

## Healthier Reading Partnership

Thursday 9 July 2009, 6.00pm, Reading PCT Headquarters,  
57-59 Bath Road, Reading, RG30 2BA

1. Apologies
2. Minutes of Last Meeting (page 1)
3. Matters Arising
4. Draft Terms of Reference (page 5)
5. Cycle of Meetings (page 11)
6. Joint Strategic Needs Assessment (JSNA) - Update (Bev Searle)
7. Draft Reading Health and Well-being Strategy (page 13)
8. Reading LINK - Presentation by Sheena Masoero and Rachel Spencer
9. Broad Street Mall Walk-In Centre (Bev Searle)
10. Forward Plan (Grant Thornton)
11. Any Other Business
12. Current Dates of Future Meetings:
  - 6 October 2009
  - 14 January 2010
  - 13 April 2010

If you have any queries about this agenda, please contact Nicky Simpson in  
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## HEALTHIER READING PARTNERSHIP MINUTES - 7 APRIL 2009

### Present:

Zoe Hanim (in the Chair)	Reading Borough Council
Councillor Benson	Reading Borough Council
Councillor T Harris	Reading Borough Council
Councillor Merriott	Reading Borough Council
Janet Brown	Age Concern Reading
Jackie Lonsdale	NHS Berkshire West
Chris Turner	Reading Citizens Advice Bureau
Nina Sethi	Reading Council for Racial Equality
Anne Laing	Reading Voluntary Action
Hester Wain	Royal Berkshire NHS Foundation Trust
Pol Exeter	Reading Borough Council
Sarah Gee	Reading Borough Council
Simon Hill	Reading Borough Council
John Painter	Reading Borough Council
Grant Thornton	Reading Borough Council

### Apologies:

Bev Searle (Chair)	NHS Berkshire West
Councillor Orton	Reading Borough Council
Councillor Ralph	Reading Borough Council
Sallie Bacon	NHS Berkshire West
Steve Ward	Reading Borough Council

### 1. MINUTES

The Minutes of the meeting held on 13 January 2009 were confirmed as a correct record and signed by the Chair.

### 2. MATTERS ARISING

Further to Minute 4 of the previous meeting, Sarah Gee, Head of Strategy and Performance (Housing and Community Care), reported that the service inspection of Reading's Adult Community Care would take place in July 2009. Case files and a list of agencies had been submitted to the inspection team and there would be a series of briefings in due course.

Further to Minute 5 of the previous meeting, Sarah reported that the Joint Strategic Needs Assessment (JSNA) was being refreshed prior to more detailed analysis of specific areas.

Further to Minute 6 of the previous meeting, Zoe Hanim, Head of Policy, Performance and Community, reported that the refresh of the second Local Area Agreement (LAA) had been approved by the Government. She noted that the first LAA was about to enter its final year, and that the delivery partnerships such as the Healthier Reading

Partnership would have to consider the risks and issues associated with the 12 stretch targets, which if attained would provide up to £4 million performance reward grant.

Further to Minute 7 of the previous meeting, Pol Exeter, Consumer Protection Manager, reported that the Tobacco Control workshop on 26 February 2009 had agreed priorities for the Berkshire Tobacco Alliance, but that agreement had not yet been reached on how the three local authorities should support the proposed tobacco control officer.

AGREED: That the position be noted.

### 3. REVIEW OF HEALTHIER READING PARTNERSHIP

Further to Minute 3 of the previous meeting, Grant Thornton, Head of Community Planning, submitted a report outlining a review of the purpose and membership of the Healthier Reading Partnership (HRP) and recommending a reconstituting of the Partnership, with a cross-sector officer group to work through this process.

The report noted that the Healthier Reading Partnership had been established on a voluntary basis a number of years ago and had made a considerable contribution to the health agenda, in particular promotion of healthier lifestyles. Since its initial establishment there had been a shift in the legislative context for partnership working and especially the role of the Local Strategic Partnership (LSP) and its delivery partnerships. Whilst the HRP shared a non-legislative status with the LSP it did have similar statutory responsibilities in relation to delivery of the Local Area Agreement (LAA). Statutory requirements for key partner agencies also included the duty to co-operate, duty to have regard to LAA targets, and duty to involve, and these were expected to become more important under the new Comprehensive Area Agreement (CAA) inspection regime. In this context the HRP needed to be re-established with an equivalent status and function to the statutory partnerships established for community safety and young people (the Crime and Disorder Reduction Partnership and the Children's Trust respectively).

The report explained that the review had been carried out by a development group, facilitated by external consultants with expertise in partnership development and knowledge of Reading from working with the LSP. Officers from the Council, PCT and voluntary sector had participated in two extended workshops, and a list of attendees was attached to the report as appendix A. The consultants had produced a discussion paper (attached to the report as Appendix B) that presented a programme of work related to the establishment of a reconstituted partnership, defining and developing its remit, agreeing the development and content of an associated Reading Health and Well-being Strategy, and ensuring key functions and statutory duties were effectively carried out, including appropriate links to and from the LSP.

The review had proposed that the HRP as currently constituted ceased to meet, and that the next meeting be with a revised core Membership as set out in section 4.2 of the report. It was anticipated that a reduced membership with more clearly defined roles for the individual representatives would create a more effective partnership.

The review had also produced an outline purpose for the HRP, and it was suggested that this be adopted as the terms of reference for the 2009/10 Municipal Year.

It was also proposed that an officer group be set up to work on developing and establishing the new HRP. The group would also begin establishing closer links between the HRP and the various partnership bodies and groups that were delivering Local Area Agreement health targets and other local health outcomes. Membership of the group would include the PCT Area Director, the Head of Strategy and Performance (Housing and Community Care), and the Head of Community Planning.

John Painter, Head of Central Administration and Monitoring Officer, attended the meeting to brief the Partnership on governance arrangements for the HRP. He noted that the statutory responsibilities of the LSP and related partnerships made it appropriate that members of the executive (Cabinet) be appointed to HRP. Lead spokespeople from the other Groups would be able to attend as observers, thus avoiding any conflict of interest with their involvement in the scrutiny process. John noted that as the partnership became established on a more formal basis with a significant statutory role it would be appropriate for the meeting Minutes to be submitted to the Housing, Health and Community Care Scrutiny Panel. Regarding the role of the LSP Board in overseeing the HRP, it was noted that the LSP Management Group were overseeing an ongoing piece of work which would map out the various 'theme' partnerships under the LSP and strengthen their connections to the LSP Board.

**AGREED:**

- (1) That the Partnership be reconstituted and no longer meet in its current form;
- (2) That the membership of the reconstituted Partnership be as outlined in paragraph 4b of the report, subject to discussion and ratification at the first meeting of the newly constituted partnership itself;
- (3) That the 'Purpose of the Healthier Reading Partnership' proposed by the Development Group be adopted as the Partnership's terms of reference for the 2009/10 Municipal Year;
- (4) That an officer group be set up to work on developing and establishing the new Partnership in collaboration with key stakeholders, as outlined paragraph 4b of the report;
- (5) That the PCT Area Director continue as Chair of the Partnership on an interim basis, pending the agreement of any new arrangements.

**4. OTHER BUSINESS**

Anne Laing, Reading Voluntary Action, circulated a new information leaflet produced by the Reading Compact Group.

HEALTHIER READING PARTNERSHIP MINUTES - 7 APRIL 2009

AGREED: That the position be noted.

5. DATE OF NEXT MEETING

AGREED: That the next meeting of the Healthier Reading Partnership be held on Thursday 9 July 2009.

(The meeting started at 6.03pm and closed at 6.50pm)

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TO:	HEALTHIER READING PARTNERSHIP		
DATE:	9 <sup>TH</sup> JULY 2009	AGENDA ITEM:	4
TITLE:	DRAFT TERMS OF REFERENCE		
LEAD OFFICER:	GRANT THORNTON	TEL:	0118 939 0416
JOB TITLE:	HEAD OF COMMUNITY PLANNING (RBC)	E-MAIL:	grant.thornton@reading.gov.uk

## 1. EXECUTIVE SUMMARY

- 1.1 The report sets out draft Terms of Reference (ToR) for agreement by the newly constituted Healthier Reading Partnership Board (HRPB). It also sets out further work required to formalise a more detailed Partnership Agreement and recommends that this is developed for consideration by the Board at its next meeting, other than the role of observers which it is recommended to resolve immediately. The report recommends the formalisation of a Management Group to service the partnership and take forward the work programme.

## 2. RECOMMENDED ACTION

- 2.1 That the Board ratifies the membership of the Partnership Board attached at Appendix 1 as recommended by the last meeting of the HRP.
- 2.2 That the Board ratifies that the PCT Area Director continues as Chair of the HRPB on an interim basis pending the agreement of any new arrangements as recommended by the last meeting of the HRP.
- 2.3 That the HRP agrees the ToR attached at Appendix 2.
- 2.4 That the HRP agrees the role of observers on the Board as outlined in paragraph 4b below.
- 2.5 That the HRP agrees to the development of a more detailed Partnership Agreement for consideration at its next meeting.
- 2.6 That the HRP agrees the formation of a Management Group to support its work as outlined in paragraph 4b below.

### 3. POLICY CONTEXT

The Healthier Reading Partnership was established on a voluntary basis a number of years ago and has made a considerable contribution to shared discussions and work to progress, in particular, promotion of healthier lifestyles. Since its initial establishment there has been a significant shift in the legislative context for partnership working and especially the role of the Local Strategic Partnership (LSP) and its delivery partnerships. Whilst the HRP shares a non-legislative status with the LSP it does have similar statutory responsibilities in relation to delivery of the Sustainable Community Strategy (SCS) and associated Local area Agreements (LAAs). Statutory requirements on key partner agencies also include the duty to co-operate and duty to involve and are impacted collectively by the new Comprehensive Area Agreement (CAA) inspection regime. In this context the HRP needs to be commensurate in status and function with the statutory partnerships established for community safety and young people (Crime and Disorder Reduction Partnership and the Children's Trust respectively). In parallel there are strong drivers for closer and more effective joint working across the spectrum of public health, mainstream community care and children's well-being.

### 4. THE PROPOSAL

#### (a) Current Position:

Following an externally facilitated review the HRP agreed at its last meeting on 7<sup>th</sup> April 2009 to the establishment of a reconstituted partnership and that it would no longer meet in its then current form. It also agreed the membership of the new partnership and interim chairing arrangements subject to ratification by the newly constituted partnership. It also agreed to the establishment of a task and finish officer group to work on developing and establishing the new HRPB in collaboration with key stakeholders.

#### (b) Options Proposed

It is proposed that the new HRPB formally ratifies the membership of the reconstituted Partnership Board as detailed in Appendix 1. This membership provides a much more structured approach to the composition of the Board commensurate with its status and role as outlined in the policy context section above. It acknowledges both the significance of political and democratic accountability as exemplified by the local authority's community leadership role and the critical role of the voluntary / community sector, including the establishment of the LINK on a statutory basis. It also provides much more structured senior level representation at officer level from both the PCT and RBC.

Reflecting the latter point it is also proposed that the Board ratifies the PCT Area Director as Chair on an interim basis pending the agreement of any new arrangements (the latter to be brought forward as part of a more detailed Partnership Agreement - see below).

It is also proposed that the HRPB agrees the Terms of Reference attached at Appendix 2. These were developed as part of the externally facilitated review process and firmly embed the role of the Board in the strategic context outlined above. In particular they acknowledge the role of the Board in overseeing strategic policy development across the spectrum of health and social care linked to the SCS, delivery of and accountability for associated priorities and targets, and fulfilling the Duty to Involve.

As alluded to above there is a need to develop a much more detailed Partnership Agreement to cover a range of issues linked to how the HRPB will operate and manage its business, e.g. deputising, changes in personnel, co-option etc. It is proposed that this detailed work is carried out with a view to submitting a full Partnership agreement to the next meeting of the Board. One exception to this is an early consideration of the role of observers and it is proposed that this is agreed now to enable clarity and appropriate participation from the outset. It is recommended that observers are able to take an active role in the meetings of the HRPB, including participation in debate and discussion (subject to the usual discretion of the Chair in managing the overall business of the meeting), but do not have any voting rights on any formal decisions.

As evidenced by the content of today's agenda, the task and finish officer group has been busy trying to ensure that the new Board gets off to a good and pro-active start. It is considered essential that there is an established and committed officer group to support the work of the Board and to ensure that its work programme is developed and delivered effectively (a model that is being successfully operated by the Local Strategic Partnership). It is therefore proposed that an HRP Management Group is formally established initially comprising:

- Area Director PCT: Bev Searle
- RBC Head of Strategy and Performance: Sarah Gee
- RBC Head of Community Planning: Grant Thornton
- Voluntary sector representative: to be confirmed.

This Management Group will support the partnership by co-ordinating the agenda / work programme, drafting and quality assuring reports, and ensuring decisions and tasks are followed through in-between Board meetings.

Subject to agreement it is recommended that the voluntary sector representative is agreed through discussion outside the meeting. The membership of the Management Group can then be kept under review to ensure it is fit for purpose and has the capacity to undertake the work required.

Proposed Structure and Membership of the  
Healthier Reading Partnership Board

Category	Person / Organisation	Comments
RBC (5)	Elected members x 2	From the Executive - to ensure no conflicts of interest in relation to scrutiny activities / functions
	Adult Care x1	Appropriate head of service or Director
	Children's Services x1	Appropriate head of service or Director
	Chief Exec's Dept x1	Appropriate head of service or Director
RBC (2) Observers	Elected members from the two other main political parties	To ensure cross-party engagement and involvement.
PCT (3)	Reading Area Director x1	
	Strategic health improvement lead x1	
	Commissioning x1	
Voluntary / Community sector (4)	RVA officer	Role is to advise on voluntary sector involvement in all the work of the HRP and contribute to the effective delivery of the Strategy.
	Vol/ Comm Sector rep x 2	Selected via sector election process
	LINK x1	Board member

Healthier Reading Partnership Board

Draft Terms of Reference

**1. Purpose of the Healthier Reading Partnership**

The remit of the Healthier Reading Partnership includes the full spectrum of policy and services across both health and social care from prevention to intervention and care.

*The Healthier Reading Partnership exists to*

1. Improve health and well-being and reduce health inequalities in the Reading population. It will achieve this by:
  - Discussing and agreeing strategic direction and priorities across all relevant organisations and partnerships (public, private, voluntary and community sectors)
  - Ensuring co-ordination and integration of strategic planning, business planning and delivery and resources across all the relevant organisations and partnerships

**2. Partnership Tasks**

*In order to fulfil its purpose, the Partnership will carry out the following tasks.*

- a) Lead on the development and delivery of the Healthy People and Lifestyles theme of the Sustainable Community Strategy.
- b) LAA
  - Oversee negotiation on and securing delivery and resourcing of relevant Sustainable Community Strategy priorities and LAA targets.
  - Ensure effective performance management of LAA targets linked to the Healthy People and Lifestyles theme.
  - Receive progress reports from the LAA Performance Group, keep fully informed regarding risks and issues, and take appropriate action to remedy any problems.
  - Supply to the LSP a narrative to the progress report, along with any additional information required and actions taken / needed.

- c) Oversee the development, endorsement (by the LSP) and delivery of a joint Reading Health & Wellbeing Strategy and an associated shorter term Action Plan which sits under the Sustainable Community Strategy and links to other relevant strategies, such as the Strategic Health Authority's regional plan, Children and Young People's Strategic Plan, Social Care and others. The Reading Health & Wellbeing Strategy and Action Plan will need to reference but not duplicate these other strategies and add value.
- d) Ensure that the Reading Health & Wellbeing Strategy and Action Plan is regularly reviewed and refreshed, reflecting changes in the evidence base, relevant policies and plans in order that the partnership sets the direction for health and well-being in Reading.
- e) Ensure that the Reading Health & Wellbeing Strategy and Action Plan is well informed by local evidence, such as the Joint Strategic Needs Assessment and by the views of local people, including the most vulnerable and hard to reach.
- f) Influence the development of the Joint Strategic Needs Assessment and ensure it informs priorities and actions.
- g) Advocate for and promote the independence of vulnerable people.
- h) Maximise the use of existing resources through better alignment and integration of service delivery and seek to attract additional funding.
- i) Ensure that the public and service users are involved appropriately in the development and implementation of all its work in accordance with the Duty to Involve.

TO:	HEALTHIER READING PARTNERSHIP (HRP)		
DATE:	9 <sup>TH</sup> JULY 2009	AGENDA ITEM:	5
TITLE:	CYCLE OF MEETINGS		
LEAD OFFICER:	GRANT THORNTON	TEL:	0118 939 0416
JOB TITLE:	HEAD OF COMMUNITY PLANNING (RBC)	E-MAIL:	grant.thornton@reading.gov.uk

## 1. EXECUTIVE SUMMARY

- 1.1 The report outlines a rationale for an additional 2 meetings of the Healthier Reading Partnership Board (HRPB) to the 4 already scheduled and recommends that this 4 +2 model is adopted in order to maximise the impact and effectiveness of the Board.

2.	RECOMMENDED ACTION
2.1	That the HRP agrees that in addition to the 4 quarterly meetings currently scheduled it will hold a further 2 meetings in each annual cycle.
2.2	That, subject to agreeing 2.1 above, the HRP agrees dates for these additional meetings in 2009/10.
2.3	That, subject to agreeing 2.1 above, the HRP agrees that the first of these additional meetings will take the form of an "away day" as outlined in para.4b.

## 3. POLICY CONTEXT

- 3.1 The HRP agreed to reconstitute itself at its meeting on 7<sup>th</sup> April 2009 and this is the first meeting of the newly formed partnership. The reconfiguration of the partnership followed a review that took account of increasing demands and changing legislative context, in particular the new statutory requirements of the Local Government and Public Involvement in Health Act 2007 including: LAA and CAA requirements, duty to co-operate, duty to have regard to LAA targets and the duty to involve.

## 4. THE PROPOSAL

(a) **Current Position:**  
Historically the HRP has met quarterly and for the municipal year 2009/10 meetings have been set on this basis as part of the Council's annual planning cycle. Agreed dates for the year are as follows: 9<sup>th</sup> July, 6<sup>th</sup> October, 14<sup>th</sup> January and 13<sup>th</sup> April.

(b) **Options Proposed**  
The external review of the partnership strongly recommended that an away day be held for the core Board members of the HRP, perhaps with one or two supporting officers, at an early stage. Aim would be to give the new partnership Board an opportunity to get to know each other, reflect on the emerging Health and Well-being Strategy and Action Plan and to think about the partnership's work programme into the future.

Whilst quarterly meetings are custom and practice and can fit well with a performance management cycle, they are not conducive to effective partnership development or strategic impact. The experience of the Local Strategic Partnership (LSP) has been that quarterly meetings tend to get dominated by important but routine business and do not enable the space for more blue-sky thinking and strategic policy development. Nor can they in the early stages of a partnership fulfil the "forming" role and expedite the process of building relationships and effectiveness. The LSP has therefore agreed to meet 6 times each year, 4 of these meetings on a quarterly basis but with two "free" dates to focus on more strategic issues and be less encumbered by routine business.

It is proposed that the HRPB also adopts this model and agrees to meet 6 times each year. It is also proposed that the HRPB identifies dates for these additional meetings and that the 1<sup>st</sup> of these is held as an away day ideally prior to the next scheduled meeting of the Board on the 6<sup>th</sup> October.

Subject to agreement, this model could then be incorporated in the detailed Partnership Agreement to be brought back to a future meeting of the Board for approval.

# Reading Health and Wellbeing Strategy

Draft

## Equal Opportunities

All of the organisations responsible for the development and delivery of this strategy are committed to equality of opportunity.

We will treat everyone with respect regardless of race, disability, age, disability, gender, religion or sexual orientation.

If you require this information in another format such as audio tape or in another language, please .....

## Contents

### Foreword

### Executive Summary

#### 1. Vision

The Healthier Reading Partnership is part of the Reading 2020 Partnership – the Local Strategic Partnership, which brings together public, private, voluntary and community sector partners to provide strategic leadership for the improvement of the quality of life of the people of Reading.

Good health and wellbeing is a very important part of our quality of life – and many people in Reading enjoy good health and an above average life expectancy. However, some people's life expectancy is below average, while others are coping with long term health problems, or have difficulty in accessing the help and support which would enable them to improve their health.

Our vision is simply to achieve a healthier Reading by working in partnership – together we aim to:

- 1. Reduce health inequalities**
- 2. Achieve more people living healthier lives and preventing more ill health**
- 3. Enable older people and people with long term conditions to live at home**
- 4. Give children and young people the best start in life through improving their own and their families' health and well-being**

We can do more together than we can by working on our own - the Healthier Reading Partnership brings together the different perspectives and resources of the statutory organisations, the voluntary and community sector and businesses to achieve our key priorities.

The Healthy People and Lifestyles section of the Sustainable Community Strategy – shaping Reading’s future describes its vision as “**all as healthy as the healthiest**”. The aim is to improve the health of the population by partners commissioning and providing services that promote health, prevent and treat ill health and bring the health and well being of those in poorest health up to those in the best.

The Healthier Reading Partnership is linked to a number of groups which support the achievement of our aims and objectives, and these are listed in appendix x. We also work closely with other partnerships within the overall Local Strategic Partnership in delivering the priorities of the Sustainable Community Strategy, many of which also support the work of the Healthier Reading Partnership. These are described in appendix x.

This strategy sets out the overarching aims and objectives of the Healthier Reading Partnership over the next xx years. It links together and makes reference to existing plans and documents that already exist in relation to the promotion of health and wellbeing in Reading. Appendix 1 contains details of current plans and strategies which are relevant to the work of the Healthier Reading Partnership.

## **2. Understanding the Context**

Everyone’s health is influenced by many factors – which include our genetic make up, our social circumstances and the environment we live and work in. Clearly, it is not possible to change our genetic characteristics, but it is possible to improve the health of people with inherited disabilities, and also to prevent many significant health problems from developing.

Decent housing, employment and social contact are important factors in good health and wellbeing – the absence of these makes us more vulnerable to developing health problems, and their presence can be important factors in our recovery from illness.

Some groups of people are more likely to develop specific types of health problem, or to have worse overall health than others. For example, people of Asian origin are more likely to develop heart disease, and people living in deprived circumstances are likely to have greater health problems than those who are more affluent.

Promoting the health and wellbeing of local people is not just the responsibility of the NHS and Social Services – it is really important that

vulnerable people or people with long term conditions are able to access opportunities and services which are available to everyone else – and working together as a partnership will help us to achieve this.

The Joint Strategic Needs Assessment, which Local Authorities and Primary Care Trusts are required to undertake in partnership, includes important information about Reading, which has a direct influence on our vision, priorities and objectives.

Some key facts include:

*To be completed (1st draft of JSNA for consultation due end June)*

### **3. New Directions**

Putting People First, published in December 2007, set out a shared vision for the transformation of adult social care. This was endorsed by a number of different government departments – including the Department of Health, Communities and Local Governments, Work and Pensions, Children Schools and Families – which illustrates the need for and commitment to a system wide approach across all areas of public services.

Putting People First recognizes the significant changes to our population – with more people living longer, and increasing demand for care and support services. It also sets out the requirement for the development of more choice and individually planned services, with people having more say about the kind of services they receive.

The NHS Next Stage Review – high quality care for all was published in June 2008. It sets out a vision of an NHS which gives patients and the public more information and choice, works in partnership and has high quality care at its heart.

Both of these papers build on the foundation established by the White Paper “Our Health Our Care Our Say” which was published by the Department of Health in 2006. It sets out a vision for improved health and social care services which promote health independence and wellbeing. The work of the Healthier Reading Partnership is based on the four outcomes outlined in the white paper:

- Better preventative services, with earlier intervention
- Giving people more choice and control
- Tackling inequalities and improving access to community services
- More support to people with long term needs

Choosing Health is the Public Health White Paper published in 2004 – the 6 priority areas for action highlighted are:

- Tackling health inequalities
- Reducing the numbers of people who smoke
- Tackling obesity
- Improving sexual health
- Improving mental health and wellbeing
- Reducing alcohol related harm and encouraging sensible drinking.

Practice Based Commissioning (PBC) was introduced to enable groups of GPs to work together to commission services out of hospital to improve quality and use of resources. The Healthier Reading Partnership will seek to align its efforts with the PBC Consortia operating in Reading, ensuring that our work is effectively informed by the views of GPs and other clinicians, and that required support is provided to PBC schemes.

Other important policy documents for the Healthier Reading Partnership include:

*To be completed*

#### **4. Services Delivered in Partnership**

The Healthier Reading Partnership enables statutory, voluntary and community and private sector partners to jointly commission and provide services which will meet our aims and objectives. As stated in the Vision section of this document, we can do more by working together than we can by working alone, and we will work to increase the pooling of our resources and joining up our service delivery and commissioning plans.

There is a well established foundation for joint service provision in Reading, with a number of joint services already in existence, for example:

The Integrated Care Service  
 The Community Mental Health Service  
 The Community Team for People with Learning Disabilities

We will build on this foundation to ensure that services are planned and delivered in a person centred way, rather than dictated by professional and organisational boundaries.

The Voluntary and Community Sector, are important partners in the improvement of Health and Wellbeing in Reading. Through their links with the local population, they are able to promote healthy lifestyles in a way that is appropriate to the needs of the different parts of our community. We will work to link the services commissioned from the voluntary sector, with those provided by health and social care services, and to increase community engagement with service planning and delivery.

The business sector can make an important contribution to the improvement of health and wellbeing of the local population. Large employers often provide significant support to their workers through Occupational Health Schemes. The provision of employment opportunities is a very important part of the recovery of people who are recovering from significant health problems, or the maintaining of good health and wellbeing for people with disabilities.

## **5. Sustainable Community Strategy and Local Area Agreement**

The Sustainable Community Strategy (SCS), shaping Reading's future, runs from 2008 to 2011, and sets out the work of the Local Strategic Partnership to improve the quality of life of the people of Reading. The SCS includes the following chapters:

- A fairer Reading for All
- Children and Young People
- Cleaner and Greener Environments
- Culture Leisure and Sport
- Decent and Affordable Housing
- Healthy People and Lifestyles
- Safer and Stronger Communities
- Thriving Economy and Skills
- Transport and Accessible Spaces

While the Healthy People and Lifestyles section details the key issues and priorities which inform the work of the Healthier Reading Partnership, the other chapters are also very important to our work:

A Fairer Reading for all is directly linked to our focus on tackling health inequalities.

We need to work with families to improve the health and wellbeing of the local population, and there are a number of initiatives which link across adult and children's services, which require partnership action and coordinated effort.

Cleaner and greener environments are very important for our health and overall wellbeing: walking or cycling instead of using our cars is better for our health as well as the environment; producing and buying fruit and vegetables locally also has environmental and health benefits.

Decent and affordable housing is a key determinant of health, and people who are homeless or in temporary accommodation can have much poorer health than the rest of the population, as well as difficulty in accessing the support they may need.

Safer and Stronger Communities result in a feeling of greater wellbeing, as people feel safer and more connected to their communities. In addition, the work to reduce crime has a direct link to improved health in terms of reduction of violent crime and road traffic accidents.

The importance of employment for good health has already been mentioned in this document. We also need to ensure we have the trained workforce across all sectors, which will ensure we can provide the health and social care services that people need.

Transport and accessible spaces is important in terms of access to services, as well as our general wellbeing.

The Local Area Agreement runs from 2008 to 2011 and includes targets which will enable the delivery of key aspects of the Sustainable Community Strategy.

The targets which are the responsibility of partners within the Healthier Reading Partnership are:

*To be completed*

## **6. Making it Happen**

The Healthier Reading Partnership is accountable to the Local Strategic Partnership, and includes the following partners:

Reading Borough Council  
NHS Berkshire West  
Reading Voluntary Action

The terms of reference of the partnership are outlined in appendix x

Listening and responding to what local people tell us is important is a key part of our work; we will work to link together the engagement and consultation work undertaken by all of the organisations involved in the partnership. We will also work to tailor our communications and initiatives to the needs of different communities or areas.

*More on community involvement and locality based initiatives needed*

Joint Commissioning

*To be completed*

Performance management

*To be completed*

## **7. Moving forward- Action Planning**

The Healthier Reading Partnership will have an annual action plan outlining the key tasks and required outcomes to enable us to achieve:

- Our Local Area Agreement targets
- SCS priorities

- An effective response to the views of local people

One of our key challenges will be the development of effective joint commissioning across partner organisations. The issues which we will need to address include:

- Defining the scope of commissioning
- Governance and accountability
- Aligning resources
- Information sharing
- Working with providers in all sectors

## **8. Priorities for Action**

*Introductory paragraph needed*

### **1. Reducing health inequalities**

*To include*

*All as healthy as the healthiest*

*A fairer Reading for all – corporate plan priority, reducing poverty (strategy?)*

*Geographical, BME, LD, MH, Gipsy/traveler*

**SCS Priority:**

**Enable more people in less affluent areas to make healthy lifestyle choices, with a particular focus on smoking, obesity and physical activity**

### **2. More people living healthier lives and preventing more ill health**

*To include*

*Health impact assessments*

*Culture leisure and sport – cultural strategy*

*Sport Reading Partnership and Strategy*

*Supporting People*

*Alcohol Harm Reduction plans*

**SCS Priority:**

**Reduce alcohol related harm and promote sensible drinking**

### **3. Enabling more older people and people with long term conditions to live at home**

**SCS priority:**

**Promote independent living for people with a long term health condition, people with a physical or learning disability, people with mental health problems and older people.**

*To include*  
*Supported Housing*  
*Assistive technology*  
*Case Management*  
*Personal budgets*  
*Falls*  
*Intermediate Care*

## Appendix 1

### Planning and Strategy Framework

*To include*  
*Diagram of LSP and partnerships*  
*PCT and Council Plans*  
*Corp plan priorities – ambitious for Reading, greener, fairer and safer*  
*Link to other SCS 2008 – 2011 priorities – why health and well being is everyone's business*  
*Childrens targets*

### Other Appendices:

*To include*  
*TOR for Healthier Reading Partnership*  
*Etc*