

Minutes of the meeting held on Friday 5th February 2016 (FINAL)

Present:	
Name	Organisation
Cllr Gul Khan (Chair)	RBC
Cllr Rachel Eden	RBC (Lead Member Adult Social Care)
Cllr Rose Williams	RBC
Cllr Sandra Vickers	RBC
Neil Scott	Reading Buses
Barbara Hobbs	Age UK Reading
Miriam Sparkes	
Nina Crispin	RBC
Tony Hall	Civil Service Pensioners Alliance, Reading Group
Pearl Gibson	
Jean Hutton	U3A
Dianne Hilfi	
John Walford	Whitley Community Development Association
Peter Staples	
Patience Odunsi	Unison
Roy Allum	Age UK Volunteer
Irene Percival	
Bob Percival	
Diane Hiles	
Yvonne Antrobus	
Douglas Dean	Thames Valley Pensioner Convention
John Wilkinson	Age UK Reading
Brian Tull	
Jessie Serrano	
Gina Harris	
Marion Higgins	C.S.R.F
Mary Reilly	British Red Cross
Colin Ferguson	Firtree
Janette Searle	RBC
Michelle Berry	RBC
Nan Quonias	
Brenda Jenkins	

Margaret Wallace	
Mary Thorne	RBC
Christine Adams	
H Olive Fortnum	Firtree Retirement Group
Hilda Kirkpatrick	Readibus
Sylvia Millgate	
Frank Millgate	
Joy Adams	
Bridget Chubb	
Gordon Simmons	
Carol Froud	
Michael Froud	
Ann Coddington	
Barbara Hobbs	Walking Group
Derek Woad	
Rose Capel	
Joan Walker	NHS.RF.
Barbara Annells	
P Cudjoe	
Brian Oatway	
Heather Cresswell	M.S. Society
Martin McDonald	Alzheimer's Society
Mark Drukker	
Laxmi Kachwala	
Moiria Hemson	Alzheimer's Society
Louise Keane	Alzheimer's Society
Lyle Brome	
Judith El-Nager	
Caroline Langdon	U3A / Lower Caversham NAG
D M Heath	
Diane Seydoux	
Pat Bunch	Healthwatch
Hayley Maunder	Forestcare
Janice Scruby	Firtree
Laurence Napier-Peele	

Apologies	
Name	Organisation
Liz Grugeon	Unison Retired Members
Valerie Bond	
Anjam Chaudhary	DWP

Liz Riddle	Berkshire Cancer Centre
Jennifer Ingram	
Ann Worsley	

Agenda item 1: Welcome & matters arising
Cllr Gul Khan

There were no minutes of the meeting on 18th December 2015 as this was a 'Christmas Social'

Approved minutes from the meetings are available from the Older People's Working Group page on the RBC website at: www.reading.gov.uk/opwg

Agenda item 2: Reading Joint Strategic Needs Assessment (JSNA)
 Kim Wilkins / Janette Searle, RBC

What is a Joint Strategic Needs Assessment (JSNA)?

- It is the means by which we assess the health, care and wellbeing needs of the local population - now and in the future
- The JSNA helps us to understand the key issues we face in improving the health and wellbeing of our population.
- It informs the priorities of Readings' Health and Wellbeing Board
- The Reading Health and Wellbeing Board produces a health and wellbeing strategy which is based on the needs identified within a JSNA

What does the JSNA data look like?

- The data reports on specific issues and conditions
- It gives a comparison between what is happening in Reading, England and other areas so we can see if we are better, similar or worse
- It provides a snap shot of activities and gaps in provision

How is the JSNA data gathered?

- It comprises of core JSNA data set (taken from national data)
- Ward Profiles
- Information and data from Local sources - RBC Directorates, Clinical Commissioning Group

- Local Story, i.e. real life experiences

What does the Reading JSNA look like?

The Reading JSNA can be viewed at: <http://jsna.reading.gov.uk/>

- It is a set up as a separate site linked to the RBC website.
- It has 'headings' related to the various areas of research



- Information should be accessed after three clicks from the front web page
- Let us know if the information is clear and "User" friendly
- Let us know if it is simple to access the information and data

JSNA Ward Profiles

- The JSNA also provides the facility to use Ward Data in promoting and planning localised services
- It helps promote conversations at Ward level based on evidence of needs
- Profiles for the 16 Reading wards have been prepared by the Berkshire Shared Team based at Bracknell Forest Council.
- These present local data on a wide variety of topics including demography, deprivation, poverty and access to services, economy and enterprise, education, health, and community safety using results from the 2011 Census and other data sources.

What does the JSNA tell us?

- It gives us data about specific issues affecting people in the local area.
- Example include the following data:
 - Life expectancy: is 10.2 years lower for men in the most deprived areas of Reading than in the least deprived areas

- Smoking : 17.1% of our population smoke
- Obesity : 19.1% of adults are obese
- Physical Activity - Only 56.6% of adults achieve recommended levels of physical activity
- Fuel Poverty: 11.2% are living in fuel poverty
- Mental Health : An estimated 25% of people will have a mental health illness during their lifetime

How is the Reading JSNA used?

- It informs the development of the Clinical Commissioning Groups Operational Plan.
- It supports discussions about the health needs of the population registered at the Circuit Lane practice
- It helps to engage providers and community organisations around links between mental health physical health and identify service gaps and unmet needs in mental health service provision in Reading
- It provides a baseline of information for local stakeholders as part of a Reading diabetes prevention scoping workshop
- It informs the content of the Reading's Better Care Fund submission as the basis for identifying the population need
- It informs as budgets and service plans across Social Care can be shared

What are the emerging issues the JSNA has helped identify?

- A high proportion of illness, disability and death in Reading is avoidable - or could be delayed;
- Enable children to have the best start in life and for services for children, pregnant women and families bringing up children;
- Reduce the risk of mental health problems developing in child and young-adulthood;
- More work to look at how we respond to people's social care needs

Reading Borough Council's Public Health Team is leading the production of a new JSNA for 2016-19 to replace the current one.

The JSNA is the result of close partnership work between various agencies and organisations:

- Public Health
- Voluntary Sector
- Clinical Commissioning Groups
- Reading Borough Council Departments

- Health and Wellbeing Board
- Forums and user groups

Our vision for the Reading JSNA

- We want the information to be accessible to all
- It will be available in a Web based format
- It provides relevant data - easy to understand, share and use
- It tells the local story
- It uses Ward data as a tool to plan for local services
- It provides people with data for planning and commissioning services

The new JSNA will be presented to the Health and Wellbeing Board in March 2016.

Questions & Answers:

Q1. It would have been much better if we have had this paper and information in advance then come with questions to the meeting. No one has come to my groups to discuss this. There are 800 retired servants in the Civil Service Pensioners Alliance, Reading Group. We need to identify questions and issues to raise need first to read this paper. There is a wide range of health issues across Reading, including mental health issues. Older people are prone to age onset diseases such as Dementia.

A1. We have presented this information to Voluntary sector partners and at existing user groups such as the Physical Disabilities and Sensory Network, the Reading Carers Steering Group, the OPWG today, the Learning Disability & Partnership Board, the Reading Voluntary Action Wellbeing Forum (40 in attendance).

Where dates allowed us we went to talk to various voluntary groups

This presentation can be shared and if there are any queries or comments, please contact Kim Wilkins, Public Health Team: kim.wilkins@reading.gov.uk / Tel: 0118 937 3613

We want to hear from residents about information that can be used in the JSNA and that can add value to the existing data.

Please take time to have a look at the data and let us know: is it user friendly? Is the information what you are looking for?

Q2. Can the Council help people who suffer from fuel poverty?

A2. Combatting Fuel poverty is part of the Public Health grant support Winterwatch programme.

Below is an extract from the minutes of the OPWG meeting on 6th November 2015 when the Winterwatch campaign was discussed:

The Winterwatch campaign runs from 1st December 2015 until 31st March 2016 and will offer the following services:

Services provided:

- An energy check and advice on how to keep warm and healthy at home - and to ensure all systems are running efficiently. This is a case by case check.
- Draught proofing/ handyman service
- Information on and help in accessing energy efficiency grants for loft insulation, cavity wall insulation and boiler replacements/repairs
- Help to access an emergency payment where there is severe hardship
- Emergency equipment - such as heaters and bedding, dehumidifier
- Emergency payment: If you have concerns about being able to pay for your energy bills, you need to ring us: 0118 937 3747

Energy companies provide grants to replace boilers, we help people find out if they qualify. We facilitate and assist people with changing energy company.

The grants for boilers/insulation will change from April 2016. We are waiting to see what the Government will offer in future.

Priority Services Register (PSR):

If you are of pensionable age, disabled, chronically sick or have sight or hearing difficulties you can call your energy company and ask them to be on their PSR. Dependent on circumstances, PSR customers can access services such as:

- Free gas appliance safety check
- Relocation of pay as you go meter for improved accuracy
- Quarterly meter readings - by law only one meter reading/year is acceptable
- Bills in alternative formats

Getting help with your energy bills

- Most energy suppliers offer some form of help to their customers who are struggling to pay their energy bills.
- If you owe your supplier money, they must offer a payment arrangement that takes account of your financial circumstance and ability to pay.
- Talk to them about your options

We do tend to recommend Reading Citizens Advice for support in negotiating energy bills. If you are not on the best rate, or maybe you have been on the same rate for 10 years, the energy companies have a duty to let you know that you are not on the best rate and to offer you a better deal.

It is worth checking to look at rates and try to get a better rate with your current provider first, and then check with other providers.

Switching Energy Provider

Winter Watch can help you. But there are other options. Use a free, impartial comparison service, online/phone. E.g. Uswitch: www.uswitch.com or call 0800 051 5493

You will be required to give some details about the property and current usage. Use old bills to make results more accurate. Look for a gas and electricity tariff if possible.

Warm Home Discount

- This is a discount of £140.00 which is deducted from your ELECTRICITY bill ONLY.
- You automatically qualify for the discount if on the 12 July 2015 all the following apply:
 - Your supplier was part of the scheme
 - Your name (or your partner's) was on the bill
 - You were getting the Guaranteed Credit element of Pension Credit (even if you were getting Savings Credit as well)

Help from the Government

- Winter Fuel Payment - an annual payment to people of pensionable age to help keep warm in winter. Payments vary between £100 to £300 depending on your individual circumstances. If you have not been receiving this payment, call the Winter Fuel Payment Helpline on 08459 15 15 15 or visit gov.uk or citizensadvice.org.uk.
- Everyone can get this.

- Cold weather payment - eligible households who experience temperatures below zero degrees Celsius over seven consecutive days between 1 November - 31 March will automatically receive £25 for each seven day period.
- This is means tested, based on the Guaranteed Credit element of the Pension Credit. People on key meters are eligible (PayPoint outlets).

Direct Debit is the cheaper way to pay for energy bills.

Contact for Winter Watch:

Phone: 0118 937 3747

Email: winterwatch@reading.gov.uk

Agenda item 3: Everyday First Aid Programme

Mary Reilly, British Red Cross

What would you do to help?

We want to help members of the public and to as many people as we can to get First Aid skills.

Everyday First Aid is a new approach to first aid

- It is easy to learn
- Simple to remember
- We only teach you what you need to know
- We teach you how to have a calm response in an emergence
- And a willingness to respond in an emergency
- We help you build confidence in your actions
- And the training incorporates 'the skill and the will' to take action to help someone

The Skill and the Will

- The training includes a combination of activities along with relevant, easy to learn first aid techniques which ensures that participants have both the confidence in their skills, and the willingness to take action

These include:

- The Bystander Effect
- Qualities of a helper
- You are not alone

We want everybody to be that one person who stops and helps. People are sometimes scared to make the 999 call. Paramedics will take prompt action to respond and will stay on the line with the caller until help arrives.

Why learn First Aid?

- First Aid skills are vital, they are lifesaving skills.
- In the event of an emergency, First Aid skills can help reduce injury and save lives
- Red Cross runs normal First Aid courses, but we want to reach out to people who are most likely to need help, particularly those who are vulnerable or at risk and their helper groups as a result of the following factors:
 - Clinical - health problems and disabilities, heart attack or stroke - we can train family carers/friends who are around the person who has health issues
 - Behavioural - way of life, substance misuse
 - Environmental - delay in response times from emergency services

Everyday First Aid Skills

The training is bespoke and responds to specific requests from organisation/groups who tell us what skills they need to develop.

We provide First Aid Skills training to help people deal with the following situations:

- | | |
|---|-------------------------------|
| • Bleeding heavily | • Heart attack |
| • Burns | • Stroke |
| • Choking | • Seizure |
| • Broken bones | • Diabetic emergency |
| • Head injury | • Asthma attack |
| • Strain and sprain | • Severe allergic reaction |
| • Unresponsive <u>and</u> breathing | • Swallowed something harmful |
| • Unresponsive <u>NOT</u> breathing | • Hypothermia |
| • Unresponsive <u>NOT</u> breathing where an AED is available | • Meningitis |

A totally flexible approach

- We target different groups and we cover various needs, the most relevant skills - the ones that will be most useful
- We run the training at a location that suits you, in sessions of 2-3 hours a group of up to 15 people. The training can cover 5 or 6 skills
- We can provide direct delivery - to a group of up to 15 people at a time. We can also train someone in an organisation or group, who can then train their service users/carers
- Or Multiplier training sessions which includes:
 - Dedicated training for staff or volunteers over 3-4 days
 - All resources
 - Coaching and monitoring
 - Co-delivery with Red Cross trainers to client groups
- Each person attending a course receives a first aid skills pack including a certificate of learning - the certificate does not certify that you are a first aider
- We have also made available a First Aid App with information on how to help Children and Babies as well as Adults

- We now use the term 'safe position' instead of 'recovery position'

Contact our team in Reading to find out more or to discuss your needs:

Mary Reilly - Service Manager, Adult Education,
British Red Cross, John Nike House, 90 Eastern Avenue, Reading RG1 5SF

Tel: 0118 9358218 or 07801 884282

Email: MReilly@redcross.org.uk

Normal working hours are Monday - Friday 9am - 3pm

Questions & Answers

Q1. You seem to be concentrating on training groups, what about training individuals?

A1. We have a different part of the Red Cross for individuals who want to receive training. The training is not bespoke for individuals. However, this OPWG can be classified as a group. I am more than happy to organise training for members of OPWG.

Q2. I have done dozens of first aid course, including mountain rescue. I usually forget what I have learned. I used to have a card with the information to remind me what to do.

A2. Yes having a card is a valuable reminder; the First Aid App can help too.

Q3. How much does it cost?

A3. There is a charge for the training. We can apply for funding on your behalf. We don't want the cost of the training to be a barrier. I can approach the Red Cross Funding section or other funding streams out there.

Q4. Is there any future television advert? There was one for FAST / stroke

A4. We do promote first aid on Red Cross adverts. We more could be done. We do talk about FAST when we do stroke modules.

Q5. What about insurance if I make it worse?

A5. How can you make it worse? Even if there are a couple of ribs broken, you are not making things worse. As long as you are doing something that is in your capability - no one will be sued.

Q6. Do you go out to schools?

A6. Our Youth Service does. We train secondary school children, including combatting stigmas such as helping someone who has H.I.V. For primary school children, resources are sent to youth workers and the schools run the training themselves.

Q7. Has the breathing technique changed? It used to be 2 x breathing / 15 x compressions

A7. Yes it has changed. We don't teach the breathing technique any longer. The best and most important thing is to do chest compressions and to not panic.

Q8. It is important to check that the person is still breathing and not bleeding. But is it very important to dial 999. There is a large number of people training in First Aid in organisations and offices. The response time from 999 calls should be proper and straight. 999 calls are important.

A8. Yes your point is important. Paramedics have an important role to play. When you phone 999, the service keeps talking to you until the ambulance arrives.

Agenda item 4: An update on the shape and quality of local GP Services
Pat Bunch, Healthwatch

About Healthwatch Reading

Healthwatch is a local organization based in central Reading. It was launched nationally and locally in April 2013. Its aim is to be 'The consumer champion for health and social care'

Healthwatch provides the following services:

- **ADVICE:** Public helpline Monday-Fri 9 am-5 pm

Tel: 0118 937 2295 / Email: info@healthwatchreading.co.uk

Website: <http://healthwatchreading.org.uk/>

Drop-in at town centre base, 3rd Floor, Central Library, Reading Town Centre

- **ADVOCACY:** Extra service: NHS Complaints Advocacy for local people

- **ACTION:** Enter and View powers e.g. visit GP surgeries

Project reports e.g. Maternity, Ex-Gurkha, Delayed Discharges, Carers, Influencing local commissioning decisions

Primary Care in Reading

- There are 29 GP practices in Reading - with a mix of large and small practices
- Approximately 230,000 patients use primary care, including different ethnic groups, university students, working age adults, frail elderly
- Reading has 2 x Clinical Commissioning Groups (CCGs):
 - North & West Reading CCG - 10 surgeries
 - South Reading CCG - 19 surgeries
- The CCGs are responsible for planning and buying health services on behalf of the population. This includes GP services which it does in partnership with NHS England.

Primary Care is sometimes in the spotlight, i.e. Circuit Lane Surgery

Quality ratings of GP surgeries as at February 2016

The quality rating is governed by the Care Quality Commission

1 x Outstanding: University Health Centre

7 x Good:

Western Elms Emmer Green

London Road Mortimer

Russell Street Theale

Baltimore Park Tilehurst Surgery (The Potteries)

6 x Require improvement:

Abbey Medical Reading Walk-In Centre

Long Barn Lane Priory Avenue

Chatham Street

1 x Inadequate: London Street

Action: the surgery will need to provide an action plan with a timeline to put things right

14 x others not yet inspected

Using Enter & View to get patients' views

- Healthwatch can use this right to visit services, observe the quality of services and talk to service users.
- We can go into GP practices, care homes, hospitals and other venues to listen to people's experience of the service
- We also collect the views of carers and relatives
- We observe the nature and quality of services

Current changes to surgeries

- Re-tenders:
 - NHS has invited bids to take over running of 3 surgeries from summer 2016:

Circuit Lane - Currently managed by the community trust BHFT - bids are currently going through

Priory Avenue - Also managed by BHFT

Shinfield - Currently run by South Reading GP Surgery

- Contract for Reading NHS Walk In Centre - currently run by Virgin - due to expire in August 2016 and set to be retendered also
- Mergers:
 - October 2015: Dr Fab Williams' surgery patients joined Dr Dean's surgery after Dr Williams resigned
 - April 2016: University Medical Practice and Whitley Villa Surgery to merge, followed by third surgery South Reading Surgery joining the partnership in September 2016

Healthwatch influencing engagement

Healthwatch has been involved in a lot of the re-procurement processes. We remind local managers that involving patients is a must-do. The NHS Constitution 2015 stipulates:

'You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.'

How is Healthwatch influencing changes

- 2015-16 extensive patient consultation
- Healthwatch helps with survey of 1,000-plus patients at the three GP practices being re-tendered to enable patients to have their say
- Survey findings show:
 - Patients willing to go online to order repeat prescriptions and book appointments, not enthusiastic about Skype consultations
 - Patients willing to try telephone or nurse appointments instead of traditional visit to GP
 - Major concerns with appointment booking process and no continuity of care due to reliance on locums

The future

- A shortage of GPs means more use of other professionals e.g. physician's associates and pharmacists
- Patients are given more opportunity to give feedback e.g. via the Healthwatch Enter & View, Friends and Family survey, and NHS Choices ratings, Patient Participation Groups
- The 111 service is set to be redesigned
- 7-day GP service or just extended hours through working week in national discussion
- More use of online booking for appointments

Questions & Answers

Q1. One aspect that hasn't been touched on is in relation to the 'out of hours' service. Does Healthwatch get involved in that?

A1. No, Healthwatch doesn't. We are more involved with issues not being resolved, patients' access and rights to services. We are looking at projects for 2016-17, so maybe this could be included. Health and social care is an area that is being redesigned and we would want to be involved in the shaping of it.

Q2. The 111 service is being redesigned. But is there a facility for deaf people to contact 111 or GP services, i.e. texting options

A2. I am not sure. I will take this back and will feed this into our feedback to GPs. **(ACTION)**

Q3. The chaos at 8am ringing for an appointment is of the surgery own making, because they request you ring up on the same day.

A3. You are right. We are making recommendations to GP Practices about this and things that will prevent that backlog at 8am. Some GP surgeries have implemented some changes, such as a queuing system and an online booking system - which for those who can make use of online facilities seems to alleviate the waiting time. GPs need to look into having more 'in advance' booking blocks available and to look into how to overcome not being able to get through in the first place.

Q4. Regarding the mergers of surgeries, will people have to go further away to get to a GP? Will these mergers put a strain on the system?

A4. Yes it may do. But some smaller surgeries do struggle, there are less GPs being trained and smaller surgeries struggle to provide extended hours. The aim of amalgamating surgeries is to provide help and support to each other facilities local people would want.

Q5. Every surgery has a Patient Participation Group, people can have a say in what is happening as much as possible. The real problem is getting anyone who will work in the surgery as a doctor. All other practitioners are locum tenentes or part-time. New doctors don't want to take on full time responsibilities. Reading is an expensive place is an expensive place to be, other areas and London are getting more money.

A5. Yes it is very important to get involved through your local Patient Participation Group (PPG). Some GPs are struggling to get people involved. Others have great results with their PPG giving ideas and recommendations. There is a national recruitment problem for GPs. Nowadays, other health professionals take some of the roles GPs have.

Q6. Does Healthwatch concentrate only on GP surgeries? Do you also get involved with hospitals, dental practices?

A6. Yes we do get involved with other organisations, i.e. we are meeting the Chief Executive and the Head of Nurses at the Royal Berkshire Hospital to look into the mortality rate at the hospital. We also work with care homes. Resources are limited and we work on two projects per year, we are currently working with the Clinical Commissioning Groups on an end of life project and on a care home project.

We can arrange a future presentation on the work we do with hospitals and dental surgeries.

Q7. Regarding GP services, over 50% of GPs are women, a lot of women don't want to work full time. Also, in Reading, the vast majority of GPs are partnerships but this is rapidly disappearing.

A7. So long as we have a client voice that would help change the way we think and approach things.

Agenda item 5: Remain safe in your home with Telecare Adaptations and Equipment - *Hayley Maunder, Forestcare*

Forestcare is part of Bracknell Council. We work together with other councils to keep people safe and secure. We try to keep costs low for service users. We provide Telecare and alarm equipment that will contact the Forestcare emergency center and someone will respond and come out.

What is Assistive Technology and Telecare

- Assistive technology includes Telecare (which is linked to a support center or family) but also includes stand alone and independent systems that help people at home
- A pendant alarm which is a simple alarm button that can be pressed to raise help is the most common form of Telecare that people use

Mobile Response

We also provide other services such as:

- Mangar Lifting Cushion



This is an additional service you have to pay for, it includes 12 visits per year.

- o Supra Keysafe



We can be keyholders for no-answers crisis

We will sit with you until ambulance arrives.

Care calls

- We can arrange a care call to your loved ones, even just to say “Hello how are you today”
- We can give a call for medication reminders, appointment reminders
- Peace of mind for you

GPS Service



- This service will cover you anywhere in the country and abroad.
- Just needs to press the alarm and we will be able to talk to you.
- It provides 24hr cover inside and outside the home
- There are 2 types of alarm:
 - For people suffering with dementia: the alarm can detect if the person has gone outside their safety area. It then triggers a call through to someone to look into what is happening.
 - Motion sensors: it detects unexpected or unusual movements, such as if someone is on a bus or walking.
- It can also be very useful for lone workers.
- All calls are recorded
- It uses Google mapping and pins the location of the user every 2 seconds

We hope you never need us but if you did we are there for you.

Contact us at Forestcare:

Email: Forestcare.enquiries@bracknell-forest.gov.uk / T: 01344 786500

Questions & Answers

Q1. What is the cost?

A1. For out of Bracknell area, it is £3.97 paid weekly and including the rental of the equipment. There are no obligations.

Agenda item 6: The Council's approach to promoting wellbeing and making sure people can get the information and advice they need

Janette Searle, RBC

The Care Act gives the Council new responsibilities towards those who may need care or support, and the Adult Wellbeing Position Statement describes how the local authority will fulfil these new responsibilities. Individual wellbeing is affected by a range of factors, and the Statement recognises the impact of the places where people live, work and play as well as local health and social care provision. The Adult Wellbeing Position Statement is a framework for developing services in Reading to meet Care Act obligations and so prevent, reduce and delay care and support needs across the local population.

Wellbeing domains

The Wellbeing duties apply across the local authority - not just Adult Social Care. There are 9 domains identified in the Care Act:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal;
- suitability of living accommodation;
- the individual's contribution to society

Our vision for adult wellbeing

... is to narrow the wellbeing gaps in Reading so that residents affected by care and support needs can access early help and enjoy healthy and fulfilling lives

Our key aims

The key wellbeing aims that have been identified for Reading are:

- Embed the wellbeing principle throughout the Council's functions
- Ensure Reading homes support wellbeing
- Harness the assets Reading has to prevent care and support needs from increasing
- Empower people with care needs to self-care and to make positive lifestyle choices
- Support people to prevent their care and support needs from increasing
- Promote a re-abling approach across care services
- People can access services that work well together to support people's independence

The consultation on the draft Adult Wellbeing position statement runs from 25th January to 18th March 2016

The online consultation questionnaire can be accessed at

www.reading.gov.uk/adultwellbeing

Paper copies of the consultation questionnaire and of the draft adult wellbeing position statement are available. Please call 0118 937 2383.

Agenda item 7: Current Issues and Matters Arising *Cllr Gul Khan*

Current Issues:

- Library Services - Have your say survey - Ashley Burton

The way people are using libraries is changing. This is happening at the same time as government cuts to the funding received by councils. As a result, we are reviewing our library service with the aim of making savings and ensuring a modern service fit for the future.

We need your help to understand how you are using library services and what you want from the service in the future to help us develop proposals. You will be able to have your say on proposals in a second round of consultation in Spring 2016. Final decisions will be made in Summer 2016.

Full details can be found on www.reading.gov.uk/libraryreview

Email in to: libraryreview@reading.gov.uk

Write in to: Library Review

Reading Borough Council

Bridge Street

Reading

RG1 2LU

The consultation runs from 22 February to 16 May 2016

- An 'End of life care' event will be organised during Dying Awareness Week (9-15 May 2016). Further information can be accessed at <http://www.dyingmatters.org/>
- Equality Alliance Conference would like to invite members of the OPWG to their second Pan-Equality Conference on 18th March 2016, at the Hilton Reading, Drake Way, Reading RG2 0GQ. The conference will start at 10.30 am and finish at 3.30 pm.

Every form we fill in we are asked to label ourselves. Every first impression we label others. 5 minutes after we are born, we have a race, a religion, a nationality, a gender that we will go onto spend the rest of our lives either defending or trying to assimilate or disengage from. These categorisations go on to play a major role determining the social, political and economic wellbeing of their members.

Labelling isn't always a cause of concern, it's often useful. It would be impossible to catalogue the information we process during our lives without the aid of labels. It is important to realise the impacts of labelling when it comes to people, self - identity and individuality.

- Does it enhance cohesion or create division?
- Is it beneficial to neatly compartmentalise people by genetic traits, or can it create stigma?

Registration is essential. Email : info@acre-reading.org or call 0118 951 0279

- Older People's Day 2016
We have started looking for a venue to hold the next Older People's Day in October 2016 and have been able to secure a booking at Greyfriars Church Hall on Friday 7th October, not Saturday 1st October as the venue was already booked that day.

If you would like to get involved in the planning of the day, please contact Nina Crispin (0118 937 2383 / opwg@reading.gov.uk). We will invite those who have expressed an interest to the planning sessions.

- Tea Party on 19th February at Greyfriars Church - all are welcome
- Thames Valley Pensioner Convention - should there be a Reading Group of the national convention? Give your names to Tony Hall or Douglas Dean if you would like to be part of that group (contact details can be obtained from Nina Crispin)

Suggestions for future meetings (from feedback sheets):

- Library Services
- Update on Broad Street Cycling consultation
- Buses
- Condition of road surfaces
- Cleaning of road signs and notices
- Smaller size refuse bins as the current ones are too large
- Homelessness and street begging
- Allotment gardens at Emmer Green
- Ensuring the wellbeing of people with dementia and their carers after discharge from hospital
- The Reading Assistive Technology Strategy

Next Meeting:

- Friday 8th April 2016
2 - 4 pm, Council Chamber, Civic Centre