Reputational	Low	Low
Bencom members (Shareholders) disagree with board decisions	Shareholders are given the option to vote on decisions that affect the Bencom. Shareholders may pull out of scheme if they are not satisfied. Shareholders can also vote out board members at the AGM.	Medium Reputational Financial	Low Low	Low

4.0 CONTRIBUTION TO STRATEGIC AIMS

4.1 The scheme would contribute to the following strategic aims:

- Keeping the town clean, safe, green and active;
- Providing infrastructure to support the economy; and
- Remaining financially sustainable to deliver these service priorities.

5.0 COMMUNITY ENGAGEMENT AND INFORMATION

5.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

5.2 Community engagement will be considered in the development of the solar community scheme in particular in promoting the share offer to a cross section of society so all Reading people feel involved and benefit from the scheme.

5.3 Once the scheme is running, shareholders have one member vote each at the AGM to elect board members from the membership of the Bencom.

6.0 EQUALITY IMPACT ASSESSMENT

6.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

6.2 An Equality Impact Assessment has been completed and is attached.

7.0 LEGAL IMPLICATIONS

7.1 Reading Campus Community Energy Society is already established and has been registered with Companies House and the Financial Conduct Authority (Registration Number 7156 registered on 03 July 2015). The Directors are currently from E4A but it is proposed that new Directors will be appointed as detailed in paragraph 3.5 above.

7.2 E4A is registered as a private company, limited by guarantee. As such any profit is directed to the Company's objects. The Company's primary object is to "promote and support the development of and community ownership and/or community participation in renewable energy projects including wind farms".

7.3 The proposal is that RBC representatives hold 3 of the 9 Directors appointments. They would not be able to hold RBC responsible or accountable for any matters of liability or responsibility relating to their Directorship of the Bencom. A Director's primary responsibility is to the Company concerned and in the event of a conflict of interest arising between the interests of the Bencom and the interests of RBC, the Directors' first duty would be to the objects and interests of the Bencom.

7.4 Each Bencom Director will have one vote on the Board of Directors. The Board of Directors can put key proposals to the members of the company to be voted on at the AGM. Equally the company members have the power to call members meetings to discuss company business and decisions are by majority vote both at the Board of Directors meetings and at members meetings.

7.5 Once the viability of these buildings for the use of solar installations has been established then a further report will be submitted seeking approval for the Council to grant leases for a term of 20 years to RCE.

8.0 FINANCIAL IMPLICATIONS

8.1 Under the scheme, the host buildings would benefit from fixed, low cost energy (likely to be 6 to 8 pence per kWh) for the lifetime of the scheme (20 years) which would form part of the income of the Bencom. The other incomes will be the FiT for 20 years and the export tariff for 25 years.

8.2 The Bencom will receive proceeds after returns to local shareholders and the scheme administration costs have been taken out. The BenCom are required to support local activity as set out in the rules which could relate to objectives such as fuel poverty, renewable energy and climate change activity.

8.3 By developing a local share offer, the financial benefits to the Council would relate to securing of a favourable price for energy supplied unless RBC choose to purchase shares. The costs of the scheme would, however be met by the community through share offer and the financial benefits would be made to local community activities.

8.4 The value of the share offer will be approximately £750,000 (if all systems pre-registered were installed) which will pay for the installation of the solar panels. E4A will be paid an annual administration fee of 1.4% of the initial capital (after the initial project management install costs of 4% of capital expenditure). The shareholders will be given an estimated return on of approximately 5% (the exact amount will be decided by the board and will depend on the performance of the PV systems and the cost of install/maintenance/repair). The remainder of the funds will be allocated by the board as per the rules of the Bencom and are predicted to be about £2000 per year at the start of the project, rising to £30,000 by year 20. The total accumulated fund amount is predicted to be in the region of £255,000.

8.5 The financial benefits for the council are nominal but relate to the lease arrangements and the rate of electricity, which will be fixed for twenty years at a good current rate.

8.6 The option of RBC investing in shares will be considered in due course and a decision taken in accordance with the Council's standing orders.

Equality Impact Assessment

Provide basic details

Name of proposal/activity/policy to be assessed

Solar Community Scheme

Directorate: DENS

Service: **Sustainability team**

Name and job title of person doing the

assessment Name:Summreen Sheikh

Job Title: **Sustainability Partnerships Officer**

Date of assessment: 2 Dec 2015

Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

To raise a community share offer to install solar panels on pre-selected council and community buildings

Who will benefit from this proposal and how?

Shareholders, beneficiaries of the community fund

What outcomes does the change aim to achieve and for whom?

Reduce use and dependency on fossil fuels for building owners

Reduce our contribution to climate change

Create a fund for local environmental / community causes

Provide secure low cost energy supply for community and Council buildings

Reduce fuel poverty in Reading

Who are the main stakeholders and what do they want?

Building owners hosting the panels – reduced electricity costs

Shareholders – return on their investment, distribution of the community fund, increase use of renewable energy

Beneficiaries of community fund

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.) Yes – Community building that the solar panels would be installed on are used by groups from various racial, disability, gender, sexuality, age and religious beliefs.

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback. No

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

If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

Signed (completing officer	Date
Signed (Lead Officer)	Date

Assess the Impact of the Proposal

Your assessment must include:

- **Consultation**
- **Collection and Assessment of Data**
- **Judgement about whether the impact is negative or positive**

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

Consultation

How have you consulted with or do you plan to consult with relevant groups and experts. If you haven't already completed a Consultation form do it now. The checklist helps you make sure you follow good consultation practice. **My Home > Info Pods > Community Involvement Pod - Inside Reading Borough Council**		
Relevant groups/experts	**How were/will the views of these groups be obtained**	**Date when contacted**
Community building owners	Through news articles distributed via voluntary agencies and personal networks	Summer 2015

Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group. Include both positive and negative impacts.

(Please delete relevant ticks)

Describe how this proposal could impact on Racial groups	
Is there a negative impact?	No

Describe how this proposal could impact on Gender/transgender (cover pregnancy and maternity, marriage)	
Is there a negative impact?	No

Describe how this proposal could impact on Disability	
Is there a negative impact?	No

Describe how this proposal could impact on Sexual orientation (cover civil partnership)	
Is there a negative impact?	No

Describe how this proposal could impact on Age	
Is there a negative impact?	No

Describe how this proposal could impact on Religious belief?	
Is there a negative impact?	No

Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you MUST assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

Tick which applies (Please delete relevant ticks)

1. No negative impact identified	Go to sign off

How will you monitor for adverse impact in the future?

Signed (completing officer)		Date 2/12/2015
Signed (Lead Officer)		Date 2/12/2015

READING BOROUGH COUNCIL

REPORT BY MANAGING DIRECTOR

TO:	**POLICY COMMITTEE**		
DATE:	**18 JANUARY 2016**	**AGENDA ITEM:**	**14**
TITLE:	**READING'S RESPONSE TO THE REFUGEE CRISIS – UPDATE REPORT**		
LEAD COUNCILLOR:	**CLLR LOVELOCK**	**PORTFOLIO:**	**LEADERSHIP**
SERVICE:	**POLICY AND VOLUNTARY SECTOR**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**CLARE MUIR**	**TEL:**	**0118 9372119/72119**
JOB TITLE:	**POLICY AND VOLUNTARY SECTOR MANAGER**	**E-MAIL:**	**Clare.muir@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report provides information on the Home Office request for local authorities to participate in the Syrian Vulnerable Person Resettlement Programme.

1.2 It sets out the main provisions of the programme.

1.3 It suggests that were the Council to offer to participate in the programme, a reasonable offer could be to accept 3 families a year over 5 years, subject to review.

1.4 It suggests that Council officers proceed with implementation plans in conjunction with other agencies including the voluntary and community sector and neighbouring local authorities where appropriate.

2. RECOMMENDED ACTION

2.1 That the Council makes an indicative offer to accept 3 families per year for 5 years under the Syrian Vulnerable Person Resettlement Programme, subject to review.

2.2 That Council officers proceed with implementation plans in conjunction with other agencies including the voluntary and community sector and neighbouring local authorities where appropriate.

3. POLICY CONTEXT

3.1 The Council's Corporate Plan 2015-18, approved by Policy Committee on 16th February 2015 sets out that safeguarding and protecting those that are most vulnerable is a priority for the Council.

3.2 The Leader issued a press statement on 7th September, expressing the Council's concern at the unfolding humanitarian crisis, and its commitment to identifying possible ways to help.

3.3. Policy Committee on 8th October 2015, considered a report on Reading's Response to the Refugee Crisis and agreed that officers prepare options and costings on the

support that could be offered from this local area and explore the details with Home Office officials.

4. THE PROPOSAL

4.1 Current Position:

4.1.1 The Government has expanded the Syrian Vulnerable Persons Relocation scheme to resettle up to 20,000 Syrian refugees over the rest of the Parliament.

Details on the programme

4.1.2 Table 1 below sets out the provisions of Syrian Vulnerable Person Resettlement Programme. The Government has committed to fund the costs to local areas.

Table 1

- Refugees are granted 5 year 'humanitarian leave' to stay in the UK. They are immediately eligible for benefits and have right to work.

Financial support to Local area

- **Year 1**

Home Office provides financial support on a unit cost per refugee for the first year as follows[1]:

Children under age of 3	£10,750
Children aged 3-4	£13,970
Children aged 5-18	£16,220
Adult in receipt of mainstream benefits	£23,420
Other adults	£10,720

- **Years 2 - 5**

Additional funding will be provided beyond the initial 12 months. Year Two to Five funding will be allocated on a tariff basis over four years, tapering from £5,000 per person in year two to £1,000 per person in year five.

This funding includes support for integration such as additional English language training as well as social care.

The Government has stated that it intends to provide a special cases fund to provide additional support for the most vulnerable persons and will work with local government on how the fund will be administered.

Accommodation

The Local Authority secures self-contained accommodation for the refugee. The unit costs include provision for the costs of up to two months void costs when securing accommodation plus the cost of adapting and furnishing properties where necessary.

Refugees are responsible for paying the rent.

[1] Table 2 provides a breakdown of the components of the unit costs

4.1.3 Table 2 sets out a breakdown of what is included in the unit cost for Year 1.

Table 2	Year 1 Unit Costs for Syria Resettlement Scheme				
	Adult Benefit Claimant £	**Other Adults £**	**Children 5-18 £**	**Children 3-4 £**	**Children U-3 £**
Local Authority Costs	8,520	8,520	8,520	8,520	8,520
Education	0	0	4,500	2,250	0
SEN	0	0	1,000	1,000	0
DWP Benefits	12,700	0	0	0	0
Primary Medical Care	200	200	200	200	200
Secondary Medical Care	2,000	2,000	2,000	2,000	2,000
TOTALS	**23,420**	**10,720**	**16,220**	**13,970**	**10,720**

4.1.4 The Local Authority costs of £8,520 per refugee cover management of the programme, housing, social care and cultural integration including English language provision. Any cases where social care costs cannot be accommodated within this figure will be topped up separately. The SEN provision covers an assessment. Any specific needs will be topped up separately.

4.1.5 Table 3 sets out the unit costs that would paid to the Local Authority in Year 1.

Table 3	Year 1 Unit Costs paid to Local Authority				
	Adult Benefit Claimant £	**Other Adults £**	**Children 5-18 £**	**Children 3-4 £**	**Children U-3 £**
Local Authority Costs	8,520	8,520	8,520	8,520	8,520
Education	0	0	4,500	2,250	0
SEN	0	0	1,000	1,000	0
TOTALS	**8,520**	**8,520**	**14,020**	**11,770**	**8,520**

4.1.6 Benefits costs are paid directly to the DWP and Health costs are paid directly to the Clinical Commissioning Groups.

4.1.7 The overall unit costs decrease on a taper basis in Years 2 -5 from £5,000 per person in Year 5 to £1,000 per person in Year 1.

Implications for Reading

4.1.8 The main concern regarding participation in the programme is the chronic affordable housing shortage in Reading. There are also constraints on school places for under 8's.

4.1.9 Refugees are expected to be placed in self-contained accommodation. The local authority will be required to have this accommodation ready for the refugees to move into directly on arrival.

4.1.10 Due to the lack of availability of social housing, the Council would need to place refugees in private rented housing. It may be necessary to place them in accommodation with rent above the LHA level. This cost will need to be met out of the management costs provided for the programme or borne by the Local Authority.

4.2 Options Proposed

4.2.1 In acknowledgement of the housing constraint on Reading it is proposed that Reading offer to take 3 families a year for 5 years, subject to review. This would amount to approximately 60 individuals over a 5 year period.

4.2.2 Due to the constraints on school places for under 8's it is proposed that any offer be restricted to families with children over 8 years old.

4.2.3 Table 4 sets out the unit costs that would be paid to the Local Authority per refugee in a Family unit of 2 parents and 2 children over 8 years old.

Table 4	**Year 1 Unit Costs paid to LA per Refugee for Family of 2 parents and 2 children over 8 years old**				
	Adult Benefit Claimant £	**Other Adults £**	**Children 5-18 £**	**Children 5-18 £**	**Total**
Family 1	8,520	8,520	14,020	14,020	**45,080**
Family 2	8,520	8,520	14,020	14,020	**45,080**
Family 3	8,520	8,520	14,020	14,020	**45,080**
Total	**25,560**	**25,560**	**42,060**	**42,060**	**135,240**
	Year 2 Unit Costs paid to LA per Refugee for Family of 2 parents and 2 children over 8 years old				
	Adult Benefit Claimant £	**Other Adults £**	**Children 5-18 £**	**Children 5-18 £**	**Year 2 Total £**
Family 1	5,000	5,000	5,000	5,000	**20,000**
Family 2	5,000	5,000	5,000	5,000	**20,000**
Family 3	5,000	5,000	5,000	5,000	**20,000**
Total	**15,000**	**15,000**	**15,000**	**15,000**	**60,000**
	Year 3 Unit Costs (notional) paid per Refugee for Family of 2 parents and 2 children over 8 years old				
	Adult Benefit Claimant £	**Other Adults £**	**Children 5-18 £**	**Children 5-18 £**	**Year 2 Total £**
Family 1	4,000	4,000	4,000	4,000	**16,000**
Family 2	4,000	4,000	4,000	4,000	**16,000**
Family 3	4,000	4,000	4,000	4,000	**16,000**
Total	**12,000**	**12,000**	**12,000**	**12,000**	**48,000**
	Year 4 Unit Costs (notional) paid per Refugee for Family of 2 parents and 2 children over 8 years old				
	Adult Benefit Claimant £	**Other Adults £**	**Children 5-18 £**	**Children 5-18 £**	**Year 2 Total £**
Family 1	2,000	2,000	2,000	2,000	**8,000**
Family 2	2,000	2,000	2,000	2,000	**8,000**
Family 3	2,000	2,000	2,000	2,000	**8,000**
Total	**6,000**	**6,000**	**6,000**	**6,000**	**24,000**
	Year 5 Unit Costs paid per Refugee for Family of 2 parents and 2 children over 8 years old				
	Adult Benefit Claimant £	**Other Adults £**	**Children 5-18 £**	**Children 5-18 £**	**Year 2 Total £**
Family 1	1,000	1,000	1,000	1,000	**4,000**
Family 2	1,000	1,000	1,000	1,000	**4,000**
Family 3	1,000	1,000	1,000	1,000	**4,000**
Total	**3,000**	**3,000**	**3,000**	**3,000**	**12,000**

4.2.4 An assessment of the likely costs to the local authority indicates that the financial support from the Government will meet the likely known costs and provide for additional unknown support and integration costs. See Table 5.

Table 5				
Year	**Likely cost for Reading Borough Council for Family of 2 parents and 2 children over 8 years old**	**£**	**Unit costs paid by Government for Family of 2 parents and 2 children over 8 years old £**	**Comment**
Year 1	Net Housing costs	13,605		
	ESOL £800 for 2 adults	800		
	Education for 2 children £9,000	9,000		mainstreamed from Y2
	SEN assessment for 2 children £1,000	2,000		
	Homecare for one adult £8,000	8,000		assumed
	Management Costs	4,508		
	Support and integration	7,167		
	Total	**45,080**	**45,080**	
Year 2				
	Difference in LHA and market rent if household is claiming HB	1,356		
	Homecare for one adult £8,000	8,000		
	Management Costs	2000		
	Support and integration	8,644		
	Total	**20,000**	**20,000**	
Year 3				
	Difference in LHA and market rent if household is claiming HB	1,356		
	Management Costs	1,600		
	Support and integration	13,044		
	Total	**16,000**	**16,000**	
Year 4				
	Difference in LHA and market rent if household is claiming HB	1,356		
	Management Costs	800		
	Support and integration	5,844		
	Total	**8,000**	**8,000**	
Year 5				
	Difference in LHA and market rent if household is claiming HB	1,356		
	Management Costs	400		
	Support and integration	2,244		
	Total	**4,000**	**4,000**	

Financial Risk

4.2.5 The analysis above is based on information provided by the Home Office, to date. The Government's commitment to the Syrian Vulnerable Person Resettlement Programme is for the lifetime of this Parliament only. Refugees accepted later in the life of the programme may not be supported for the full 5 years.

Implementation

4.2.6 It is proposed that officers proceed with implementation plans in conjunction with other agencies including the voluntary and community sector and neighbouring local authorities where appropriate.

4.2.7 Initial information and learning from Council's already involved in the programme are that the following activities will need to be undertaken:

Pre - Acceptance
Reviewing cases to ensure Reading is equipped to accommodate all needs.
Pre - Arrival
Identify where cases require additional funding.
Each refugee is given a unique VPR number to allow the LA to track costing across the public sector.
Assess each individual case for any facilities needed to provide adequate healthcare for the refugees on arrival.
Housing to be found before arrival to ensure a sense of security for refugees.
Housing to be furnished before arrival so refugees can settle on arrival.
School places to be found and schools to be briefed preferably before arrival, to give schools adequate time to facilitate.
Confirm choice of arrival airport and plan logistics.
ESOL classes in place to allow for faster integration.
Arrangement in place for refugees to access support within their faith group. (If applicable)
Property pack containing information around tenant responsibility including paying utility bills etc. Language needs will be stipulated in case pre arrival, translation into either Kurdish or Arabic.
Welcome pack containing information around, locations of doctors, libraries, civic centre etc.
Post-Arrival
High level of support for first two weeks to allow to the family to begin to integrate.
Throughout the initial 12 months review meetings will be conducted. By the 4th review meeting the family should be fully integrated into life in the UK.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The proposals in this report meet the Corporate Plan priorities:

1. Safeguarding and protecting those that are most vulnerable;
2. Providing the best start in life through education, early help and healthy living;
3. Providing homes for those in most need

5.2 They contribute to the Council's strategic to promote equality, social inclusion and a safe and healthy environment for all.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Reading Refugee Support Group and a number of faith organisations are offering to help the Council provide for refugees. It is proposed that officers proceed with implementation plans in conjunction the voluntary and community sector.

6.2 Should we proceed with receiving refugees care will need to be taken to protect individuals from media intrusion and adverse public attention.

7. EQUALITY IMPACT ASSESSMENT

7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 An Equality Impact Assessment is provided at Appendix 1. The Equality Impact Assessment identifies that the programme is limited to Syrian refugees. The Reading offer is for families rather than single people this could be seen to impact negatively on single people and on refugees who have been prioritised at risk due to the homosexuality as they may be less likely to be in a family group. The Reading offer is for families with children over 8 years old. This could negatively impact on families with children younger than 8 years old. However, because this is a national programme we are assured that other localities are able to offer accommodation for these groups as a preference because it suits their housing availabilities. Additionally, should a family have one child that is over 8 years old and another that is under 8 we would offer flexibility to accommodate them.

8. LEGAL IMPLICATIONS

8.1 The 1951 United Nations Convention Relating to the Status of Refugees defines a

Refugee as:

"A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it."

8.2 Individuals arriving in the UK through the Syrian Vulnerable Person Resettlement Programme Selection will have been granted refugee status by the United Nations High Commissioner for Refugees (UNHCR), in advance of arriving in the UK. They will be granted 5 year 'humanitarian leave' to stay in the UK and access to public funds, access to the labour market and the possibility of a family reunion.

9. FINANCIAL IMPLICATIONS

9.1 In body of report.

10. BACKGROUND PAPERS

10.1 Email Fri 11/09/2015 - Update Syrian Resettlement SE Local Authorities, South East Strategic Partnership for Migration

10.2 Briefing: Syrian Vulnerable Persons Relocation Scheme, Home Office, 19.03.15

10.3 Member briefing: Syrian refugee relocation, South East Strategic Partnership for Migration, September 2015

10.4 Syrian Resettlement Scheme – Funding Process, Home Office

10.5 Syrian Refugee Resettlement Programme – Funding Update, Letter, DCLG/Home Office, 26 November 2015

10.6 Documentation provided by Coventry and Bradford SVPR schemes.

Appendix 1

Equality Impact Assessment

Provide basic details

Name of proposal/activity/policy to be assessed

Reading's Response to the Refugee Crisis

Directorate: CSS

Service: Policy and Voluntary Sector

Name and job title of person doing the assessment

Name: Clare Muir

Job Title: Policy and Voluntary Sector Manager

Date of assessment: 29/12/15

Scope your proposal

What is the aim of your policy or new service/what changes are you proposing?

To provide humanitarian assistance to refugees through the Government's Syrian Vulnerable Person Resettlement Programme. Taking 3 families a year for 5 years under the programme. The offer would be to take families with children over the age of 8 to maximise the number of people supported per unit of accommodation and to minimise the pressure on infant school places.

Who will benefit from this proposal and how?

Families from Syria.

What outcomes does the change aim to achieve and for whom?

A safe environment for people who have previously been living in refugee camps.

Who are the main stakeholders and what do they want?

Refugees seeking a place of safety, local residents and community groups concerned about the plight of refugees. Homeless households in Reading seeking self- contained accommodation.

Assess the Impact of the Proposal

The Syrian Vulnerable Person Resettlement programme is based on need. It prioritises those who cannot be supported effectively in their region of origin: women and children at risk, people in severe need of medical care and survivors of torture and violence amongst others. The UNHCR identifies people in need of resettlement based on the following criteria: women and girls at risk; survivors of violence and/or torture; refugees with legal and/or physical protection needs; refugees with medical needs or disabilities; children and adolescents at risk; persons at risk due to their sexual orientation or gender identity; and refugees with family links in resettlement countries.

Describe how this proposal could impact on Racial groups

This proposal is specifically for Syrian refugees. It is a Government programme and has been approved through the United Nations High Commissioner for Refugees (UNHCR).

Whilst there is a possibility that local communities could react in a negative way to people from outside the UK being accommodated and supported in the UK, Reading is known to be welcoming and diverse town and we do not expect a negative reaction.

Support mechanisms will be in place for refugees to ensure that they feel safe and can report any concerns.

Is there a negative impact? Yes No x Not sure

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

It is generally expected that there will be a balance of males and females since the refugees will be small families.

Women and girls at risk and persons at risk due to their gender identity are priority groups for the programme.

The Reading offer is for families rather than single people this could be seen to impact negatively on single people. However, because this is a national programme we are assured that other localities are offering single accommodation as a preference because it suits their housing availabilities so singles will be accommodated across the UK.

Is there a negative impact? Yes x No Not sure

Describe how this proposal could impact on Disability

Due to the nature of the programme, individuals and families have been selected on the basis of their vulnerability which includes survivors of violence and/or torture; refugees with medical needs or disabilities.

Is there a negative impact? Yes No x Not sure

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

Due to the nature of the programme, individuals and families have been selected on the basis of their vulnerability which includes persons at risk due to their sexual orientation. Since the Reading offer is for families rather than single people this could be seen to impact negatively on refugees who have been prioritised at risk due to the homosexuality as they may be less likely to be in a family group. However, because this is a national programme we are assured that other localities are offering single accommodation as a preference because it suits their housing availabilities so singles will be accommodated across the UK.

Is there a negative impact? Yes x No Not sure

Describe how this proposal could impact on Age

Due to the nature of the programme, individuals and families have been selected on the basis of their vulnerability which includes girls at risk; children and adolescents at risk.

Whilst older people are not mentioned specifically in the priority groups it could be that they become eligible for other factors.

The Reading offer is for families with children over 8 years old. This could negatively impact on families with children younger than 8 years old. However, because this is a national programme we are assured that other localities able to offer accommodation that meets this age group. Should a family have one child that is over 8 years old and another that is under 8 we would offer flexibility to accommodate them.

Is there a negative impact? Yes x No Not sure

Describe how this proposal could impact on Religious belief?

There is provision in the scheme to take account of religious needs and ensure that refugees are able to practice their religion.

Is there a negative impact? Yes No x Not sure

Make a Decision

1. No negative impact identified Go to sign off

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

The Reading offer is for families rather than single people this could be seen to impact negatively on single people and on refugees who have been prioritised at risk due to the homosexuality as they may be less likely to be in a family group.

The Reading offer is for families with children over 8 years old. This could negatively impact on families with children younger than 8 years old.

However, because this is a national programme we are assured that other localities are able to offer accommodation for these groups as a preference because it suits their housing availabilities.

3. Negative impact identified or uncertain

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

Should a family have one child that is over 8 years old and another that is under 8 we would offer flexibility to accommodate them.

How will you monitor for adverse impact in the future?

We will review the programme on a regular basis through a partnership group involving key statutory and voluntary agencies.

Signed (completing officer) Date 29/12/15

Clare Munn.

READING BOROUGH COUNCIL

REPORT BY HEAD OF FINANCE

TO:	**POLICY COMMITTEE**		
DATE:	**18 JANUARY 2016**	**AGENDA ITEM:**	**15**
TITLE:	**BUDGET 2016-17 APPROVAL OF COUNCIL TAX BASE, NNDR1 ESTIMATE & ESTIMATED COLLECTION FUND SURPLUS**		
LEAD COUNCILLOR:	**COUNCILLOR LOVELOCK**	**AREA COVERED:**	**CORPORATE SERVICES**
SERVICE:	**FINANCIAL**	**WARDS:**	**BOROUGHWIDE**
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JOB TITLE:	**HEAD OF FINANCE**	**E-MAIL:**	**Alan.Cross@reading.gov.uk**

At the time of despatch of this report we had not received and processed all the information, particularly about NNDR to complete some sections. We are also awaiting the end of December Council Tax Report. Therefore a supplementary update will follow once this is available which gives the final taxbase calculation.

1. PURPOSE AND SUMMARY OF REPORT

1.1 By 31 January 2016 it will be necessary to have estimated and informed the Thames Valley Police & Crime Commissioner, Royal Berkshire Fire & Rescue Service and Environment Agency of the Council Tax base to be used for setting the tax for 2016/17. In order to do this it will be necessary to estimate the anticipated Council Tax collection rate and therefore the allowance to be made for non collection and changes to the Council Tax Base.

1.2 Also, by 31 January it will be necessary to have estimated and informed the Royal Berkshire Fire & Rescue Service and DCLG of the estimated collectible business rates to be used for setting the budget and ultimately the council tax for 2016/17. This is done by completing a form known as NNDR1.

1.3 On 15 January there is/was a requirement to estimate the collection fund surplus or deficit separately for both council tax and business rate transactions as at 31 March 2016. Any surplus or deficit will then be taken into account when calculating the total amount to be collected from Council Tax payers in 2016/17. The report sets out forecast Council Tax collection and the resulting impact on the Collection Fund. In the context of tax

setting as a whole it will be helpful for Policy Committee and Council to note them.

1.4 Under original Government regulations, the calculation of the Council Tax base and of the collection rate to be used for calculating Council Tax can only be made by the full Council, and cannot be delegated to a Committee or to an Officer. The approval of NNDR1 can be done by either Policy Committee or an officer, but given its potential significance it is suggested Policy Committee or Council approval is appropriate, and the collection fund estimate must be done on a specific day, so was done by the Chief Finance Officer to meet that legal requirement, on the basis of the information then available.

1.5 This report also seeks formal Policy Committee & Council approval for the Council Tax Support Scheme for 2016/17. Following the public consultation launched after July's Policy Committee, and the decision to confirm the budget saving measures (with some amendments), the proposed scheme is intended to deliver those changes. The main changes from that which applied in 2015/16 is to increase the minimum those of working age are required to pay to 20%, and the introduction of a minimum award (equivalent to £5 per week/month), with some other administrative changes. In addition DCLG have completed an annual update of various allowances particularly as the scheme affects pensioners and those changes have been incorporated. When we consulted on the original principles in the summer/autumn of 2012, we indicated that various allowances would be subject to annual uprating, so there was no need for further public consultation on that point each year. The report also notes that the various technical changes to Council Tax made in 2013/14 will continue.

1.6 Pursuant to the approval of the council tax support scheme and other estimates explained, the report then sets out the detailed calculations to be made under the Local Authorities (Calculation of Council Tax Base) Regulations 1992, as amended, which Policy Committee is asked to recommend to the Council for approval on 26 January 2016.

1.7 The Committee and Council will recall that part of the process of putting the Council Tax support Scheme formally in place involved fully adopting the Government's "default" scheme (which we then amended). That document was over 160 pages long, so was not printed in full in last year's, or this agenda. The same continues to apply to our adoption of government changes, but a copy was placed in the Member's room last year.

1.8 The following are appended:-

Appendix A – **Council Tax Reduction Schemes (Prescribed Requirements) (England) (Amendment) Regulations 2015**
Appendix B - CTB1 Return
Appendix C - NNDR1 Return (to follow)

2. RECOMMENDED ACTION

2.1 Policy Committee is requested to recommend to Council on 26January 2016 the uprating of the allowances in the council tax support scheme and other amendments to the scheme as set out in paragraph 6.6.

2.1.1 Notes that we adopted the Council Tax Reduction Schemes (Default Scheme) (England) Regulations 2012 (SI 2886(2012)) in 2013, and that we adopted the Council Tax Reduction Schemes (Prescribed Requirements) (England) (Amendment) Regulations 2013 (SI 3181(2013)) in 2014 and the Council Tax Reduction Schemes (Prescribed Requirements) (England) (Amendment) (No. 2) Regulations 2014, and these will remain in place as the basis of our 2016-17 scheme.

2.1.2 Adopts the Council Tax Reduction Schemes (Prescribed Requirements) (England) (Amendment) Regulations 2015 which come into force on 14 January 2016 and apply to local schemes from 1 April 2016.

2.1.3 That Council notes the Council's "plain english" guide to the Council Tax Support Scheme which explains how these regulations as amended locally will work together, and that an update will be published on the website to reflect the 2016/17 scheme.

2.2 That Council is recommended to approve that for the purpose of, and in accordance with, the provisions of the Local Authorities (Calculation of Council Tax Base) Regulations, 1992 (as amended):

(a) The estimated Council Tax collection rate for the financial year 2016/17 be set at 98.75% overall (unchanged from 2015/16);

(b) Taking account of 2.1, the Council Tax technical changes made last year and (a) above, the amount calculated by Reading Borough Council as its Council Tax base for the financial year 2016/17 shall be 50,860.

2.3 Policy Committee is requested to note that a surplus of £235,000 has been estimated in respect of Council Tax transactions as at 31 March 2016, and Reading's share of this is £201,827.

2.4 Policy Committee is requested to note that a surplus of *£x*.yyym (to follow) has been estimated in respect of NNDR transactions as at 31 March 2016, and Reading's share of this is £p.qqqm.

2.5 Policy Committee approve the NNDR1 form in Appendix D, noting that we're estimating that we will collect £1gg.hm (to follow), of which Reading retains £gg.hm after the DCLG tariff.

3. POLICY CONTEXT

3.1 Under Government regulations it is necessary for the Council to review its Collection Fund and decide the following:

Its estimated Council Tax surpluses or deficits for the 2015/16 year
Council Tax Collection Rate for 2016/17
Business Rates collectable in 2016/17
Council Tax Base to be used for setting 2016/17 Council Tax

3.2 Policy Committee is able to note/agree the decision relating to any collection surplus/deficit, and the business rates collectable but under original legislation only the Council can agree the calculation of the Council Tax Collection Rate and (the related) Council Tax Base.

3.3 Following the introduction of the Council Tax Support Scheme (CTSS) in 2013/14 and technical changes to the Council Tax regime the estimates and calculations take account of our experience of the new arrangements. Both CTSS and technical changes effectively changed the way individual bills are calculated, so affecting the tax collectable, and hence the taxbase (whereas historically council tax benefit operated as a relief that helped pay some taxpayers bills).

4. COUNCIL TAX

4.1 Council Tax is largely a property based tax with a 25% discount for people living alone.

4.2 The amount each household will pay depends on the value of their property on 1 April 1991 which determines which Council Tax band it is in. (Households in Band A will pay at the rate of two thirds of Band D and households in Band H will pay at the rate of twice Band D.)

4.3 The following table sets out these proportions, and the number of properties on the valuation list (at the time of our CTB1 return to DCLG in October), in Reading, in each band.

Table A

Band	Amount Payable as a Proportion of Band D	Properties in Each Band	
		Number	%
A	6/9	5,860	8
B	7/9	13,640	20
C	8/9	28,223	41
D	9/9	10,601	15
E	11/9	5,388	8
F	13/9	3,261	5

G	15/9	1,823	3
H	18/9	82	-
		68,876	100

This is an increase in properties on the list of 695 over the last year.

5. HOW THE TAX IS CALCULATED

5.1 Council Tax will be calculated by dividing the sum of the budget requirements of Reading, the Royal Berkshire Fire & Rescue Service (RBF&RS) and Thames Valley Police (TVP) by the total number of properties adjusted to a Band D equivalent by applying the proportions above (adjusted to allow for a small amount of non collection). The "properties adjusted to Band D equivalent" is known as the taxbase. The Band D tax rate will then be multiplied by the proportions shown in Table A above. As 69% of properties are in Bands A to C the average level of Council Tax in Reading will be lower than the Band D rate.

Council Tax Requirement

5.2 The council tax requirement for Reading, the Thames Valley Police & Crime Commissioner and the Royal Berkshire Fire & Rescue Service (RBF&RS) will be calculated as follows:

General Fund net expenditure less share of Grant Allocation (RSG) and retained NNDR equals council tax requirement to be funded by Council Tax.

Council Tax Base

5.3 The Council Tax base must be calculated in accordance with Government rules.

5.4 Each year the Government collects taxbase information. This information is periodically used in the grant distribution process, but does not take account of any losses on collection.

5.5 However, the tax base to be used in setting Council Tax will be the "relevant tax base" (the taxbase submitted to the DCLG and adjusted for technical changes, the council tax support scheme multiplied by the estimated rate of collection).

Collection Rate

5.6 By 31 January 2016 it will be necessary to have estimated and informed TVP, RBF&RS and levying bodies of the Council Tax base to be used for setting the tax for 2016/17. In order to do this it will be necessary to estimate the anticipated Council Tax collection rate.

5.7 Under original Government regulations, the calculation of the Council Tax base and the collection rate and therefore the actual Council Tax base to be used for calculating Council Tax can only be made by the full Council, and cannot be delegated to a Committee or to an officer.

6. CALCULATION OF COUNCIL TAX BASE AND COLLECTION RATE FOR 2016/17

6.1 The calculation of the Council Tax base and collection rate must be made in accordance with the rules set out in the Local Authorities (Calculation of Council Tax Base) Regulations 1992, as amended.

6.2 It is necessary to explain how these calculations are made in order that the Council can formally adopt them. The calculations required by the regulations are set out below.

Council Tax Base Return (CTB1)

6.3 During October 2015 we were required to submit to DCLG a form, CTB1 which analyses the valuation list into the various bands and then provides further detail of those properties subject to the full charge, those entitled to discounts and those which are exempt.

6.4 The details from the CTB1 return are shown at Appendix C. The return also converts the equivalent total number of properties in each band to a Band D equivalent figure of after adjusting the tax base to reflect reduced discounts for second homes which are not included in the CTB1 return, which forms the initial base for the calculation of the tax base.

Council Tax Technical Changes

6.5 At December 2012's Cabinet we adopted and Council in January 2013 approved various technical changes to the Council Tax. These had the effect of increasing the charges in certain circumstances for people with second and empty homes. Fuller details are set out in Section 8 below.

Council Tax Support Scheme

6.6 At December 2012's Cabinet we also agreed the principles of the Council Tax support Scheme. These have the effect of reducing the charges in certain circumstances for people with a low income. We first approved a scheme for at Council in January 2013, and last year made some technical changes that made it easier for some claimants to receive their reduction. As part of a comprehensive review of the options available to the Council last summer we included a proposal to increase the minimum payment by working age households from 15% to 20%, and introduce a minimum £5 award that we now propose applying per month, rather than per week (as previously indicated), to avoid the high administrative costs that arises with very low value awards (<£1/week in most cases affected). Following the Policy Committee Decision on 30 November to proceed with this change there has

been some additional engagement with the advice agencies. In addition we do annual uprates of allowances in the scheme. The formal scheme requires approval by Council, and we will update the plain English guide on the website once the changes are agreed.

Collection Rate

6.7 Broadly, the actual tax base to be used in calculating Council Tax will be the tax base from the CTB1 adjusted for the technical changes and council tax support scheme multiplied by the estimated rate of collection.

Council Tax Collection

6.8 Table B summarises actual collection to 31 December 2015.

Table B

Cash Collection	2015/16 £000	Previous Year's Arrears Target £000
Target cash collection 2015/16	79,714	1,600
Amount collected to 31 December 2015	67,573	1,029
Balance to achieve target set	12,141	571

6.9 Cash Collection for 2015/16 & Older Debt

The final direct debit payment from most taxpayers was collected at the beginning of January which together with collection to the end of December has taken collection to around 90% of the annual target and similar to recent previous years. I expect the Council will achieve an in year cash collection rate of around 96.75% for 2015/16 (2014/15 Collection in year was 96.6%), which will eventually rise to just over 99% of the final debit when arrears are collected. In our historic collection statement all years up to 2013/14 now show a collection rate above 99%, and 2013/14 is already well over 98.5%. The table above indicates that we are well on the way to collecting our arrears target, and overall we should be at or close to cash collection targets for the financial year by 31 March 2016. There will however be outstanding arrears from 2015/16 and earlier years to collect in 2016/17 and future years. Action to recover arrears remains strong and effective, though we experience some write offs where it is deemed that tax payers have little or no ability to pay the arrears even after bailiff action.

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Allowance for Non Collection

6.10 Last year we made a 98.75% recovery rate assumption overall (in deciding a taxbase of 50,155). Last year we updated our methodology for forecasting and estimating tax income, as we had been generating significant collection fund surpluses mainly because of taxbase growth arising from new development. In addition we also periodically verify discounts (such as the

single person discount), to check that only those entitled receive them. There will be on-going tax income arising from the technical changes agreed in 2013/14.

6.11 Any under or over estimation of the collection rate will need to be taken into account when setting the Council Tax in 2017/18. If the collection rate is under estimated then there would be a surplus on the Collection Fund and the Council Tax of Reading will reduce accordingly. However, if the collection rate is overestimated the resulting deficit on the Collection Fund will increase the Council Tax or further reduce the budget we are able to set in 2017/18.

6.12 Collection performance has largely held up, and the position on collection from households receiving council tax support is now better understood with the benefit of 3 years of the scheme.

6.13 Taking account of our historic collection performance, the estimated collection rate should remain at 98.75%. (This is slightly less than the 99% forecast on in year collection as we need to make a small allowance (0.25%) for banding appeals on new property). Assuming continued taxbase growth, and making an allowance for the on-going discount review, at 2015/16 tax levels I anticipate that our tax income (at this collection rate) will increase to around £69.42m which is equivalent to a taxbase of 50,860.

ESTIMATING THE COLLECTION FUND SURPLUS/DEFICIT –COUNCIL TAX & NNDR

7. COUNCIL TAX

7.1 I have reviewed the Collection Fund, the buoyancy of the tax base, and the level of arrears recovery expected over the medium term, and have concluded that, taking account of the collection fund balance of £3.342m as at 31 March 2015 (which was almost all taken into account in setting the 2015/16 tax), the collection performance indicated above in Table B, that the total estimated surplus at 31 March 2016 (in respect of Council Tax transactions) should be £235,000.

7.2 The surplus will be apportioned according to 2015/16 council tax requirements; so shares will be

Table C

Reading BC	£ 201,827
Thames Valley Police	£ 24,204
Royal Berkshire Fire & Rescue Authority	£ 8,969

These will be taken into account in setting the tax for 2016/17. Any variance at the year end will be taken into account in setting 2017/18's tax in due course.

7.3 NNDR

In a similar way, we need to estimate the surplus or deficit arising from NNDR transactions. This is significantly more difficult to do with reasonable certainty, because of outstanding rating appeals, so considerable judgement is needed. The latest review of our appeals liability estimated it as over £15.4m, though Government regulations allow for us to account for part of that liability over 5 years which we have elected to do. This has increased as a large number of additional appeals were lodged last March to meet the Government deadline.In 2013/14 we generated a surplus on the collection fund of £990k (though this gave rise to levy liabilities in the General Fund). The Council's share of this is 49%, and of that £220,000 was allowed for in the 2015/16 budget. On the basis of information available in January, taking account of the surplus b/f, the £220k allowed for in 2014/15, Reading's share of the estimated surplus as at 31 March 2016 would be £1.735m. **This information is subject to further review, and as such may change**.

7.4 The surplus will be apportioned according to government rules; so shares will be

Table D

Reading BC	(49%)	£TBC
DCLG	(50%)	£TBC
Royal Berkshire Fire & Rescue Authority	(1%)	£TBC

These will be taken into account in setting the tax for 2016/17. Any variance at the year end will be taken into account in setting 2017/18's surplus/deficit in due course.

8 DISCOUNTS

8.1 As reported previously, following the Local Government Act 2003, Councils have been given greater freedom to approve
Council Tax discounts. The following sections summarise the position following the changes made in 2013/14.

Second Homes and Empty Homes

8.2 In particular this has now been amended further by Section 11A (4A) and Section 11B (2) of the Local Government Finance Act 2012. This gives the billing authority the power to determine the level of council tax discount or premium where there is no resident of the dwelling. This can be any percentage up to 100% in relation to the old Class A, C and second homes, and up to 150% for properties that are classed as long term empty and have been empty for 2 years or more.

Second Homes

8.3 The provisions allow for councils to reduce the second homes discount from

50% to 0% depending on the class the property falls into. We set the discount for second homes at 5%.

Empty Homes

8.4 The provisions allow councils to reduce the empty homes discount from 100% to zero, depending on the class they fall into. We set the discount for properties that are empty and unfurnished receive at 100% for one month, followed by a full charge.

8.5 We set the discount for properties that are empty, unfurnished and uninhabitable/undergoing major works at 50% for 12 months, followed by a full charge.

8.6 For properties that have been empty for 2 years we charged an empty homes premium of 150% of the Council Tax due.

8.7 Table D sets out the existing discount classifications made under the Council Tax (prescribed classes of Dwellings) (England) Regulations 2012.

8.8 Last year we removed the Class F's and Class B's 50% discount rate after the 6 month void period.

Table D

Description	Rates
Standard Empty Empty/Furnished Accommodation must be job-tied, a caravan or a boat.	50% discount
Second Home Class A Empty/Furnished Accommodation must be a **holiday** home, which cannot legally be occupied for more than 28 days per year.	50% discount
Second Home Class B Empty/Furnished Second or subsequent home.	5% discount
Empty Class C/ Now discount Class C Empty/Unfurnished	1 month 100% discount followed by full charge
Empty Class A/ Now known as discount Class D Empty/Unfurnished	12 months 50% discount followed by full charge
Exemption Class F Empty/Unfurnished (following probate granted on deceased's property)	6 Months void followed by full charge
Exemption Class B Empty/Unfurnished (charitable property)	6 months void followed by full charge
Long-term Empty Premium Properties empty for 2 years or more	150% charge

8.9 Section 76 of the 2003 Act includes Section 13A of the Local Government Finance Act 1992, allowing councils to set local discounts, the cost of which

must be borne by local Council Tax payers as the cost of any discounts will need to be included in the General Fund budget requirement.

8.10 It is recommended that no local discounts are agreed.

9 BUSINESS RATES

9.1 As part of the localised business rate arrangements introduced last year, we are required to estimate what business rates we will actually collect in 2016/17. This figure is then split between DCLG (50%), ourselves (49%) and the fire authority (1%).

9.2 Whilst we have always made such an estimate, prior to 2013/14 this estimate, which is made on a form known as NNDR1, because business rates were fully pooled, had to be made in accordance with rules prescribed by DCLG and the result was reported to DCLG as an officer process. Whilst many of those rules remain in place, three key aspects of the rules have been changed to permit local discretion and judgement given the new regime. These changes are the estimates that are made for the impact of revaluations and other losses on collection, appeals, and new property.

9.3 Our latest available analysis of the Valuation Office appeals data shows xxx properties (last year - just under 300) subject to appeal affecting rateable values in excess of £ddm, and the estimated liability is £ffm, incrrased/ reduced from the £m estimate last year.

9.4 In 2014/15, in our NNDR1 form we provided £8.8m for rate losses arising from appeals and other losses. As at December about £6.3m of this had been used (mainly associated with appeals). The 2015/16 form assumes we'll provide £7.8m. reflecting that over the first two years of the revised finance system we have been able to make reasonable provision for appeals and losses, and taking account of the position overall, we should have set aside sufficient money for all appeals that settle before 31 March 2016. **This information is subject to further review, and as such may change**.

9.5 At the year end we will be required to report the actual business rates collected on a form known as NNDR3. This will be reviewed by the external auditor, and any variations will be shared in the same proportions (in practice this will be on an estimate basis, in the same way that the collection fund surplus or deficit is estimated).

9.6 To the extent to which these estimates prove incorrect, they will need to be adjusted for in future years.

10 CONTRIBUTION TO STRATEGIC AIMS

To secure the most effective use of the Council's resources in the delivery of high quality, Best Value public services.

11 COMMUNITY ENGAGEMENT AND INFORMATION

None directly from this report.

12 LEGAL IMPLICATIONS

As set out in the report.

13 FINANCIAL IMPLICATIONS

13.1 The direct financial implications are as set out in the report.

13.2 Inasmuch as various judgements have been made about estimated tax and business rate collection, changes to the tax debit etc., I have made these in the context of the Council developing a budget proposal as a whole. The budget proposal as a whole will include a section where I comment on its robustness. I anticipate that my comments will be similar to those made last year which you will recall advised that the Council was setting a very tight budget which contained a continuing high level of risk. You will have seen from budget monitoring elsewhere on the agenda that risk has largely been successfully managed, and my advice in the context of developing the Council's 2016/17 budget proposal is that the estimates and assumptions made in this report are the best ones that can reasonably be made at the current time.

14 BACKGROUND PAPERS

Local Authorities (Calculation of Tax Base) Regulations 1992, as amended.
Local Government Finance Settlement
Local Government Finance Act 2012, and regulations made thereunder

REPORT BY HEAD OF FINANCE

TO:	**POLICY COMMITTEE**		
DATE:	**18 JANUARY 2016**	**AGENDA ITEM:**	**16**
TITLE:	**BUDGET MONITORING 2015/16**		
LEAD COUNCILLOR:	**COUNCILLORS LOVELOCK/ PAGE**	**PORTFOLIO:**	**FINANCE**
SERVICE:	**FINANCIAL**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**ALAN CROSS**	**TEL:**	**01189372058 (x72058)**
JOB TITLE:	**HEAD OF FINANCE**	**E-MAIL:**	**Alan.Cross@reading.gov.uk**

1. EXECUTIVE SUMMARY

1.1 This report set out the budget monitoring position for the Council to the end of November 2015.

2. RECOMMENDED ACTION

2.1 **Policy Committee is asked to note the budget monitoring position for 2015/16 as at the end of November, and that we are currently forecast to be at the minimum General Fund Balance level.**

3. BUDGET MONITORING

3.1 The results of the Directorate budget monitoring exercises are summarised below:

	Emerging Variances £000	Remedial Action £000	Net Variation £000
Environment & Neighbourhood Services	1,194	(1,961)	(767)
Childrens, Education & Early Help Services/	3,768	(2,810)	958
Adults Care and Health Services	2,185	(1,875)	310
Corporate Support Services	1,160	(490)	670
Directorate Sub total	**8,307**	**(7,136)**	**1,171**
Treasury	(693)		(693)
Total	**7,614**	**(7,136)**	**478**

3.2 Environment & Neighbourhood Services

Despite increasing this year's budget for Bed and Breakfast costs, it has not been possible to contain the growth in the number of emergency homeless placements and the cost of rooms has also risen more than expected. A range of mitigations have been or are being implemented to increase the supply of decent and affordable temporary and permanent accommodation and strengthening prevention activity. The current forecast is that with the range of mitigating measures in place the overspend can be contained to around £600k at year end. This is being closely monitored as numbers fluctuate. There is also an unavoidable overspend forecast in Planning, Development and Regulatory services. These overspends will be more than offset by a series of one-off in-year savings including the waste disposal contract, culture and leisure and lower than budgeted spend on concessionary fares. There is predicted to be a significant increase in income from parking services by year end. Overall it is anticipated the Directorate will have a surplus of £767k at year end.

3.3 Children, Education & Early Help Services

There are overall pressures within Children's Services have increased sharply in the last few months to £3.5m, flowing from more and higher cost placements, high turnover of social work staff leading to an increase in agency & interim staffing, in addition to existing pressures on allowances and bed and breakfast costs. In addition the Authority is making a significant financial investment in service improvement. Within Education services there is a pressure of £0.3m arising from an unachieved saving within business support, which was beyond the control of the Education service as it flowed from a change more broadly within the Directorate, and home to school transport demand pressures.

Measures are being taken to reduce these pressures in year, including a resources panel and measures to improve recruitment & retention of social workers. At present we have assumed full use of the strategic reserve of £1.9m and in addition we have factored in number of funding sources, service savings and underspends in order to reduce the overall pressure to £958k. There is a risk that the pressure may increase further before the financial year end.

Within the Dedicated Schools Grant there is a budget gap of £2m on the high needs block in 2015/16, with a significant increase due to placement changes in the new academic year. The Authority and the Schools Forum are taking steps to address the current deficit and this issue going forward.

3.4 Adult Care & Health Services

After making full use of the available Strategic Demand Reserve, the Directorate is currently reporting a projected overspend of £310,000 which is a decrease of £132,000 compared to the previous month. This is mainly the result some additional offsetting Health funding (£60k). Whilst there

have been some small reductions in a couple of areas there have been increases in pressure in both Physical Support and Mental Health services.

3.5 Corporate Support Services

There is a range of budget variances within Corporate Support. In particular from recent monitoring, it has become apparent that there is forecast to be an adverse variance (flowing from increased children's social care caseloads) in child care lawyers, currently forecast at £450k. We also anticipate that there will be a shortfall between housing benefit expenditure and grant (both of which are figures over £80m) of at least £550k. Other adverse variances total £160k, but we also anticipate across a range of services some under spending and a preliminary view would be that will be around £490k to produce an overall net overspend of £670k. Work continues to drive out further savings.

4. TREASURY MANAGEMENT

4.1 We are planning to revise our approach to the minimum revenue provision in line with developing treasury management practice in a number of local authorities, and the full details will be brought forward as part of the budget proposal and treasury strategy for 2016/17 (a draft of which will be presented to Audit & Governance Committee as usual on 21 January). No significant change arose from the underlying activity in 2015/16 during November, so the underlying in year under spend is forecast to be at least £693k, subject to the proposal on the minimum revenue provision being approved.

5. FORECAST GENERAL FUND BALANCE

5.1 The General Fund Balance at the end of 2014/15 was £5.62m. As indicated in the table above, assuming remedial action highlighted is carried out, there is now expected to be a net overspend on service revenue budgets of £1.171m.

5.2 The pressure on service directorate budgets is offset by a favourable treasury position (see para 4.1), so there is an overall £478k over spend forecast. This would increase the planned use of balances of £142k to £620k, so we would end the financial year at the £5m minimum level.

6. CAPITAL PROGRAMME 2015/16

6.1 The current forecast level of capital expenditure for the year is £86.4m, of which £70.1m relates to General Fund services and £12.4m to the HRA.

6.2 The table shows the expenditure by priority area and its current estimated funding.

CAPITAL PROGRAMME	**£m**
Safeguarding & Protecting those that are most vulnerable	2.5
Providing the best life through education, early help & healthy living	39.3
Providing homes for those most in need	11.3
Keeping the town clean, green and active	7.6
Proving infrastructure to support the economy	15.7
Remaining financially sustainable to deliver these service priorities	6.1
Total	**82.5**

FORECAST FUNDING	**£m**
Grants	27.8
Receipts (inc. S106 and HRA Major Repairs Reserve)	15.8
Borrowing	38.9
Total Funding	**82.5**

6.3 General Fund capital expenditure to 30 November totalled £41m**.** For HRA capital, a £500k underspend is anticipated, together with £1.2m of the Hexham Road work carrying forward into 2016/17 in comparison with the agreed budget last February.

7. HRA

7.1 Supervision and Management

There is a projected underspend of £185k made up of £85k from employee budgets arising from vacancies and a projected under spend on training budgets and £100k from various running costs.

7.2 Capital funded from HRA

Works on Block 2 at Hexham Road as part of the refurbishment programme will commence in October. The scheduled completion date for Block 2 is April 2016. The capital funds for the works to Block 3 (£1.2m) will be carried forward to 2016/17 as indicated above.

7.3 Repairs (Revenue)

Projected overspend of £185k made up of £85k responsive repairs and £100k void work due to bringing Dee Park properties back into use for a temporary period.

7.4 Rent Income

A preliminary review of rent income suggests that it will be broadly in line with the budgeted amount (over £30m), taking account of the rent debit and collection to date in the year.

7.5 Capital Financing

Less HRA capital was financed by borrowing than forecast in 2014/15 and that taken with the HRA impact of the Council's cash flow position are such that we forecast an underspend of at least £400k in this budget (£10.6m)

7.6 Overall we therefore anticipate a £500k underspend, together with £1.2m of the Hexham Road work carrying forward into 2016/17 in comparison with the agreed budget last January.

8. RISK ASSESSMENT

8.1 There are risks associated with delivering the Council's budget and this was subject to an overall budget risk assessment. At the current time those risks are being reviewed as part of budget monitoring and can be classed as follows:

- High use of agency staffing & consultants;
- Pressures on pay costs in some areas to recruit staff or maintain services;
- In year reductions in grant flowing from the new government (notably Public Health Grant where a near £600k grant cut has now been made);
- Demand for adult social care which is forecast to effectively deplete its share of the strategic demand reserve;
- Demand for children's social care which depletes its share of the strategic demand reserve;
- Increased requirement for childcare solicitors linked to activity on the above;
- Homelessness, and the likely need for additional bed & breakfast accommodation (this also affects other Directorates notably DCEEHS);
- Demand for special education needs services
- Not complying fully with grant conditions for capital projects by spending the required money during the current financial year
- Housing Benefit Subsidy does not fully meet the cost of benefit paid

9. BUDGET SAVINGS RAG STATUS

9.1 The RAG status of savings and income generation proposals included in the 2015/16 budget are subject to a monthly review. The RAG status in terms of progress is summarised below:

	£000	%	Comparator to August (last PC report) %
Red	430	5	3
Amber	2,049	24	31
Green	5,976	71	66
Total	**8,455**	**100**	**100**

9.2 The RAG status of budget savings supplements the analysis in budget monitoring above, and the red risks do not represent additional pressures to those shown above.

10. COUNCIL TAX & BUSINESS RATE INCOME

10.1 We have set targets for tax collection, and the end of November 2015 position is:

Council Tax	2015/16 £000	Previous Year's Arrears £000	Total £000
Target	60,258	1,350	61,608
Actual	59,989	960	60,949
Variance	**269 below**	**390 below**	**659 below**

10.2 For 2015/16 as a whole the minimum target for Council Tax is 96.5%, (2014/15 collection rate 96.7%). At the end of November 2015, collection for the year was 73.76% compared to a target of 74.8%, and collection is slightly behind 2014/15 (74.09% by end of November 2014).

10.3 Business Rates Income to the end of November 2015

Business Rates	2015/16 £000	2015/16 %
Target	80,203	72
Actual	78,210	70.2
Variance	**1,933 below**	**1.8% below**

The target for 2015/16 as a whole is 98.50%. The pattern of business rates payments has been changing following regulatory changes, and the target profile has been adjusted to reflect the new arrangements. At the end of November 2014, 71% of rates had been collected, but there are some limitations to that as a comparative figure.

11. OUTSTANDING GENERAL DEBTS

11.1 The Council's outstanding debt total as at 30 November 2015 stands at £4,425k in comparison to the 31st March figure of £3,176k. This shows an increase of £1,249k, but this includes large amounts due from other public sector bodies and we note that £2,947k of the balance as at 30 November 2015 is greater than 151 days old.

12. CONTRIBUTION TO STRATEGIC AIMS

12.1 The delivery of the Council's actual within budget overall is essential to ensure the Council meets its strategic aims.

13. COMMUNITY ENGAGEMENT AND INFORMATION

13.1 None arising directly from this report.

14. LEGAL IMPLICATIONS

14.1 The Local Government Act 2003 places a duty on the Council's Section 151 Officer to advise on the robustness of the proposed budget and the adequacy of balances and reserves.

14.2 With regard to Budget Monitoring, the Act requires that the Authority must review its Budget "from time to time during the year", and also to take any action it deems necessary to deal with the situation arising from monitoring. Currently Budget Monitoring reports are submitted to Policy Committee regularly throughout the year and therefore we comply with this requirement.

15. FINANCIAL IMPLICATIONS

15.1 The main financial implications are included in the report.

16. EQUALITY IMPACT ASSESSMENT

16.1 None arising directly from the report. An Equality Impact Assessments was undertaken and published for the 2015/16 budget as a whole.

17. BACKGROUND PAPERS

17.1 Budget Working & monitoring papers, save confidential/protected items.