

Healthier Reading Partnership

Thursday 8 July 2010, 6.00pm, NHS Berkshire West Headquarters,
57-59 Bath Road, Reading, RG30 2BA

1. Apologies
2. Declarations of Interest
3. Election of Vice Chair (no nominations for Vice-Chair received)
4. Minutes of Last Meeting (13 April 2010) (Page 1)
5. Matters Arising
6. Annual Review of Membership (Page 10) (Bev Searle)
7. Update on the Joint Strategic Needs Assessment (verbal report) (Kim Wilkins)
8. NICE Guidance on School Based Interventions to Prevent the Uptake of Smoking Among Children (Page 17) (Kim Wilkins)
9. NICE Guidance on Interventions in Schools to Prevent and Reduce Alcohol Use Among Children and Young People (Page 20) (Kim Wilkins)
10. Health and Well-being Strategy (Page 22) & Action Plan (Page 42) (Bev Searle/Sam Otorepec)
11. HWB Action Plan - Update on Actions (All)
12. Implementation of the Alcohol Harm Reduction Strategy (Page 45) (J'ulanta Carriere/Julie Pett)
13. Practice-Based Commissioning Feedback (verbal report) (Sam Otorepec)
14. Communications
15. Forward Plan (to be tabled) (Grant Thornton)
16. Any Other Business
17. Dates of Scheduled Meetings:
 - 5 October 2010
 - 19 January 2011
 - 12 April 2011

HEALTHIER READING PARTNERSHIP BOARD MINUTES - 13 APRIL 2010

Present:

Bev Searle (Chair)	NHS Berkshire West
Councillor Ennis	Reading Borough Council
Councillor Orton	Reading Borough Council
Sarah Gee	Reading Borough Council
Anne Laing	Reading Voluntary Action
Jackie Lonsdale	NHS Berkshire West
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
Alan Magness	Reading 2020 Local Strategic Partnership
Sam Otorepec	NHS Berkshire West
Nicky Simpson	Reading Borough Council

Apologies:

Grant Thornton	Reading Borough Council
Melani Oliver	Reading Borough Council
Nina Sethi	Reading LINK

1. MINUTES

The Minutes of the meetings held on 14 January and 22 March 2010 were confirmed as a correct record and signed by the Chair.

2. MATTERS ARISING

Further to Minute 1 of the last meeting, Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West, introduced Sam Otorepec, the new Head of Partnerships for Reading at NHS Berkshire West, explaining that Sam would attend Board meetings as an observer only and could represent Bev if necessary in case of her absence.

Further to Minute 5 of the meeting held on 14 January 2010, when it had been agreed that a Sub-Group be established to meet the manager of the Talking Therapies Programme (Judith Chapman), Sarah Gee reported that Melani Oliver had in fact already met separately with Rosemary Croft, the GP Lead for Talking Therapies, and her PA was organising a meeting with Judith Chapman, so Sarah suggested that those who had agreed to be in the sub-group be involved in that meeting. It was also suggested that a voluntary sector representative could attend the meeting, and that it was important that the Hearing Voices programme helped to inform the commissioning of mental health services.

Further to Minute 8 of the meeting held on 14 January 2010, when the process for dealing with NICE guidance had been agreed, Kim Wilkins reported that some guidance had been published which needed consideration and she would bring a report to the next meeting.

AGREED:

- (1) That the position be noted;
- (2) That Sarah Gee, Bev Searle, Grant Thornton and Kim Wilkins be involved in the meeting with Judith Chapman about Talking Therapies and Sarah Gee ask Melani Oliver's PA to liaise with Anne Laing and Chris Turner about a voluntary sector representative to attend the meeting;
- (3) That Kim Wilkins liaise with the voluntary sector to ensure that Hearing Voices helped to inform the commissioning of mental health services;
- (4) That it be noted that Kim Wilkins would be bringing a report to the next meeting to allow the Board to consider some NICE guidance.

3. ELECTION OF VICE-CHAIR

Further to Minute 3 of the meeting held on 14 January 2010, when the Management Group had been authorised to organise the election of the Vice-Chair of the Board, Bev Searle reported that the Management Group recommended that the election of the Vice-Chair should be deferred until the next meeting, as the Councillor membership of the Board for 2010/11 would then have been agreed following the local elections on 6 May 2010.

AGREED:

That the election of the Vice-Chair be deferred until the Board's next meeting.

4. NEW READING 2030 VISION AND SUSTAINABLE COMMUNITY STRATEGY FOR READING

Alan Magness, Local Strategic Partnership Coordinator for the Reading 2020 Partnership, explained that a process had now been started to develop by April 2011 a new vision for Reading 2030 and a Sustainable Community Strategy (SCS) 2011-13, to replace the Reading 2020 Vision and Sustainable Community Strategy 2008-11.

He submitted a copy of the draft vision, which had the following summary:

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

The vision set out a number of specific aspirational statements for Reading by 2030 in the three areas listed above. Alan also submitted an outline consultation timetable for the vision and strategy and a copy of the consultation questionnaire on the vision which was currently being used through various channels. He explained that, as part of the consultation, Sub-partnerships of the LSP Board, including the HRP, were currently being consulted on the vision and asked to consider what further consultation was needed to inform SCS priorities; there would be a public engagement campaign in June 2010 and consultation on the first draft SCS from September to November 2010, culminating in the LSP Forum event on 16 November 2010.

Alan explained that the process was being steered by an SCS project team which met monthly. Kim Wilkins and Sarah Gee were involved in this group and had already made the point that there was no reference to health in the vision. He said that he was asking the members of the HRP Board to consider the vision and priorities and also take them back to their organisations for their contributions. The LSP Board would be holding a workshop on 6 July 2010 to consider the latest draft of the vision and priorities.

The voluntary and community sector had been consulted by a conference "Vision and Voice" on 22 March 2010, and the conclusions from the conference would be fed in.

The Board discussed the vision and the points made included:

- The vision should make it very clear that the statements were aspirational ones to be achieved by 2030, rather than ones which were already true, and the statements should be very clear so that it could be evidenced when they were achieved;
- There was reference in the vision to getting around the town, which related to transport, but not to wider accessibility. There should be reference to accessibility for all, and not just physical access. (For example many older people did not feel that the town centre was a place for them as the commercial offer was more for young people);
- There should be more explicit references to health, healthy lifestyles and wellbeing;
- The vision should be considered by HRP partner organisations alongside the Health & Wellbeing Strategy and Action Plan. It also needed to be taken to the other LSP theme sub-partnerships and groups for consultation.

AGREED:

- (1) That the comments made above on the draft Reading 2030 vision and priorities be submitted to Alan Magness;
- (2) That members of the Board whose organisations had not already contributed to the consultation take the Reading 2030 vision and priorities back to their organisations for consideration in conjunction

with the Health & Wellbeing Strategy and Action Plan and any contributions be submitted to Alan Magness in time for submission to the LSP Board workshop on 6 July 2010.

5. FINAL DRAFT HEALTH & WELLBEING STRATEGY AND ACTION PLAN

Further to Minute 1 of the last meeting, Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West, tabled the latest consultation draft of the Reading Health & Wellbeing Strategy and Action Plan for the Board's consideration and for partners to take to their organisations for comments. She said that comments were needed by 18 June 2010.

Bev said that the HRP Management Group would be discussing which sub-partnerships needed to be consulted to ensure that they were all included in the consultation. It was suggested that the sub-partnerships should be reporting to the Board on at least an annual basis and that the Management Group should construct a forward plan to incorporate such a cycle of reporting.

The Board discussed the Strategy and the comments made included:

- The date of the strategy should be included at the beginning of the document, to avoid confusion with other documents such as the Reading 2008-11 Sustainable Community Strategy.
- In the Purpose section it should explain at the end of the last paragraph that the strategy was not intended to replicate those things covered in other strategies, but that a high level view had been taken and the strategy focused on where value could be added.

The Board discussed the Action Plan and it was noted that it should be made clear that the date completed column was for the actions, not the objectives. Other comments made included:

Priority 1. Reduce Health Inequalities

- a) Completion of development plan for Reading's JSNA - add in an action to carry out an asset management review, looking at opportunities for using community facilities to best meet local needs.
- b) Complete a joint action plan for health improvement in specified areas of South Reading
 - Engagement with Ward Councillors - all Councillors should be consulted for ideas, and the Management Group should take this forward, by October 2010.
 - Engagement with the Children's Trust - the timescale for this should be discussed with Melani Oliver and at the next Management Group.
 - Engagement with Community & Voluntary Sector Leads - should be by September 2010.
 - Engagement with health and social care commissioners - should be Sarah Gee and Jackie Lonsdale not Bev Searle, by July 2010.

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- Establish links with Whitley Integration Project - should be by July 2010.
 - Add in an action for Kim Wilkins and Sarah Gee to do a desktop exercise pulling together the information on this from previous consultations with local people, by July 2010.
 - Add in an action for Kim Wilkins to identify resource implications, by September 2010.
- c) Produce analysis of HWB needs of people from BME communities
- Identify specific areas for action - depends on JSNA, so by November 2010.

Priority 2. Achieve More People Living Healthier Lives and Preventing More Ill Health

- a) Maximise the opportunities provided by the implementation of Talking Therapies
- Remove “including input of voluntary sector and RBC” from action - to be Sarah Gee and Melani Oliver not Jackie Lonsdale.
- b) Development of Joint Communication Plan for healthy lifestyles messages and signposting to services
- Change action to “Engagement leads in health and social care to share information with each other and the voluntary sector about planned activity and agree joint approach/forward plan”.
 - Sam Otorepec to be the main lead to co-ordinate the Plan and identify a list of actions, Corinne Yates and Anne Laing to be added to leads and Sarah Gee to identify social care leads.
 - The PCT Communications Lead could provide information on the national “Choose Well” campaign to members of the HRP, for information and for them to pass on to sub-partnerships.
 - It was suggested that the Management Group could consider whether there would be benefit in a wider Council consultation on developing the Plan.
 - It was suggested that Communications could be added as a standing item on agendas for all high level partnerships.
- c) Implementation of the Alcohol Harm Reduction Strategy
- The Crime and Disorder Reduction Partnership was now known as the Community Safety Partnership.
 - The Board was reminded that a presentation to the Board from Reading Drug and Alcohol Action team (DAAT) was to be arranged following the outputs of the Alcohol Scrutiny Review and it was suggested that Julie Pett be invited to attend a future meeting.
 - Councillor T Harris raised concern about a number of shops which sold alcohol to underage children, and Bev Searle said that, if he sent her the details, she would raise this with the Community Safety Partnership.

Priority 3. Enabling More Older People and People with Long Term Conditions to Live at Home

- a) Increase Joint Commissioning of services aimed at reducing avoidable hospital admissions and residential care placements
- Health and Social Care Commissioners to agree priorities for development - change to “Health and Social Care Commissioners to carry out capacity

planning to ensure appropriate amounts of health and social care interventions available to meet demand and plug gaps” - Sarah Gee and Bev Searle to lead.

- Grant funding to be used to develop the contribution of the community and voluntary sector - Sarah Gee, Sam Otorepec and Anne Laing to lead.
 - Add in extra action to develop end-of-life care plans for people in nursing homes to reduce avoidable hospital admissions - leads to be appropriate RBC Older People Service Manager and Jackie Lonsdale.
- b) Personalisation of mental health services to be addressed in partnership
- Add in Brigid Day as extra lead.
- c) Engagement with older people and people with long term conditions to inform service planning to be done in partnership
- Sam Otorepec to be the main lead to co-ordinate the Plan and identify a list of actions, Corinne Yates and Anne Laing to be added to leads and Sarah Gee to identify social care leads.

Priority 4. Give Children and Young People the Best Start in Life Through Improving Their Own and Their Families' Well Being

- Melani Oliver to make comments on this section.
- CTB to be spelled out as Children's Trust Board.

AGREED:

- (1) That Sam Otorepec amend the Reading Health & Wellbeing Strategy and Action Plan in line with the comments made above and circulate it electronically to Board members for any further comments, to be submitted to Sam by 18 June 2010;
- (2) That the Management Group construct a forward plan for the HRP to incorporate a cycle of reporting from its sub-partnerships;
- (3) That the Management Group consider whether there would be benefit in a wider Council consultation on the development of a Joint Communication Plan for healthy lifestyle messages and signposting to services;
- (4) That Corinne Yates circulate information on the Choose Well national campaign to members of the HRP for information and for them to pass on to appropriate sub-partnerships;
- (5) That Julie Pett be invited to attend a future meeting to give a presentation to the Board from Reading Drug and Alcohol Action team (DAAT) on the outcome of the scrutiny review of alcohol;
- (6) That Councillor T Harris send details to Bev Searle of shops selling alcohol to underage children for her to raise with the Community Safety Partnership.

6. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Further to Minute 2 of the last meeting, Kim Wilkins, Locality Public Health Lead - Reading, NHS Berkshire West, submitted a report giving an update on the development of the Joint Strategic Needs Assessment (JSNA).

The report stated that a Berkshire West JSNA workshop had been held on 27 January 2010 to agree the process, content and format of the JSNA for NHS Berkshire West and the three unitary authorities involved. A number of recommendations had been taken to the Berkshire West Commissioning Group on 18 March 2010, which were set out in the report and included the establishment of a JSNA Steering Group, with working groups beneath it to take forward separate areas of work. The report also listed the proposed initial six key areas to be covered in the JSNA, as follows, with local priorities listed under some of these:

- Core Data set
- Reducing Inequalities
- Children & Young People
- Older People and Long Term Conditions
- Wellbeing and Prevention
- Carers

A full proposal would be submitted to the PCT and unitary authority chief executives and to the Partnership Board, outlining the agreed JSNA organisational structure and responsibilities. The JSNA was intended to be a rolling programme and work streams would be agreed to meet the needs of the partner organisation priorities for the coming year. The Berkshire West Commissioning Group, to which the Steering Group would report, had agreed that the initial areas of work would address the core content and the section on Older People and Long Term Conditions, starting with a chapter on dementia.

Kim asked the Partnership to consider whether there were any further local priority areas that it wished to recommend to the Commissioning Group, whilst noting that local resourcing of these would need to be considered.

Bev Searle reported that the Care Quality Commission was looking at the health needs of people with mental health and learning disabilities and so work would need to be carried out to pull together information on this topic, as well as on health self-assessments for people with learning disabilities. She suggested that these be added to the local priorities under Reducing Inequalities.

It was also suggested that information on long term conditions should be included under Older People and Long Term Conditions.

AGREED:

- (1) That the progress on the JSNA process to date be noted;

- (2) That the list of proposed priority areas be noted, and the comments made above, regarding suggested further local priorities to be added to the key priorities, be submitted to the Commissioning Group for consideration.

7. PCT STRATEGIC PLAN

Further to Minute 1 of the last meeting, Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West, submitted an "at a glance" version of the PCT's Strategic Plan. She noted that copies of the PCT's full Strategic Plan had been circulated to members of the Board prior to the last meeting and that the Plan related to the Reading Health & Wellbeing Strategy (see Minute 5 above).

AGREED: That the position be noted.

8. TOBACCO CONTROL COORDINATOR POST

Further to Minute 2 of the meeting held on 14 January 2010, Kim Wilkins, Locality Public Health Lead - Reading, NHS Berkshire West, updated the Board on the Tobacco Control Coordinator post.

She reported that Natalie Oftzantz had now been appointed to the two-year post, which was being hosted by West Berkshire Council, and Natalie had started in post on 1 April 2010. She would be working to set up a stakeholder meeting by the end of May 2010 in order to develop a partnership approach.

AGREED: That the position be noted.

9. OTHER BUSINESS

Councillor T Harris raised the following areas of concern:

- He had been informed of a patient who had been discharged from the Royal Berkshire Hospital on a bank holiday weekend without medication and the nearest out of hours pharmacy had been 20 miles away. Bev said that the patient should have been discharged with the appropriate medication and, if details of the case were sent to her, she would send them to the Hospital's Patient Advice Liaison Service to follow up.
- The Florey Unit had two different active websites, one of which contained out-of-date information.
- The Terence Higgins Trust had said that Reading was one of the few areas which did not offer a one-hour HIV testing service and Councillor T Harris expressed concern that this could lead to people seeking tests from less reputable sources.

AGREED:

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- (1) That Councillor T Harris submit details of the problem with the hospital discharge to Bev Searle for submission to the Patient Advice Liaison Service at the Royal Berkshire Hospital;
- (2) That Councillor T Harris send links to the two Florey Unit websites to Kim Wilkins for her to investigate the problem;
- (3) That Jackie Lonsdale investigate the situation with regard to HIV testing in Reading.

10. DATE OF NEXT MEETING

AGREED: That the next scheduled meeting of the Healthier Reading Partnership be held on Thursday 8 July 2010.

(The meeting started at 6.00pm and closed at 8.00pm)

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TO:	HEALTHIER READING PARTNERSHIP BOARD		
DATE:	8 JULY 2010	AGENDA ITEM:	6
TITLE:	ANNUAL REVIEW OF BOARD MEMBERSHIP		
LEAD OFFICER:	Nicky Simpson	TEL:	0118 937 2112/72112
JOB TITLE:	Principal Committee Administrator (Team Leader)	E-MAIL:	nicky.simpson@reading.gov.uk

1. PURPOSE AND SUMMARY OF REPORT

- 1.1 To provide the Board with background information for an annual review of membership, as set out in the Partnership Agreement.

2. RECOMMENDED ACTION

- 2.1 That the Board review its make-up and membership.
- 2.2 That the Board note the attendance record over the last year and agree actions in accordance with the partnership agreement.
- 2.3 That individual Board members confirm their intention to serve on the Board for the next 12-month period.

3.0 BACKGROUND

- 3.1 The HRP Board Partnership Agreement, endorsed at the meeting on 14 January 2010, says that the Board will review its membership annually (sections 3-5 of the agreement are attached at Appendix 1).

4.0 REVIEW OF BOARD MEMBERSHIP

Make-up of the Board

- 4.1 The current make-up of the Board is as follows:

Category	Person / Organisation & /Number	Names for 10/11	Notes
RBC (5)	Executive Elected members x 2	Cllr Benson & Cllr Ralph (Ld Cllr for Comm Care,	Appointed by RBC Cabinet May 2010 (one-year tenure)

Category	Person / Organisation & /Number	Names for 10/11	Notes
		Hsg & Health and Ld Cllr for Educ & Childrens Services)	
	Adult Care x1	Sarah Gee	
	Children's Services x1	Melani Oliver	
	Chief Exec's Dept x1	Grant Thornton	
RBC (2) (now 3) Observers	Elected members from the two other main political parties	Cllr Lockett Cllr T Harris Cllr Orton	3 Observers were appointed by RBC Cabinet May 2010 - the Labour Group spokesperson, and the 2 Policy Advisors for Community Care, Housing and Health (one-year tenure)
PCT (3)	Reading Area Director x1	Bev Searle	Post now Director of Partnerships & Joint Commissioning
	Strategic health improvement lead x1	Kim Wilkins	
	Commissioning x1	Jackie Lonsdale	PCT proposing to replace Jackie with Sam Otorepec, Head of Partnerships - Reading
Voluntary / Community sector (4)	RVA officer	Anne Laing	
	Vol/Comm Sector rep x 2 (selected via sector election process)	Chris Turner James Momoh	Chris Turner & Deborah Wilson were elected by the Vol Sector Forum in June 2009 for one year. Deborah Wilson stood down Oct 2009. James and Chris were elected by the Voluntary Sector Forum on 30 June 2010 for two years.
	LiNK x1 (Board Member)	Nina Sethi	Nominated by LiNK July 09

(The Agreement says that the Board may, if it chooses, agree to co-opt an additional Board member from the Black and Minority Ethnic (BME) community to ensure that the Board is representative of the communities it serves.)

Selection of Board members

- 4.2 Individual HRP Board members are nominated by the sector/partner organisations as set out in the table above. The nominated member(s) must comply with a person specification, and the Board has the right to refuse to accept the person nominated (as a last resort, following discussion).
- 4.3 If an LSP Board Member has to stand down at any time other than the annual review period then they or their organisation should inform the Chair of this in writing (email acceptable), and the relevant organisation or partnership will then be invited to offer another representative to serve for the remaining period of tenure.
- 4.4 With Sam Otorepec's appointment to the post of Head of Partnerships - Reading, the PCT is proposing that Sam replace Jackie Lonsdale as the PCT's third representative on the Board, with Jackie providing input to the Board as required.

Board membership - tenure and attendance

- 4.4 The duration of tenure as an HRP Board member is a minimum of one year and a maximum of three years before the individual's membership comes up for review. The Council appoint their representatives for a one-year period and the Voluntary Sector Forum now appoints its representatives for a two-year period (see table).
- 4.5 The Partnership Agreement states that Board members should give a high level of commitment to their role and make every effort to attend Board meetings, as well as give the necessary attention to issues that arise in between Board meetings. If a Board Member is unable to attend three consecutive meetings, the HRP Board should investigate the issues surrounding non-attendance and take any appropriate action.
- 4.6 If a member of the Board is unable to attend a meeting they may, with the agreement of the Chair, send an alternative representative as an observer.
- 4.7 A table of attendance at Board meetings over the past year is attached at Appendix 2.

Extracts from the HRP Partnership Agreement relating to Board Membership

3. Make up of the Board

a) The membership of the Board is as follows:

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 (or equivalent PCT LSP Board member)	To Chair the HRP Board and represent the Partnership as a member of the LSP Board
	Strategic health improvement lead x1	
	Commissioning lead 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 Forum rep x 2	Selected via sector election process
	LINK x1	Board member

The Board may, if it chooses, agree to co-opt an additional Board member from the Black and Minority Ethnic (BME) community to ensure that the Board is representative of the communities it serves.

b) The Reading HRP Board will review its membership at least annually.

4. Selection of Board members

a) Individual HRP Board members are nominated by the sector / partner organisations named above, but their nominated member(s) must comply with a person specification provided (see Appendix A), and the Board reserves the right to refuse to accept the person nominated (only as a last resort, following discussion).

Extracts from the HRP Partnership Agreement relating to Board Membership

- b) Information on a Board member's role and tenure (see section 6 below), will be provided for organisations. By nominating a Board member they will be agreeing to their representative carrying out that role.
- c) If an HRP Board Member has to relinquish their position on the Board at any time other than the annual review period (for whatever reason), then they or their organisation must inform the Chair of the Board of this in writing (email acceptable). The organisation or partnership that this member comes from will then be invited to offer another prospective Board member, who will serve for the remaining period of tenure.

5. Board membership: role & tenure

Board members must :

- consider and act for quality of life in Reading as a whole, whilst remaining within their legal duties to their own organisation.
- where possible, be authorised to take decisions on behalf of their Nominating Organisation, including those decisions which may change the way in which organisations work together. If this is not possible, representatives must be in a position to make recommendations to the governing body of their Nominating Organisations for a decision to be reached within a reasonable period.
- regularly communicate to and work on behalf of the HRP with their organisation/partnership/wider constituency
- give a high level of commitment to their role and make every effort to attend Board meetings, as well as give the necessary attention to issues that arise in between Board meetings.
- be willing to take part in personal development and training to achieve necessary skills and competencies as an individual. Be willing to take part in organisational development to ensure that the HRP Board functions well as a group.
- be willing to act as an ambassador for the HRP
- commit to the Nolan Principles of Public Life. The Nolan Principles (Appendix B) will form the basis for the HRPP Board's Code of Conduct and they will apply to all HRP Board meetings.

Extracts from the HRP Partnership Agreement relating to Board Membership

- declare any conflict of interest on matters of HRP business. This should be done at the earliest opportunity. The Board will then decide on the most appropriate course of action.
- a) In order to encourage attendance and ensure meetings are quorate, if the HRP Board Member is unable to attend 3 consecutive meetings, the HRP Board will investigate the issues surrounding non-attendance and take any appropriate action.
- b) If a member of the Board is unable to attend a meeting they may, with the agreement of the Chair, send an alternative representative as an observer.
- c) The duration of tenure as an HRP Board member is a minimum of one year and a maximum of three years before the individual's membership comes up for review. This will usually be done as part of a review of the overall Board's membership.
- d) Members' names, job title, office telephone number and email address are the only details to be made available to the public. Private details will never be made public.

Attendance at HRP Board Meetings 2009/10

Name	9 July 09	6 Oct 09	9 Dec 09 (away day)	14 Jan 10	22 Mar 10 (out of cycle)	13 Apr 10
Cllr Ennis	✓			✓		✓
Cllr Orton	✓	✓			✓	✓
Sarah Gee	✓	R	✓		✓	✓
Melani Oliver	✓					
Grant Thornton	✓	✓	✓	✓	✓	
Bev Searle	✓	✓	✓	✓	✓	✓
Kim Wilkins	✓	✓	✓	✓	✓	✓
Jackie Lonsdale	✓		✓	✓	✓	✓
Anne Laing	✓	✓	✓	✓	✓	✓
Chris Turner		✓		✓	✓	✓
Deborah Wilson (stood down Oct 09)	✓					
Nina Sethi (nom July 09)	*	✓	✓	✓		
Observers						
Cllr Beard				✓		✓
Cllr T Harris			✓	✓		✓

✓ = attended

R = sent a representative

* - 2 alternative representatives from the LINK attended this meeting prior to the nomination of a formal LINK representative

Relevant extracts from the Partnership Agreement agreed 14.1.10:

5. b) In order to encourage attendance and ensure meetings are quorate, if the HRP Board Member is unable to attend 3 consecutive meetings, the HRP Board will investigate the issues surrounding non-attendance and take any appropriate action.
 - c) If a member of the Board is unable to attend a meeting they may, with the agreement of the Chair, send an alternative representative as an observer.
6. b) At least half of members must be present in order to conduct an HRP Board meeting.

Title of Guidance	School-based interventions to prevent the uptake of smoking among children
Type of Guidance	http://guidance.nice.org.uk/PH23
Date of Guidance	NICE guidance
Ref No	Feb-10
	PH 23

Relevant Service Areas	<i>Local Authority Education PCT</i> <i>- Smoking Prevention Commissioners, Public Health</i> <i>Locality Leads, Partnership Leads</i> <i>Children's Trusts</i>
Form completed by	<i>Claire Masding-Taylor</i>
Date initially completed	21.06.10
Date last updated	24.06.10

Summary of Key Points
This guidance is for commissioners, managers and practitioners who have a direct or indirect role in, and responsibility for, preventing the uptake of smoking by children and young people. Smoking is the main cause of preventable morbidity and premature death in England, educational establishments have an important role in preventing smoking in children and young people.
Relevance to PCT
Ensure smoking intervention prevention in schools are part of a local tobacco control strategy. Ensure policy is implemented when commissioning services e.g. school nursing
Relevance to Partners

Summary of Key Points

Educational establishments -

Development, implementation and communication of an organisation wide smoke free policy including prevention activities, access to NHS local stop smoking services and staff training. Ensure that interventions are evidence based and are integrated into the curriculum, PSHE education and work associated with Healthy Further Education and Healthy School status and encourage parents and carers to be involved. Work with local partners to deliver interventions and consider offering evidence-based peer led interventions. Provide training to all staff involved in smoking prevention work. Work in partnership to deliver, design and monitor smoking prevention and training interventions.

Local Authority - Ensure smoking intervention prevention in schools are part of a local tobacco control strategy.

Actions required

Implementation of this guidance is the responsibility of local commissioners and/ or providers. This may include schools, FE colleges, school governing bodies, school inspectorates, school commissioners, Children's trusts, Primary Care Trusts, Connexions, Youth Service, Local tobacco control alliances, training bodies

Recommendations

Summary of Key Points

- Organisations should develop a smoke free policy to support both prevention and stop smoking activities and should apply to everyone using the premises (including the grounds).
- Information on smoking should be integrated into the curriculum. For example, classroom discussions could be relevant when teaching biology, chemistry, citizenship and maths.
- Anti-smoking activities should be delivered as part of personal, social, health and economic (PHSE) and other activities related to Healthy Schools or Healthy Further Education status.
- Anti-smoking activities should aim to develop decision-making skills and include strategies for enhancing self-esteem. Parents and carers should be encouraged to get involved and students could be trained to lead some of these programmes.
- All staff involved in smoking prevention should be trained to do so.
- Educational establishments should work in partnership with outside agencies to design, deliver, monitor and evaluate smoking prevention activities.

Title of Guidance	Interventions in schools to prevent and reduce alcohol use among children and young people
Type of Guidance	http://guidance.nice.org.uk/PH7
Date of Guidance	NICE guidance
Ref No	Nov-07 PH 7

Relevant Service Areas	<i>Local Authority Education PCT - Smoking Prevention Commissioners, Public Health Locality Leads, Partnership Leads Children's Trusts</i>
Form completed by	<i>Claire Masding-Taylor</i>
Date initially completed	21.06.10
Date last updated	24.06.10

Summary of Key Points	
<p>This guidance is for commissioners, managers and practitioners who have a direct or indirect role in, and responsibility for, preventing and reducing alcohol use by children and young people.</p> <p>Alcohol use among children and young people is growing faster than the use of any other drug in the UK. Regular, heavy alcohol consumption and binge drinking are associated with physical health problems, anti-social behaviour, violence, accidents, suicide, injuries and road traffic accidents.</p>	
Relevance to PCT	
School nurses may offer one-to-one advice and referral to external services.	Ensure
policy is implemented when commissioning services e.g. school nursing	
Relevance to Partners	

Summary of Key Points
<p>Educational establishments</p> <p>Ensure that alcohol education is provided in line with DCSF guidance and is tailored for different age groups. Education should aim to encourage children not to drink, delay the age young people start drinking and reduce harm caused by drinking.</p> <p>Develop a 'whole school' approach to alcohol, in line with DCSF guidance. Where</p> <p>appropriate, offer parents or carers information about where they can get help to develop their parenting skills.</p> <p>Where appropriate offer one-to-one advice regarding alcohol use to children and young people or refer to appropriate external services.</p> <p>Follow best practice on safeguarding children, consent and confidentiality. Involve parents or carers where appropriate. Partners - Extended school services, child</p>
Actions required
<p>Implementation of this guidance is the responsibility of local commissioners and/ or providers. This may include schools, FE colleges, school governing bodies, school inspectorates, school commissioners, Children's trusts, Primary Care Trusts, Connexions, Youth Service.</p>
Recommendations
<ul style="list-style-type: none"> • Alcohol education should be an integral part of school curriculum and should be tailored for different age groups and different learning needs • A 'whole school' approach should be adopted, covering everything from policy development and the school environment to staff training and parents and pupils should be involved in developing and supporting this • Where appropriate, children and young people who are thought to be drinking harmful amounts of alcohol should be offered one-to-one advice or should be referred to an external service • Schools should work with a range of local partners to support alcohol education in schools, ensure school interventions are integrated with community activities and to find ways to consult with families about initiatives to reduce alcohol use.

Reading - Health and Wellbeing Strategy

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 contact: [insert details]

Foreword

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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. However, life expectancy varies considerably across areas of Reading with a 7 year difference between the most and least deprived areas of the town, and some parts of the community 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, and in care setting to live with dignity and as independently as possible**
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 the Healthier Reading Partnership will be described in both an action plan and the PCT's Strategic Plan of 2009- 2014 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 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.

In addition to the particular needs of Reading highlighted in the Joint Strategic Needs Assessment (see below), and grounded in its very distinctive socio-economic profile, we also need to have regard to the economic downturn as a critical contextual element for delivery of the action plan. The impact of the recession in general terms is two-fold:

- Economic hardship, increasing worklessness and poverty will undoubtedly have a negative impact on the health and well-being of the population. Whilst difficult to quantify it is likely that demands for services will increase because of this.
- In parallel the consequent reductions of public sector funding will require us to make significant savings. We will need to do more with less, deliver current services more efficiently and in some cases simply do less.

The results of this combination of spending cuts and increasing demand will be felt across all sectors and partners, for example also impacting on public agencies' capacity to grant aid or commission services from the voluntary / community sector. Effective partnership working to align services, share resources, reduce duplication and rigorously prioritise will become even more important. Preventative services and early intervention that reduce downstream health burdens and build community resilience will need to have greater focus and impact. In order to deliver this, effective user engagement to understand and build more effective services around their needs and allowing them to exercise greater choice and control are essential, as is building the capacity of communities for self-help and mutual support.

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 South 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. In addition, there is evidence of lower levels of take up of services by some groups of people, which increases their risk of developing health problems, and needs to be addressed in the way services are designed and provided.

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 people¹ 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 Assessment², 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 in Reading than other parts of Berkshire West (Wokingham 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 black and minority ethnic

¹ This includes people with physical or learning disabilities, mental health problems, older people in need of care and support, and those with substance misuse problems

² <http://www.berkshirewest-pct.nhs.uk/healthy> living/strategic documents

backgrounds. As the third most ethnically diverse area in the South East, it is possible to extrapolate specific disease conditions which will have a higher prevalence in Reading than surrounding areas. National studies also show that the health of BME communities is worse than their white counterparts – heredity, culture, service take-up; underlying factors such as higher deprivation all play a part.

- Data analysis from a variety of sources suggests a higher prevalence of neurological conditions than the national picture. The town's demography, inward migration, relative pockets of poverty contributes to the higher prevalence rates.
- Data suggests that take up of some services is less than expected by people from more deprived areas and BME communities
- High Teenage Pregnancy.
- The Tellus2 survey reports that Reading has a higher percentage of children regarding themselves as healthy than the national average.
- The same survey also reports that 25% of children and young people in Reading consider themselves to be very healthy and 59% quite healthy, both similar to the national average. 36% of children and young people had undertaken 30 minutes of sports or other activities per day over 6 days or more in the last week. In addition 23% of children and young people in Reading eat 5 or more portions of fruit and vegetables in a day - 38% eat 3 - 4 portions.

However, a number of indicators for children and young people in Reading show a more mixed picture: the numbers children in poverty, physical activity in children, teenage pregnancy and tooth decay are worse than average. (Health Profile 2009).

3. Policy Framework

National Policy

'Putting People First', published in December 2007, set out a shared vision for the transformation of adult social care. Putting People First recognises the significant changes to our population – with more people living longer (with more complex needs), and increasing demand for care and support services. This will mean that the costs of providing care and support will increase dramatically. If we do not reform our National system, support will be further restricted and growing numbers of people will go without the care and support they need, The policy sets out a vision of a system offering people more choice and individually tailored services, with people having more say about the kind of services they receive. There is a strong focus on prevention, early intervention, and 'reablement' (helping people to get back on their feet as quickly as possible after an illness or accident, and do as much as possible for themselves).

Most recently in July 2009, The Government published the Green paper 'Shaping the Future of Care Together'. This goes beyond the timescale of *Putting People First* and sets out the vision for a long-term national approach to care and

support that is fair, simple and affordable for everyone. It proposes that people should expect:

- The right to support to help people stay independent and will for as long as possible and to stop care and support needs getting worse.
- National assessment – Wherever people are in England, they will have the right to have their care and support needs assessed in the same way. And they will have a right to have the same proportion of care and support costs paid for wherever they live.
- A joined-up service – All the services that people need will work together smoothly, particularly when people’s needs are assessed.
- Information and advice – People can understand and find their way through the care and support system easily.
- Personalised care and support – The services people use will be based on their personal circumstances and need.

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.

National policy has had an increasing emphasis on the importance of valuing and supporting carers – enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen. This includes both adults and young carers.

NHS Berkshire West Strategic Plan 2009 – 2014 - the five year plan sets out how, as the local leader of the NHS we will improve the health and wellbeing of our population. The plan was reviewed in January 2010 and sets out 4 key goals and the initiatives that will help achieve our vision.

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. It highlights action over six key priorities for delivery based upon more people making more healthy choices: 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.

Key themes within Choosing Health included:

- The provision of information and practical support to get people motivated and improving emotional wellbeing and access to services so that healthy choices are easier to make. Choosing Health expects that people will be provided with clear information and advice about health choices in ways that can be easily understood. Help and support will be targeted to groups that are excluded, including those who need help in developing the basic skills to make healthy choices;
- Protecting people's health from the actions of others; and
- Recognising the particular needs and the importance of emotional and physical development of the young.

Choosing Health also recommends action to strengthen evidence around which actions will have the greatest impact on health and to make evidence of what works and cost effectiveness more readily available to inform and develop practice and to support the case for investment upstream.

Delivering Choosing Health 2005. This reaffirmed Choosing Health Priorities and set out action for delivery at national and local levels. It brought into one place all of the actions on the Choosing Health White Paper commitments, alongside related Public Service Agreements and local targets to improve health. It was supported by the publication of two further action plans – *Choosing a Better Diet: a food and health action plan* and *Choosing Activity: a physical activity action plan*. These brought together all the commitments relating to food and health and physical activity.

Fair Society Healthy Lives: Strategic Review of Health Inequalities Post 2010 (Marmot Review 2010). This independent review was established to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The review included policies and interventions to address the social determinants of health inequalities and proposed that reducing health inequalities would require action on six policy objectives:

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives

- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

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.

Local Policy Context

To respond to the Government's call for a reform of Health and Social Care, NHS Berkshire West (NHS BW) and Reading Borough Council's (RBC) Community Care service each have a programme of system transformation.

In Reading, Adult Social Care is being remodeled to offer local residents a real choice about their support and care, and enable people to live as independently as possible in the community. This means shifting the balance of care away from institutions, and developing community based services to support people to remain on their own. The Council will continue to ensure the provision of a range of quality residential services for those who require this. The Council has already made a number of changes:

- A new re-ablement service launched in March 2009 providing intensive therapy to people in their own homes free for up to 6 weeks to regain skills and confidence following illness or injury.
- The introduction of 'Self Directed Support' which now offers people a personal budget based on their level of need, and help to plan and arrange the support they want to meet these needs.
- Developing new Extra Care Housing (providing an alternative to residential care) – offering 24 hour care on site to residents living in their own self contained flats. 3 such schemes already run in Reading, and the first of a number of new schemes will open in autumn 2011.
- Training staff and raising public awareness of telecare technology to support people to stay living in their own homes safely.
- Tackling the social isolation of older people and others with a range of new services to help keep people active and allow them to live fulfilling lives.

Further change is planned, with some major initiatives:

- More supported living options are being developed for people with learning and physical disabilities.
- The Council is working to drive up the quality of services. From April 2010 Reading will have a list of accredited home care providers, rated as gold, silver or bronze. This will be published on the web so that people can see how services have been rated for quality and price.
- A new Social Care Contact team will employ specially trained advisors and qualified social care professionals to deliver a 'first stop shop' which will provide:
 - One phone number for people to contact adult social care - whatever their need.
 - Improved information and advice on the full range of help available.
 - A simple assessment process to resolve people's needs as quickly as possible and provide more simple services immediately.
 - A resource directory will provide information on a wide range of services across all sectors and will be available to the public online.
 - Arranging respite for people who already use services will be simpler.

The Strategic Plan (2009 – 2014) published by NHS Berkshire West reflects both local needs and the national policy context. The overall vision is:

Keeping People Well and out of Hospital.

There are four specific goals:

- Reducing health inequalities
- Keeping children and young people safe and well
- Supporting older people and those with long term conditions
- Promoting wellbeing and independence

These goals will be achieved through the implementation of a number of key initiatives, with corresponding investment of resources. In order to secure the provision of quality, effective services within available resources, the Strategic Plan describes the need to reshape demand for healthcare and to reshape supply of services. Reshaping of demand for healthcare will be achieved by:

- Prevention – commissioning initiatives to improve health and wellbeing and prevent ill health, so that over time, the health of the population improves.
- Harnessing the power of primary care to increase the number of patients managed in non-hospital settings and continuing to improve the quality of services provided.

- Avoidance of admission to hospital through provision of community based interventions for people who are at risk as a result of long term health problems.

Reshaping supply of services includes:

- Redesigning care pathways so that more care can be provided in a community or primary care setting.
- Redesigning delivery infrastructure – which means using tendering, organisational integration, and introduction of new providers into the market to drive up quality, productivity and innovation.

This work needs to be done in partnership at both local and regional level – and the PCT is working with other PCTs in the South Central region on the configuration of acute hospital services and with Council partners on the integration of health and social care services.

The Children and Young People's Plan for Reading is written in partnership between Reading Borough Council, NHS Berkshire West, Voluntary and Community organisations – and also includes input from local children and young people about their priorities and concerns. The Reading Children's Trust is responsible for the delivery of the plan, but the Healthier Reading Partnership plays an important supporting role in terms of its work with families and communities.

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 Purpose 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 – This is a multidisciplinary service supporting people to regain independence following discharge from hospital, and also prevention of admission.

The Drug and Alcohol Team

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 Council and NHS Berkshire West are working together to plan and deliver better services, and agree priorities for investment in a number of areas – with the involvement of our service users, patients and carers.

Examples are given below:

One key areas of work is planning new dementia services. There is now a fully integrated older people's mental health team in place so that older people with dementia and other mental health problems have access to support from specialist health and social care professionals which improves the quality of assessment and the co-ordination of care. A range of specialist health and social care services are provided in partnership to support those with long-term conditions, to provide rehabilitation and intermediate care, and support those at end of life. In 2009/10 the Council and NHS Berkshire West have invested in a new dementia advisor service and a specialist befriending service.

Another key area of work is developing carer services. Health and Community Care have consulted widely with carers and worked with partners to agree priorities for funding. A joint review of the main carers' services funded will be undertaken in 2010 in partnership with neighbouring Boroughs and Berkshire West NHS. Funding has also been pooled to commission outreach work with GP surgeries to raise awareness of carer issues and the sources to which primary healthcare staff could signpost carers.

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. The sector has a key role in prevention and provision of information and advice, in particular for those not eligible for or accessing statutory services. 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, for example:

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 and well designed neighbourhoods 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. In Reading private sector housing is older and in poorer condition than the national average.

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 national indicators 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 – Priorities for Action

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

- Our Local Area Agreement targets
- SCS priorities
- An effective response to the views of local people
- Monitoring

A range of existing partnerships delivering the SCS, LAA and other strategic priorities under the banner of 'Healthy People and Lifestyles' will report into the HRP on progress against key objectives and strategic development. These include:

- Berkshire West Safeguarding Partnership
- Physical Disabilities and Sensory Needs Partnership
- Mental Health Partnership
- Learning Disabilities Partnership
- Reading Older People's Partnership

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. The aim is to select areas of focus where the partnership can add value, rather than replicating work being delivered already elsewhere.

6.1. 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.

6.2. 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 is included within this priority, which links closely to 6.1 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.

6.3. 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. Work is already underway to improve the provision of seamless services by organisations working in partnership – and this is particularly important for people with long term health problems.

6.4 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**

Since the development of the SCS the Children's Trust Board has updated its high level key priorities for children and young people in Reading and identified two further key priorities. These are:

- **Deliver outstanding services for children in need and those needing protection.**
- **Foster Thriving neighbourhood/communities.**

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. In particular the partnership has focused on the following health priorities: -

- Improving healthy eating and physical levels of children and young people.
- Decreasing both overall levels of and inequalities in oral disease in children.
- Reducing infant mortality
- Increasing earlier intervention for children with emotional and mental health problems.
- Reducing teenage conceptions.

Reading has developed 13 Children Centers to provide earliest support possible to parents. Health programmes and services are commissioned through these centers. These include midwifery and health visiting services, Brushing for Life Programmes and Healthy eating programmes such as mini mend.

In addition we want to improve all children's happiness, emotional intelligence and resilience, as research shows that if we improve these universally we will reduce the number of children who need targeted support. Promoting emotional well being in children and young people through early intervention leads to improved physical and mental health, with benefits seen well into adult life. By working in partnership with families and colleagues to identify and address need, reduce the impact of risk factors and promote positive protective factors we can help children and young people to be happy, healthy and cope with challenge and change. We have invested heavily in developing capacity and skills in front line staff to work with families to prevent problems becoming entrenched.

Appendix 1

Organisational Structure Chart

Appendix 2

Healthier Reading Partnership Agreement

Appendix 3

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
- Housing Strategy 2009-2014 'Firm Foundations'
- Homelessness Strategy 2009
- Ageing Well 2008
- Healthy lives, brighter futures

Healthier Reading Partnership – Health & Wellbeing Action Plan

Priority 1 : Reduce Health Inequalities				
Objective	Desired Outcome	Action	Lead	Date Completed
Completion of 2010 JSNA in partnership to inform 2011/12 planning cycle	Improved understanding of needs informing future strategy & action planning	Review progress to date	Sarah Gee/Kim Wilkins	Jun-10
		Identify areas for development at Berkshire West - wide workshop in January 2010	Sarah Gee/Kim Wilkins	Jul-10
		Development Plan to be completed	Sarah Gee/Kim Wilkins	Jun-10
Achievement of health improvement of the population in specified areas of South Reading	Achievement of LAA target:			
	NI 121 Mortality rate from all circulatory diseases at ages < 75	Engage with Key Stakeholders	Grant Thornton/Kim Wilkins	
	NI 121 Reduction in number of people smoking	Practice Based Commissioning	Jackie Lonsdale	Jul-10
	NI 121 Increase in physical activity levels	Ward Councillors	HRP management group	Oct-10
	NI 121 Decrease in levels of obesity	Community & Voluntary Sector Leads	Chris Turner	Oct-10
	NI 121 In the longer term: reduction in health inequalities measured at ward level	Children's Trust - feedback to HRP at next meeting	Melani Oliver	Jul-10
		Health & Social Care Commissioners	Jackie Lonsdale	
		Set up meeting with Lead Councillors	Avril Wilson	Oct-10
Establish links with Whitley Integration Project and produce summary of resource for HRP		Grant Thornton	Jul-10	
Achievement of health improvement of people from Black & Minority Ethnic Communities	In the longer term: reduction in health inequalities between people from BME groups & the rest of the population	Draft outline plan with specific outcomes	Kim Wilkins	Mar-11
		Summarise existing information & identify any key gaps	Kim Wilkins/Nina Sethi	Sep-10
		Map existing initiatives & evidence of effectiveness	Kim Wilkins/Nina Sethi	Sep-10
		Identify specific areas for action dependent on JSNA	HRP	Nov-10

Priority 2 : Achieve more people living healthier lives & preventing more ill health				
Objective	Desired Outcome	Action	Lead	Date Completed
Maximise the opportunities provided by the implementation of Talking Therapies	Increased numbers of people who have experienced psychological problems remaining in or returning to employment	HRP & Talking Therapies Manager to develop joint action plan	Jackie Lonsdale/Melani Oliver/Sarah Gee	Jul-10
	Improved use of health & social care resources			
Development of Joint Communication plan for healthy lifestyle messages & signposting to services	More consistent messages delivered to the public	Communications & Engagement leads in health & social care to share information about planned activity & agree joint approach/ forward plan.	Corinne Yates/ who from RBC	
		Review of 'Choose Well' initiative to report at future HRP	Corrine Yates	Jul-10
	Engagement of Community & Voluntary sector to communicate to seldom heard	Public Health advice to inform potential effectiveness	Kim Wilkins	
Implementation of the Alcohol Harm Reduction Strategy	Coordinated cross partnership action resulting in achievement of LAA target NI 39 reduction in alcohol related hospital admissions	Review & agree actions with Crime & Disorder Reduction Partnership & Feedback to HRP	Julie Pett	HRP in July /October 10

Priority 3: Enable more older people & people with long term conditions to live at home				
Objective	Desired Outcome	Action	Lead	Date Completed
Increase Joint Commissioning of services aimed at reducing avoidable hospital admission & residential care placements	Achievement of LAA targets:			
	NI 125 Achieving independence for older people through rehabilitation & intermediate care	Health & Social Care capacity planning including intervention of preventative services	Sarah Gee/Bev Searle	Dec-10
	NI 132 Timeliness of social care assessments	Grant funding to be used to develop the contribution of the community & voluntary sector	Sarah Gee/Sam Otorepec/Anne Laing	Dec-10
	NI 150 Adults in contact with secondary mental health services in employment	Development of End of Life plans for people in residential care	Older People's Service Manager - Name?/Jackie Lonsdale	Dec-10
Personalisation of mental health services to be addressed in partnership		Mental Health Commissioners to work with health & social care providers to implement personal budgets	Sam Otorepec/Brigid Day	Jul-10
Engagement with older people & people with long term conditions to inform service planning to be done in partnership		Engagement leads from health & social care to share existing plans & agree coordinated approach & forward plan to be shared with voluntary & community sector	Sarah Gee	Aug-10

Priority 4: Give children & young people the best start in life through improving their own & their families well being					
Objective	Desired Outcome	Action	Lead	Date Completed	
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	Improved health of children & young people within the designated area	Engage with key stakeholders & draft outline plan with specific outcomes	Melani Oliver/Kim Wilkins		Jul-10
Maximise the opportunities provided by the implementation of Talking Therapies	Improved emotional well being of children of parents with milder mental health problems	Address needs of parents accessing talking therapies within local implementation plan	Melani Oliver		Jul-10
Development of Joint Communication plan for healthy lifestyles messages & signposting to services	Provision of clear messages to families enabling action to improve diet & activity levels	Consult CTB in drafting of plan	Melani Oliver		Sep-10
Implementation of the Alcohol Harm Reduction Strategy	Reduction in levels of harmful & hazardous drinking in parents, therefore minimising potential adverse impact on children & young people	Include actions targeted at parents within the local action plan	Melani Oliver		Jul-10

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF HOUSING & COMMUNITY CARE

TO:	HEALTHIER READING PARTNERSHIP		
DATE:	08 July 2010	AGENDA ITEM:	12
TITLE:	Implementation of the Alcohol Harm Reduction Strategy		
LEAD COUNCILLOR:	Daisy Benson	PORTFOLIO:	HEALTH & COMMUNITY CARE
SERVICE:	DRUG & ALCOHOL ACTION TEAM (DAAT)	WARDS:	ALL
LEAD OFFICER:	J'ulanta Carriere	TEL:	0118 937 3253
JOB TITLE:	DAAT Joint Commissioning Manager	E-MAIL:	J'ulanta.carriere@reading.gov.uk

1. PURPOSE AND SUMMARY OF REPORT

- 1.1 This report is an update on the Berkshire West Alcohol Harm Reduction Strategy 2008-11 in Reading. In particular, it provides an update on the recommendations by Corporate Community and External Affairs Scrutiny Panel, which undertook a Review of Alcohol through an alcohol scrutiny day and alcohol questionnaire in March 2010.

2. RECOMMENDED ACTION

- 2.1 For the HRP to note the recommendations from Corporate Community and External affairs Scrutiny Committee Review and the actions to date.

The findings of the scrutiny suggest the following areas for action:

- 2.2 Further joint working between Adult Services and Children Services to educate whole families to limit the affects of alcohol on inter-generational alcohol use within families and support parents to encourage responsible alcohol use in young people.
- 2.3 Local information campaigns to educate residents, particularly young adults and students, about safe drinking levels, potential health risks of moderate and heavy alcohol use, and promote existing treatment services may help to reduce anti-social behaviour and the effects of alcohol use in the workplace

and on communities.

- 2.4 Increased education for GPs may improve routes into treatment.
- 2.5 Support for businesses or education institutions to support staff or students who use alcohol may help to reduce effects of lost work days, poor quality standards and future career and employment prospects.
- 2.6 A review of penalties on shops selling alcohol to young people, especially large supermarkets, may be useful to ensure that this is in line with requirements.
- 2.7 Closer working with the DAAT and ENCAS to review licensing restrictions.

3. BACKGROUND

- 3.1 Alcohol dependence is linked to violent crime, including domestic violence, and has serious implications for health. Reading Community Safety Partnership is committed to Public Service Agreements (PSAs) 23, 'Make Communities Safer', and 25, 'Reduce the Harm Caused by Alcohol and Drugs'. In addition, Reading is committed to reducing the rate of hospital admissions for alcohol-related harm (Reading Borough Council Local Area Agreement - National Indicator (NI) 39).

In 2008 West Berkshire Primary Care Trust (PCT), in partnership with local statutory and voluntary sector providers, developed the Berkshire West Alcohol Harm Reduction Strategy 2008-2011. From this DAAT developed an alcohol action plan, which was captured in the Alcohol Scrutiny Day.

4. FINDINGS FEEDBACK

- 4.1 Further joint working between Adult Services and Children Services to educate whole families to limit the affects of alcohol on inter-generational alcohol use within families and support parents to encourage responsible alcohol use in young people.

4.1.1 Effects on families

Reading has two Parental Substance Misuse workers who are working with parents and families where there are alcohol issues. If a client has a dual drug and alcohol problem they can attend the parenting groups which are currently introducing clinic type sessions in the same building as treatment services The Parental Substance Misuse Workers and two ex-service users were trained in working with families' alcohol issues and are now in the position to develop group work with families regarding alcohol if required. The workers also offer training for families around alcohol, as well as frontline practitioners around effective engagement and working with alcohol misusing families. Links have been made with the Family Intervention Program and training around substance misuse is planned.

- 4.2 Local information campaigns to educate residents, particularly young adults and students, about safe drinking levels, potential health risks of moderate and heavy alcohol use, and promote existing treatment services may help to reduce anti-

social behaviour and the effects of alcohol use in the workplace and on communities.

4.2.1 Young people engagement services

It is recognised that some young people choose not to go to youth clubs; therefore Reading youth services provide outreach services to young people in parks and out on the streets where young people hang out. Within this provision the youth engagement service deliver a life skills program, which covers drug & alcohol misuse. Through this service young people can access a wide range of services e.g. leisure, health, careers and education. Reading Youth Engagement Service works closely with Thames Valley University providing alcohol information groups four times per year.

4.2.2 Vertical drinking establishments

Under the cumulative impact assessment, where a licensing authority believe a concentration of licensed premises in an area is adversely affecting the promotion of any of the 4 Licensing Objectives (prevention of crime and disorder, public nuisance, public safety and protection of children from harm). Reading is moving away from being a town in which attracts a 'binge drinking' culture and is creating a town centre with a greater diversity and choice in licensed premises. The local pub-watch scheme is well established and attended. Reading operates a Safer Bar Awards or Best Bar None scheme, to encourage licensed premises to work in partnership.

4.3 A review of penalties on shops selling alcohol to young people, especially large supermarkets, may be useful to ensure that this is in line with requirements.

4.3.1 Under-ages sales

There is currently a robust intelligence-led Test Purchase (TP) exercise, jointly with Reading Borough Council (RBC) and Thames Valley Police. There is a penalty process in place for those licensed premises that sell alcohol to those under age. 1st time - £80 Penalty Notice Dispersal (PND) if an employee is the seller and the owner of the business will be invited to a meeting to discuss what steps they take to prevent age restricted sales. If it's the owner of the business who sells then they are reported to the local magistrates.

2nd time - If they then fail a second TP exercise RBC (for off licences) and TVP (for pubs/bars/clubs) apply to the Councils Licensing Committee to review their licence to sell alcohol. For two sales a suspension of licence is normally requested for three months (although in Reading it is usually 1 to 3 weeks)

3rd time - If they fail a 3rd TP exercise, an application for review will take place asking for a revocation of the alcohol licence

In all cases of reviews, licensing will also ask for a number of conditions to be added to the licence.

Proof of Age Standards Scheme (PASS) and 'Challenge 25' were launched in 2005.

4.4 Support for businesses or education institutions to support staff or students who use alcohol may help to reduce effects of lost work days, poor quality standards

and future career and employment prospects.

- 4.4.1 Reading has been working in conjunction with the national campaign to ban drink promotions and have built links with the university to promote harm reduction through Fresher week.
- 4.4.2 The Safer Communities Team attends Fresher's Week in Reading University promoting safer drinking and discouraging university pub-crawl events.
- 4.4.3 Safer Reading have developed have developed a 'going out' - 'get home safely' leaflet which contain information around safe drinking and getting home, wherein taxi numbers, bus times & general safety tips are provided.
- 4.4.4 Regular local radio advertising takes place to promote safer drinking which has an enforcement and safer communities approach.
- 4.5 Increased education for GPs may improve routes into treatment.

4.5.1 GP community detox provision

There have been discussions around joint working with GP's & and community alcohol workers to provide community detox provision in partnership. Training must be provided to GP's through the Royal College of General Practitioners with the support of practitioners to provide the psychosocial interventions, in conjunction with GP substitute prescribing. GP's are encouraged to visits the Alcohol Learning Centre Site where they can gain information about alcohol screening and interventions.

4.5.2 Existing treatment and prevention services

The PCT has invested £60K into an existing Open Access Substance Misuse Service to provide Brief Interventions; the provider also receives £30K of PDF funding (final year of 3) to assist the delivery of alcohol services. The provider is currently seeing around a 50/50 split between alcohol and drug clients and this is being carefully managed to ensure that the service is not overwhelmed by alcohol referrals. The Provider is delivering the following for alcohol only clients

- SBI's & 1:1 support
- Open access provision
- Outreach into hostels with drop-in services to residents
- Preparation groups for detox
- Aftercare groups

In the first two months of 2010/11, 85 people went through an alcohol program in Reading. These people have been able to reduce their alcohol use, gain access into community or in-patient detox and/or gain a better understanding of their alcohol use.

4.5.3 Community Detoxification

The recently commissioned Substance Misuse Treatment Service provides community detox for both alcohol and drug using clients. This provider is in the process of identifying a backlog of referrals, following the decommissioning of the

previous service. The total funding from Reading provided for this service is £315K, for which is for both drugs & alcohol, with no clear breakdown of funding in relation to this.

4.5.4 In-patient detox and residential rehab

Current negotiations are taking place with Berkshire Healthcare Trust to secure two detox beds in Prospect Park Hospital. Those that complete an alcohol detox, whether in-patient or community based, can apply for rehab funding from community care funding through the Integrated Review Panel (IRP) which looks at all residential rehab applications individually.

4.5.5 Alcohol Treatment Requirements (ATR's)

ATR's are an enforcement requirement to pick up alcohol treatment if an offender has been involved with an alcohol related offence or if their offence was alcohol fuelled. There have been discussions, in numerous alcohol and community safety partnership forums within Berkshire West about implementing ATRs but it has been agreed that these should not be considered until the alcohol treatment system is effective enough to cope with additional pathways in. A process-mapping event is taking place on the 7th July to identify

- What we have
- What are the gaps
- Agree pathways and processes

4.5.6 Young Carers

The Young Carers Group has secured funding till March 2011 under the Think Family agenda, which will target young carers from specific groups, including those who have alcohol as an issue. Reading DAAT has just been awarded some of this funding to develop a Young Carers Group. The DAAT will be working with the Young Carers Team to develop and identify young people who may be caring for those with alcohol problems. We envisage the support would be a rolling program of around 6 weeks. The young carers project aims to provide harm reduction support, which will include providing literature about the impact of alcohol on young people and the safe storage of alcohol.

4.6 Closer working with the DAAT and ENCAS to review licensing restrictions.

4.6.1 Reading DAAT has made links with trading standards to better understand the process in which enforcement is undertaken through licensing. The DAAT will be attending the Safer Communities Reading Alcohol Misuse Enforcement Group (RAMEG).

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 Reading Crime and Disorder Reduction Partnership is committed to Public Service Agreements (PSAs) 23, 'Make Communities Safer', and 25, 'Reduce the Harm Caused by Alcohol and Drugs'. In addition, Reading is committed to reducing the rate of hospital admissions for alcohol-related harm (Reading Borough Council Local Area Agreement - National Indicator (NI) 39).

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Continuous work takes place within the local community to engage and provide information around drugs and alcohol.
- 6.2 Invitation to the Alcohol Scrutiny Review was open to the general public as well as professionals.
- 6.3 An alcohol questionnaire was developed to greater understand alcohol use locally, which the DAAT had a good response. The questionnaire was available through RBC intranet, through a local business link and on the day of the Alcohol Scrutiny Review.

7. LEGAL IMPLICATIONS

- 7.1 None arising out of this report.

8. FINANCIAL IMPLICATIONS

- 8.1 Currently alcohol provision is targeted at harmful and dependent drinkers, preventing further health related problems. Any future development of additional alcohol provision will have financial implications

9. BACKGROUND PAPERS

- 9.1.1 FINDING AND RECOMMENATIONS FROM THE ALCOHOL SCRUITNY DAY AND ALCOHOL QUESTIONNAIRE
- 9.1.2 Berkshire West Alcohol Harm Reduction Strategy 2008-2011
- 9.1.3 DAAT Alcohol Action Plan 2008