



***Supporting Our
Future
Adult Social Care
Strategy
2019 to 2022***

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A street scene in a city, likely Reading, featuring a double-decker bus, a bicycle, and a purple circular overlay with the text 'Section 1 - Introduction'. The scene is captured in the late afternoon or early morning, with long shadows and a clear blue sky. A large tree with green leaves is on the right, and a hanging basket of flowers is on the left. The purple circle is centered in the foreground, partially obscuring the street and bus.

***Section 1 -
Introduction***

Supporting Our Future

Foreword



Local authorities are facing unprecedented pressures from a combination of reduced budgets and rising demand for services. In these challenging times we require a fresh approach and new thinking.

Reading Borough Council remains committed to supporting our residents with ***the right support, at the right time, in the right place***, and increasing our focus on reducing the need for long term health and social care services, by putting in place more self- enabling support. This means developing a whole system approach which encourages people to take responsibility for their own health and wellbeing, so that healthier

choices are accessible to everyone, and people get the support they need to stay active and feel they are part of a community. Family and unpaid carers are a vital part of this, and we will continue to support families and informal carers to help and support their loved ones or friends.

The way we plan, buy and monitor services also needs to change as part of this new approach. We are therefore developing new commissioning plans to support this strategy.

I look forward to working with our partners on achieving our vision of maximising wellness and independence for our residents living with the challenges of long term conditions.

Cllr Tony Jones

Lead Councillor for Adult Social Care

The role of Public Health



Understanding the health needs of Reading's population is a vital underpinning to ***Supporting Our Future***. Understanding the challenges our residents face helps us to put in place the right services to support people to stay well and live life to the full, as well as reducing future demand on health and social care services.

We remain in a challenging financial position, and ever reducing funds from central government adds pressure to the Council at a time when there is a clear need to invest in prevention to support a sustainable health and social care system.

We are committed to the principles set out in ***Supporting Our Future***; to delivering health improvement, health protection, and healthcare services which achieve the best outcomes for our residents against both the Adult Social Care and Public Health Outcomes Frameworks. This includes addressing the wider determinants of health, and recognising the impact on wellbeing of education, employment, housing and other services.

We can't do this on our own, and must develop more opportunities through partnership working and joint commissioning to support healthy lifestyle choices, and enable people to live well for longer in the community.

Cllr Graeme Hoskin

Lead Councillor for Health,
Wellbeing and Sport

Statement from the Director of Adult Care and Health Services



Supporting Our Future sets out the challenges Reading faces in supporting people who access Adult Social Care, and young people with additional needs in transition from Children's to Adult services. The Council is committed to working with a wide range of community as well as health and social care partners to meet these challenges. Our focus is on enabling people to retain independence in their own home, by putting in place the right support at an early stage, and in developing Reading's community services that support people better at home.

Our strategy sets out how we will:

- ✓ Continue to focus on ***early intervention***, and seizing opportunities to prevent further health deterioration across all areas of care, offering people alternatives which support them better at home
- ✓ Develop more ***cost-effective*** ways of delivering social care
- ✓ Work to develop more ***integrated health and social care***, maximising important joint resources, and the sharing of skills across teams and system partners
- ✓ Work with system partners to continue ***reducing demand*** for care, targeting resources towards community prevention and supporting self-help approaches through strengths - based practice.

Seona Douglas

Director of Adult Care and Health Services



Who is Supporting Our Future for?



Terms Explained

We have tried to make this document as jargon free as possible and easy to read. We have not shortened any words and will explain any terms that we use in blue boxes below throughout the document.

When we say **residents**, we are talking about everyone who lives in Reading.

When we say **place** we mean where you live and the community.

When we say **Adult Social Care** we are talking about care and support people may need – including advice & signposting - to ensure they can remain independent longer.

When we say **Public Health**, we are talking about the Council's responsibility to ensure that the health needs of Reading residents are understood and supported.

When we say **system partners** we mean health and social care organisations which make up the 'Berkshire West Seven' group.

When we say **commissioning**, we are talking about how statutory organisations decide to use resources in meeting people's needs for care and support.

When we say **Safeguarding People**, we are talking about the Council's policy to ensure vulnerable adults can live safely, free from harm and abuse.

When we say **Clinical Commissioning Group (CCG)** we are talking about the commissioners who work for the National Health Service locally

When we say **People or Person** in this document, we are talking about people who need care and support who access social care services.

When we say **self-enabling or self-help** we mean people directing their own life, and choosing their support.

✓ You will see these terms used throughout **Supporting Our Future**.

Why do we need this strategy?

Prevention and early intervention have been key elements in social care policy for many years and remain critical to the vision of ensuring that the health, care and support system works to promote wellbeing and independence for all.

Supporting Our Future sets out how Reading Borough Council will put prevention and early intervention at the heart of care and support in Reading. This will mean supporting people to retain or regain skills and confidence in their life, which prevents or delays deterioration in their health wherever possible.

The needs of Reading's resident population are changing and becoming more diverse. People now have higher expectations of living a healthy independent life at home, whilst still accessing their communities. At the same time, we face significant challenges. Some local services are more traditional than we would like, are expensive, and may need to change if we are to meet people's expectations now and in the future.

Reading also faces significant financial pressures. People are anxious about the impact this may have on their own care and support, therefore there is a need to make sure services provide best value, so people can get the most from the available resources which supports real independence.

We need a wide range of good quality health, care and support services to meet people's individual needs and ensure real choice is offered across Reading's market place.

We also need culture and practice to continue to change, so that support builds on individual, family and community resources, thus reducing people's dependency on health and social care.

We need to get better at understanding people's individual hopes and aims, and so connect them to the best services to achieve personal outcomes, including enabling people to self-help by accessing community voluntary and faith sector support.

We need to continue to work proactively with our health and social care system partners, enabling people to receive a seamless service at home.

Our Partners

Health and social care services respond to a wide range of needs, supporting people to live as independently as possible, whilst supporting people during times of crisis and balancing rights and risks.

As a system, we need to grasp the opportunities offered by joint commissioning in order to achieve far-reaching change and be better equipped to meet the challenges presented by reduced government funding, increasing costs and increasing demand for health and social care across Reading and across Berkshire.

We fully recognise that we can't deliver success on our own and feel proud of the partnerships we have forged over the years by working proactively together across a health and care system.

Supporting Our Future should be read in conjunction with the Berkshire West Clinical Commissioning Group Operational Plan:

<https://www.berkshirewestccg.nhs.uk/media/1768/bwccgs-operational-plan-2017-2019-final.pdf>

and also the National Health Service Long Term Plan:

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

One focus from the plan is to connect partners across the health and social care economy, to commission better at a place based community level.

The Council and the Berkshire West Clinical Commissioning Group have a shared emphasis on prevention and putting people in control of their own health and care planning, such as:

- ✓ Implementation of new models of care which support better integration, and which expand and strengthen primary and out of hospital care.
- ✓ Development of new payment mechanisms which incentivise the delivery of outcome focused care and which support the future sustainability of the local system.
- ✓ Commissioning highly responsive and urgent care services which ensure people get the right care at the time in the right place.

- ✓ Better use of technology and innovation to achieve better outcomes for people and improved demand management.

Our aims are to achieve parity of esteem for people with mental health challenges and learning disabilities, meaning they have equal access to health and social care services. We will achieve this by:

- ✓ Continuing our long - standing partnership relationships with community or third sector and private sector organisations, valuing their contributions and support to help statutory organisations fulfil their obligations to the residents of Reading.
- ✓ Developing an understanding of what residents want from their communities, being committed to ongoing engagement, and ensuring people influence the shift towards a more preventative approach in meaningful ways.

People who are have care and support needs or who may be vulnerable to developing these needs are key stakeholders in the delivery of this strategy, therefore we will:

- ✓ Work in partnership with people who receive health, care and support services to ensure that they have choice and control over the options available to them
- ✓ Work in partnership with carers to ensure that they receive recognition and support to enable them to fulfil their central role in caring, whilst maintaining their own wellbeing and being able to make healthy lifestyle choices
- ✓ Work with groups that represent the interests of different sections of the community to improve outcomes in specified areas
- ✓ Work to ensure that existing partnership boards are fully engaged in shaping and delivering our Transformation of Adult Social Care programme.

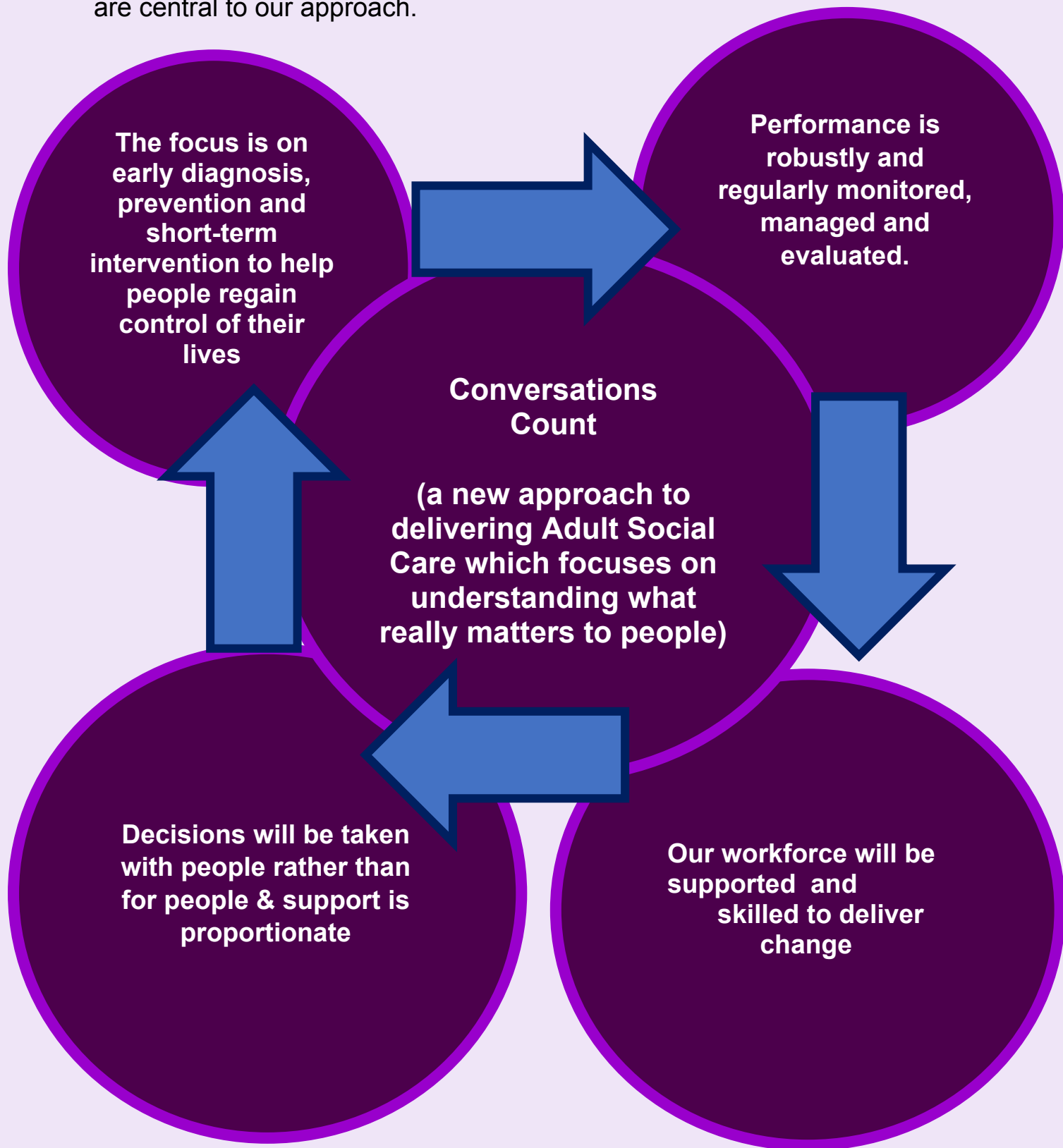
This will include work on more specific strategic plans around key groups such as people with dementia, people with autism, people with mental health needs, and our learning disability accommodation with care pathway - and others where we need a targeted approach to get things right for those groups.



**Working
Together to
improve
people's
health and
social care
outcomes**

Principles

The following driving principles are central to our approach.



Team Reading

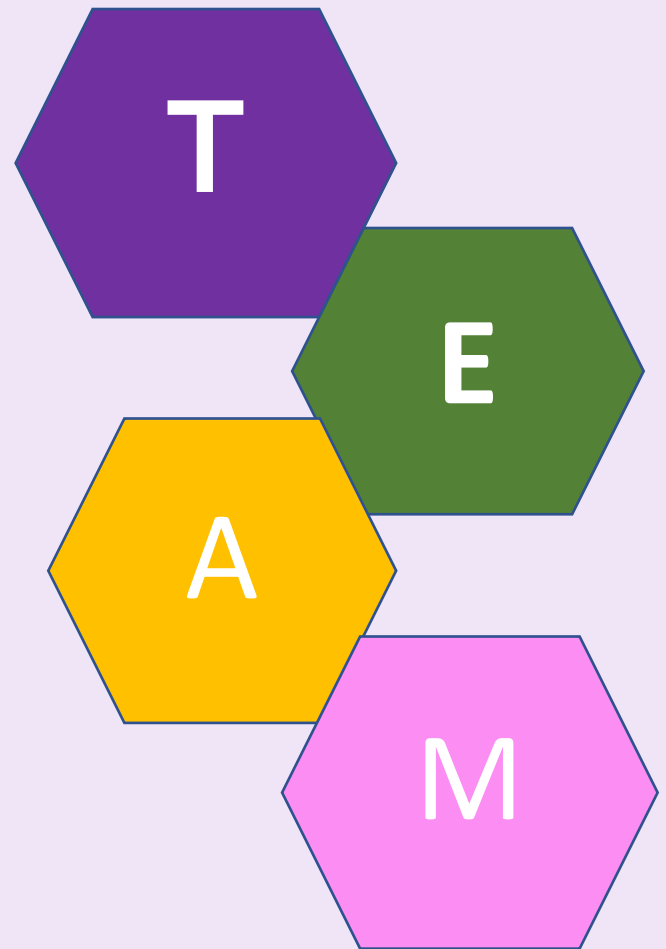


The Council's improvement approach is called **TEAM** Reading and its rallying cry is challenging everyone to:

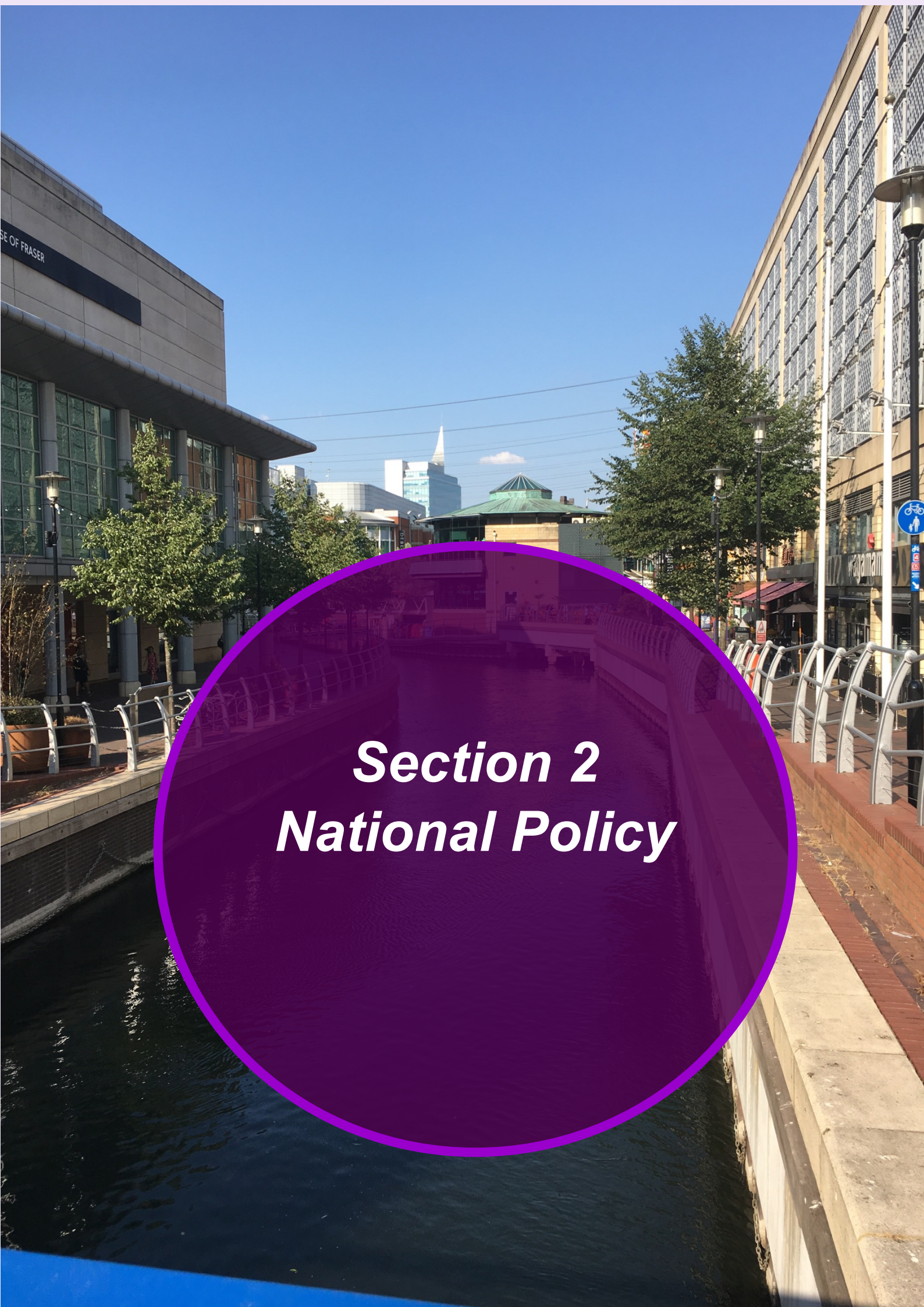
- ✓ work **T**ogether
- ✓ be **E**fficient
- ✓ **A**mbitious and
- ✓ **M**ake a difference.

Team Reading is not just about the 2835 Council staff. It is about ensuring all of Reading's different sectors are focused on building a town with strong values and a shared vision for its success.

"We can deliver success together"



*Together
we are one
Team*



Section 2
National Policy

Section 2 – National Policy

The Care Act 2014

Implementation of the Care Act began in April 2015. The Act sets out a vision for a reformed care and support system. It places a series of duties and responsibilities on local authorities about care and support for adults, in order to ensure that people:

- ✓ are supported to keep as well as possible;
- ✓ get the services they need to help prevent or delay their care needs from becoming more serious;
- ✓ can meet the needs and achieve the goals that matter to them, with improved wellbeing the driving force behind their care and support;
- ✓ can get the information, advice and guidance they need to make good decisions about care and support; and have a good range of providers to choose from.

Information and advice for all

The Council has a duty to ensure comprehensive information and advice about locally available care and support services is available to all our residents.

Personalisation

The Care Act gives people the legal right to a 'personal budget'. This means people assessed as eligible for support should be told the amount of money that the Council has worked out it will cost to provide services to meet their eligible social care needs.

Wellbeing

The Council has a duty to ensure health and social care and support is focused on people's wellbeing, prevention and supporting people to stay independent for as long as possible.

Children and transition

The Council must offer information and advice to children, young carers and adults caring for children nearing 18 years old if they are likely to need care and support beyond that age. An assessment must also be offered if it would clearly help them, regardless of whether they currently receive a service.

If a child is receiving support, this must continue after their 18th birthday until either adult social care support is put in place, or the young person has been assessed as having no eligible needs as an adult.

Carers

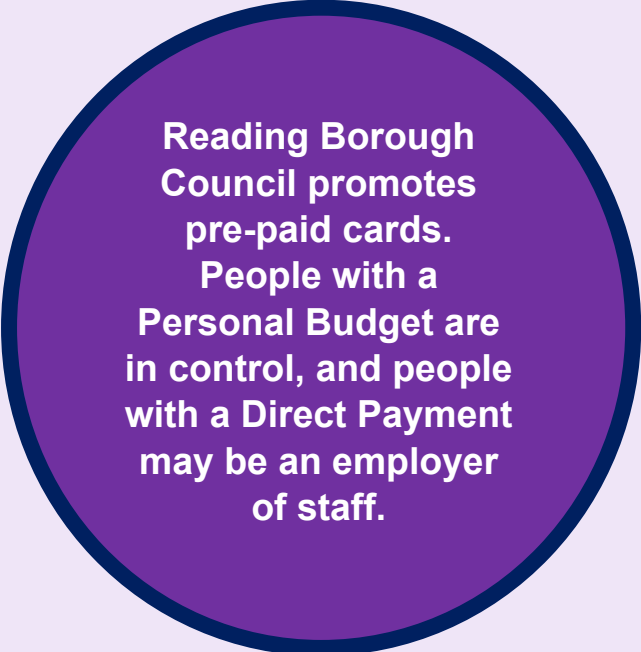
Carers have new rights under the Care Act. This means more

carers are entitled to help to manage their caring role, whether or not the person they support receives help themselves.

Helping people be fully involved in their care. If someone has significant difficulty being fully involved in their assessment, support planning, review, or in understanding safeguarding processes, and they have no one appropriate to support them, the Council has a duty to arrange an independent advocate for them.

Safeguarding

Adult safeguarding is the process of protecting adults at risk from abuse or neglect. The Care Act requires local authorities to set up a Safeguarding Adults Board in their area, giving these boards a clear basis in law for the first time. The Council is also required to make enquiries if an adult may be at risk of abuse or neglect, and to find out what, if any, action may be needed.



Reading Borough Council promotes pre-paid cards. People with a Personal Budget are in control, and people with a Direct Payment may be an employer of staff.

Public Health Outcomes Framework

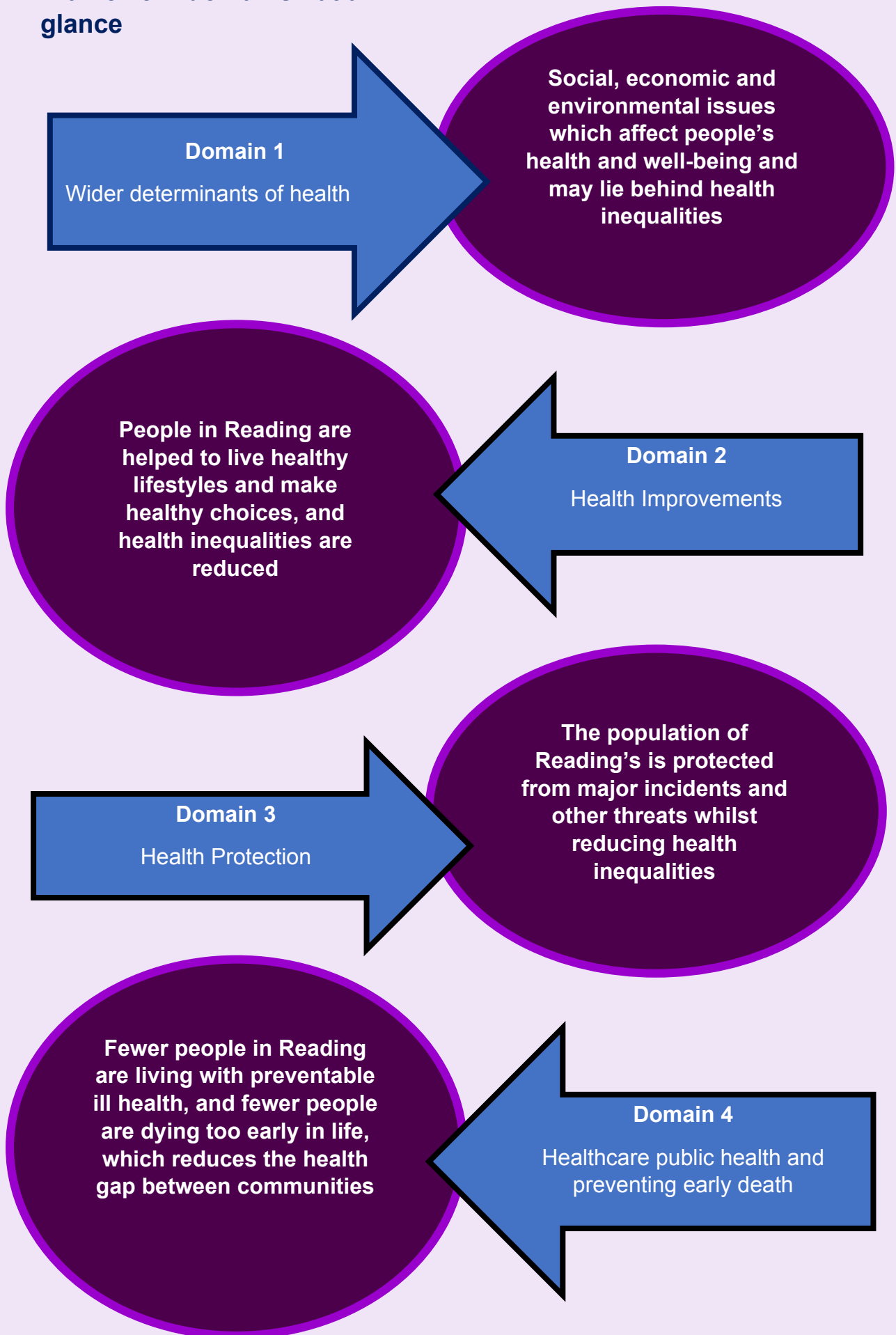
The Public Health Outcomes Framework – **Healthy Lives Healthy People** – sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. The framework sets out two high level outcomes to be achieved:

1. Increased healthy life expectancy
2. Reduced differences in life expectancy and in healthy life expectancy between communities

The Framework then groups indicators into four ‘domains’ that cover the full spectrum of public health, considering not only how long people live but also how well they live at each stage of life.

- Wider determinants of health
- Health improvement
- Health protection
- Healthcare and premature mortality

Public Health Outcomes Framework domains - at a glance



NHS Long Term Plan

In 2019, the National Health Service published a ten-year plan to achieve improvements for patients, and overcome the challenges of staff shortages and growing demand.

1. Doing things differently: The aim is to give people more control over their own health and the care they receive, encourage more collaboration between GPs and community services (as 'primary care networks'), and increase the focus on NHS organisations working with their local partners (as 'Integrated Care Systems').

2. Preventing illness and tackling health inequalities: The NHS has a new focus on tackling some of the most significant causes of ill health – such as smoking tobacco, drinking too much alcohol and unhealthy weight – and targeting the groups most affected by these problems.

3. Backing the workforce: The NHS aims to train and recruit more professionals – through undergraduate nursing places, medical school places, and more routes into the NHS such as apprenticeships – as well as encouraging staff to stay in the NHS.

4. Making better use of data and digital technology: Access to services and health information for patients will be improved with a new 'digital front door' app; and the planning and delivery of services will be improved based on the analysis of patient and population data.

5. Getting the most out of taxpayers' investment in the NHS: Work is ongoing to identify ways to reduce duplication in how services are delivered, make better use of the NHS's buying power, and reduce spend on administration.

AGEING WELL

The Long Term Plan recognises that the NHS has a key role to play in helping older people manage long-term conditions, making sure they receive the right kind of support to help them live as well as possible. The aim is to give people:

- greater control over the care they receive
- more care and support being offered in or close to people's homes, rather than in hospital.
- wearable devices and monitors to support people with long term health problems in new ways

CANCER

The aim is to save lives by improving how we diagnose and treat cancer:

- improving national screening programmes
- faster access to diagnostic tests
- precise and personalised treatments

LEARNING DISABILITY & AUTISM

The NHS aims to help people with a learning disability, autism or both to lead longer, happier and healthier lives by:

- making sure people receive timely and appropriate health checks
- improving awareness and understanding across professionals of how best to support people as patients.
- supporting people with complex needs to live fulfilling lives at home rather than in hospital
- offering personal health budgets to give people choice over their support

MENTAL HEALTH

Mental health services are to be expanded:

- Improving and widening access to talking therapies for common disorders
- Improving support for severe mental illnesses, including during crisis and specific support for mothers and their partners

RESPIRATORY DISEASE

Recent increases in hospital admissions for lung disease will be addressed by:

- diagnosing and treating conditions earlier
- increasing access to respiratory rehabilitation services

CARDIOVASCULAR DISEASE

Deaths from heart and circulatory diseases will be reduced by identifying more people with heart conditions or risk factors such as high blood pressure and atrial fibrillation early, through:

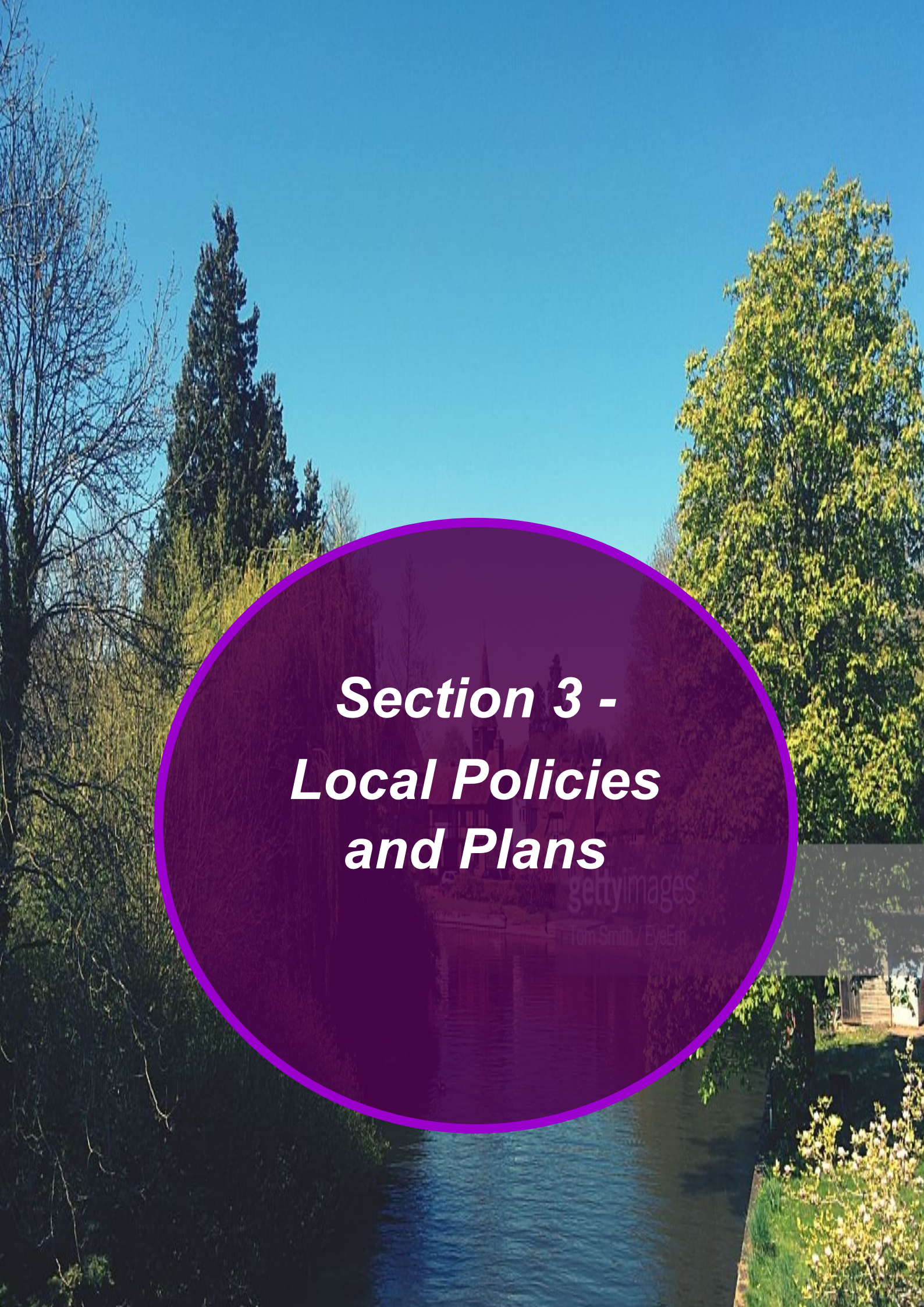
- more effective NHS Health Checks
- working with community groups
- putting in place technology allowing tests to be done quickly and easily
- ensuring more people are able to deliver CPR and

use public access
defibrillators

STROKE

Stroke is a leading cause of disabilities or other serious complications, and the Long Term Plan sets out to support those at the highest risk and help them to manage their conditions by:

- improving the availability of clot-busting drugs and clot extraction
- developing specialist stroke units
- offering high quality rehabilitation to help people recover after a stroke and remain as independent as possible.



***Section 3 -
Local Policies
and Plans***

Section 3 - Local Policies and Plans

Shaping Reading's Future

Through consultation and engagement with Reading's residents the Council has established a number of core priorities as the basis of its corporate plan.

Promoting great community, education, leisure and cultural opportunities for people in Reading

Keeping Reading's environment clean, green and safe

Ensuring the Council is fit for the future

Protecting and enhancing the lives of vulnerable adults and children

Securing the economic success of Reading

Improving access to decent housing to meet local needs

Supporting our Future sets out the Council's plans to support and enhance the lives of vulnerable adults. It promotes a holistic view of people, so that our approach will connect people to other assets the town has to offer and ensure adults with care and support needs are part of building the future.

Reading's Health and Wellbeing Strategy 2017 to 2020

Reading's Health and Wellbeing Board brings together the local authority, the Berkshire West Clinical Commissioning Group, the Local Healthwatch Service, and other partners to improve health and wellbeing outcomes for the borough and reduce health inequalities.

The Board works to a joint strategy based on engagement with the people of Reading's different communities, the providers of local services, and the various voluntary, faith and community groups which support local health and wellbeing through an asset-based approach. The Reading Health and Wellbeing mission statement is:

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

This underpins the Board members' commissioning activities.

The Health and Wellbeing Board members' collective aims are expressed as eight priorities:

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

Across all priority areas, the Board has also committed to identifying and supporting carers, keeping vulnerable adults and children safe, and promoting co-ordinated high quality information to support wellbeing.

Reading's Better Care Fund Plan

The Better Care Fund programme is a national initiative which puts funding streams together in a single pool. This is intended to encourage health and social care partners to work together, in order to deliver against four national targets.

These are:

- Reducing the number of delayed transfers of care (DTOCs);
- Reducing the number of permanent admissions to residential and nursing care;
- Increasing the number of people remaining at home 91 days after discharge from hospital into re-ablement services;
- Reducing the number of unplanned hospital admissions.

These targets have been selected as a way of measuring how well health and social care partners are focusing on supporting people to retain an independent life at home.

Each local area must have a shared Better Care Fund Plan approved in order to release the

funding available under the programme.

The Better Care Fund vision and aim in Reading is that:

Local people are supported to improve their own health and wellbeing, and that when people are ill or need support, that they receive the best possible joined up care.

This will be achieved through:

1. Excellent patient centred care that reduces avoidable hospital admissions, through preventive and collaborative work in the community and by addressing the needs of frequent GP or hospital attenders and teaching methods of self-care.
2. Maximising re-ablement at home first: to keep people happy, healthy and at home.
3. Enabling smoother transitions and reducing duplication of effort so the patient tells their story once and a discharge date is identified at the earliest possible opportunity.
4. Improved utilisation of resources from all health, social care and voluntary partners in a smarter way and to secure best value for tax payer's money through trusted assessments,

pooled budgets, fast track Continuing Health Care (CHC) assessments, direct care payments and carers' assessments.

Reading has performed particularly well in reducing the number of new residential placements, and has an effective re-ablement service in place. The focus now is on reducing the number of unplanned hospital admissions, and delayed transfers of care, i.e, ensuring people are supported in a more appropriate environment when they are medically fit enough to leave hospital.

Progress against the local Better Care Fund Plan is monitored by the Reading Integration Board, and the Health & Wellbeing Board.

Making Safeguarding and Quality Personal in Reading



The West of Berkshire Safeguarding Board works with a

vast range of key partners, focused on Making Safeguarding & Quality Personal in everything we do.

You can access the local plan at: <https://www.berkshiresafeguardingadults.co.uk/>

We recognise the importance of understanding adults at risk and ensuring people can remain safe and independent in the choices they make, and of working with local independent statutory agencies such as the Local Healthwatch Service and advocacy providers.

Feedback in 2017 indicates for people who had experienced abuse, their desired outcomes were met, in line with Making Safeguarding and Quality Personal and the well-being principle.

We monitor how learning is shared and used to improve practice and we understand what the data tells us about where the risks are and who are the most vulnerable.

Over 2019 in Reading we are working with a small group of care providers to develop our first Making Safeguarding Personal through our Quality Assurance Framework, which will focus the right resources on working with a wide range of vulnerable groups

of people, carers and care providers, in enabling people to tell us from their experience what they want the Council to provide.

The Ethical Care Charter

In 2017 Reading Borough Council signed the Ethical Care Charter making a clear stance regarding improved support and practice supporting care staff across Reading.



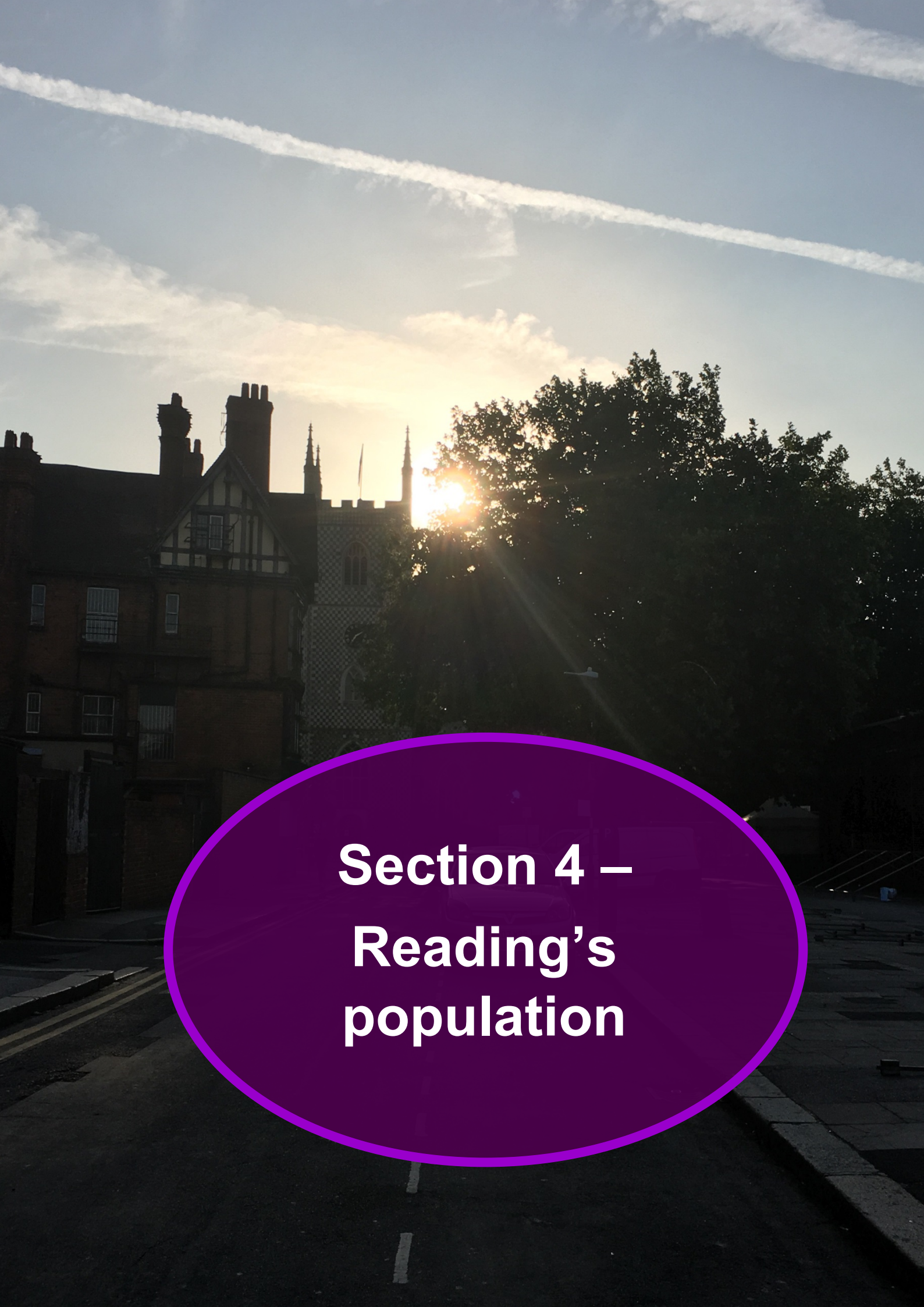
The Ethical Care Charter means we will:

- ✓ work with a wide range of partners to ensure that our care workforce receive the best possible **welfare support** from employers.
- ✓ move towards ensuring that all health and care employers supports staff

welfare through **terms and conditions of employment** that better support the interests of all.

- ✓ Support embedding person centred care throughout care services so that people and staff feel they can **contribute** to successful outcomes for all.
- ✓ invest in ensuring more staff are paid the **National Living Wage**, including paying staff for travel time to and from people's homes.

*The Ethical
Care Charter*

A photograph of a sunset over a city street. The sun is low on the horizon, partially obscured by trees and buildings, creating a bright glow and lens flare. The sky is a mix of blue and orange. In the foreground, a street with a white dashed line runs towards the viewer. On the left, there are multi-story brick buildings with windows. On the right, there are trees and a paved area.

**Section 4 –
Reading's
population**

If Reading was a village of 100 people...

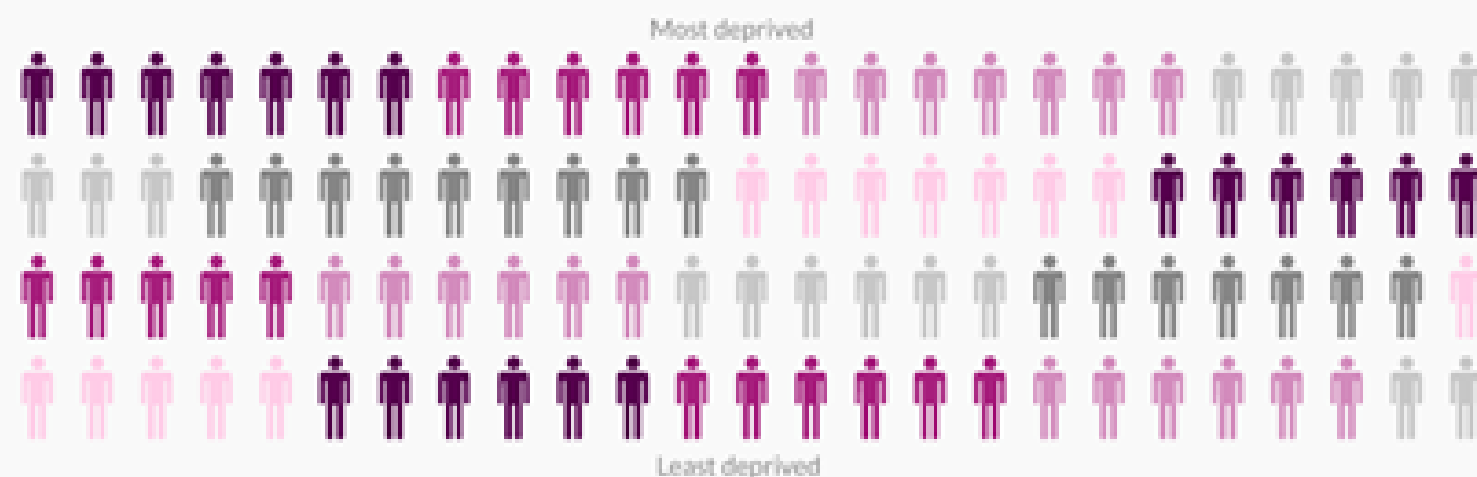
Age

Children aged under 5 years	Children and young people aged 5-19 years	Younger adults aged 19-35 years	Older adults aged 65-85 years	Older adults aged 85 years and older
7	19	29	11	2

Deprivation

People living in the 20% most deprived neighbourhoods in England	People living in the 10% most deprived neighbourhoods in England
9	2

Population by Electoral Ward



7 people live in Whitley, 6 people live in Norcot, 7 people live in Battle, 8 people live in Church, 9 people live in Abbey, 7 people live in Katesgrove, 6 people live in Minster, 5 people live in Southcote, 6 people live in Caversham, 6 people live in Kentwood, 7 people live in Park, 6 people live in Redlands, 6 people live in Peppard, 6 people live in Thames and 2 people live in Mapledurham.

Health



Reading's Overall Population

In the year to June 2018 Reading's estimated population increased by 0.1% from 163,075 to 163,203. Overall, population increase was driven by both international migration (accounting for 60% of new people in the area) and natural change (accounting for 40% of new people).

The overall population in Reading continues to increase, but much more slowly than in previous years. The annual increase in population has fallen from a peak of 1.2% in 2013.

Net international migration into Reading in the year to mid-2018 was 1,812 (1,812 more people moved to Reading from outside of England and Wales, than moved out of Reading to areas outside of the UK). These additional people accounted for 1.1% of the total population in mid-2018. This compares to 0.44% in the whole of England and Wales

The statistics tell us that most people who move into Reading are in their late teens to early twenties, whilst most people who move away from Reading are between the ages of 30-50 years.

Reading has a relatively young population, with a median age of

34.4 years, compared to 40 years for England and Wales, and a third of our residents being under the age of 25. We have a smaller proportion of older people in comparison to other areas of England. However, the 65+ population is predicted to increase and will account for 12.7% of Reading's population by 2022 (compared to 12% in 2016). The Reading population aged 80 and older is estimated to increase by 5.1% by 2022 (from 5,900 people in 2019 to 6,200 in 2022).

Residents in some areas of Reading face acute deprivation and this matters because people living in those areas are likely to die younger than people living in richer areas. People living in poorer areas are more likely to die earlier from heart disease, stroke and cancer. A boy born in Whitley can expect to live 10 years less than a boy born in Mapledurham.

Many people in Reading have good health, but there are many who are at risk of poor health because of lifestyle choices such as smoking, poor diet, being overweight or drinking too much alcohol. People who live in our poorer areas are more likely to have more than one unhealthy

lifestyle risk factor. This will mean they are likely to live nearly in good health compared to those in the richer areas. This means the boy in Whitley will spend around a fifth of his life in poor health compared to a boy living in Mapledurham who will spend only around an eighth of his life in poor health.

Early detection of cancer is really important and not enough people in Reading are being screened for cancer when they are eligible - for example, for bowel and breast cancer.

Health behaviours in Reading

Smoking

Estimated smoking prevalence in Reading in 2018 was 13% - down from 20.6% in 2012, but still second highest in Berkshire. The rate is 28.3% amongst people in routine & manual occupations – This is an increase from 27.6% in 2017 and higher than the England average of 25.4%. 6.3% of new mothers in Reading are smokers at the time of delivery – 50% higher than the Wokingham rate.

Weight

55.7% of adults in Reading are estimated to be overweight

(2017-18). In 2017-18, 10.5% of schoolchildren in reception and 18.5% in Year 6 were obese.

Physical Activity

68.8% of Reading adults met the recommended target of 150 minutes of moderate activity a week in 2017-18. 18.9% of Reading adults were 'inactive', i.e. doing less than 30 minutes of moderate activity per week

Alcohol

An estimated 30,000 Reading residents are drinking to hazardous levels, and 4,500 to harmful levels. 768 Reading residents were admitted to hospital for an alcohol related reason in 2017-18, a rate of 534 per 100,000 residents.

Reading has the 4th highest rate of mortality from liver disease in under 75s in the South East at 21.9 per 100,000 (the regional rate was 15.6 for the same period).

Alcohol misuse is a significant cause of violent crime

Drugs

Drug misuse - particularly of opiates and crack cocaine - places an enormous strain on the

families of drug users, including their children. It can have a serious negative impact on the long-term health and well-being of family members, and many drug misusers have a myriad of health and social problems which require interventions from a range of providers.

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.

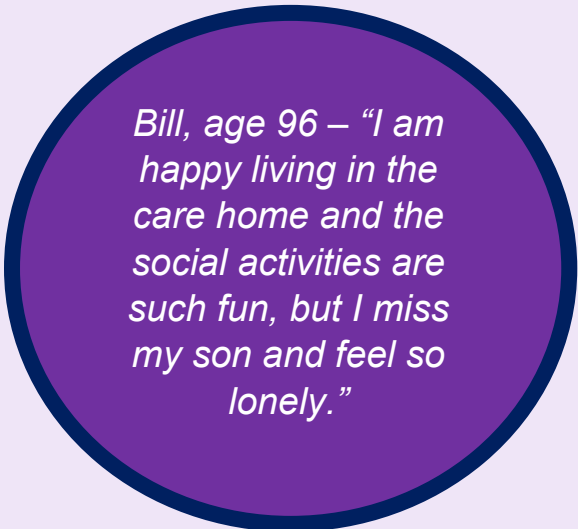
More needs to be done to encourage and enable front-line personnel in education, health and social care, and across other relevant sectors, to raise awareness of the risks of drug and alcohol misuse and how to avoid it. Staff also need to be enabled and encouraged to do more to identify people at risk 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.

Loneliness and Social Isolation

Over 10% of Reading residents who responded to Reading Voluntary Action's 2017 survey felt lonely all or most of the time. 25% felt lonely on 3 or more days a week, Loneliness affected a significant number of people in every age group, but was most common amongst people aged 65-74.

Healthwatch Reading has an important role in supporting vulnerable people to have a voice, and in January 2018 they undertook a series of conversations with older people in care homes across Reading. Residents were feeling lonely – and we intend to work with system partners to understand how we can this together, including through our commissioning plans.



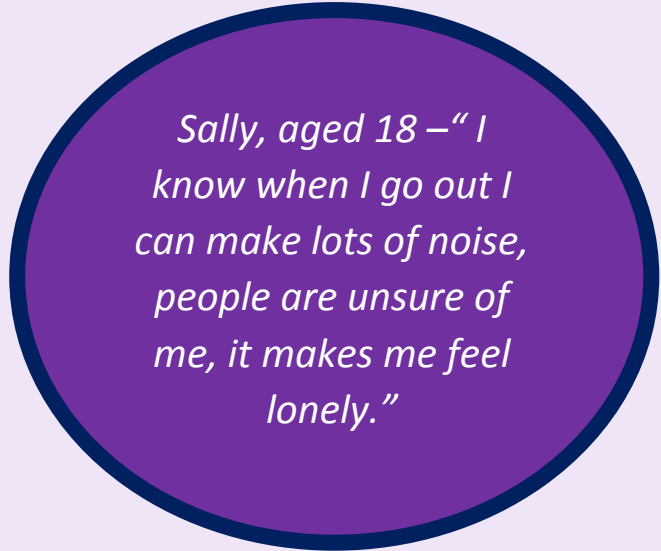
Bill, age 96 – “I am happy living in the care home and the social activities are such fun, but I miss my son and feel so lonely.”

Although loneliness and social isolation are important issues for people in older age groups, local and national survey results increasingly demonstrate that other age groups are also affected.



John, aged 46 – “It is great being part of my local community and the care at home service is great, really does help me stay independent - but my family have moved away and I feel lonely.”

There are more older people living in neighbourhoods in the North and West of Reading (Peppard, Kentwood, Thames, Mapledurham, Tilehurst and Southcote). Higher numbers of those in older working age groups also live in these areas, as well as neighbourhoods around Whitley and Park wards in the South. Young adults are more likely to live in more central areas, including those adjacent to the University of Reading.



Sally, aged 18 – “ I know when I go out I can make lots of noise, people are unsure of me, it makes me feel lonely.”

Of course, loneliness isn't new, but the way our society works is changing rapidly. This brings great opportunities – including new ways of connecting and communicating with others. But it also means it's now possible to spend a day working, shopping, travelling, interacting with business and with public services, all without speaking to another human being. And for some people that can be repeated day after day. So as we continue to make the most of new technologies, ways of working and delivering services, we need to plan for connection and design in moments of human contact.

Key transitions in people's lives appear to increase the risk of both loneliness and social isolation. This could include changes in relationships,

changes in health status, or a change that affects the person's role or sense of identity such as retirement, bereavement or becoming a parent. There is some evidence that for many people this may be a transitory phase after which they are able to enlarge or improve the quality of their network of relationships and 'recover' from loneliness in due course.

The 2017 Reading survey found that those who had lived in the area for a relatively short amount of time appeared more vulnerable to loneliness than those who had been resident for longer.

Reading's Wellbeing Team is working with a wide range of partners in delivering on our local plans to reduce loneliness and social isolation, recognised as a key health and risk by inclusion as one of the priorities in our Health and Wellbeing Strategy. We have commissioned the University of Reading to carry out a series of focus groups with different resident groups to improve our understanding of the local experience of loneliness and how best to help people overcome the challenges this brings.

Adult Social Care

Statutory data shows that as a snapshot on 31st March 2019, 1,583 adults were accessing Reading's Adult Social Care service – 1,165 (74%) were receiving community services and 418 (26%) were residents in nursing or residential care settings in the Reading Borough or out of area.

A total of 2,023 adults accessed Reading's Adult Social Care services at some point during 2017/18.

A snapshot on 31st August 2019 showed that 819 people (52%) were aged 65 years or older and, of these, over two thirds (576 people) mainly needed physical support. Of the 764 people (48%) aged 18-64 years, 52% (397 people) needed help with a learning disability, 21% needed help with mental health and 23% needed physical support.

In 2018-19, the average age of older people (65+) entering residential and nursing care in Reading has been 84 years.

Carers

An adult carer can be defined as "an adult who provides or intends

to provide care for another adult" ("adult needing care") (The Care Act 2014).

The term refers to people providing unpaid or informal care as distinct from 'care workers'. Not all carers are adults, however, and 'young carers' face a range of risks to their wellbeing on account of providing care.

Caring can take many forms ranging from practical help with shopping or personal care to providing emotional help and keeping an eye on someone.

12,315 Reading residents identified themselves as a carer in the 2011 Census, which was 7.9% of the local authority's resident population. This is an increase on the 2001 census figures of 7.7% and shows that unpaid care has increased at a faster pace than population growth in Reading over the last decade. This reflects the national picture.

In 2011, most unpaid carers in Reading were providing 1-19 hours of care a week (66%). However, 2,599 carers were providing a high level of care at 50 or more hours of unpaid care per week. This is 21% of all carers in Reading, and is an increase on 2001's figure of 18.1%.

56.5% of unpaid carers in Reading were female in 2011. This percentage increases to

61.3% for unpaid carers who provided 50 or more hours of care per week.

Children's Transitions to Adult Social Care Services

When a young person turns 18 they are legally an adult under the Special Educational Needs and Disabilities (SEND) agenda and Leaving Care agenda, but Children's Services retain the responsibility to ensure the right package of care is provided for these young people up until age 25 and 21 respectively.

The differences between thresholds for support and models of care between adult and children's social care services mean it is important to prepare for the transition. Some young people find it difficult to adjust, but others may do better under an adult services response from an earlier age, such as 16. Ideally, the young person's need should determine which service they are supported by. If transition planning begins early, this can help to ease tensions by identifying and promoting life and independence skills which help children and their families to adjust.

In Reading we work with children who may go on to need support from Adult Social Care from the age of 13. In July 2018, we were aware of 55 young people with disabilities who were approaching adulthood (between the ages of 14 and 17) and receiving a service from the Children and Young People's Disability Team.

These young people have a diagnosed severe and profound disability, complex medical needs or a combination of disabilities. Children's Services estimate that between 60% and 70% of these may be eligible to receive Adult Social Care when they reach 18 - from 2019 to 2022, but Care Act eligibility cannot be confirmed until a Care Act Assessment is undertaken.

Individuals may appear in more than one category below if they have a combination of needs.

- 33% (18) have autism.
- 30% (17) have a learning disability together with other needs.
- 13% have Asperger's / high functioning autism (3) or ADHD (4). These young people may have other needs such as autism, speech and language difficulties or mental health issues.

- 16% (9) have developmental delay, with learning disability and / or communication disorder, epilepsy or visual impairment.
- 11% (6) have cerebral palsy, visual impairment, mobility or other physical disabilities.
- 5% have other disabilities.
- 7 are looked after children.

We see safe transitions as everyone's business and work closely to safeguard children at risk of harm.

In any younger person's transition we involve important people who can support the young person, such as family/ friends and professional support, ensuring the person remains central to their plan.



The background image shows a town at dusk or dawn. The sky is a mix of light blue and orange. In the foreground, there's a railing and a blue awning. In the middle ground, there are buildings, including a prominent half-timbered house. A purple circle is overlaid on the center of the image, containing the text.

***Section 5 -
Our
Priorities***

Section 5 – Our Priorities

Putting ‘Supporting Our Future’ into effect will achieve our priority outcomes.

- ✓ A system that “Supports Our Future” by **driving wellness and independence**, enabling people to stay healthy and active in their community and at home.
 - ✓ An **integrated health and social care system** that “Supports Our Future” with clear **information and advice** about local services, facilitating access and self-care.
 - ✓ A supportive **sustainable market that protects the most vulnerable** in our communities, offering a wide range of self-directed support that is value for money.
- ✓ Preventing, delaying or reducing the need for long term care will be supported by a positive **skilled community workforce**, which enables and empowers people to remain independent in their community and at home.
 - ✓ A sustainable system which delivers **high quality care and value for money** for all.

Supporting Our Future aims to:

Acknowledge the challenges we all face together

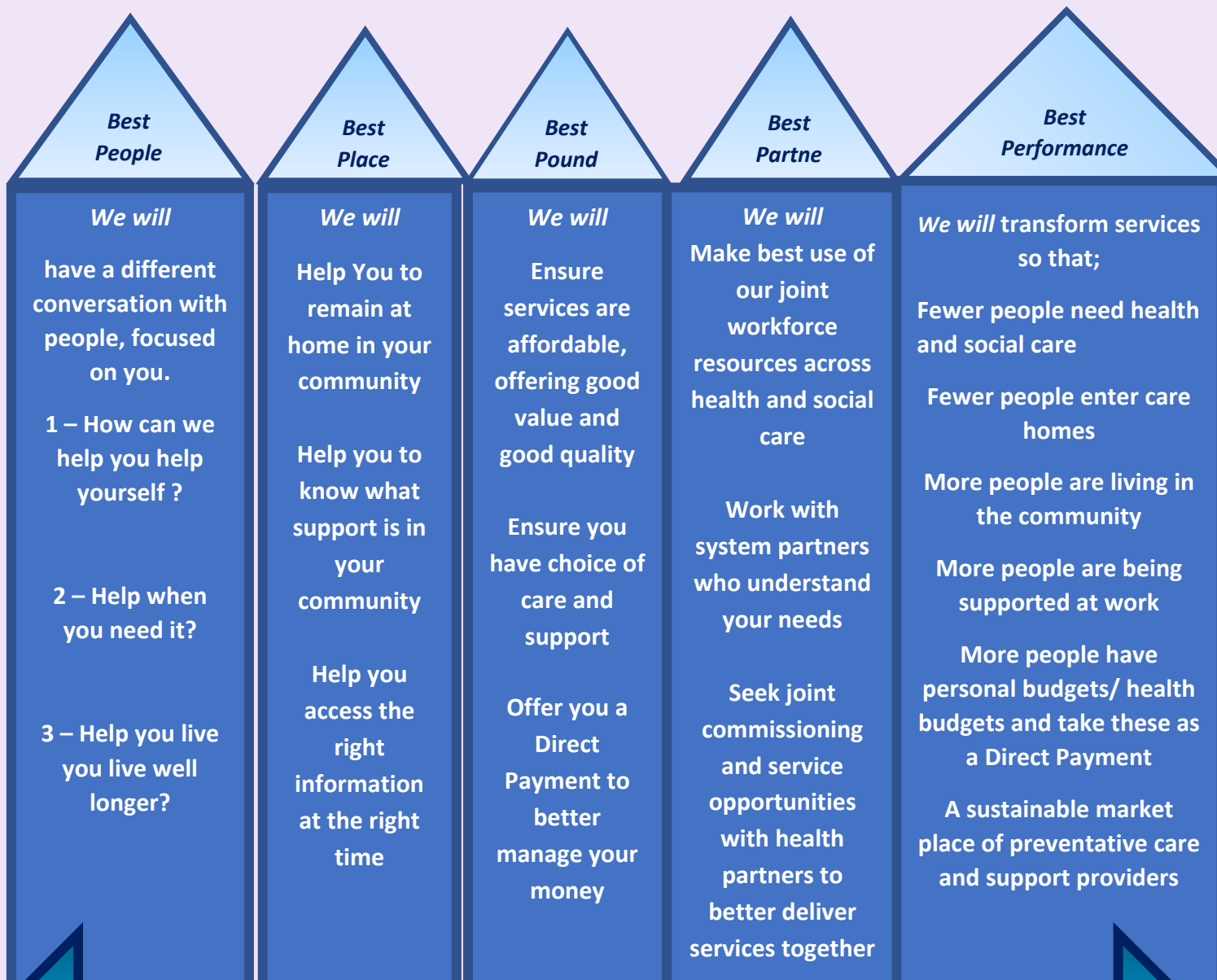
Set out our priorities for increasing the focus on prevention

Build a strong and robust roadmap

SUPPORTING OUR FUTURE:

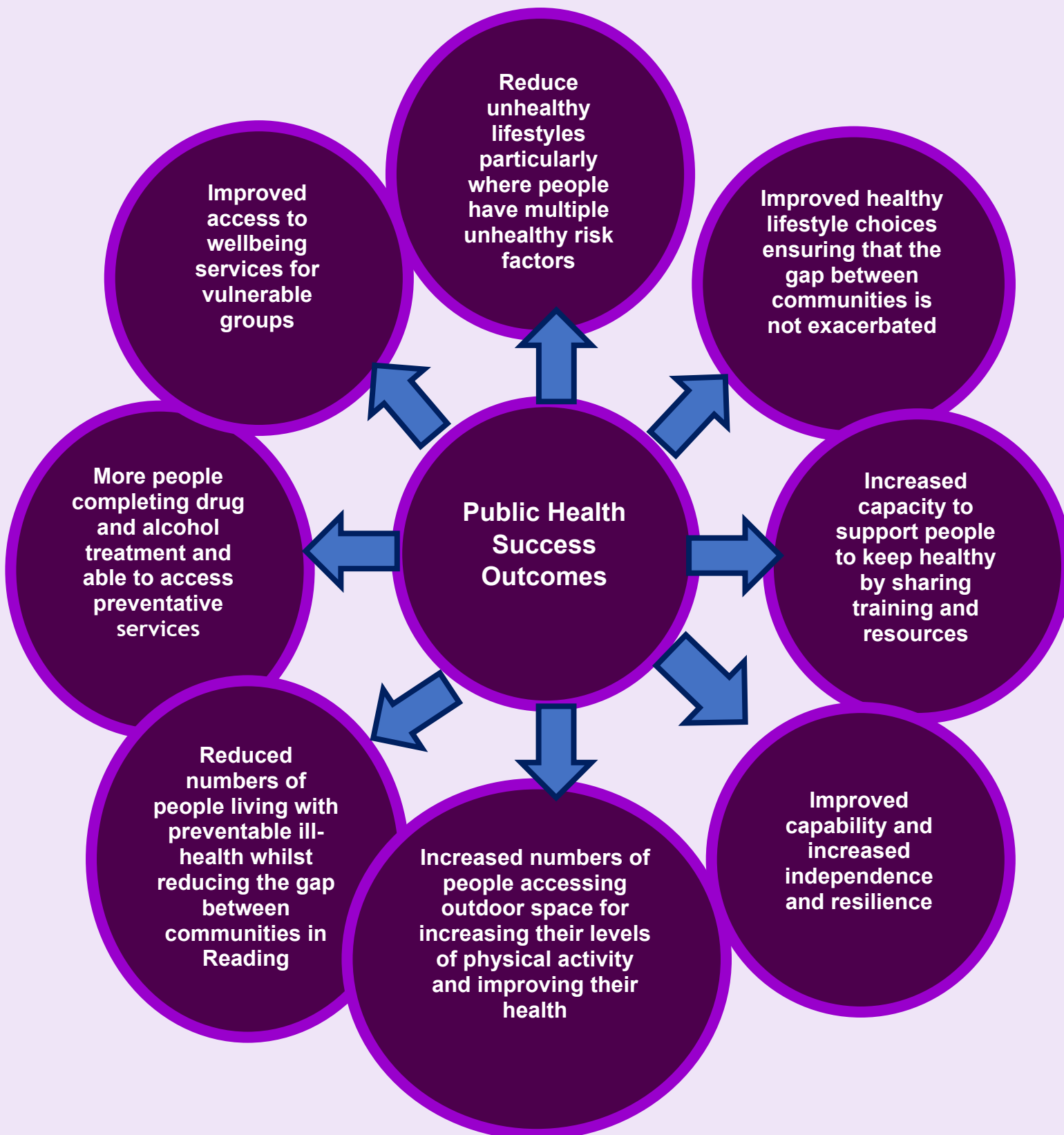
Our Workforce Best Practice Five Ps

“We value - the right support, at the right time, in the right place”



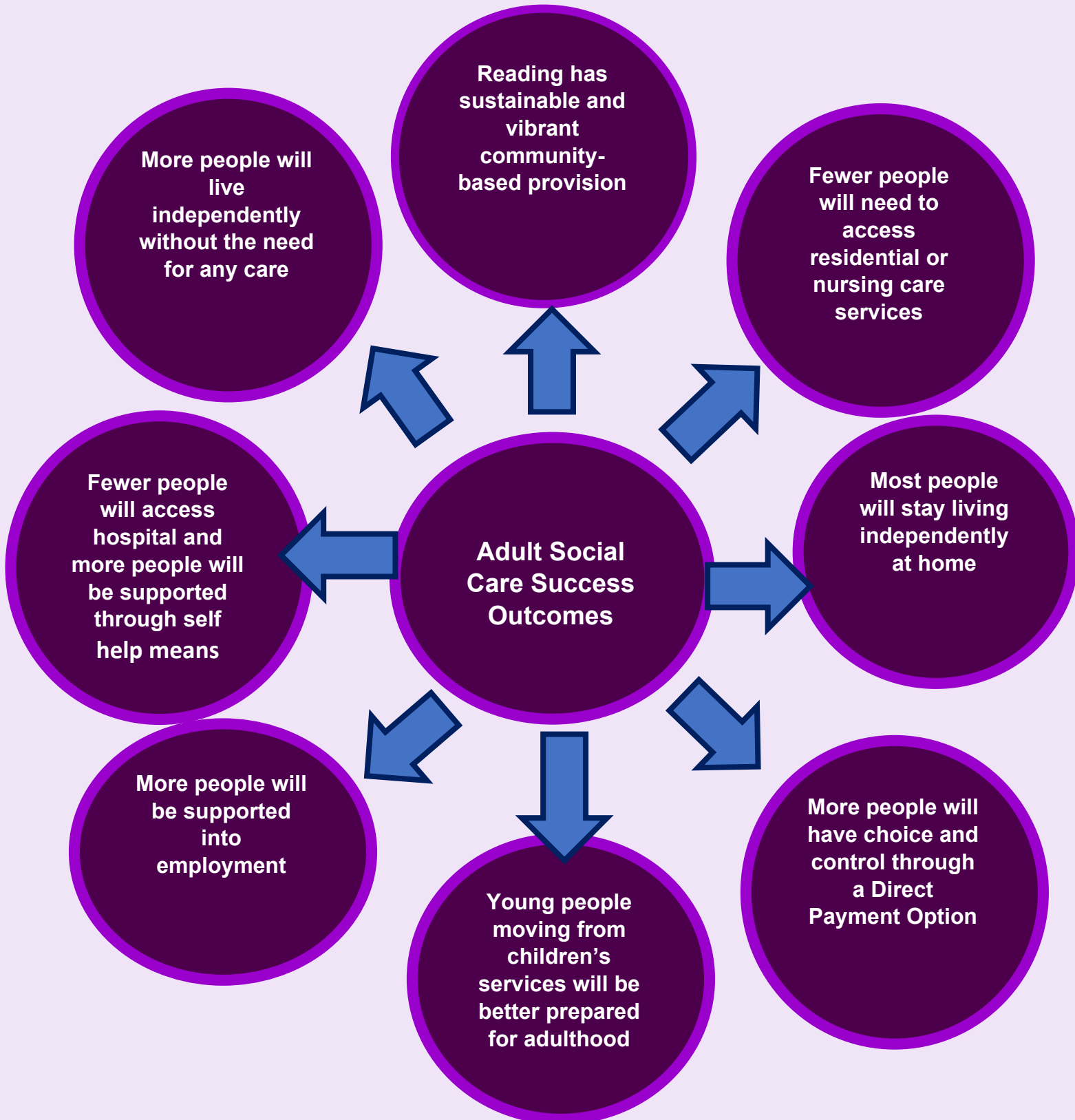
Delivering key aspirations set out in Reading Borough Council’s corporate plan, the Reading Health and Wellbeing Strategy and the Reading Better Care Fund Plan

Public Health outcomes to 'Support Our Future' What will success look like in three years' time?



Adult Social Care outcomes to 'Support Our Future'

What will success look like in three years' time?



‘Conversations Count’ – the key questions which underpin our approach in Reading

How can we help you to help yourself?



How can we help you when you need it?

How can we help you to live life well?



Priority Actions for 2019/2022

- ✓ Develop an easily accessible digital information service, to enable people to identify their own solutions without needing to contact the Council or other services.
- ✓ Collaborate with other information, advice and guidance providers to link resources so that residents can get comprehensive information without needing to know the difference between health, social care, housing, welfare etc.
- ✓ Redesign the Adult Social Care front door so people can be better supported to access wider community support alternatives to formal care.
- ✓ Review access and referral to re-ablement support to enable more people to remain at home through a period of rehabilitation.
- ✓ Ensure that our workforce is skilled in delivering and supporting the “*Conversation Counts*” approach to Adult Social Care, taking a strengths-based approach to connect people with the most appropriate support.
- ✓ Work with partners to provide “one stop shop” health and care hubs which offer preventative health advice and links to community support at various points, including information on self – health checks.
- ✓ Develop Reading’s Personalisation Offer through a Personal Budget and Direct Payments Guide and developing the market for support providers
- ✓ Develop an e-Market Place – where people can ‘shop’ online for a wide range of community services, which can support people to

- ✓ remain independent at home for longer.
- ✓ Promote the use of assistive technology, where appropriate, to support people to maintain independence.
- ✓ Develop swift access routes to short term support when people reach, or are close to, a point of crisis.
- ✓ Develop services to offer swift and appropriate support to help people to regain and maximise their following an injury, illness or crisis.
- ✓ Ensure that short term packages of care are outcomes focused, and have a clear end date.
- ✓ Ensure that reviews of short term packages of care and support are undertaken in a timely manner, as agreed with the individual.
- ✓ Ensure that we communicate with people using our services to let them know what is happening, when it is happening, and how they can plan for their own future.
- ✓ Refresh Reading's Autism Strategy, working with people with autism and family representatives, in enabling people to co-produce what services in the community best respond to their needs.
- ✓ Support staff and health colleagues to undertake the cultural shift needed to deliver a new approach and support people to take responsibility for their own health.
- ✓ Develop a Step Up and Step Down transition pathway – that best supports people in the community coming from acute settings.

✓ Implement new Residential and Nursing Care Homes Standards of Person Centred Care – enriching the life's of people in care home and in developing enablement approaches.

✓ Develop a Workforce Strategy that embeds a focus on understanding people's strengths and assets, empowering them to make best use of the support available in their local community.
This will improve people's outcomes whilst reducing use of formal care and delivering savings. The most experienced workers will work with those people with the most complex needs, whilst people with lower support needs will receive lighter touch support.

✓ Develop and implement an Accommodation with Care Strategy and Community Pathway to re-model existing provision to meet future needs and make

best use of available assets.

✓ Develop a Day Opportunities framework to set high expectations and drive up standards.

✓ Implement the Palliative and End of Life Care framework to support those approaching end of life to have choice and dignity, and support the Dying Matters campaign locally to help people and communities prepare for end of life.

✓ Work with young people and families to co-design transitions policies and pathways with recognise young people's strengths, support choice and build confidence.

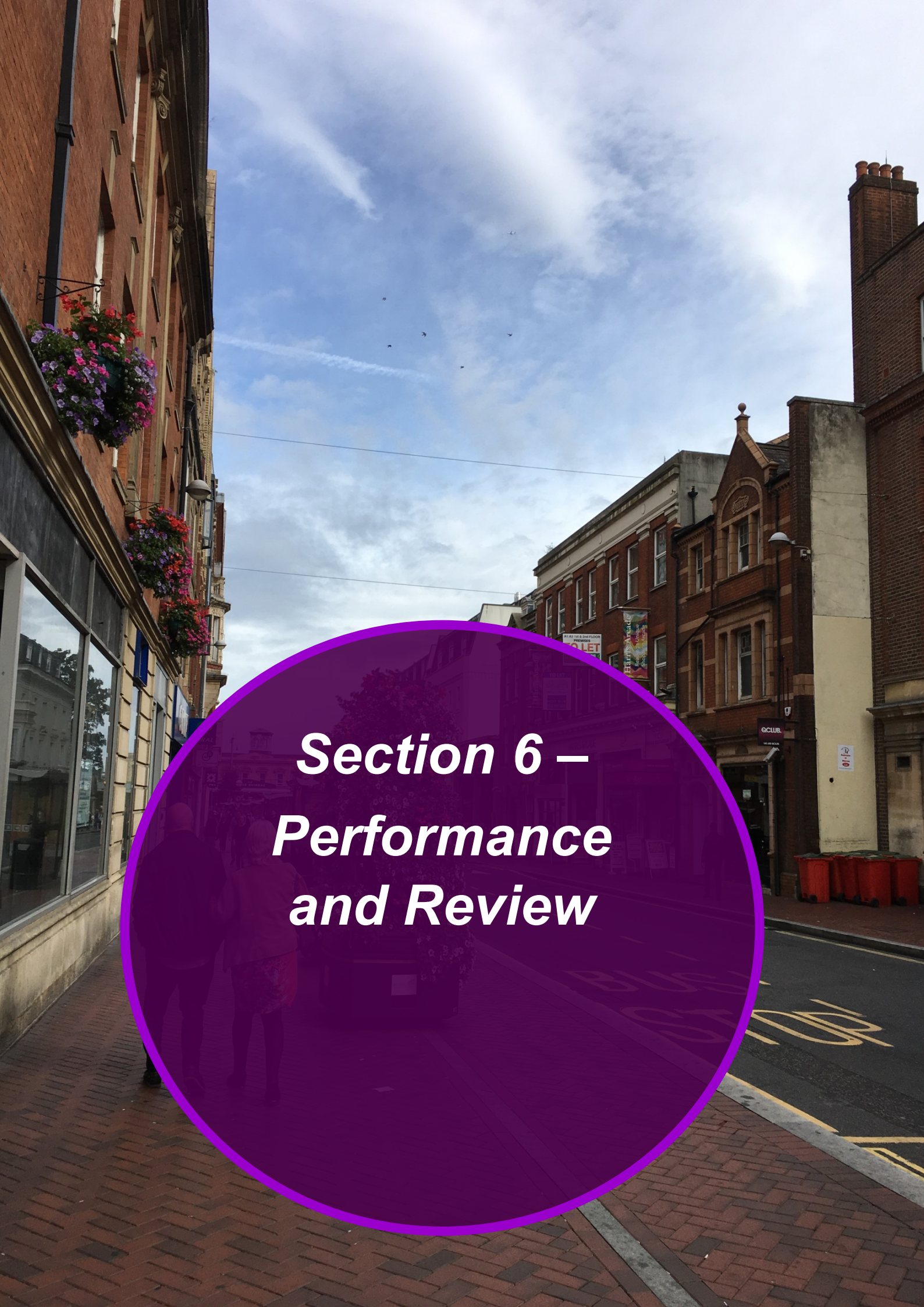
Being Inclusive

Our aim is to ensure that everyone who works in care and support will actively work to ensure social inclusion.

A socially inclusive Reading means people feel equal regardless of their personal circumstances. Equality doesn't mean treating everybody the same - equality means responding to individual needs in a fair way. This recognises what support people living with long term health conditions need to live independently, accessing education, employment, information, the environment and community.

Listening to our communities and to people who access our services tells us that targeted and personalised support is needed to help people take advantage of a wider range of community activities, therefore we will:

- ✓ Work with local people to understand and then address key issues.
- ✓ Share and seek out good practice in promoting social inclusion for the benefit of all our communities.
- ✓ Share high expectations of people's capabilities, their ability to develop new skills (whether they live with, or away from their families), and recognise that unnecessary dependence on services is 'disabling'.
- ✓ Require major improvements in the quality of community-based services, including robust, preventative and proactive care.

A street scene with brick buildings, a cloudy sky, and a large purple circular overlay containing text. The overlay is semi-transparent and has a bright purple border. The text inside is white and bold. The background shows a street with brick buildings, a cloudy sky, and a large purple circular overlay containing text. The text is white and bold. The background shows a street with brick buildings, a cloudy sky, and a large purple circular overlay containing text. The text is white and bold.

***Section 6 –
Performance
and Review***

Performance Headlines

What are we proud of?

- ✓ The Council was the lead partner in a Care Quality Commission health and social care system review. This showcased excellent practice across health and social care, and key improvements areas that are well on the way to being addressed. The review demonstrated the effectiveness of our workforce and people's commitment to person centred care from hospital to home.
- ✓ Social Care attributable Delayed Transfers of Care from hospital per 100,000 population have fallen considerably and are now below the averages amongst similar local authority areas, the South East and England.
- ✓ Reading continues to improve on the proportion of older people (65 and over) who were still at home 91 days after

discharge from hospital to re-ablement (i.e. the proportion of people successfully returning home is very good). Our performance is higher than both the South East (80.1%) average and England (82.5%) average.

- ✓ Carer reported quality of life based on the Survey of Adult Carers in 2017/18 is higher than in similar local authority areas and the same as the England average.
- ✓ We continue delivering our programme of transformational change and have done since 2015, delivering £10 million of prevention efficiencies, enabling people to take better control over their life, through improved outcomes.

What do we want to improve on?

- ✓ In 2017/2018, 100% of people accessing adult social care have a personal budget, 17.3% of people take their personal budget in the form of a Direct Payment, this is 1% less than the regional South

East average of 18%, and 12% less than the national average of 30%.

- ✓ In 2017/2018 the number of admissions to permanent placements in residential and nursing homes for younger adults (18-64) has again fallen and is now broadly in line with 2016/2017 averages.
- ✓ In 2018/2019 we support no adults in nursing care homes, which is great as we continue to support people with complex care needs, but in the community.
- ✓ We continue to work with care home and health system partners to ensure that we reduce the number of unplanned admissions to hospital.
- ✓ We are seeking to develop more joint commissioning with health partners to offer good seamless care in the community.

Public Health successes

There have been a number of areas of public health performance that have improved over recent years in Reading.

- ✓ Adult smoking prevalence in Reading continues to be similar to the England average – this is positive as it shows we are continuing to engage and support local smokers to quit tobacco for good, significantly improving their chance of good health in the long term. In 2012 it was estimated that 20.6% of adults in Reading were smoking – this decreased to 13.63% in 2018.
- ✓ There has been significant improvement in successful completion of drug treatment. Reading has improved from being similar to the England average to becoming a higher performing area. Individuals overcoming drug dependence can see improvements in health and wellbeing, reduced mortality, reduced blood-borne virus transmission risk, improved parenting and improved physical and psychological health.

- ✓ The number of excess winter deaths in Reading has decreased. At its highest, Reading was 35.3% (August 2008 – July 2011) however this has decreased in line with the England trend, to 21.1% (August 2014 to July 2015).
- ✓ In Reading we have achieved a year-on-year decrease in incidence of Tuberculosis (TB) cases. The local reduction in TB cases since 2012 is 43% for Reading.

greater in poorer communities so interventions can support with addressing health inequalities.

- ✓ Intentional self-harm requiring emergency admissions to hospital has increased in Reading. In 2014/15 there were 128.6 per 100,000 in Reading which was better than the England average – this has significantly increased (249.1 per 100,000) – making Reading worse than the England average.

Public Health challenges

Despite our improvements, there are also a number of areas where evidence shows us that we still need to improve.

- ✓ Reading's performance is lower than the England average for the proportion of problem drinkers in treatment. Appropriate interventions can improve the health and wellbeing of the individual and their family and community. It is likely to long term reduce alcohol related disease (liver disease, cancer) and alcohol related deaths. The effects of alcohol are

- ✓ Under 75 mortality in Reading is worse than the England average. The risk of developing diseases that cause premature mortality can be reduced by tackling lifestyle factors (inactivity, poor diet, obesity, smoking, alcohol misuse).

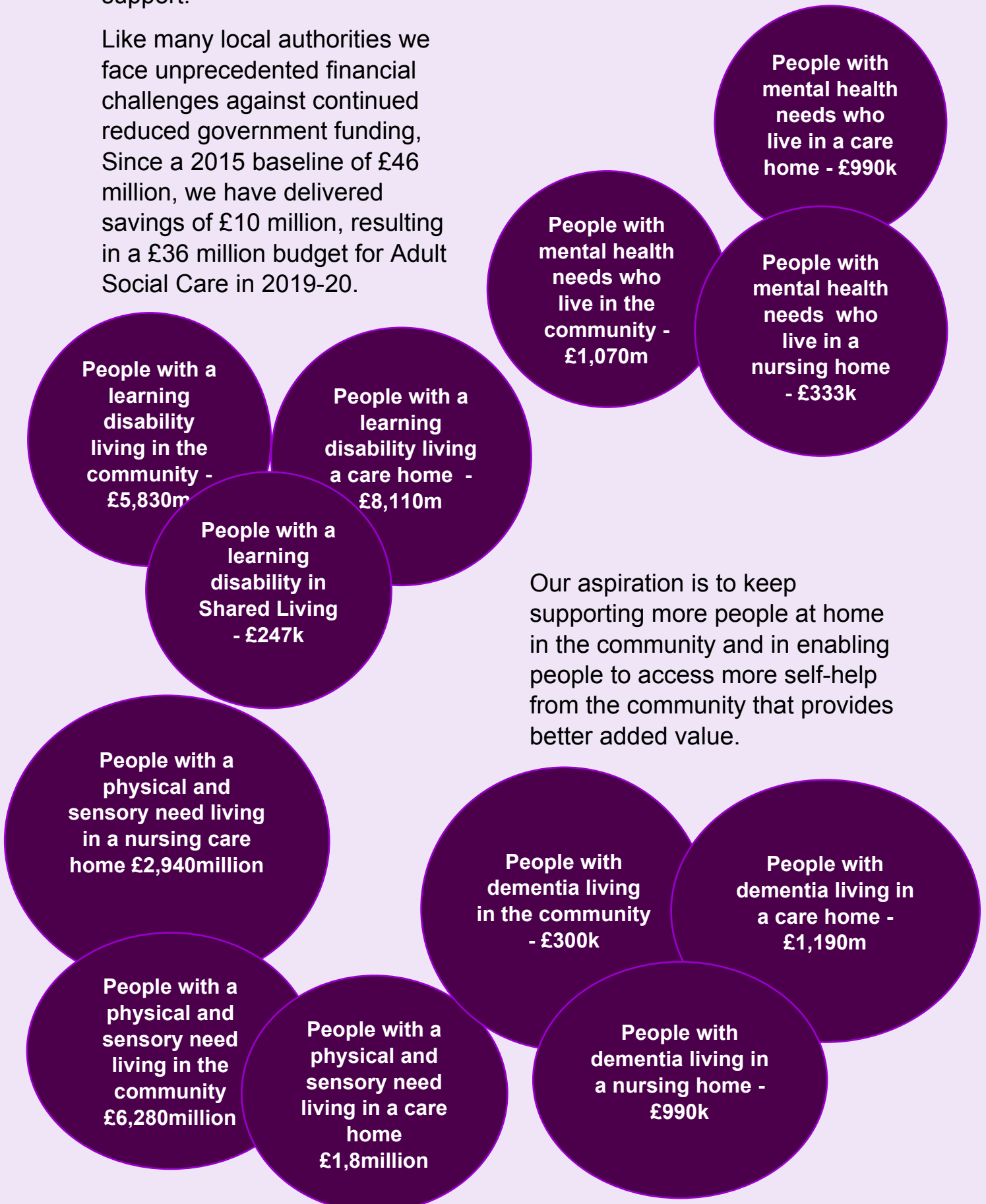
Finance and Spend

Our aim is to manage demand for high cost services, whilst implementing models of care that are more focused on self-directed support and re-ablement. This will deliver improved outcomes and better value for money.

In setting our costs we are governed by the Care Act 2014, which sets out eligibility criteria and how we must charge for support.

Like many local authorities we face unprecedented financial challenges against continued reduced government funding, Since a 2015 baseline of £46 million, we have delivered savings of £10 million, resulting in a £36 million budget for Adult Social Care in 2019-20.

Our spend each year on meeting people's eligible assessed needs is detailed below:



Our aspiration is to keep supporting more people at home in the community and in enabling people to access more self-help from the community that provides better added value.

The challenges we face which impact spend over the next three years & beyond are:

- Increased population of older people, and people with advanced stages of dementia.
- Unplanned care for people under 65 with mental health needs, and increased needs of people with mental health conditions.
- Increased complexity of need at a later stage of life.
- More people under 65 with complex care needs.
- Increased carers care needs at later stages of life.
- Continued reductions in grant funding.
- Increased health needs of adults (male and female) age 40 to 66
- Unplanned transfers of younger people with complex care needs coming to adult services.
- Lack of community investment from reduced grants being available to the third sector.
- Complex and challenging market conditions.
- National inflation
- Outcome of the Brexit process
- Welfare Reform



How we will monitor our performance?

We will;

- ✓ Monitor our performance by looking at the **benefits to the person**, which also includes carers. We call this measuring outcomes. This will include existing methods for monitoring performance plus recognising the experience of people who access and use services.
- ✓ Report and review internally through our **transformation programme** that sets out what we will deliver to achieve the aims of this strategy.
- ✓ Review and report our **statutory activity**, finance and performance information - used by health and adult social care professionals to benchmark, make comparisons with other local authority areas and keep a track of progress.
- ✓ **Annually report our success** through our local accounts – which tells people what we said we would do and how we have delivered against what was expected including how funds are spent.
- ✓ Report and review through our **corporate performance monitoring** system, working with elected members responsible for supporting their local communities.
- ✓ Undertake **surveys and feedback from people** who access and use services and their carers, on their views and experiences.
- ✓ Undertake **focused monitoring** of specific areas that may present as a risk and also **support peer challenge** – by inviting other local authorities to review our performance.
- ✓ Work closely with the **Care Quality Commission** as

the independent regulator of health and social care.

opportunity to share their views.

- ✓ Report to Reading's ***Health and Wellbeing Board*** and other committees to invite partners and people who use services to comment on our progress.
 - ✓ Continue to ***engage with wider employers*** of care staff, and through our own workforce development programme engage with staff to support their wellness and effectiveness.
 - ✓ Continue to review and learn from ***safeguarding enquires*** and concerns and report to the independent safeguarding board.
 - ✓ Undertake and lead ***provider engagement forums*** engaging the views of partners regarding how we can improve, and facilitate groups where specific people have the
- ✓ See the views of residents through Reading's ***Citizens Portal***.