



Berkshire West

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To the Members of the Healthier Reading Partnership

Dear Colleagues:

Re: Meeting on 22nd March

As you all know, this is our “out of cycle” meeting, at which we agreed we would give a real focus to our draft strategy and action plan, to ensure that we have a clear direction and agreement about our priorities for action.

The purpose of this letter is to clarify the proposed arrangements regarding completion of our strategy, bearing in mind the work that the LSP is leading on the completion of a new Sustainable Community Strategy (SCS) due at the end of March 2011.

I would like to propose that we use our meeting on 22nd March to agree a final draft document for consultation within the organisations that we represent. This can then be used to inform the development of the SCS, which will be subject to a full consultation process. Once the SCS is complete, we can then “refresh” our strategy in 2011. The purpose of this is to ensure that we complete our strategy and action plan in a timely way, to ensure our work can be guided and monitored effectively - at the same time as avoiding over-consultation, or confusing messages.

As we agreed at our “Awayday” it is important to have a clear action plan with a relatively small number of tasks which can really make an impact as a result of our partnership working. I would like to propose that all members of the partnership take a lead in at least one of the tasks, to ensure that everyone is engaged and is supporting one another in the work. I realise this is probably not workable for Councillors - but you may wish to align yourself to a particular area of work, to provide support to the nominated lead.

In addition, it would be helpful to consider the future development of the Joint Strategic Needs Assessment within our action plan - we have previously discussed the need to have a really good understanding of our community’s needs, and the Healthier Reading Partnership is ideally placed to take a local lead with this.

I am forwarding the current draft of the Health and Wellbeing Strategy and Action Plan, the PCT's Strategic Plan (including the "at a glance" version) and Equality Impact Assessment, as well as the governance structure for the JSNA development for your information. Hopefully this will stimulate your thinking - and I very much look forward to seeing you all on 22nd March.

Please don't hesitate to contact me if you have any concerns or queries in the meantime

With best wishes

A handwritten signature in blue ink, appearing to read 'Bev Searle', with a stylized, cursive script.

Bev Searle
Director of Partnerships & Joint Commissioning
NHS Berkshire West



Healthier Reading Partnership Board

Extra Out-of-Cycle Meeting

Monday 22 March 2010, 5.00pm, NHS Berkshire West,
57-59 Bath Road, Reading, RG30 2BA

1. Apologies
2. Declarations of Interest
3. Final Draft Health and Well-being Strategy & Action Plan (Bev Searle)

(current draft Strategy & Action Plan attached (page 1) and the PCT's "at a glance" version of its Strategic Plan attached (page 16)

(NB - The PCT's 97 page full Strategic Plan is attached electronically separately for info)
4. Future Development of the Joint Strategic Needs Assessment within the Action Plan (Bev Searle)

(Governance Structure for the JSNA development attached) (page 18)

(NB - the final full Reading JSNA 2009 is attached electronically separately for info - 77 pages)
5. Any Other Business
6. Dates of Scheduled Meetings:
13 April 2010
8 July 2010
5 October 2010
19 January 2011
12 April 2011

If you have any queries about this agenda, please contact Nicky Simpson in
Committee Services, Reading Borough Council.
Tel.: 0118 937 2112 e-mail: nicky.simpson@reading.gov.uk

Reading Health and Wellbeing Strategy

Draft 3

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

Foreword

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Healthier Reading Partnership Terms of Reference

1. Purpose

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 purpose is 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**

The work of Healthier Reading Partnership will be described in an action plan which will enable us to monitor our progress effectively and ensure that we are focused on the achievement of specific outcomes linked to the priorities outlined above.

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 three 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:

- The differences in life expectancy between areas of Reading (7 years difference between the highest and lowest) are linked to the variation in levels of deprivation. It is important to recognise the importance of low levels of income, and child poverty in terms of health inequalities, and that the differences between areas of Reading have been established for a long time.
- Overall life expectancy is below the regional average and early deaths (under age 75) from heart disease, and coronary heart disease mortality are above the national average.
- Overall health is above the national average.
- Increased life expectancy is linked to increasing numbers of people with long term conditions and dementia.
- Binge drinking and alcohol related crime and mortality rates are comparatively high, as are numbers of injecting drug users.
- The number of people with mental health problems is higher than other parts of Berkshire West (Wokingham Reading and West Berkshire Council areas)
- The population of Reading includes a larger number of younger people than other areas, but there is evidence that larger numbers of older people are living in poor quality housing and in relative isolation.
- The numbers of people from black and minority ethnic groups are increasing – the 2001 census identified 13% of the population as “non white” – and the 2008 school census identified 39% of pupils from a non- British heritage.

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 recognises 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.

World Class Commissioning guidance - first launched by the Department of Health in 2007, and continuing to be a strong national policy direction, emphasises the importance of partnership working to achieve better health and wellbeing, better care and better value.

All 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:

Local Area Agreement 2008 – 2011
Sustainable Community Strategy 2008 - 2011
Alcohol Harm Reduction Strategy 2008 – 2011
A Big Voice in Our Lives 2009. Learning Disability Strategy
Children and Young People’s Plan 2009 – 2012
Carers – A joint statement of commissioning priorities 2009
Sport Reading Partnership Plan 2008 -2009

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

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:

NI 39 Alcohol related hospital admissions

NI 121 Mortality rate from all circulatory diseases at ages under 75

NI 125 Achieving independence for older people through rehabilitation and intermediate care

NI 150 Adults in contact with secondary mental health services in employment

NI 132 Timeliness of social care assessments

6. 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

In order to focus our efforts on achieving positive outcomes through partnership working, a small number of activities will be selected each year and reflected in the action plan. These will be based on the priorities outlined earlier, and informed by the annual JSNA.

7. Priorities for Action

7.1. Reducing health inequalities

SCS Priority:

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

This priority will include a focus on both geographical inequalities – where some areas of Reading are associated with a lower life expectancy than other areas, as well as inequalities associated with particular groups of people.

7.2. More people living healthier lives and preventing more ill health

SCS Priority:

Reduce alcohol related harm and promote sensible drinking

The promotion of good mental and physical health are included within this priority, which links closely to 7.1 above.

Communication of clear messages about healthy lifestyles which are tailored to the target audience is a key element of this priority. The focus of the partnership will be to collaborate in the production and dissemination of information, making best use of resources and evidence of effectiveness.

7.3. 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.

Providing services in response to what people have said is very important in the context of this priority. The partnership will align the engagement work undertaken with the public and patients and service users wherever possible.

7.4 Give children and young people the best start in life through improving their own and their families well being

SCS priority:

Promote positive parenting skills.

Enhance emotional well being.

Improve schools and raise attainment

The Reading Children's Trust Board (CTB) has the lead responsibility for partnership initiatives for the improvement of the health and well being of children and young people. However, the Healthier Reading Partnership plays an important support role in terms of family oriented projects, and will work closely with the CTB on the reduction of health inequalities.

Appendix 1

Organisational Structure Chart

Appendix 2

Healthier Reading Partnership Agreement

Healthier Reading Partnership – Health and Wellbeing Action Plan				
Priority 1. Reduce Health Inequalities				
Objective	Action	Outcome	Lead	Date
Completion of development plan for Readings JSNA	Review progress to date and identify areas for development in Berkshire West –wide workshop in January 2010	Improved understanding of needs informing future strategy and action planning	Sarah Gee Kim Wilkins	28.02.2010
Complete a joint action plan for health improvement in specified areas of South Reading	Engage with key stakeholders: Practice Based Commissioners Ward Councillors Children’s Trust Community and Voluntary Sector Leads Health and Social Care Commissioners	Achievement of LAA target - NI 121 Mortality rate from all circulatory diseases at ages under 75 Reduction in number of people smoking Increase in physical activity levels	Jackie Lonsdale Debbie Ward/Bev Searle Melani Oliver Sarah Gee/Bev Searle	28.02.2010
	Establish links with Whitley Integration Project Draft outline plan with specific outcomes	Decrease in levels of obesity In the longer term: reduction in health inequalities measured at ward level	Grant Thornton	
Produce analysis of health and wellbeing needs of people from Black and Minority Ethnic Communities	Summarise existing information and identify any key gaps Map existing initiatives and evidence of effectiveness Identify specific areas for action	Achievement of LAA target - NI 121 Mortality rate from all circulatory diseases at ages under 75 In the longer term: reduction in health inequalities between people from ME groups and the rest of the population	Kim Wilkins Nina Sethi/Kim Wilkins HRP	

Healthier Reading Partnership – Health and Wellbeing Action Plan				
Priority 2. Achieve more people living healthier lives and preventing more ill health				
Objective	Action	Outcome	Lead	Date
Maximise the opportunities provided by the implementation of Talking Therapies	HRP and Talking Therapies Manager to develop joint action plan including input of Voluntary Sector and RBC	Increased numbers of people who have experienced psychological problems remaining in or returning to employment Improved use of health and social care resources		
Development of Joint Communication plan for healthy lifestyles messages and signposting to services	Communications and Engagement leads in health and social care to share information about planned activity and agree joint approach/ forward plan. Public Health advice to inform potential effectiveness	Improved use of health and social care resources. More consistent messages delivered to the public Engagement of Community and Voluntary sector to communicate to seldom heard groups		
Implementation of the Alcohol Harm Reduction Strategy	Review and agree actions with Crime and Disorder Reduction Partnership	Coordinated cross partnership action resulting in achievement of LAA target NI 39 reduction in alcohol related hospital admissions		

Healthier Reading Partnership – Health and Wellbeing Action Plan				
Priority 3. Enabling more older people and people with long term conditions to live at home				
Objective	Action	Outcome	Lead	Date
<p>Increase Joint Commissioning of services aimed at reducing avoidable hospital admission and residential care placements</p> <p>Personalisation of mental health services to be addressed in partnership</p> <p>Engagement with older people and people with long term conditions to inform service planning to be done in partnership</p>	<p>Health and Social Care Commissioners to agree priorities for development Grant funding to be used to develop the contribution of the community and voluntary sector</p> <p>Mental Health Commissioners to work with health and social care providers to implement personal budgets</p> <p>Engagement leads from health and social care to share existing plans and agree coordinated approach and forward plan to be shared with voluntary and community sector</p>	<p>Achievement of LAA targets: NI 125 Achieving independence for older people through rehabilitation and intermediate care NI 132 Timeliness of social care assessments NI 150 Adults in contact with secondary mental health services in employment</p>		

Healthier Reading Partnership – Health and Wellbeing Action Plan				
Priority 4. Give children and young people the best start in life through improving their own and their families well being				
Objective	Action	Outcome	Lead	Date
Work with CTB on the implementation of specified objectives for priorities 1 & 2:				
Complete a joint action plan for health improvement in specified areas of South Reading	Engage with key stakeholders and draft outline plan with specific outcomes	Improved health of children and young people within the designated area	Melani Oliver Kim Wilkins	
Maximise the opportunities provided by the implementation of Talking Therapies	Address needs of parents accessing talking therapies within local implementation plan	Improved emotional well being of children of parents with milder mental health problems	Melanie Oliver Kim Wilkins	
Development of Joint Communication plan for healthy lifestyles messages and signposting to services	Consult CTB in drafting of plan	Provision of clear messages to families enabling action to improve diet and activity levels		
Implementation of the Alcohol Harm Reduction Strategy	Include actions targeted at parents within the local action plan	Reduction in levels of harmful and hazardous drinking in parents, therefore minimising potential adverse impact on children and young people		

Strategic Plan: At a glance

Keeping people well and out of hospital

GOAL 1 REDUCING HEALTH INEQUALITIES:	GOAL 2 KEEPING CHILDREN AND YOUNG PEOPLE SAFE AND WELL:
<p>We will increase life expectancy for our whole population ensuring that we narrow the gap between the healthiest and least healthy areas of our population. By 2014 at the very least:</p> <ul style="list-style-type: none"> • The difference in life expectancy between people in the most deprived and least deprived areas in Berkshire West will have reduced by at least 5%. • Average life expectancy will have increased by at least 1.1 years over the previous 5 years. • The number of deaths following stroke, within 30 days of admission, will decrease to a rate of 15,804 per 100,000 from a baseline of 28,225 in 2005/6. • At least 58% of diabetic patients on GP registers will have recorded blood sugar levels (HbA1c) of 7 millimoles per litre or less 	<p>Working with partners we will support children and young people to achieve improved health and wellbeing. By 2014 at the very least:</p> <ul style="list-style-type: none"> • Infant mortality will be no more than 4.1 per 1,000 live births • At least 95% of children will have had a MMR immunisation by their 5th birthday • No more than 15% of children in primary school year 6 will be recorded as being obese
GOAL 3 SUPPORTING OLDER PEOPLE AND THOSE WITH LONG TERM CONDITIONS:	GOAL 4 PROMOTING WELLBEING AND INDEPENDENCE:
<p>We will promote and maximise independence for older people, by focusing on long term conditions, recognising the importance of compassionate care at the end of life. By 2014 at the very least:</p> <ul style="list-style-type: none"> • The rate of unscheduled admissions of over 75s into hospital will be no more than 37,976 per 100,000 population from a baseline of 37,176 per 100,000 in 2007/8. • The prevalence of people on GP palliative care registers will increase to 0.13% from a baseline of 0.08% in 2007/8. 	<p>Our population will be encouraged to make healthy life choices and to take responsibility to improve their own health. Every contact will provide opportunity for prevention as well as treatment. By 2014 at the very least:</p> <ul style="list-style-type: none"> • At least 50% of young people aged 15-24 will be screened for Chlamydia each year • 644 out of every 100,000 people aged 16 and over will stop smoking each year with the help of NHS Stop Smoking Services. This is equivalent to 2350 quitters in 2009/10 and 2365 in 2010/11.

Strategic Plan: At a glance

Keeping people well and out of hospital

<p>GOAL 1 REDUCING HEALTH INEQUALITIES KEY INITIATIVES:</p> <p>This goal will be achieved by implementing the following initiatives:-</p> <ul style="list-style-type: none"> • Cardiovascular including CVD, Diabetes, CHD and CHD risk assessment - Identification and intervention of people at high risk of developing vascular disease, whilst improving services for those with the disease • Cancer – having a range of screening and prevention programmes in place and to ensuring speedy access to diagnosis and treatment for people suspected of having a cancer • Mental Health – ensuring that people with mental illness in Berkshire West have access to a range of local and specialist mental health services in order to maximise their mental health and wellbeing 	<p>GOAL 2 KEEPING CHILDREN AND YOUNG PEOPLE SAFE AND WELL KEY INITIATIVES:</p> <p>This goal will be achieved by implementing the following initiatives:-</p> <ul style="list-style-type: none"> • Infant mortality – reducing the risk of infant death for all babies in Berkshire West and reducing inequalities by targeting the Reading area • Emotional Health & Wellbeing – providing appropriate support for children and young people to help them achieve and maintain their emotional health and wellbeing through a jointly commissioned Child and Adolescent Mental Health Service (CAMHS) which will commence in January 2011 • Oral Health – ensuring that local children benefit from a range of preventive interventions, initially targeted at the under fives, which will lead to a sustained improvement in oral health • Children with complex needs – commissioning appropriate packages of care that will support children with complex needs • Improving immunisation coverage – providing support to primary care to improve immunisation rates and data capture.
<p>GOAL 3 SUPPORTING OLDER PEOPLE AND THOSE WITH LONG TERM CONDITIONS KEY INITIATIVES:</p> <p>This goal will be achieved by implementing the following initiatives:-</p> <ul style="list-style-type: none"> • Strengthening community services – strengthening community services to provide care closer to home to increase quality of patient care and experience and prevent avoidable admissions of older people and those with long term conditions (see NHS Berkshire West Transforming Community Services Strategy – October 2009) • Dementia - ensuring the early detection and diagnosis, improving the quality of general health care for people with dementia and supporting people in the community for as long as possible • End of Life – ensuring that there is a high quality and comprehensive range of services along the end of life pathway which provide excellent palliative care and enable the choice of place of death 	<p>GOAL 4 PROMOTING WELLBEING AND INDEPENDENCE KEY INITIATIVES:</p> <p>This goal will be achieved by implementing the following initiatives:-</p> <ul style="list-style-type: none"> • Alcohol & Substance Misuse - ensuring that people who drink alcohol at increasing risk and high risk levels, are supported through a range of services to access treatment and support to reduce their alcohol consumption levels and improve access to substance misuse services to address addiction • Improving Sexual Health and Reducing Teenage Pregnancy – ensuring that information is available to support people in making informed choices about their sexual health, ensure that high quality accessible services are available to enable them to improve their sexual health and reduce unplanned conceptions • Obesity – ensuring that people gain a better understanding of the health risks associated with obesity, and commission services that enable people to achieve and maintain healthy weights through provision of information and support for healthy lifestyles, a healthy diet and increased levels of physical activity. • Smoking – reducing the number of smokers within Berkshire West through raising awareness of the dangers of smoking, promoting tobacco control and supporting existing smokers to stop smoking through the provision of stop smoking services • Communicable Disease - to ensure robust protection against communicable disease, by improving immunisation coverage and services to detect and treat TB.

Joint Strategic Needs Assessment (JSNA) Strategy Group

Partners

NHS Berkshire West (NHS BW)
Reading Borough Council (RBC)
Wokingham Borough Council (WC)
West Berkshire Council (WBC)

Objective

The purpose of the group is to provide the strategic leadership for the JSNA for Berkshire West and agree upon joint and individual organisational priorities.

Role & Responsibilities

The role of the JSNA Strategy Group is to:

- Deliver the JSNA for Berkshire West using a continuous process agreed by all partners
- Report to the Berkshire West Commissioning Partnership (BWCP) who will have overarching responsibility for JSNA
- Ensure that adequate resources are provided by each partner organisation to deliver the JSNA
- Coordinate the work of the three locality-based Working Groups, establishing clear lines of responsibility.
- Establish those topics which are common priorities across the partners and those areas which are locality specific.
- Establish a “best fit” timetable for production of future JSNA reporting to integrate with the other processes and reporting cycles of the partner agencies.
- Steer the process towards completion according to the timetable agreed, reporting exceptions and deviations from the plan.
- Establish how much commonality of formatting can be agreed for reporting purposes; and if differences in style are required, explore mechanisms for flexible styling of content to each partner’s corporate preference.
- Set up and oversee a mechanism for quality assuring the content of the JSNA reporting, working closely with the Working Groups.
- Check the final documentation for consistency and accuracy issues.

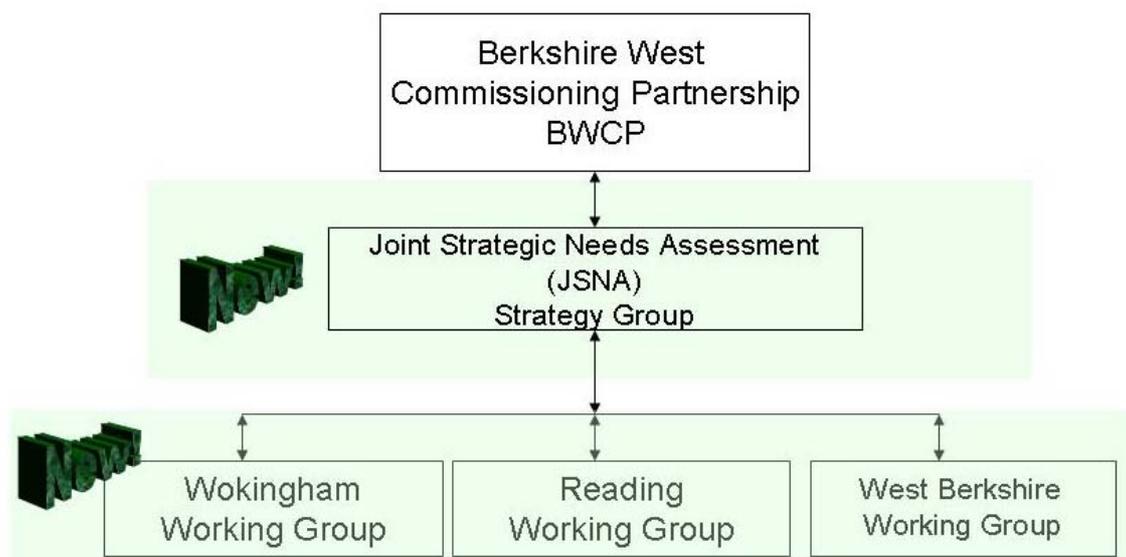
Membership

Name	Job Title	Organisation
Martin Heaven	Head of Health Intelligence	NHS BW
Sallie Bacon	Consultant in Public Health	NHS BW
TBC	Public and Patient Engagement	NHS BW
Dr S Madgwick	(Primary Care rep) Wokingham Commissioning Group Lead	GP
Rachael Wardell	Children’s Services, Head of Strategy and Partnerships	WC
Jan Evans	Interim Head of Adult Services	WBC
Sarah Gee	Head of Performance and Strategy in Housing and Community Care	RBC
Melani Oliver	Head of Extended Services, Directorate of Children’s Services	RBC
Mark Redfearn	(Local Authority Information Specialist) Corporate Policy Manager	WC

Frequency

Meetings of the JSNA Strategy Group will be Monthly.

Reporting Structure



Date of review: January 2011