

Healthier Reading Partnership

Tuesday 13 April 2010, 6.00pm, Reading PCT Headquarters,
57-59 Bath Road, Reading, RG30 2BA

1. Apologies
2. Declarations of Interest
3. Minutes of Last Meeting (14 January 2010) and Out of Cycle Meeting (22 March 2010) (Page 1)
4. Matters Arising
5. Election of Vice Chair - arrangements (Bev Searle)
6. A New Vision and Sustainable Community Strategy for Reading (Pages 13-16) (Alan Magness)

To consider and comment on the draft vision and to explore the consultation process/framework for producing the next SCS (and specifically the 'healthier' component of this)

7. Final Draft Health and Well-being Strategy & Action Plan (to be tabled) (Bev Searle/Sam Otorepec)
8. Update on the Joint Strategic Needs Assessment (Kim Wilkins) (pages 17-20)
9. PCT Strategic Plan (previously circulated - "at a glance" version attached again pages 21-22) (Bev Searle)

Please see previously circulated Strategic Plan papers - the full plan was circulated with the papers for the 22 March 2010 out of cycle HRP meeting. (If anyone wants to see the associated Equality Impact Assessment, please contact Bev Searle who will forward it to you)

10. Update on the Tobacco Control Coordinator post (verbal report) (Kim Wilkins)
11. Any Other Business
12. Dates of Scheduled Meetings:
 - 8 July 2010
 - 5 October 2010
 - 19 January 2011
 - 12 April 2011

HEALTHIER READING PARTNERSHIP BOARD MINUTES - 14 JANUARY 2010

Present:

Bev Searle (Chair)	NHS Berkshire West
Councillor Ennis	Reading Borough Council
Anne Laing	Reading Voluntary Action
Nina Sethi	Reading LINK
Grant Thornton	Reading Borough Council
Chris Turner	Reading Citizens' Advice Bureau
Kim Wilkins	NHS Berkshire West

Also in Attendance:

Councillor Beard	Reading Borough Council
Councillor T Harris	Reading Borough Council
Jackie Lonsdale	NHS Berkshire West
Michael Popham	Reading Borough Council

Apologies:

Councillor Orton	Reading Borough Council
Melani Oliver	Reading Borough Council

1. MINUTES

The Minutes of the meeting held on 6 October 2009 were confirmed as a correct record and signed by the Chair.

2. MATTERS ARISING

Further to Minute 2 (2) of the last meeting, Bev Searle, West Berkshire Area Director, NHS Berkshire West, reported that the update on the Tobacco Control Coordinator post would be brought to the next meeting.

AGREED:

That Bev Searle bring an update on the Tobacco Control Coordinator post to the next meeting.

3. DRAFT PARTNERSHIP AGREEMENT

Further to Minute 2 (5) of the meeting held on 9 July 2009 and Minute 3 of the meeting held on 6 October 2009, Grant Thornton, Head of Community Planning, submitted a report which had appended a revised draft Partnership Agreement for the Healthier Reading Partnership (HRP) Board and the person specification developed for Reading Local Strategic Partnership Board members and the Nolan Principles of Public Life.

The draft Partnership Agreement incorporated the membership and Terms of Reference, previously agreed and set out how the Partnership would operate in relation to mechanics, roles, responsibilities and values.

The report set out the revisions to the Agreement since the last meeting, which were deleting the requirement to have named deputies and instead emphasised the importance of attendance to ensure meetings had a quorum. Where Board members were not able to attend, they would be able to send a substitute as an observer. The Agreement enabled the Board to co-opt an additional member from the Black and Ethnic Minority community at any time if the Board considered it was appropriate to do so. The report recommended that, if the Board was minded to approve the revised Agreement, the election of the Vice-Chair for the Board should take place before the next meeting and the Management Group should be given delegated authority to organise the election.

AGREED:

- (1) That the revised Partnership Agreement, as appended to the report, be approved;
- (2) That the Management Group be authorised to organise the election of the Vice-Chair of the Board, in accordance with the provisions of 7(b) of the Agreement at the next meeting (13 April 2010).

4. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Further to Minute 5 of the last meeting held on 6 October 2009 and Minute 4 of the meeting held on 9 July 2009, Kim Wilkins, NHS Berkshire West, updated the meeting on the development of the Joint Strategic Needs Assessment (JSNA). The Local Government and Public Involvement in Health Act 2007 specified that local authorities and Primary Care Trusts (PCTs) would be required to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of the local community. The draft JSNA document had been developed in the light of the published guidance, which complemented the statutory guidance *Creating Strong, Safe and Prosperous Communities*, providing tools for local partners undertaking JSNA. It described the stages of the process, including stakeholder involvement, engaging with communities and recommendations on timing and linking with other strategic plans. It also contained guidance on using JSNA to inform local commissioning, publishing and feedback.

The Board was advised that the final JSNA assessment was now available to Board members and would need to be circulated for consultation with a broader audience as part of a wider communication strategy to capture qualitative information from the service users in the community as well as quantitative data from practitioners. The Board noted that the Audit Commission would be looking for evidence of where the JSNA had a positive impact. In this regard, it was considered that action to address alcohol abuse would be an appropriate area to focus on, as it would require extensive cross-agency working.

AGREED:

- (1) That the draft Joint Strategic Needs Assessment (JSNA) be circulated to members of the Board for their information;
- (2) That the process for circulating the JSNA to a wider audience for consultation be considered at the "out-of-cycle" meeting of the Board.

5. AWAY DAY FEEDBACK

Further to Minute 7 of the last meeting held on 6 October 2009 and Minute 3 of the meeting held on 9 July 2009, Grant Thornton, Head of Community Planning, submitted a report providing a high-level overview and summary of the Healthier Reading Partnership (HRP) Board away day which had appended the agenda for the day and more extensive summary notes.

The report stated that the Partnership had been formally re-constituted this year and had held an away day in order to strengthen shared knowledge across the partnership, drive forward the Health and Well-being Strategy and help determine the implementation priorities for the HRP and its future work programme.

The away day sessions on the local evidence base and the health economy, had identified the following key areas of focus for the Partnership:

- Emotional well-being and in particular the opportunity to support positively and influence the development of the Talking Therapies Programme currently being developed.
- South Reading initial focus for work to address geographic health inequalities, access to health services and use of community buildings.
- Black and Minority Ethnic (BME) Community Health issues, noting demographic trends and lack of robust local knowledge and data.
- Alcohol and in particular a perceived lack of services for those with emerging non-acute problems.
- Sexually Transmitted Diseases (STDs) noting the rise in prevalence reported in the Joint Strategic Needs Assessment (JSNA).
- Practice Based Commissioning and its importance in delivering effective primary health care tailored to local communities, especially in a context of resource constraints.

It was agreed that the Health and Well-being Strategy would be the key vehicle for the Partnership to develop strategies to address these key areas more effectively, but the following key immediate actions had been identified to take the work forward:

- A sub-group of the Board to meet with the manager of the Talking Therapies Programme.

- PCT to pull together a review of information relating to needs in BME communities to inform further work.
- PCT to canvass the views of General Practitioners (GPs) on issues relating to alcohol. A presentation to the Board from Reading Drug and Alcohol Action team (DAAT) to be arranged following the outputs of the Scrutiny investigation into this area.
- A future report to the Board on STDs to be requested.

AGREED:

- (1) That the outputs from the Away Day be noted and the actions set out in Section 4(b) of the report and summarised above be endorsed;
- (2) That a Sub-Group be established to meet the manager of the Talking Therapies Programme (Judith Chapman) consisting of Sarah Gee, Bev Searle, Grant Thornton and Kim Wilkins;
- (3) That consideration be given to how to incorporate the themes identified on the away day into the Health and Well-being Strategy and how it could drive actions to address issues more effectively;
- (4) That an "out-of-cycle" meeting be arranged to develop further the Health and Well-being Strategy Action Plan.

6. DRAFT HEALTH & WELLBEING ACTION PLAN

Further to Minute 6 of the last meeting held on 6 October 2009 and Minute 5 of the meeting held on 9 July 2009, Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West, submitted the draft Reading Health & Wellbeing Strategy. The draft Strategy had appended a draft action plan setting out objectives for three of the four priorities, namely; Reducing Health Inequalities; Achieving more people living healthier lives and preventing more ill-health; and Enabling more older people and people with long-term conditions to live at home. The fourth priority relating to giving children and young people the best start in life through improving their own and their families' health and well-being would need to be included in the next draft version of the Strategy. The Board noted that in the development of the Health and Well-being Strategy and Action Plan it would be appropriate to take into account the Joint Strategic Needs Assessment, whilst identifying any key themes/issues through the Strategy's development that could usefully feed into upcoming JSNA planning process for the current year.

AGREED:

- (1) That Bev Searle be authorised to draft an action plan for the priority relating to giving children and young people the best start in life through improving their own and their families' health and well-being;

- (2) That the Reading Health & Wellbeing Strategy and action plan be circulated as a consultation draft to Board members in the week beginning 25 January 2010 with comments to be required in the week beginning 8 February 2010 at the latest;
- (3) That the Management Group be authorised to set a date for the “out-of-cycle” meeting in March 2010 to develop further the Health and Well-being Strategy and Action Plan.

7. LOCAL AREA AGREEMENT 1: HEALTH RELATED PRIORITIES FOR USE OF PERFORMANCE REWARD GRANT

Grant Thornton, Head of Community Planning, submitted a report on the business cases for continued Performance Reward Grant (PRG) funding of current health related activities delivering against Local Area Agreement (LAA) 1 targets and suggesting recommendations to the Local Strategic Partnership (LSP) that would ultimately decide the allocations. Appendix 1 outlined the general framework and process for allocation of PRG and Appendix 2 provided a summary report from the HRP Management Group on the business cases for which the HRP was responsible.

Reading’s Local Area Agreement 1 had been agreed for three years and was currently in its final year. In financial terms, the LAA had attracted approximately £0.9 million in pump priming money and had the potential to bring in around £4.2 million in Performance Reward Grant (PRG) if all 12 targets were achieved in full.

Since the agreement of LAA1, the Local Strategic Partnership (LSP) had approved a new Sustainable Community Strategy (SCS) based on a more extensive evidence base and cross-cutting review of key priorities for the area. These had also informed the development of the priority targets which made up LAA2. However, it was important to note that the existence of LAA1 had influenced the choice of targets in the subsequent LAA with an explicit requirement not to duplicate existing targets.

The expected level of PRG to be allocated in 2010/11, on current predicted levels of performance, was approximately £600k. Across the whole suite of business cases submitted the maximum level of funding requested from this allocation was approximately £777k. There were four health related business cases requesting a maximum total amount of £165k.

The HRP Management Group had regarded the business cases as equally high priorities relative to the levels of investment proposed. However, in view of the overall resource constraint it recommended that the amounts requested should be scaled back whilst ensuring that viability of the projects was not compromised. It was also the view of the management group that the Board should commission work over the coming year to look at options for sustaining priority activities in the longer term where they remained a high priority relative to other demands and in the context of the Health and Well-being Strategy. This would potentially reduce the reliance on PRG by seeking match-funding from “mainstream” resources and provide projects with a view to providing them with a more secure financial future.

AGREED:

- (1) That, subject to (2) below, the allocations of Performance Reward Grant (PRG) recommended by the Management Group for consideration by the Local Strategic Partnership be endorsed as follows:
 - (a) LAA1 Target 9b - Adult Participation In Sport and Physical Activity: £2,000;
 - (b) LAA1 Target 10a - Improving Maternal and Infant Health: £50,000 (and Match-Funding of £25k from Mainstream Resources);
 - (c) LAA1 Target 10b - Pregnancy Smoking Quitters: £25,000;
 - (d) LAA1 Target 11a&b - Older People: £30,000;
- (2) That the recommendations by the Management Group be reviewed by the project leads in order that any additional information regarding the recommended levels of PRG could be reported to the Local Strategic Partnership as part of its deliberations;
- (3) That work be undertaken in 2010/11 to look at options for sustaining high priority activities in the longer term where they remained a high priority relative to other demands and in the context of the Health and Well-being Strategy.

8. IMPLEMENTING NICE GUIDANCE

Kim Wilkins, Strategic Lead for Health Improvement Reading, NHS Berkshire West, briefed the Board on a paper on NICE (National Institute for Health and Clinical Excellence) guidance setting out a system for implementing guidance which was relevant to both the NHS and Local Authorities. NICE was the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. Its role was to provide patients, professionals and the public with authoritative, robust, reliable guidance on current best practice.

NICE produced three types of guidance:

- *Public health - guidance* on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
- Health technologies (*Technology Appraisals*) - guidance on the use of new and existing medicines, treatments and procedures within the NHS
- Clinical practice - guidance on the appropriate treatment including *clinical guidelines* and *interventional procedures*.

NHS organisations were required to implement all Technology Appraisals within three months of issue. The PCT also had an obligation to consider all other relevant guidance issued by NICE and implement best practice as appropriate.

The PCT had established a system whereby a group or individual was identified within the PCT with lead responsibility for each new piece of guidance. The PCT had also been required to demonstrate to the Healthcare Commission that it had robust systems for reviewing and monitoring compliance with NICE guidance. In future the Care Quality Commission (CQC) would be likely to require a similar level of assurance, which could also be extended to Local Authorities for relevant guidance. Where public health guidance included topics relevant to non-NHS organisations, it was recommended that it would be brought to the Healthier Reading Partnership Board for consideration and to determine whether the Local Authority would be better placed than the NHS to implement the guidance.

AGREED:

- (1) That the following process in relation to NICE guidance agreed by the Joint Commissioning Partnership be endorsed:
 - (a) Local Authorities and NHS Berkshire West agree to share responsibility for reviewing and implementing guidance on relevant topics, with each organisation leading where appropriate;
 - (b) The PCT Public Health team be responsible for reviewing the relevant public health guidance and identifying leads who would arrange for relevant guidance to be added to Health and Wellbeing Partnership (or similar) agendas for discussion and agreement on further action;
 - (c) Health and Wellbeing partnerships to report back to their member organisations within 3 months of receipt of guidance on action agreed in response to guidance;
- (2) That the implications of the process set out in (1) above be further discussed at the "out-of-cycle" meeting in March 2010 to discuss the Health and Well-being Strategy and Action Plan.

9. BIG CARE DEBATE: CONSULTATION RESPONSES

Further to Minute 8 of the last meeting held on 6 October 2009, the Board received the Reading Older People's Partnership's response to the consultation on Government proposals to create a National Care Service - the Big Care Debate.

AGREED:

That the consultation questions and responses to them be noted.

10. OTHER BUSINESS

(a) LINK Project - Availability of NHS Dental Treatment

Further to Minute 11 of the last meeting held on 6 October 2009, Nina Sethi, Alafia Coordinator for Reading LINK, said that the LINKs Board had agreed the availability of NHS dental treatment, as its next project topic. The project had four objectives: to improve access to NHS dentists; reduce inequality in dental health in Reading, especially in children under 5; identify dental health improvements in young mothers; and ascertain perceptions of quality of NHS dental care. The LINK Board had been liaising with NHS Berkshire West and would be develop recommendations in light of the discussions.

AGREED: That the position be noted.

11. DATE OF NEXT MEETING

AGREED: That a date for an away day be arranged and the next scheduled meeting of the Healthier Reading Partnership be held on Tuesday 13 April 2010.

(The meeting started at 6.00pm and closed at 7.46pm)

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Present:

Bev Searle (Chair)	NHS Berkshire West
Councillor Orton	Reading Borough Council
Sarah Gee	Reading Borough Council
Anne Laing	Reading Voluntary Action
Jackie Lonsdale	NHS Berkshire West
Grant Thornton	Reading Borough Council
Chris Turner	Reading Citizens' Advice Bureau
Kim Wilkins	NHS Berkshire West

Also in Attendance:

Nicky Simpson	Reading Borough Council
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Apologies:

Councillor Ennis	Reading Borough Council
Councillor T Harris	Reading Borough Council
Melani Oliver	Reading Borough Council
Nina Sethi	Reading LINK

1. DRAFT HEALTH & WELLBEING ACTION PLAN

Further to Minute 6 of the last meeting held on 14 January 2010, Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West, submitted the latest draft of the Reading Health & Wellbeing Strategy and Action Plan. Bev had also circulated copies of the PCT's full Strategic Plan, and an "at a glance" version of the PCT's Plan, to members of the Board prior to the meeting for information.

The Reading Health & Wellbeing Strategy had the following sections:

- Foreword
- Contents
- 1. Purpose
- 2. Understanding the Context
- 3. New Directions
- 4. Services Delivered in Partnership
- 5. Sustainable Community Strategy and Local Area Agreement
- 6. Moving Forward - Action Planning
- 7. Priorities for Action

The Board discussed the Strategy and the comments made included:

Foreword

- Should contain sections from the Council, PCT and voluntary sector, so the members of the HRP Management Group should draft this section.

1. Purpose

- Should include appropriate bits from the Joint Strategic Needs Assessment (JSNA).
- Should mention the strategy itself.
- The statement “some people’s life expectancy was below average” should be changed to refer to national average and to better explain the inequalities issues.
- Remove the word “overarching” before “aims and objectives”.

2. Understanding the Context

- Include appropriate context from the PCT Strategic Plan and the JSNA and add references to source documents at the end of the strategy.
- Highlight under-representations in service take-up to link to actions in the action plan.
- The Strategy would need to undergo an Equality Impact Assessment.
- In the first bullet point, the word “established” should be changed to “in existence”.
- Sarah Gee agreed to draft some text for inclusion on Adult Social Care.
- Grant Thornton to draft some text for inclusion explaining the impact of the current economic climate on the population, the focusing of resources, empowerment of staff, etc.

3. New Directions

- This section should be renamed “Policy Framework” to avoid confusion with the Learning & Employment Service for Reading with the same name.
- References to policies and strategies should be separated, with strategies put in appendices.
- Council local priorities in Reading should be included, eg housing.
- References to the 2004 and 2006 white papers should be removed and replaced with the more recent white paper, whilst retaining relevant key themes.
- References to Healthy Lives, Brighter Future and the Marmot Review should be included.
- A reference to the PCT Strategic Plan should be included.
- Grant Thornton to ask Melani Oliver to draft some text for inclusion regarding the Think Family Programme.

4. Services Delivered in Partnership

- Reference to the Vision section should now refer to the Purpose section as it had been renamed.
- Sarah Gee to draft some text on joint working and joint commissioning to be included.

5. Sustainable Community Strategy and Local Area Agreement

- The Healthy People & Lifestyles chapter of the SCS was missing from the list.
- The abbreviation NI should be explained as National Indicator on first use.

6. Moving Forward - Action Planning & 7. Priorities for Action

- Section 6 to be amended and made into a pre-ambule to Section 7, noting HRP would monitor progress against LAA and SCS but its own Strategy for Reading had an action plan to focus on key areas where possible added value had been identified from the analysis of JSNA at the away day, with reference to work commissioning and joint commissioning.
- Priorities section to be expanded and more explanation included on how they were reached, eg highlighting areas where work not joining up and putting actions in place to deal with this. The notes on 7.3 to be explained more simply. Need to ensure the priorities were linked well to the actions in the plan.
- Grant Thornton to ask Melani Oliver to provide text on Think Families for inclusion in 7.4.
- Appendices to be linked to lists in the rest of the document.

The Action Plan set out in tabular form the four priorities listed in the Strategy, with columns for objectives, actions, outcome, lead and date. Some of the leads had been identified, but dates and further names were needed and comments on the other sections were also invited.

The Board discussed the Action Plan and the comments made included:

- Some of the objectives were too general and needed to be more specific. Where possible, the objectives/actions should not be the development of plans - "hows" not "whats" were need wherever possible.
- The date column should be the date for completion of the actions, and the outcome column should be changed to "desired outcome" as it was not within the HRP's control.
- The outcome and action columns should be swapped, so that the action could be clearly seen next to the lead and date for completion.

Initial draft leads were identified at the meeting for inclusion in the action plan, but these would need further consideration and confirmation.

Bev Searle reported that the PCT had appointed a new Head of Partnerships for Reading, Sam Otorepec, who had started in post on 22 March 2010, and she said she would ask Sam to coordinate the production of the final draft of the Action Plan with partners, to be tabled at the next meeting.

AGREED:

- (1) That the people specified above supply comments as agreed to Bev Searle for inclusion in the draft Reading Health & Wellbeing Strategy;
- (2) That Bev Searle incorporate the comments made at the meeting as set out above, and further comments to be received as referred to in (1)

above, into the draft Reading Health & Wellbeing Strategy and submit a final draft to the next meeting;

- (2) That Sam Otorepec update the draft Action Plan with the comments made above and the leads identified at the meeting and circulate it as a consultation draft to Board members as soon as possible, asking for comments in time for her to produce a final draft to be tabled at the next meeting.

2. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Further to Minute 4 of the last meeting held on 14 January 2010, Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West, submitted the governance structure for the JSNA Strategy Group, which had been set up to provide the strategic leadership for the JSNA for Berkshire West and to agree upon joint and individual organisational priorities. The document set out the Group's roles and responsibilities, which included establishing a timetable for production of future JSNA reporting, to integrate with the other processes and reporting cycles of the partner agencies. Bev had also circulated the final full Reading JSNA 2009 to members of the Panel for information prior to the meeting.

It was reported that the next meeting of the Strategy Group was not until after the next Board meeting and it was suggested that the Board should therefore look at the JSNA again at its July 2010 meeting.

AGREED:

That the Joint Strategic Needs Assessment (JSNA) be considered at the meeting of the Board scheduled for 8 July 2010.

3. DATE OF NEXT MEETING

AGREED: That the next scheduled meeting of the Healthier Reading Partnership be held on Tuesday 13 April 2010.

(The meeting started at 5.00pm and closed at 6.50pm)

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Draft Vision **Reading in 2030: at the heart of the region**

PEOPLE: *A culturally rich family of communities – we look after each other*

PLACE: *Thriving, vibrant and sustainable – we cherish our environment*

PROSPERITY: *Driving a world-class economy – we are ambitious*

Our people.....recognise and celebrate the rich diversity of communities across the town. People feel comfortable, safe, secure, well-served and well-housed.

Individuals and communities recognise their responsibilities to care for themselves, each other and the area in which they live and are increasingly self-reliant. They are conscious of minimising their impact, at every level, on the environment.

People believe in their town; they engage with and are involved in the decisions and activities that shape it.

There is a greater sense of equality and inclusion across the town's communities. Everyone is valued for the contribution they make to the life and richness of the town.

Individuals across all generations have every opportunity to realise their full potential and the cycle of inter-generational poverty has been broken.

Our place.....is attractive, thriving and culturally vibrant, with a strong sense of identity. Reading is on the map nationally and internationally because of the breadth of what it has on offer.

Connections to and from Reading with the rest of the UK and the world are excellent. Getting around the town is easy and convenient, with great public transport services.

The parks, gardens, open spaces, waterways and natural environments are highly valued and attractive, in balance with the economic success and growth of the town.

There has been a step-change in the impact we have on the environment; we have led by example to achieve a low-carbon Reading, resilient to the effects of climate change.

Our prosperity.....is ensured by a regionally significant economy that is successful, buoyant and recognised around the world as a key business location.

The challenges of adapting to a low-carbon economy have been met. Reading is world-renowned as a centre of excellence for new, sustainable technologies.

Businesses of every size and shape are attracted to and want to stay in the town because of its great location in relation to London, the UK and the rest of the world.

These businesses thrive and are sustained by people, largely from the town, who will have skills that are attractive to a range of employers and secured through quality schools and other education establishments.

Sharing the benefits of our prosperity more widely has been achieved through investment by businesses back into the local economy; this underpins the development of the skills needed to meet the requirements of the new economy by the local labour force.

Draft Vision: Reading in 2030: Have your say on shaping Reading's future

In 2002, Reading Borough Council joined with its key partners (the police, the health service, the fire and rescue service, higher education, environment agency, business and the voluntary, community and faith sectors) to form a Local Strategic Partnership (LSP), called the **Reading 2020 Partnership**, to help improve the quality of life for Reading's local communities.

The Partnership has responsibility for the overall production of a Sustainable Community Strategy, which sets out the vision and priorities for Reading, and how those key priorities are measured. The current SCS can be found on this link: [Reading's SCS 2008-2011](#)

We want to hear what local people think of its ideas on how the borough should develop over the next two decades.

The proposals have been put together following an open meeting last November, which was attended by more than 200 people.

<p>When you have read the draft Vision, we would like to know your views</p> <p>1. Which one of the following best summarises your views of the draft Vision ? (tick one):</p> <p><i>Strongly agree</i> <i>Agree</i> <i>Neutral</i> <i>Disagree</i> <i>Strongly disagree</i></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>2. Please add your own comments and suggestions about the draft Vision:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3. If you would like to be kept updated please provide your contact details:</p> <p>Name: _____</p> <p>Organisation: _____ (if applicable)</p> <p>E-mail address: _____</p>

NEW READING VISION & SUSTAINABLE COMMUNITY STRATEGY 2011-13

OUTLINE CONSULTATION PLAN

<i>What</i>	<i>when</i>
LSP Forum	17 th Nov 2009
LSP Board away day	21 st Jan 2010
LSP Board members to consult 10 partners/ stakeholders	Feb/March
Consult on draft high level vision statement and fuller vision structure:	
with LSP Forum	March
with sub- partnerships and related groups	March/April
with Council's consultative fora and interest grps	March/April
VCS consultation exercises: • conference and workshop • use of toolkit with community groups	22 nd March March/April
Sub-partnerships to consider what further consultation is needed to inform SCS priorities	Feb - June
Public engagement campaign via question/s on e.g. web, social networking, general news media Evening Post, radio etc	June
Consultation with public on first draft SCS	Sept-Nov
LSP Forum event	16 th Nov

Update on Joint Strategic Needs Assessment

Introduction

A Berkshire West JSNA workshop was held on the 27th January 2010 to agree the process, content and format of the JSNA for NHS Berkshire West, Reading Borough Council, West Berkshire Council and Wokingham Borough Council.

This was an opportunity to feedback on experiences from the previous year, look at examples of best practice elsewhere and to further understand the principles of information sharing across the different partner organisations.

Following the workshop a number of recommendations were subsequently taken to and discussed by the Berkshire West Commissioning Group on the 18th March 2010.

Main recommendations:

1. A JSNA Steering Group to be established with senior level representation from the Unitary Authorities and the PCT. This group will set the priorities for the work streams such as timetable for key areas of work and when more detailed areas of work need to be undertaken as opposed to those addressing commissioning priorities. The steering group will be accountable to the Joint Commissioning Partnership Board which will agree the strategic direction for the JSNA process.

The role of the JSNA Steering 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.

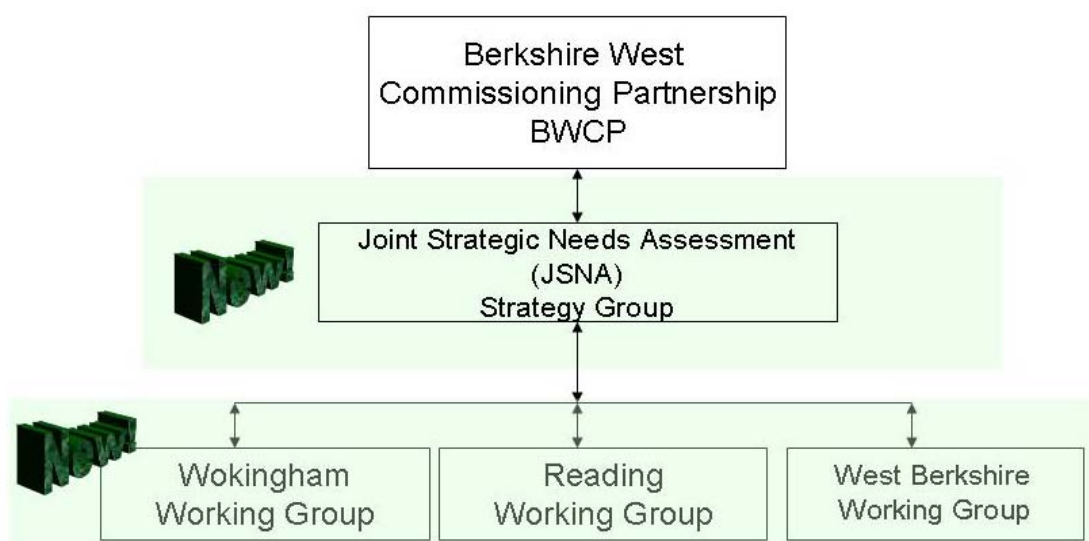
Paper for Healthier Reading Partnership 13th April 2010

- 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 Public Health Intelligence	NHS BW
Sallie Bacon	Assistant Director of Public Health	NHS BW
Corinne Yates	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

2. To establish working groups beneath this to take separate areas of work forward.



PLEASE NOTE THE BWCP WILL ACT AS THE STRATEGY GROUP AND THE JSNA GROUP WILL ACT AS THE STEERING GROUP.

3. To identify resources needed to support the JSNA process.
4. To agree a timetable for work streams to support the JSNA process which complements the four organisations requirements and decision making processes.
5. To agree the common core dataset
6. To agree the joint and individual area priorities to be included in the JSNA.

Proposed Key Areas for JSNA

1. Core Data set

Population demographics

Life expectancy

Infant Mortality

Deprivation – electoral ward profiles, PCT profiles and maps

2. Reducing Inequalities

Health - Cardiovascular, Cancer, Mental Health

Social – Education, Employment, Housing, Crime, Transport

3. Children & Young People

Infant Mortality

Emotional health and wellbeing

Teenage pregnancy

Oral health

Children with complex needs

4. Older People and Long Term Conditions

Transforming Community Services

Dementia Care

End of Life Care

5. Wellbeing and prevention

Obesity

Smoking

Alcohol and substance misuse

Sexual health

Communicable disease

6. Carers

This is by no means a comprehensive list and topics will need to be added or slotted in as the process evolves, but it provides an initial structure within which work can be taken forward.

Substructures could be included under the main topic areas for maps, data, key statistics, clinical evidence reviews, NICE guidance, results of prioritisation work, market profiling, needs assessments, links to other national resources etc.

Next steps

A full proposal will be submitted to the PCT and UA Chief executives and the Partnership Board which will outline the agreed JSNA organisational structure and responsibilities.

It is proposed that the JSNA will be a rolling programme throughout the year and that the work streams will be agreed to meet the needs of the partner organisation priorities for the coming year.

The BWCP has agreed that the initial areas of work will address the core content and the section on Older People and Long Term Conditions, starting with a chapter on dementia.

The Healthier Reading Partnership is requested:

1. To note the discussions on JSNA process to date
2. To note the list of proposed priority areas
3. To consider whether there are further local priority areas that the Partnership wishes to recommend to the Joint Commissioning Group for consideration, acknowledging that local resourcing of these would also need to be considered.

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.