READING BOROUGH COUNCIL

REPORT BY MANAGING DIRECTOR

TO:	**COUNCIL**		
DATE:	**26 MARCH 2013**	**AGENDA ITEM:**	**10**
TITLE:	**READING HEALTH AND WELLBEING STRATEGY**		
LEAD COUNCILLOR:	**COUNCILLOR LOVELOCK / COUNCILLOR TICKNER**	**PORTFOLIO:**	**HEALTH AND WELLBEING**
SERVICE:	**PUBLIC HEALTH**	**WARDS:**	**BOROUGH-WIDE**
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To present to Council the Reading Health and Wellbeing Strategy as attached at appendix 1.

1.2 To outline next steps for developing a delivery plan and explain how the strategy and will be reviewed and refreshed.

2. RECOMMENDED ACTION

2.1 That the Reading Health and Wellbeing Strategy be adopted.

2.2 That work towards a delivery plan and performance framework is noted.

3. POLICY CONTEXT

3.1 The Health and Social Care Act 2012 has given local authorities a much stronger role in shaping services and responsibility for local population health improvement. Health and Wellbeing Boards are a statutory requirement which brings together local commissioners of health and social care, elected members and representatives of partners to agree an integrated way to improve local health and wellbeing.

3.2 Cabinet resolved at its meeting on the 14 March 2012 that a shadow local Health and Wellbeing Board be established. The board has since started work to ensure effective engagement between NHS, local authority commissioners, and GP consortia in readiness for this new statutory role. This includes the preparation of a health and wellbeing strategy.

4. THE HEALTH AND WELLBEING STRATEGY

4.1 The Health and Wellbeing Strategy for Reading (**appendix 1**) has been developed using a broad range of data, knowledge and expertise. The combination of a firm evidence base and perception of relative importance from the public and service user viewpoint is a crucial element that underpins the production of the strategy.

4.2 Key stakeholders including the members of the Health and Wellbeing Board considered the evidence base on Health & Wellbeing in Reading and began initial work to start developing an outline vision and identifying key priorities for the HWB Strategy at a workshop on 25 May 2012.

4.3 Officers completed a full draft strategy and a summary version which was used for a consultation exercise with key stakeholders and partners as identified and agreed with the Health and Wellbeing Board. Following the consultation and further feedback from the Board the strategy was amended and a final strategy was endorsed by the Health and Wellbeing Board on 15 March 2013.

4.4 The strategy will be published on the website with the Boards strategy consultation response and an explanation of the changes as a result of feedback as well as a question and answer document.

4.5 As we enter a period of rapid change within the health arena it will be important to ensure we have the appropriate opportunity to review where we are and check our strategy can be effectively delivered. The health and wellbeing board will review the strategy within the first year once the public health function has had a chance to embed within the Council.

4.6 It is essential that we have robust delivery plans in place to take the strategy forward and work is taking place to map out existing work that contributes to the delivery within the existing work of the Council. A specific Health and Wellbeing delivery plan will be developed with partners over the next few months and a workshop for the board to explore implementation is planned for April.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The Health and Wellbeing Strategy will impact on the strategic aim of promoting equality, social inclusion and a safe and healthy environment for all

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Our ongoing commitment to engage and involve local people, communities and partners means that our strategy and future delivery plans reflect the needs of Reading residents and how important we believe engagement in developing local health services is.

6.2 A recent example supporting the development of the strategy is the Let's Talk Health programme, which included a survey and a range of community events, allowing participants views and experiences to come to the fore.

6.3 Joint consultation and working with our voluntary sector to get feedback directly from service users is a key element to delivering an even better health service which meets local needs.

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 Reading Health and Wellbeing Strategy has been drafted using evidence from:

- The Public Health Outcomes Framework for England, 2013-2016
- The 2012/13 Adult Social Care Outcomes Framework
- Children and Young People's Plan 2011/2014
- Children's Health Profile 2012
- Reading Joint Strategic Needs Assessment
- Let's Talk Health Consultation
- The Draft Strategy Consultation Feedback

The Health inequalities that need to be addressed in Reading have been identified and these inequalities are explicitly addressed throughout the strategy. (appendix 1)

8. LEGAL IMPLICATIONS

8.1 It is a statutory requirement of the Health and Social Care Act 2012 that a Health and Wellbeing Strategy is prepared and published based on an assessment of local needs.

9. FINANCIAL IMPLICATIONS

9.1 The financial implications of the Strategy must be contained within current resources, including the Public Health grant that is due to transfer to the Local Authority from 1 April 2013. The ring fence grant from the Department of Health for Reading this is £7.466 million for 2013/14.

9.2 HWB members will need to consider any financial implications arising from the development of commissioning plans to deliver the strategy which will be the subject of further reports to the Board.

10. BACKGROUND PAPERS

- The Health and Social Care Act 2012,
- 14 March 2012 Cabinet Report titled Health and Wellbeing Board (Agenda Item 14),
- 25 January 2013 Health and Wellbeing Board titled Reading Health and Wellbeing Strategy (Agenda Item 9),
- 15 March 2013 Health and Wellbeing Board titled Reading Health and Wellbeing Strategy (Agenda Item 8).

Appendix 1

NHS
North & West Reading CCG

NHS
South Reading
Clinical Commissioning Group

Reading's Health and Wellbeing Strategy

2013-2016

Reading Borough Council
Working better with you

Foreword

The Health and Social Care Act 2012 has given local authorities a much stronger role in shaping services and improving the health of local people. In Reading, the Health and Wellbeing Board brings together councillors, partner organisations and those responsible for commissioning health and social care services.

The Board's role is to set out an agreed, integrated health and well-being strategy for the Borough, which includes locally-determined priorities. This puts it right at the heart of activities to improve services and support Reading residents to live healthy lives.

The strategy will be used to inform the commissioning of services by the local Clinical Commissioning Groups and the Council. We will develop detailed delivery plans which will allow us to monitor and measure progress towards our key public health aims.

We plan to review the strategy after the first year. This will allow us to take account of any lessons learned as the Council's new public health function becomes embedded in the organisation. We will involve partners and residents in this process to ensure our priorities continue to be relevant to local needs.

Councillor Jo Lovelock
Leader, Reading Borough Council
Chair, Health and Wellbeing Board

Councillor Bet Tickner
Labour Councillor Abbey Ward
Lead Councillor for Health

Our vision – A healthier Reading

Communities and agencies working together to make the most efficient use of available resources to improve life expectancy, reduce health inequalities and improve health and wellbeing across the life course

Goal One – Promote and protect the health of all communities particularly those disadvantaged

- **Objective 1 –** Protect health and reduce the burden of communicable diseases by targeting services more effectively
- **Objective 2 -** Ensure effective support is available to vulnerable and BME groups to protect their own health.
- **Objective 3 –** Increase awareness and uptake of Immunisation and Screening programmes

Goal Two – Increase the focus on early years and the whole family to help reduce health inequalities

- **Objective 1 –** Ensure high quality maternity services, family support, childcare and early years education is accessible to all
- **Objective 2 –** Reduce inequalities in early development of physical and emotional health, education, language and social skills
- **Objective 3 -** Improve identification and reduce the effects of domestic violence on emotional wellbeing for the whole family

Goal Three – Reduce the impact of long term conditions with approaches focused on specific groups

- **Objective 1 -** Assist and support ability to self-care in all adults and young people with existing long term conditions
- **Objective 2 -** Ensure high quality long term condition services are available to all including those with a learning disability
- **Objective 3 -** Build on and strengthen the quality and amount of support available to adult and young carers in Reading

Goal Four – Promote health-enabling behaviours & lifestyle tailored to the differing needs of communities

- **Objective 1 –** Improve tobacco control and reduce harm due to alcohol and drug misuse in Reading
- **Objective 2 –** Enhance support and target causes of lifestyle choices impacting health for adults and children
- **Objective 3 –** Reduce the prevalence, social and health impacts of obesity in Reading including targeting key causes

1. Our vision

The Health & Wellbeing Board's vision is for:

A healthier Reading

"Communities and agencies working together to make the most efficient use of available resources, to improve life expectancy, reduce health inequalities and improve health and wellbeing across the life course"

2. Scope and purpose of this strategy

This is the first Joint Health and Wellbeing Strategy for Reading. It has been developed from plans to which organisations represented on the shadow Health & Wellbeing Board are already working, but sets out the local priorities which emerge from taking a much broader view of health and wellbeing across the partnership. The strategy has also been developed in the context of reduced funding for public services at a time when demographic changes, a worldwide recession and significant changes to the national welfare system are all likely to increase demand for health and care services, unless we take a fundamentally new approach.

Many aspects of life have an impact on our health and wellbeing: from what we traditionally recognise as 'health' issues or services through to the quality of our environment, access to housing, education, transport and leisure, and the wide range of formal and informal supports which help people feel involved with and part of their local communities. The extent to which people feel connected with others has been found to have health and wellbeing impacts comparable with smoking and alcohol consumption. Conversely, loneliness can pose a health risk even greater than factors such as physical inactivity and obesity.[1] Building on the capacity of local communities therefore underpins our approach, and we are conscious of the need to promote and develop services, including health and care support, which strengthen rather than weaken community connections. The role of the Health and Wellbeing Board is to set the strategic context in which local health and wellbeing services are commissioned, and to focus on those areas where the greatest influence can be exerted by working in partnership, particularly:

- sharing knowledge and data to identify the highest priority health and wellbeing needs locally;
- taking collective responsibility to ensure the most vulnerable are protected and included; and
- working collaboratively and creatively to maximise outcomes with limited resources.

[1] Holt-Lunstad [2010] - *Social Relationships and Mortality Risk: A Meta-analytic Review*

This strategy sets out how the Board will work across communities and partner agencies to ensure that everyone in Reading can live as healthily and independently as possible and has access to the services and support they need.

The Reading Health & Wellbeing Strategy will directly inform the commissioning of:

- acute health care services
- community health and care services
- adult social care services
- children's health and care services
- public health interventions

and will also influence the way other local services are resourced which cover the wider determinants of health.

We aim to ensure local services are high quality, integrated and accessible to all in order to improve the health and wellbeing of children, young people and adults in Reading and reduce the significant inequalities in health between the least and most deprived persons and communities in the borough. We recognise the Marmot[2] conclusions that health inequalities are neither inevitable nor immutable, but can be addressed by tackling underlying social inequalities.

In implementing our strategy, we will work to tackle risks to health and wellbeing, improve the determinants of health and deliver value for money. We will invest in and design quality health and care services that promote good health, increase life expectancy and reduce inequalities within our diverse communities.

The strategy focuses predominantly on reducing health inequalities in Reading through a life-course approach – addressing health and its determinants in maternity, early years, childhood, young adulthood, older adulthood and older age. We believe that every resident of Reading, whatever their age or background, deserves the best chances of living a healthy, happy and productive life.

3. How we developed the strategy

The Health & Wellbeing Board has an ongoing commitment to engaging and involving local people, communities and partners so that our strategy and future delivery plans represent the needs and priorities of Reading residents.

3.1. Public Engagement

At the beginning of 2012, Reading Borough Council led the 'Let's Talk Health' community involvement programme. Reading residents gave their feedback on what 'health' means to them and what they think needs to happen to make Reading a healthier place. This exercise demonstrated widespread

[2] Marmot [2010] – *Fair Society Healthy Lives*

recognition that a range of services are important to health and wellbeing, with Reading residents looking to statutory services to support them in taking care of themselves and their families. This support includes health advice and information, a greater range of options for accessing health services – particularly mental health services, affordable leisure and fitness opportunities, access to open spaces and opportunities for community involvement. When people do need to call on professionals for health and wellbeing support, they want to be treated with respect, compassion and empathy.

3.2. Engagement with the Board

The Health & Wellbeing Board has been and will continue to be informed by a range of Reading forums which give different groups the opportunity to comment on health and care services and contribute to their development.

These include:

- the Older People's Partnership
- the Carers Steering Group
- the Learning Disability Partnership
- the Physical Disability and Sensory Needs Network
- the Access Forum
- the Reading Children's Trust

These standing forums bring together people using health and care services, family or informal carers, and a range of community groups, some of which are also providers of community based 'preventative' services which play a vital role in keeping people well and living as full lives as they can. GP practices in Reading also gather and respond to the views of users of their services, for example through their Patient Participation groups and through the annual national GP patient survey. Joint consultation and working with our voluntary sector to get feedback directly from service users is a key element of delivering an even better health service.

3.3. Local Involvement

Reading LINk (Local Involvement Network) plays a key role in bringing a patient / service user voice to the Health & Wellbeing Board. LINk is an independent group with a remit to find out what local people want from health and care services, investigate issues and bring these to the attention of the people who commission and manage those services. Reading LINk carried out an extensive community engagement survey in 2010 to shape its work programme. This identified that mental health services, access to NHS dental services, and being seen on time for hospital outpatients and GPs appointments are priority issues that cut across different communities and affect individuals of all ages. The various projects which LINk has developed to explore these concerns further are now being reported through to appropriate members of the Health & Wellbeing Board. From the 1st April 2013 Reading 'Healthwatch' will be a voice for the community and act as a watch dog for local health and social care services.

3.4. Joint Strategic Needs Assessment

Our Joint Strategic Needs Assessment (JSNA) will underpin our Health and Wellbeing strategy. This analysis of the health and wellbeing of our local population is a joint responsibility of health and local authority partners, and is a fundamental tool to ensure that, in consultation with our communities and service users, we develop our understanding of the priorities issues affecting the health of our local population.

The Reading JSNA builds on a firm evidence base including feedback from members of the public, drawing particularly on their experiences of using services. The goals and objectives set out here reflect the priorities identified by the shadow Health & Wellbeing Board following a holistic review of information on local needs, services and aspirations.

Our Priorities

We have prioritised the achievement of four Goals to achieve our vision, as shown in Figure 1:

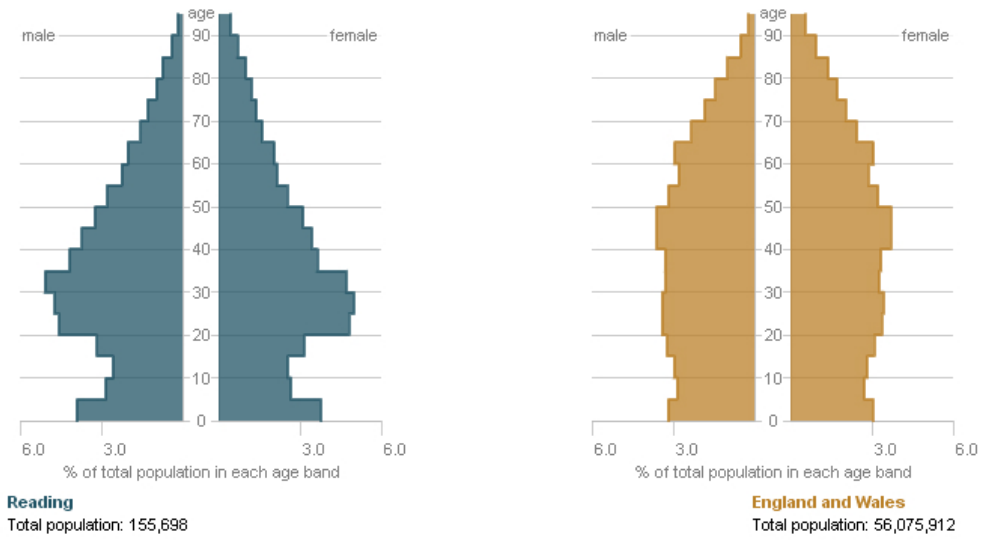
Goal One	Promote and protect the health of all communities particularly those disadvantaged
Goal Two	Increase the focus on early years and the whole family to help reduce health inequalities
Goal Three	Reduce the impact of long term conditions with approaches focused on specific groups
Goal Four	Promote health-enabling behaviours & lifestyle tailored to the differing needs of communities

Associated with each goal is a set of objectives (sub-goals) which are shorter-term measurable steps that will move us towards achieving the longer-term goals.

4. Context

4.1. Our population

2011 Census: population estimates for England and Wales



Source: 2011 Census, 2001 Mid-Year Population Estimates
Graphic by ONS Data Visualisation Centre

The population of Reading is a younger one relative to the whole of Berkshire, the South East, and England and Wales populations. The overall population is expected to increase in size. Reading has some very affluent communities alongside some very deprived neighbourhoods. Reading is ranked 125 out of 326 local authorities nationally on the Index of Multiple Deprivation but some areas, mainly in the south of Reading, are among the 20% most deprived in the country. A number of wards - for example Whitley, Abbey and Church - have high proportions of older people living on low incomes.

Reading is ethnically and culturally rich and diverse with current population estimates probably not fully representing the ethnic mix within the population and the size of black and minority ethnic (BME) groups. As the data from the recent 2011 census becomes available we can use this to help us plan and support the needs of our population in a much more focused way. International migration into the area is high due to job availability and accessibility, but also relatively lower costs of living and better transport infrastructure, particularly public transport links. Internal migration figures suggest that more people move out of Reading to other parts of the UK then are moving in. In particular 0 to 15 year olds and 25 to 44 year olds are moving out of the area. More females than males are moving from within Reading to other parts of the UK.

As well as a relatively high BME and migrant population, the JSNA identifies other ways in which the Reading population is made up differently from national averages. There is a relatively large child population, particularly of those aged under five, which is also the population group expected to show the greatest increase over time. Almost 2,700 babies are born to families in Reading each year which represents a higher fertility rate than the national average. Specific groups of children are likely to have particular health and wellbeing needs as explored more fully in the JSNA - children looked after by the Local Authority, children subject to a child protection plan, children and young people not in education, employment or training, children with disabilities, and children living in poverty.

The number of older people in Reading is much smaller than in other areas of Berkshire. However, whilst Reading expects to see a relatively small increase in the total number of older people compared to most other areas, the biggest increase will be in the very elderly, aged 85 and over, who are at greater risk of experiencing long term health conditions than the newly retired. Just over a quarter of Reading residents over pension age are estimated to be living alone, and 80% of pensioner households are owner occupied properties. This means Reading has a significant number of older people at risk of social isolation with the negative impacts on physical and emotional wellbeing which this brings. There are also significant numbers of older people living in relative deprivation, making them especially vulnerable and therefore an appropriate population group to target, e.g. in focusing on reducing winter deaths amongst the elderly.

The 2011 census data shows that almost 8% of Reading residents provide informal or unpaid care to friends, family or neighbours. Research by Carers UK shows that, those providing high levels of care are twice as likely to experience ill health as members of the general population. The Health & Wellbeing Board is therefore committed to addressing the needs of carers alongside those of people who rely on carers, particularly as carer support is so often the crucial element which enables people with long term health conditions to remain in their own homes and communities.

4.2. Our achievements and assets

We know from the 2011 Residents Survey that the people of Reading have a commitment to their own health and wellbeing, with nearly three quarters participating in at least 30 minutes of sport and recreation on three or more days per week. People also report a commitment to their community: one in six local people volunteer at least weekly.

There is a strong voluntary and community sector in Reading which plays a key role in promoting the health and wellbeing of local residents. The VCS provides a wide range of community based 'preventative' services which help people to stay well and reduce the demand on statutory services. Local health and care commissioners invest in many of these services, but many more operate independently of such funding. The VCS draws in additional resource to provide health and wellbeing

support – through charitable donations or its use of volunteers – and so enhances local capacity to deliver our vision for a healthier Reading. The VCS is also a source of expertise on local communities and needs, and a valued partner at all stages of the commissioning cycle.

We already have a strong history of high quality care and good joint working across health and social care services on which to build. There are many examples where we have already made improvements together: in preventive services to help people stop smoking, eat more healthily and reduce their risk of cardiovascular disease; in services for young people to reduce rates of teenage pregnancy; and in providing more integrated care and support for older people to enable them to live healthier and more independent lives, particularly the intensive 're-ablement' service to help people regain maximum independence after an illness or injury. We have many highly skilled and experienced staff in our local health and social care commissioning teams and provider organisations who know Reading well and can use that knowledge for the benefit of our population.

All the partners in the Health and Wellbeing Board are committed to working together and building on our strengths to achieve positive changes for Reading.

4.3. Our existing challenges

We do however have many continuing challenges. Some areas of Reading have significant levels of deprivation, although there is a wide range with affluent areas alongside those where people are living in much more difficult circumstances. Overall, we are an economically thriving area. The health of people in Reading is mixed compared to the England average, and there are wide variations; life expectancy is 8.5 years lower for men and 7.0 years lower for women in the most deprived areas of Reading compared to the least deprived areas. Healthy life expectancy at age 65 is higher than the national average for both men and women, but lower than that for other areas of Berkshire West. Over the last 10 years, all-cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have also fallen although the latter remains worse than the England average. An estimated 22.1% of adults smoke (slightly above the England average) and there are estimated to be about 173 deaths from smoking each year; however levels of obesity are below the England average at about 21.9% of adults. Rates of problem drug misuse are relatively high, and there were 1,774 hospital stays for alcohol related harm in 2009/10.

Poverty

The level of child poverty is worse than the England average with 23% of children under the age of 16 living in poverty, and about 7% of young people are not in education, employment or training, higher than the national average. Levels of childhood obesity are a concern particularly among year 6 children, 21% of whom are classified as obese. However 54% of pupils spend at least three hours each week on school sport. The level of teenage pregnancy is higher than the England average although it has declined significantly over the last few years.

Reading has long recognised the significance of poverty as an issue impacting negatively on the quality of life of many of its residents. This is explicitly recognised in Reading's Community Strategy that identifies 'breaking the cycle of inter-generational poverty' as a key priority. The Local Strategic Partnership has established a task and finish group to progress action against this priority over the coming year. In parallel the Council is committed to working with partners to develop an overarching anti-poverty strategy that highlights the pernicious impacts of poverty on children in particular and fulfils the statutory requirements to develop a Child Poverty Strategy (Child Poverty Act 2010) but takes a broader approach to the impacts across all generations.

4.4. Responsibilities for the implementation of this Strategy

Our Health and Wellbeing strategy is driven by the views of local people and our understanding of the needs and priorities for Reading, informed by the Joint Strategic Needs Assessment (JSNA), the analysis of the health and wellbeing of our local population. The strategy will also link with and inform the commissioning and strategic plans of each of the partner organisations that are members of the Health and Wellbeing Board. Each organisation will ensure that its own plans align with our jointly agreed priorities, so that each takes the action required, either individually or jointly, where that works best, to deliver our shared vision.

From 2013, Reading Healthwatch will be commissioned (by the local authority) as an independent body with statutory functions to promote the interests of local users of health and care services. Healthwatch will take over the existing role of LINk but take on some additional responsibilities to advocate for local patients and service users. Healthwatch will be open to all local people and community groups, and will be represented on the Health & Wellbeing Board (taking over the LINk seat on the shadow Health & Wellbeing Board).

4.5. The Reading shadow Health and Wellbeing Board (sHWB)

The role of the shadow Health and Wellbeing Board is to be the main forum where local leaders from the health and care system work together to understand their community's needs, agree priorities and promote more joined up commissioning of services for the local population. Our Health and Wellbeing Board was formally established in shadow form from April 2012, and will take on its statutory functions from April 2013.

The role of the Health and Wellbeing Board in developing a joint strategy which addresses locally agreed priorities in the most effective and cost-effective way will therefore be absolutely critical to ensuring that we can all work in a co-ordinated way to achieve the best outcomes for our population within the resources we have available.

A minimum membership for the Board has been mandated to include at least 1 local Councillor and a local Healthwatch

representative to strengthen local accountability, as well as representatives of the Clinical Commissioning Groups serving the local population, and the Directors of Public Health, of Adult Services and Children's Services.

The membership of the Reading shadow Health and Wellbeing Board includes:

- The Leader of the Council - Cllr Jo Lovelock (Chair)
- Lead Councillor for Health & Wellbeing - Cllr Bet Tickner
- Lead Councillor for Adult Social Care – Cllr Mike Orton
- Lead Councillor for Education & Children's Services – Cllr John Ennis
- The RBC Council Manager – Ian Wardle
- The Director of Education, Social Services and Housing - Avril Wilson
- Berkshire Director of Public Health – Lise Llewellyn
- A representative from each of the commissioning consortia - Dr Rod Smith Chair North & West Reading CCG and Dr Elizabeth Johnston Chair of South Reading CCG
- A representative from the Local Healthwatch organisation - David Shepherd from the Reading LINk
- Until 2013 – a representative of the PCT - Julie Curtis, Interim Director of Joint Commissioning

Participating observers

- Independent Chair, West Berkshire, Reading and Wokingham Local Safeguarding Children Boards - Stephen Barber
- Independent Chair, West of Berkshire Safeguarding Adults Partnership Board - Sylvia Stone

5. How we will measure success

We will develop a robust and proportionate performance management framework so that we can measure our progress and better understand where we may need to divert additional resources as we tackle the various challenges we face in the future.

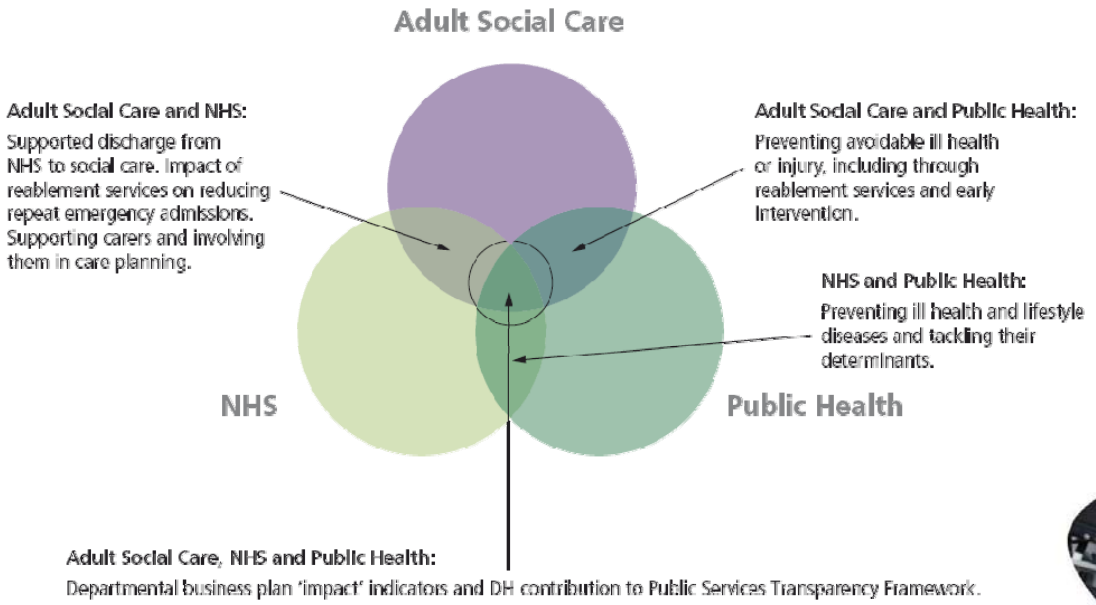
The framework will be based on the Outcomes Frameworks for Public Health, Adult Social Care and the NHS which have already been published by the Department of Health. Each includes outcomes in 4 or 5 domains (Table 1) and there is considerable overlap between them, as shown in Figure 2. Our approach to performance management will incorporate the links and interdependencies between these outcome frameworks.

We will also consider the outcomes frameworks for children's health and wellbeing and commissioning outcomes which are currenlty in development.

Table 1 - Outcomes frameworks domains

Adult Social Care	NHS	Public health
• Enhancing quality of life for people with care and support needs • Delaying and reducing the need for care and support • Ensuring that people have a positive experience of care and support • Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm	• Preventing people from dying prematurely • Enhacing quality of life for people with long-term conditions • Helping people to recover from episodes of ill health or following injury • Ensuring that people have a positive experience of care • Treating and caring for people in a safe environment; and protecting them from avoidabel harm	• Improving the wider determinants of health • Health improvement • Health protection • Healthcare public health and preventing premature mortality

Figure 2 – Illustrating the Interplay between the 3 outcome frameworks



Source: Department of Health
NB: The Children's outcome framework was not available at the time this strategy was written.

Health and Wellbeing Goals and Objectives

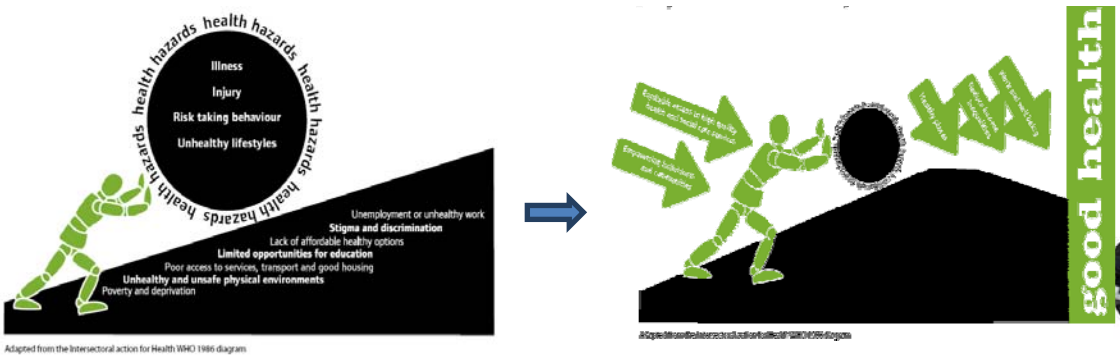
Goal One: Promote and protect the health of all communities particularly those disadvantaged

Introduction

Health is defined by the World Health Organisation as a state of complete physical, mental and psychological wellbeing and not merely the absence of disease. There are many factors outside the traditional remit of health care which determine the health of individuals and populations. These include less modifiable factors such as heredity and more modifiable wider determinants such as environment, housing, lifestyle and employment.

Health promotion is the process of empowering people to exert greater control over the factors that can improve their health. As illustrated in Figure 3 below, some individuals may face greater challenges than others in trying to achieve good health but a combination of individual empowerment (achieved by health promotion) and supportive environments makes better health a realistic goal for everyone. We want to see this strategy drive practical changes so that everyone has the opportunity to be as well as they can be.

Figure 3 – Illustrating the determinants of health and the influence of health promotion



Source: World Health Organisation 1986

In addition to the wider determinants that influence an individual's chances of achieving good health, there are external incidents or disease-causing agents that can directly or indirectly impair good health – infections, chemical incidents, radiation hazards. The public health arm of health protection reduces the dangers to health arising from such agents.

What the data tells us

Reading data tells us that:

- cancer and circulatory diseases cause relatively high numbers of deaths in people aged under 75, particularly for people living in deprivation, who smoke, have a poor diet or low levels of physical activity;
- more people are dying in winter than in the warmer months – and we also know that Reading has a relatively high number of older homes, which are more expensive to heat than modern homes, and that we have not managed to hit our targets recently in the number of older people having a seasonal flu vaccine;
- Tuberculosis rates have remained stable at high levels in Reading;
- the numbers of people with HIV have risen to a level at which we are recommended to run routine tests on everyone seeking to register for primary health care;
- significantly more young people aged 15 to 25 resident in Reading have been screened for chlamydia than the average number screened regionally, and across Berkshire;
- Reading school census figures from May 2012 show that 46% of the pupil population is from BME background;
- 15% of all adult social care clients in Reading are from a BME group.

What we want to see

We want to concentrate our health promotion efforts, e.g. immunisation and screening programmes, in a way which starts to break down health inequalities in Reading. In line with this, we want to see:

- a more targeted approach to health promotion so that support to make healthier lifestyle choices is accessible to people living in less affluent as well as more prosperous communities, and to groups historically under-represented in take-up figures;
- services equally as diverse and the particular health needs of different populations, including vulnerable and BME groups, being assessed;
- better access to health advice and treatment to help vulnerable and BME groups protect their own health and prevent disease;
- an increase in the numbers of older people taking up flu vaccines;
- a building on the success of the Winter Watch programme launched in 2011 to offer people practical support to keep warm and stay well during the colder months;
- lower transmission rates of TB and HIV through better education about risks and also ensuring treatments are started promptly and then completed;
- more young people being screened for Chlamydia within ‘core service’ settings for this screening programme, i.e. GP surgeries, pharmacies and contraceptive clinics;

Our three objectives in ensuring we promote and protect the health of all communities particularly those disadvantaged

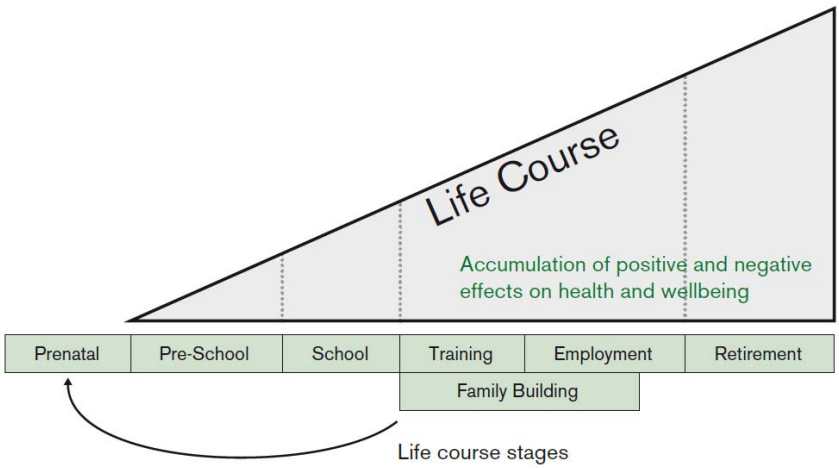
Objective 1 – Protect health and reduce the burden of communicable diseases by targeting services more effectively
Objective 2 - Ensure effective support is available to vulnerable and BME groups to protect their own health
Objective 3 – Increase awareness and uptake up of Immunisation and Screening programmes

Goal Two: Increase the focus on early years and the whole family to help reduce health inequalities

Introduction

The Marmot Review "Fair Society, Healthy Lives" sets out six policy objectives, two of which strongly relate to children and the whole family. Specifically, these are (1) Giving every child the best start in life, and (2) Enabling all children, young people and adults to maximise their capabilities and have control over their lives. These objectives are crucial to reducing health inequalities across the life course (see Figure 4 below). Achieving good health as early as possible in life will affect the chances of good health for the rest of a person's life. Indeed, exposures in the womb, such as maternal diet and overall health, as well as exposures in early life, such as breastfeeding and the socioeconomic environment in which a child grows up, can all affect health throughout the rest of a person's life. We know that intervening later in life can be less effective without good early foundations. This is why we are very keen to ensure we increase our focus on the early years.

Figure 4 – Stages of the life course and the accumulation of effects



Source: Fair Society, Healthy Lives (Marmot Review)

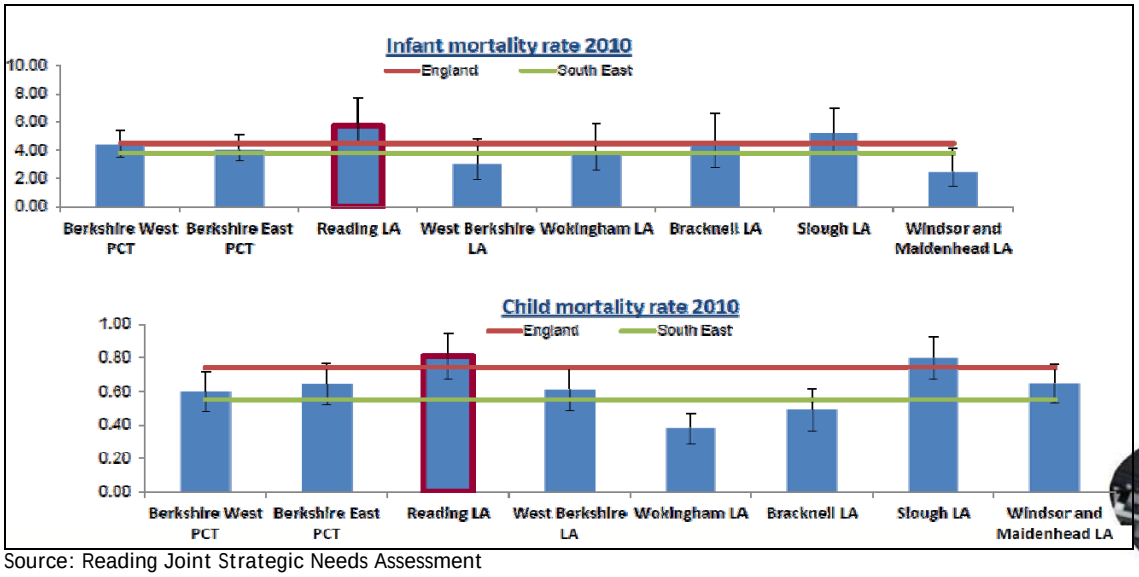
Crucially, strategies in the early years need to involve the whole family. For example, approaches to early and later childhood years that work across school–home boundaries and incorporate the provision of a range of extended services around schools to families and communities in their area have been particularly successful. Additionally, we know that very young parents, those who have significant challenges in their lives or who have little support from family or community may want to benefit from interventions which help with material, social or emotional needs. This is why we are very keen to focus on the whole family as well as children in the early years.

What the data tells us

Reading data tells us that:

- Reading has a higher-than-England-average proportion of NEETs and LAC and nearly 60/10,000 of our children were subject to a child protection plan in 2011, a rate that far outstrips that for England the South East region;
- Reading has relatively high rate of teenage pregnancy;
- a good proportion of new mothers in Reading start off breastfeeding, but only half are still breastfeeding their babies at 6-8 weeks of life;
- low child immunisation numbers in Reading mean children are at higher risk of avoidable, fatal, childhood diseases;
- Reading stood at 5.7 per 1000 live births while child mortality rate was 0.81 per 100,000 - rates which exceed the regional averages.
- In Reading there is a significantly higher rate of domestic abuse incidents than the Thames Valley average;
- 49% of domestic violence incidents in Reading occur in a house where a child is present.

Figure 5 – Infant and child mortality in Reading and surrounding areas, compared to nation and region



Source: Reading Joint Strategic Needs Assessment

What we want to see

In order to address the issues raised in the JSNA, we plan to focus on early years and the whole family. We want to see:

- that our communities have access to top quality maternity services that support women and their partners during pregnancy, birth and early parenthood, ensuring that we signpost those women who are more vulnerable, to specialist care at an early stage;
- high quality parenting and early intervention programmes that positively impact on inequalities in children's early years, education and health outcomes and parental health and well-being;

- a reduction in the infant and child mortality rates;
- an increase in breastfeeding rates and the take up of immunisation programmes;
- fewer pregnancies among teenage girls in Reading, and better life chances for teenage parents and their children;
- the gap, between deprived and affluent areas of the town, in early development of language, cognitive and social skills reduced or altogether removed;
- effective programmes to help people suffering with poor emotional health;
- better co-ordination of services to identify and address the needs of children and young people to promote emotional wellbeing and reduce the impact of violence and abuse.

Our three objectives in ensuring we increase the focus on early years and the whole family to help reduce health inequalities

Objective 1 – Ensure high quality maternity services, family support, childcare and early years education is accessible to all
Objective 2 – Reduce inequalities in early development of physical and emotional health, education, language and social skills
Objective 3 - Improve identification and reduce the effects of domestic violence on emotional wellbeing for the whole family

Goal Three: Reduce the impact of long term conditions with approaches focused on specific groups

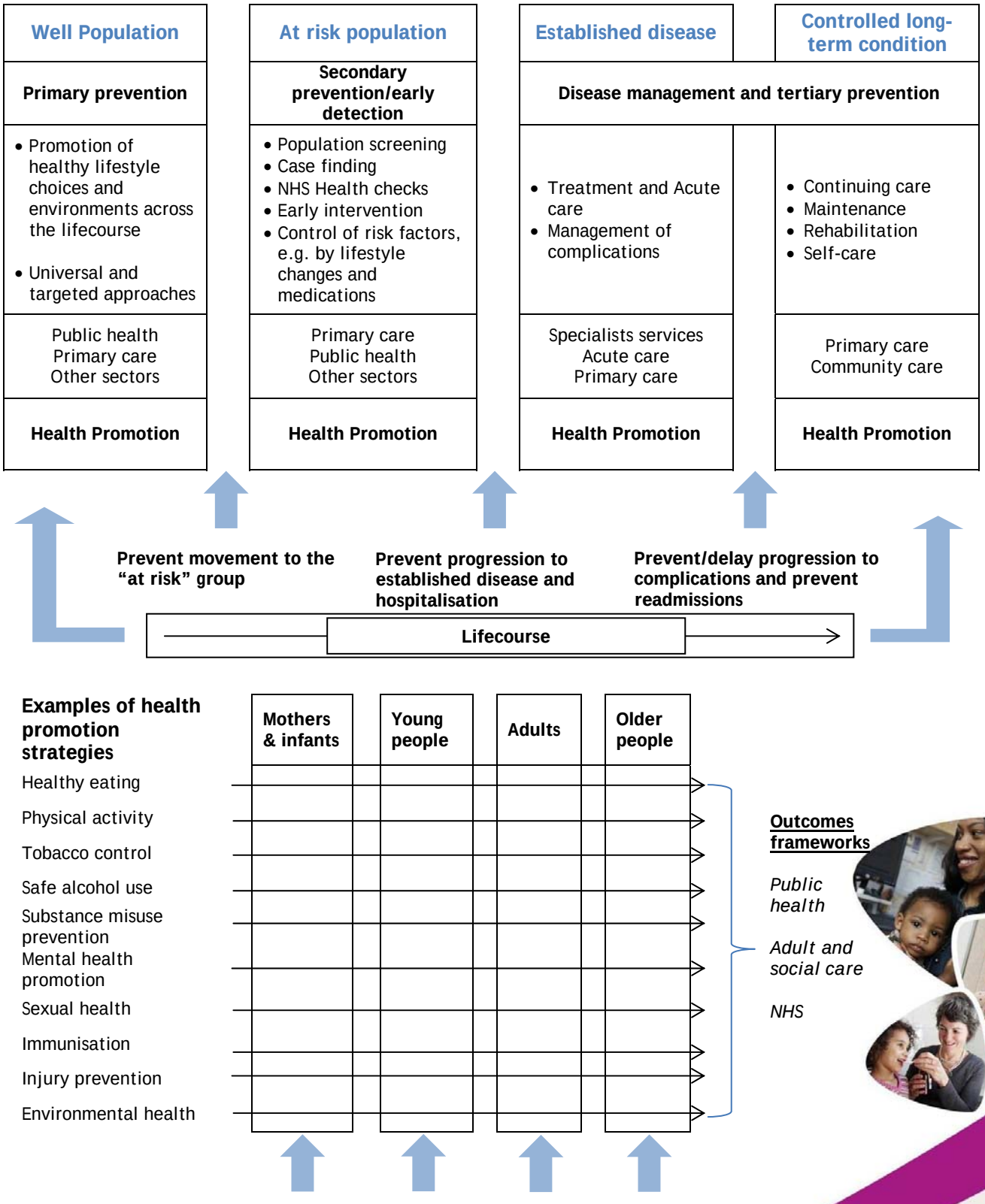
Introduction

Long-term conditions are health problems that require ongoing management over a period of years or decades (World Health Organisation). They include non-communicable diseases (e.g. cancer and cardiovascular disease), communicable diseases (e.g. HIV/AIDS), some mental disorders (e.g. schizophrenia, depression), and ongoing physical impairments (e.g. blindness, joint disorders). The Department of Health estimates that treatment and care of people with long-term conditions accounts for 69% of the total health and social care spending in England - almost £7 in every £10 spent. Although they can affect anyone, long-term conditions become more common as people advance in age. People living in relative deprivation are also more likely to be affected.

Long-term conditions can greatly impair the quality of people's lives and potentially place immense pressure on health and social care budgets. Increasing life expectancy and the growth in numbers of people living in poverty mean that the personal, social and economic impact of long-term conditions can be expected to grow. The rate of this growth will be rapid without concerted support to reduce the numbers developing long term conditions and then to delay the progress of such conditions amongst people who have developed them. In keeping with our vision to make the most efficient use of resources, the shadow Reading Health and Wellbeing Board is very keen to ensure that our strategy focuses attention on preventing long-term conditions and reducing their impact on people and budgets.

Figure 6 illustrates the health and wellbeing framework which we will adopt in reducing the impact of long term conditions in Reading. It highlights how a diverse set of health promotion and protection strategies in a variety of settings during the lifecourse can prevent onset of disease, identify disease early and manage it effectively in a way that prevents avoidable admission to expensive secondary/ tertiary care and maximizes independence for people living with those conditions.

Figure 6 – A health and wellbeing framework for reducing the impact of long term conditions in Reading (Adapted from National Public Health Partnership 2001)



What the data tells us

Reading data tells us that:

- we can expect to see a growth in the number of people living with long-term conditions as the Reading population ages, and also a growth in the number caring on an unpaid/informal basis for a friend or family member with a long term condition;
- the number of Reading residents living with diabetes is expected to rise year-on-year without primary preventive intervention, and although deaths from diabetes are not as common as from other long-term conditions like circulatory diseases and cancer, its complications and effect on quality of life, if not properly managed, can be catastrophic;
- update of diabetic eye screening in Reading is below the regional average;
- fewer people than expected are identified and recorded as having a long term condition within primary care, and local people have identified the need for improved identification and support at this stage;
- local people have said they want better access to prevention and long term condition management services for older people, and also carers given their vital role in helping people to manage long term conditions.

What we want to see

We want to see residents of Reading supported to stay healthy and avoid developing a long-term condition, where possible. However, where people do develop long-term conditions, we want them to be able to get an early diagnosis and treatment started as soon as possible. To do this, we want to see:

- more people taking up NHS Health Checks and other screening programmes;
- improved skills in primary health care for identifying and helping people to manage long term conditions;
- more integration across health and social care services around the needs of the individual, building on the success of the re-ablement service to help people achieve maximum independence after an illness or injury;
- greater use of patient-held or accessed records;
- development of Expert Patient Programmes across a range of conditions;
- increased take up of telecare and teleheath services;
- higher take up of carers' assessments;
- greater involvement of carers in developing individual care plans.

Our three objectives in ensuring we reduce the impact of long term conditions with approaches focused on specific groups

Objective 1 - Assist and support ability to self-care in all adults and young people with existing long term conditions
Objective 2 - Ensure high quality long term condition services are available to all including those with a learning disability
Objective 3 - Build on and strengthen the quality and amount of support available to adult and young carers in Reading

Goal Four: Health-enabling behaviours & lifestyle are promoted tailored to the differing needs of communities

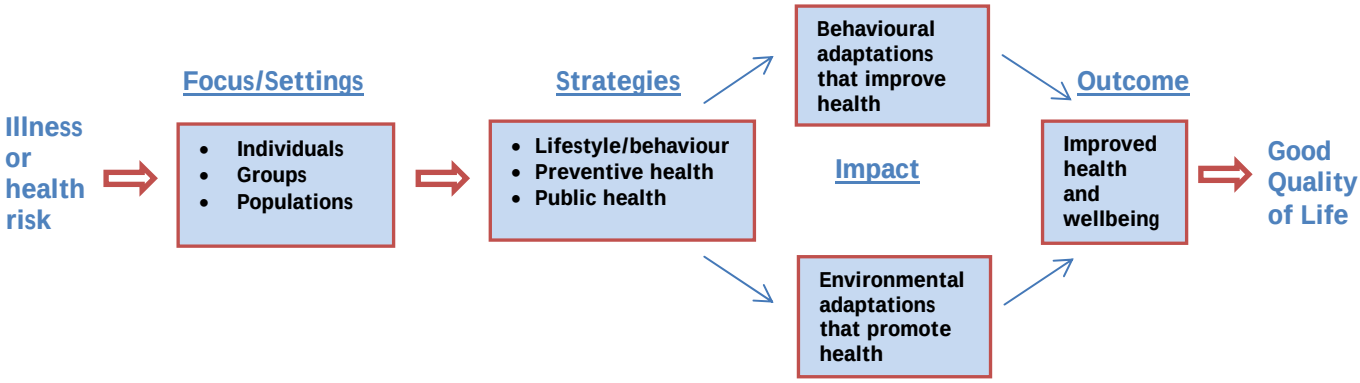
Introduction

We have already highlighted how the relatively high premature mortality rate in Reading is driven by circulatory diseases (in men) and cancer (in men & women). The incidence of these conditions across Reading also highlights the health inequalities between different parts of the community that we see in Reading. There is strong evidence linking increased likelihood of ill-health and premature death to lifestyle factors such as lack of exercise, unhealthy diets (typically high in fat, refined sugars and salt), stress, smoking, obesity, alcohol and drug abuse. Indeed a 10% increase in serum cholesterol due, for example, to a diet high in saturated fats, can result in a 50% increase in the risk of coronary heart disease. Smoking is associated with cardiovascular disease and lung cancer and alcohol misuse with liver cirrhosis, heart disease, social/domestic violence, suicide and mental ill health. In addition, unsafe sexual practices and intravenous drug use increase the risk of HIV/AIDS and other sexually transmitted infections.

Deprivation has direct adverse impacts on wellbeing and also limits people's options to mitigate the impact of stress and ill health. Those living on lower incomes may therefore need additional or more targeted support to make and maintain healthy lifestyle choices. Health promotion programmes are associated with lower levels of absenteeism from work and lower health care costs, and exercise and physical activity programmes with reduced health care costs. Specifically, exercise, cessation of smoking, healthy use of alcohol, eating a healthy (high-fibre, low-fat) diet, maintaining a healthy body weight, and learning to cope with stress, reduce the risk of circulatory diseases and cancer. All communities in Reading should have the opportunity to benefit from such programmes, and we are committed to delivering future health promotion on the basis of 'proportionate universalism' identified in the Marmot review as the most effective way of reducing the steepness of the social gradient in health, i.e. our actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage experienced by some groups.

Although lifestyle is generally considered a personal issue, it is significantly socially determined and reflects personal, group and socio-economic identities. The promotion of healthy lifestyles, being crucial to achieving improved population health and wellbeing, should therefore be directed to both the individual and the community in order to provide an infrastructural and social environment favourable to healthy lifestyle choices.

Figure 7 – A framework for promoting health-enabling lifestyles in Reading



What the data tells us

Reading data tells us that:

- just over 1 in 10 Reading residents achieve the recommended 5 sessions per week of 30-minutes sport/active recreation;
- nearly 2 in 5 children (36%) in Reading are either overweight or obese;
- over 11% of school age children consider themselves smokers, and 60% had drunk alcohol in the past year;
- an estimated 21% of the population aged over 18 years in Reading are increasing-risk alcohol drinkers, and there has been an increase in hospital admissions linked to alcohol plus a higher than average level of alcohol related crime;
- around 22% of Reading adults are smokers;

What we want to see

We want to see that healthy lifestyles are promoted vigorously in a variety of settings so that every Reading resident has a chance to maximize their health and quality of life. In particular, we want to see:

- local employers actively engaged in promoting health through workplace based schemes, including those to encourage physical activity;
- reductions in the prevalence of unhealthy weight in our children as a result of implementing this strategy;
- development on our successful school-based health promotion schemes to influence the health of young people, particularly in relation to tobacco, alcohol and drug use;
- support for a strategy to be developed focused on drug and alcohol;
- continued 'test purchasing' to reduce access to tobacco by young people;
- greater provision of 'stop smoking' support services for priority groups;
- good quality physical spaces in Reading which encourage people to be active, including family play areas;
- support for walking, cycling and public transport use.

Our three objectives in ensuring we promote health-enabling behaviours & lifestyle tailored to the differing needs of communities

Objective 1 – Improve tobacco control and reduce harm due to alcohol and drug misuse in Reading
Objective 2 – Enhance support and target causes of lifestyle choices impacting health for adults and children
Objective 3 – Reduce the prevalence, social and health impacts of obesity in Reading including targeting key causes

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