

**READING BOROUGH COUNCIL
REPORT BY THE DIRECTOR OF ADULT CARE AND HEALTH SERVICES**

TO:	HEALTH & WELLBEING BOARD		
DATE:	27 JANUARY 2017	AGENDA ITEM:	7
TITLE:	READING's 2nd HEALTH & WELLBEING STRATEGY		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN / COUNCILLOR EDEN / COUNCILOR GAVIN	PORTFOLIO:	HEALTH / ADULT SOCIAL CARE / CHILDREN'S SERVICES
SERVICE:	ALL	WARDS:	BOROUGHWIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report presents Reading's 2nd Health and Wellbeing Strategy for adoption by the Health and Wellbeing Board ('the Board').
- 1.2 As required by statute, the Strategy sets a basis for commissioning plans across both the local authority and the local clinical commissioning groups (CCGs). It is a joint strategy and its development to date has properly been driven by the Health and Wellbeing Board. As required by the constitution of Reading Borough Council (RBC), the Strategy has already been submitted to a meeting of full Council for approval.
- 1.3 The Board is also requested to approve an Action Plan to implement the Strategy and monitor progress towards meeting agreed priorities.

2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board, having considered the feedback from the formal consultation on Reading's second joint Health and Wellbeing Strategy (annexed as Appendix A) together with the Equality Impact Assessment (annexed as Appendix B),
 - (a) Adopts the 2017-20 Reading Health and Wellbeing Strategy as appears at Appendix C; and
 - (b) Approves the supporting Health and Wellbeing Action as appears at Appendix D.

3. POLICY CONTEXT

- 3.1 The primary responsibility of Health and Wellbeing (HWB) Boards, as set out in the Health and Social Care Act 2012, is to produce a Joint Strategic Needs Assessment (JSNA) to identify the current and future health and social care needs of the local community, which will feed into a Joint Health and Wellbeing Strategy (JHWS) setting out joint priorities for local commissioning. Through these key tools, the Health and Wellbeing Board will develop plans to:
- improve the health and wellbeing of the people in their area;
 - reduce health inequalities; and
 - promote the integration of services.

Local authority and CCG commissioning plans should then be informed by the JSNA and the Joint Health and Wellbeing Strategy.

- 3.2 The Care Act in 2014 created a new statutory duty for local authorities to promote the wellbeing of individuals. This duty - also referred to as 'the wellbeing principle' - is a guiding principle for the way in which local authorities should perform their care and support functions. It is not confined to the Council's role in supporting those who are eligible for Adult Social Care, however, but includes all assessment functions, the provision of information & advice, and the local offer of 'preventative' services. The Care Act gives the local authority a responsibility to provide or arrange services that reduce needs for support among people and their (unpaid/family) carers in the local area, and contribute towards preventing or delaying the development of such needs. This is a corporate responsibility, and needs to be considered alongside the general duty of co-operation (with partners outside the local authority).
- 3.3 The Care Act requires councils to have a plan for meeting their wellbeing responsibilities under the Act. In January 2016, Reading Borough Council launched a draft Adult Wellbeing Position Statement intended to cover this responsibility whilst a revised JSNA and then updated Health and Wellbeing Strategy were in preparation. The intention is that publication of Reading's 2017-20 Health and Wellbeing Strategy will discharge Council duties both under the Care Act and under the Health and Social Care Act.
- 3.4 Reading's second Health and Wellbeing strategy has been informed by a review of Reading's Health and Wellbeing Board by a group of peers from Health and Wellbeing Boards in other areas. The new strategy responds to the peer review finding that the strategy should be used to drive the agenda of the Board, and key priorities have been identified which are properly the responsibility of the Health and Wellbeing Board in order to facilitate this link.

4. READING'S 2nd JOINT HEALTH AND WELLBEING STRATEGY

- 4.1 Two workshops in mid 2016 brought together members of the Health and Wellbeing Board and other key stakeholders representing public services, local providers and Reading's voluntary sector (the Health & Wellbeing Involvement Group) to start to refresh Reading's Health and Wellbeing Strategy. Emerging proposed priorities were discussed at Reading Voluntary Action's Wellbeing Forum for the third sector.

4.3 Members of the Health and Wellbeing Involvement Group welcomed the opportunity to be involved in the development of the 2017-20 strategy at an early stage and so shape a draft strategy prior to a formal consultation period. Key messages from the Involvement Group were that the refreshed strategy should represent and include:

- a clear plan to shift our emphasis onto prevention rather than care;
- an approach which takes a holistic view of people rather than looking at health conditions in isolation;
- stronger collaboration around providing people with the information they need to take charge of improving their own health;
- recognition that different approaches are needed to reach different communities;
- better use of technology to empower people, support independence and make the most efficient use of limited resources; and
- a focus of partners' collective effort on fewer priorities, so as to target the biggest health and wellbeing risks for Reading.

4.4 The Health & Wellbeing Involvement Group felt that the 2013-16 Health & wellbeing Vision - now widely cited across other local strategies and plans - was still valid, and recommended that this be carried forward as the 2017-20 vision:

Vision: A healthier Reading

The Group also liked the idea of adopting the Public Health England mission statement locally, and suggested adding a Reading Mission Statement:

Mission Statement: to improve and protect Reading's health and wellbeing - improving the health of the poorest, fastest

4.5 A number of issues were then identified to make up a 'priorities shortlist' for the new strategy using the following criteria.

- Reading's performance in this area is significantly below average (for England / for the region / by reference to statistical neighbours).
- This is something which stakeholders feel confident is under local control and influence, and can therefore be changed through a local strategy.
- Reading's performance over time indicates a need to focus on this issue, e.g. Reading is now performing in line with or better than national averages, but this reflects a focus given to a 'hot topic' which needs to be sustained.
- The issue either isn't already included in / monitored via other strategic plans, or there would otherwise be clear added value in making this a Health and Wellbeing Board priority, e.g. this is something which stakeholders believe Reading would be best placed to address by working together across the membership of the HWB Board.
- The expected return on investment in this area is significant if the issue is made a priority across the HWB partnership.

- 4.6 The priorities shortlist was then developed, ranked and annotated by the Health & Wellbeing Involvement Group through a second workshop. As a result of this process, three 'building blocks' have been identified to underpin the refreshed Health and Wellbeing Strategy.
- Developing an integrated approach to recognising and supporting all carers
 - High quality co-ordinated information to support wellbeing
 - Safeguarding vulnerable adults and children

These building blocks represent issues which the Involvement Group felt both ought to underpin everything else in the strategy, and also be considered as part of the implementing plans supporting all the priorities ultimately selected.

- 4.7 The draft Strategy proposed seven priorities for the next three years:
- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity and physical activity)
 - Reducing loneliness and social isolation
 - Reducing the amount of alcohol people drink to safe levels
 - Promoting positive mental health and wellbeing in children and young people
 - Making Reading a place where people can live well with dementia
 - Increasing breast and bowel screening and prevention services
 - Reducing the number of people with tuberculosis

Following consultation, an eighth priority has been added:

- Reducing deaths by suicide

- 4.8 There were a number of issues which the Involvement Group considered were best owned by partnerships other than the Health and Wellbeing Board. All were seen as being relevant to achieving the Health and Wellbeing vision, and the Group suggested that they should be recorded as issues in which the Health and Wellbeing Board would maintain an interest and a dialogue with other appropriate local partnerships. These issues are:

- Increasing the number of young people in employment, education or training (not NEET)
- Ensuring more people plan for end of life and have a positive experience of end of life care
- Supporting vulnerable groups to be warm and well.
- Reducing the number of people using opiates
- Protecting Reading residents from crime and the fear of crime
- Narrowing the gap between the educational attainment of children who are eligible for free school meals and those who are not eligible.
- Tackling poverty
- Reducing the number of people and families living in temporary accommodation

The Involvement Group recommended that future information sharing with the Health and Wellbeing Board should be purposeful, with clear requests or recommendations to the Board as part of any reports

submitted to it.

- 4.9 During the consultation period, health and social care integration projects were additionally identified as issues which are very much part of the health and wellbeing agenda. Addressing local performance on Delayed Transfers of Care received a specific mention. The Health and Wellbeing Board already has oversight of Reading's Better Care Fund (BCF) plans, and will continue to be part of the governance arrangements for the BCF programme, or its successors, and the wider 'Berkshire West 10' integration programme. In view of this link, and applying the criteria set out in para 4.5 (above) on how to select items for inclusion on a streamlined priorities list, the Health and Wellbeing Strategy does not, therefore, include any specific priorities which would simply replicate the BCF and/or Berkshire West 10 programme.
- 4.10 Following stakeholder engagement to develop a draft strategy, then, a public consultation was carried out between 10th October and 11th December 2016. This included publication of an online questionnaire alongside presentations to a series of resident / patient / service user forums to give people the opportunity to take part in a dialogue about proposed priorities and the development of an Action Plan to achieve these. This open public consultation was particularly aimed at patient and service user forums and participation groups, youth groups, parenting forums, older people's interest groups, unpaid carers (young and adult carers), staff involved in providing, commissioning or developing health and wellbeing services, and voluntary and community sector organisations.
- 4.11 People were invited to comment on whether the draft strategy contained the right building blocks and priorities for Reading. Respondents were asked to suggest what was needed to achieve each priority, and what they or their organisation could contribute. These answers were then used either to start to develop an action plan to support each priority, or to supplement existing action plans.
- 4.12 A dashboard of key performance indicators has been developed to increase the accountability and transparency of the Health and Wellbeing Board's future progress against stated aims and objectives. This dashboard will be used to track performance against the Action Plans which will be developed in support of the 2017-20 Health and Wellbeing Strategy. The dashboard will identify performance in those areas selected as the priorities for the new Health and Wellbeing Strategy, as well as performance in the wider 'business as usual' across the health and wellbeing landscape.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 Members of the Health and Wellbeing Board have worked with key stakeholders to review the 2016 Joint Strategic Needs Assessment (JSNA) and performance against the 2013-16 Health and Wellbeing Action Plan. The strategy has been prepared to include shared priorities for realising the vision of 'a healthier Reading'. The Strategy reflects priorities for health and social care integration, and the need to develop a framework to drive co-commissioning across the Health and Wellbeing Board's membership. The

2017-20 strategy also incorporates wellbeing responsibilities towards residents with current or emerging care and support needs so as to be comprehensive and Care Act compliant.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 A 12 week consultation on the Council's Adult Wellbeing Position Statement, informed the development of the new Health and Wellbeing Strategy. This ensured that the new strategy includes Reading's approach to meeting the specific wellbeing duties detailed in the Care Act and relating to adults with current or emerging care needs.

6.2 Two workshops then brought together members of the Health and Wellbeing Board and other key stakeholders representing public services, local providers and Reading's voluntary sector (the Health & Wellbeing Involvement Group) to refresh Reading's Health and Wellbeing Strategy. In addition, the emerging priorities of the early new strategy were discussed at Reading Voluntary Action's Wellbeing Forum for the third sector.

6.3 A 9 week formal consultation on the draft strategy took place during October - December - as described above (4.10). In addition to publishing an online questionnaire to elicit feedback, representatives authorised by the Health and Wellbeing Board presented on the consultation at local forums and meetings (see below). These dates were advertised at the launch of the consultation to encourage people to take up these opportunities to give verbal feedback if that was their preferred method.

- Older People's Working Group (04.11.2016)
- Youth Cabinet (15.11.2016)
- Reading Families Forum (16.11.2016)
- Public consultation event (21.11.2016)
- Dementia Action Alliance (23.11.2016)
- Access & Disabilities Working Group (01.12.2016)
- Learning Disability Carers Forum (07.12.2016)
- Learning Disabilities Partnership Board (07.12.2016)

A workshop was hosted in November 2016 to take the consultation discussions out to a wider audience. to inform what we need to put in place to address the health and wellbeing priorities suggested for Reading.

6.4 A report on the consultation and engagement exercise is attached as Appendix A. A total of 54 questionnaires were returned. In addition, we gathered in verbal responses from 147 meeting attendances.

6.5 Key headlines from the consultation were as follows.

- Feedback was generally supportive of the three building blocks.
- Feedback was generally supportive of the seven priorities proposed in the draft Strategy.
- There were mixed reactions to plans to include safeguarding and TB reduction

- There were questions as to why breast and bowel cancer screening should be prioritised over the prevention of some other diseases.
- Many people identified a personal esteem/resilience link between several of the priorities, but felt there was a need for a more explicit reference to adult mental health and emotional wellbeing in order for the Strategy to set the basis of a properly holistic approach. In the light of this, an eighth priority is now proposed - reducing deaths by suicide - as well as making more explicit that the priority on reducing loneliness and social isolation is to incorporate developing personal resilience.

6.6 Consultation feedback has been shared with action planning leads to inform what we need to put in place to address suggested priorities. A proposed Action Plan for adoption for each of the priorities will be presented to the Health and Wellbeing Board on 27 January 2017.

7. LEGAL IMPLICATIONS

7.1 The Health and Social Care Act (2012) gives duties to local authorities and clinical commissioning groups (CCGs) to develop a Health and Wellbeing Strategy and to take account of the findings of the JSNA in the development of commissioning plans. In addition, the Council has a duty under the Care Act (2014) to develop a clear framework for ensuring it is meeting its wellbeing and prevention obligations under the Care Act.

7.2 Members of the Health and Wellbeing Board are under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act (2010). In order to comply with this duty, members must positively seek to prevent discrimination, and protect and promote the interests of vulnerable groups. Many of those intended to benefit from the priorities set out in the draft Health and Wellbeing Strategy will be in possession of 'protected characteristics' as set out in the Equality Act, and the Strategy therefore has the potential to be a vehicle for promoting equality of opportunity.

8. EQUALITY IMPACT ASSESSMENT

8.1 The consultation provided an opportunity to develop an understanding of how the draft Strategy might impact differently on protected groups. As a vehicle for addressing health inequalities, it is expected that any such differential impact would be positive, and accordingly will support the discharge of Health and Wellbeing Board members' Equality Act duties. The full Equality Impact Assessment is attached at Appendix B.

9. FINANCIAL IMPLICATIONS

9.1 Consultation feedback has informed the development of the Health and Wellbeing Action Plan. This will be delivered within existing resources, realigned where necessary. It is imperative that the Strategy drives the efficient use of resources and to deliver clear health benefits on investment so as to protect a sustainable local health and care system.

10. APPENDICES

Appendix A - Reading Health and Wellbeing Strategy 2017-20: Consultation report

Appendix B - Reading Health and Wellbeing Strategy 2017-20: Equality Impact
Assessment

Appendix C: Reading Health and Wellbeing Strategy 2017-20

Appendix D: Reading Health and Wellbeing Action Plan 2017-20