

Adult Social Care and Health Services



Reading
Borough Council
Working better with you

*Reading Borough
Council
DRAFT*

*Supporting Our
Future
2019 to 2022*

CONTENT

Section 1 - Introduction to Reading Borough Council Supporting Our Future

Section 2 – National Picture

Section 3 – Local Policy and Population Profile

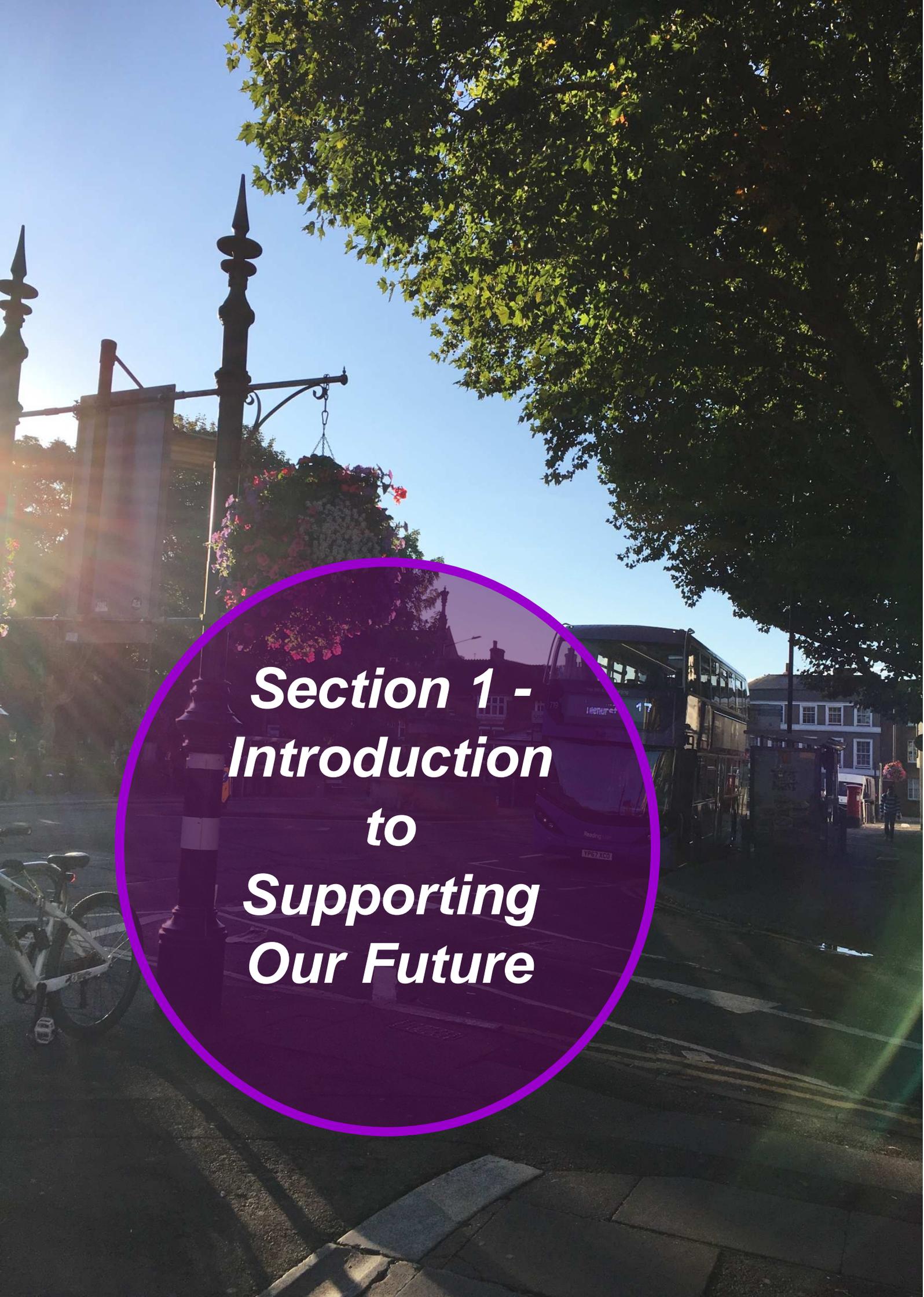
Section 4 – Our Outcomes and Priorities

Section 5 - Our Approach to Prevention

Section 6 – Our Performance and Review

Section 7 - How To Get Involved?

Please tap on any of the above content boxes, so you can easy navigate this document.

A street scene in a town, likely Reading, featuring a double-decker bus, a bicycle, and a hanging flower basket. The scene is overlaid with a large purple circle containing white text. The background shows a clear blue sky, green trees, and a building with a red brick facade.

***Section 1 -
Introduction
to
Supporting
Our Future***

Supporting Our Future Forward



Local authorities are facing unprecedented pressure through reduced budgets and rising demand.

Reading Borough Council, remain committed to supporting our residents with ***the right support, at the right time, in the right place***, when people need it, also being focused on reducing the need for long term health and social care services, by putting in place more self-enabling support.

In these challenging times we require a fresh approach and new thinking.

In Reading self enabling support means encouraging people to take responsibility for their own health and wellbeing, so they can make healthy choices, stay active and feel they are part of a community.

In this endeavour we recognise the important role of Carers and will continue to support families and carers to help and support their loved ones or friends.

We have also developed – Reading's ***Healthy, Independent Life, at Home*** which is our joint (public health, transitions and adult's social care) commissioning under prevention, three year plan, making clear our commissioning priorities in delivering ***Supporting Our Future*** through a robust programme of Transformational Change.

Cllr Tony Jones

Lead Member Adults and Health

Reading's Lead Member for Public Health



Understanding the health needs of Reading's population is vitally important in influencing ***Supporting Our Future***. In understanding the health needs of people, we can change the future demand on health and social care services by supporting people to make better lifestyle choices.

The challenging financial position continues and ever reducing funds from Central Government continue to add pressure to the Council in how we commission services across health and social care.

We are committed through ***Supporting Our Future***; in developing new ways of working that continue to deliver the best outcomes against the National Health Service - Public Health Outcomes Framework.

We can't do this on our own, and must develop opportunities through joint commissioning public health outcomes, to better support peoples, lifestyle choices, choices that enable people to live well longer in the community and by building with our health partners a better understanding in how we can develop universal preventative change that is long lasting across Reading.

Cllr Graeme Hoskin
Health, Wellbeing and Sport

Statement from the Director of Adults Social Care and Health



Supporting Our Future sets out the challenges Reading faces supporting people who access Adult Social Care, Young People's Transitions and Health services over the next three years, working with a wide range of community also health and social care partners. Its focus is on enabling People to retain independence in their own home, by putting in place the right support, early and in developing Reading's community services that support people better at home.

It sets out how we will:

- ✓ Continue to focus on ***early intervention***, overall prevention in care, offering people alternatives to support them better at home.
- ✓ Develop more ***cost-effective*** ways in delivering social care.
- ✓ Work to develop more ***integrated health*** and social care, maximising important joint resources, and the sharing of skills across teams and system partners.
- ✓ Working with system partners to continue ***reducing demand*** for care, targeting resources toward community prevention and in supporting self-help approaches through strength- based practice.

Seona Douglas

Director of Adults and Health Services



***I am Beth, I
am a Mum,
daughter,
wife,
employee
and I am In
Control.***

Who is Supporting Our Future for?



Terms Explained

We have tried to make this document as jargon free as possible and easy to read, so we have not shortened any words and will explain any terms that we use in blue boxes below throughout the document.

When we say **Residents**, we are talking about everyone who lives in Reading.

When we say **Place** we mean where you live and the community.

When we say **Adult Social Care** we are talking about care and practice support people may need in ensuring they can remain independent longer.

When we say **Public Health**, we are talking about the Councils responsibility to ensure that the health needs of Reading residents are understood and supported.

When we say **system partners** we mean—partners who form the Berkshire West Seven Group.

When we say **Commissioning**, we are talking about how the Council decides to use resources in meeting People's needs for care and support.

When we say **Safeguarding** People, we are talking about the Council Policy to ensure people can live safely, free from harm and abuse.

When we say **Clinical Commissioning Group (CCG)** we are talking about the commissioners who work for the National Health Service and who are responsible for clinical commissioning.

When we say **People or Person** in this document, we are talking about people who need care and support who access social care services.

When we say **Self-enabling or self-help** we mean people directing their own life, through being person centred.

✓ You will see these terms used throughout **Supporting Our Future** to support improved understanding.

Why do we need this Strategy?

Prevention and early intervention have been key elements in Government policy for many years and remain critical to our vision in ensuring that the health, care and support system works to actively promote wellbeing and independence, for all.

To meet these challenges ***Supporting Our future***, will be vital to all care and support in Reading, in order that intervenes early to support people; to retain or regain skills and confidence in their life, which prevents or delays deterioration wherever possible.

The needs of residents as a population living in Reading are changing and becoming more diverse. People have higher expectations in how they want to retain a ***healthy independent life at home***, whilst still accessing their communities.

At the same time, we face significant challenges. Some local services are more traditional, expensive, and need to change, if we are to meet people's expectations now and in the future.

Reading faces significant financial pressures. People are anxious about the impact this may have on their own care and support, therefore there is a need to make sure services provide best value, so people can get the most from the available resources which supports real independence.

We need a wide range of good quality health, care and support services, to meet people's individual needs and ensure real choice is offered across Reading's market place.

We also need culture and practice to continue to change, so that support builds on individual, family and community resources, thus reducing people's dependency on health and social care.

We need to understand better people's personal outcomes, outcomes that enable them to self – help by accessing wider community voluntary faith sector support.

We need to continue to work proactively with our system health and social care system partners, enabling people to receive a seamless service at home

Our Partners

Health and social care services and as system responds to a wide range of needs, supporting people to live as independently as possible, whilst supporting people during times of crisis and balancing rights and risks.

Health & social care services and as a system need to grasp the opportunity through improved joint commissioning, far-reaching change in order to be better equipped us to the challenges presented by reduced government funding, increasing costs and increasing demand for health and social care across Reading and wider across Berkshire.

We fully recognise that we can't deliver success on our own and feel proud of the partnerships we have forged over years in working proactively together across a health and care system. In this regard **Supporting Our Future** is read in conjunction with Berkshire West Clinical Commissioning Group 2020 Vision.

https://www.berkshirewestccg.nhs.uk/media/1755/primary_care_strategy_final-1.pdf

Also the National Health Service Long Term Plan–

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

One focus from the plan is to connect partners across the health and social care economy, to commission better at a placed based community level.

The Council supports in collaboration with Berkshire West Clinical Commissioning Group, our collective emphasis on prevention and putting people in control of their own health, care planning, such as:

- ✓ Implementation of new models of care which support better integration, and which expand and strengthen primary and out of hospital care.
- ✓ Development of new payments mechanisms which incentivises the delivery of outcome focused care and which support the future sustainability of the local system.
- ✓ Commissioning highly responsive and urgent care services which ensure people get the right care at the time in the right place.

- ✓ Better use of technology and innovation to achieve better outcomes for people and improved demand management.

Achieving parity of esteem for people with mental health and learning disabilities by:

- ✓ Continuing our long - standing partnership relationship with Community/Third Sector and Private Sector organisations, valuing their contribution to support the Council in fulfilling its obligations to the Residents of Reading.
- ✓ Developing an understanding of what residents want from their communities, will take a huge amount of consultation, and we aim to ensure people influence preventative change.

Healthwatch Reading have an important role in enabling people who are vulnerable in having a voice, drawing on their knowledge based on their experience in accessing health and social care services, by:

- ✓ Helping people take control over their health and Wellbeing
- ✓ Helping people source health, social care, voluntary or community services
- ✓ Taking feedback from people about their experience of services – both good and bad
- ✓ Challenging those who run or fund services to make improvements
- ✓ Acting as advocates for people who want to lodge formal complaints
- ✓ Watching services in action through 'Enter and View' visits
- ✓ Supporting people to have a greater say through local patient and specific need groups
- ✓ Working in partnership with providers of care to co-design improvements
- ✓ Escalating serious concerns to Healthwatch England or official inspectors of services.

**Healthwatch
Reading**

<http://healthwatchreading.org.uk/>

Call 0118 937 2295

We can only deliver **Supporting Our Future** through a range of strong partnerships that will ensure the participation of all the key stakeholders, therefore we will:

- ✓ Work in partnership with people who receive health, care and support to ensure that they have choice and control over the options available to them.
- ✓ Work in partnership with carers to ensure that they receive recognition and support to enable them to fulfil their central role in caring, whilst maintaining their wellbeing and lifestyle.
- ✓ Not only work with people, but also with groups that represent the interests of specific individuals to improve the outcomes in specified areas.
- ✓ Work to ensure that the existing Partnership Boards are fully engaged in both shaping and delivering **Healthy, Independent Life at Home** through our Transformation of Adult Social Care and Health Programme.

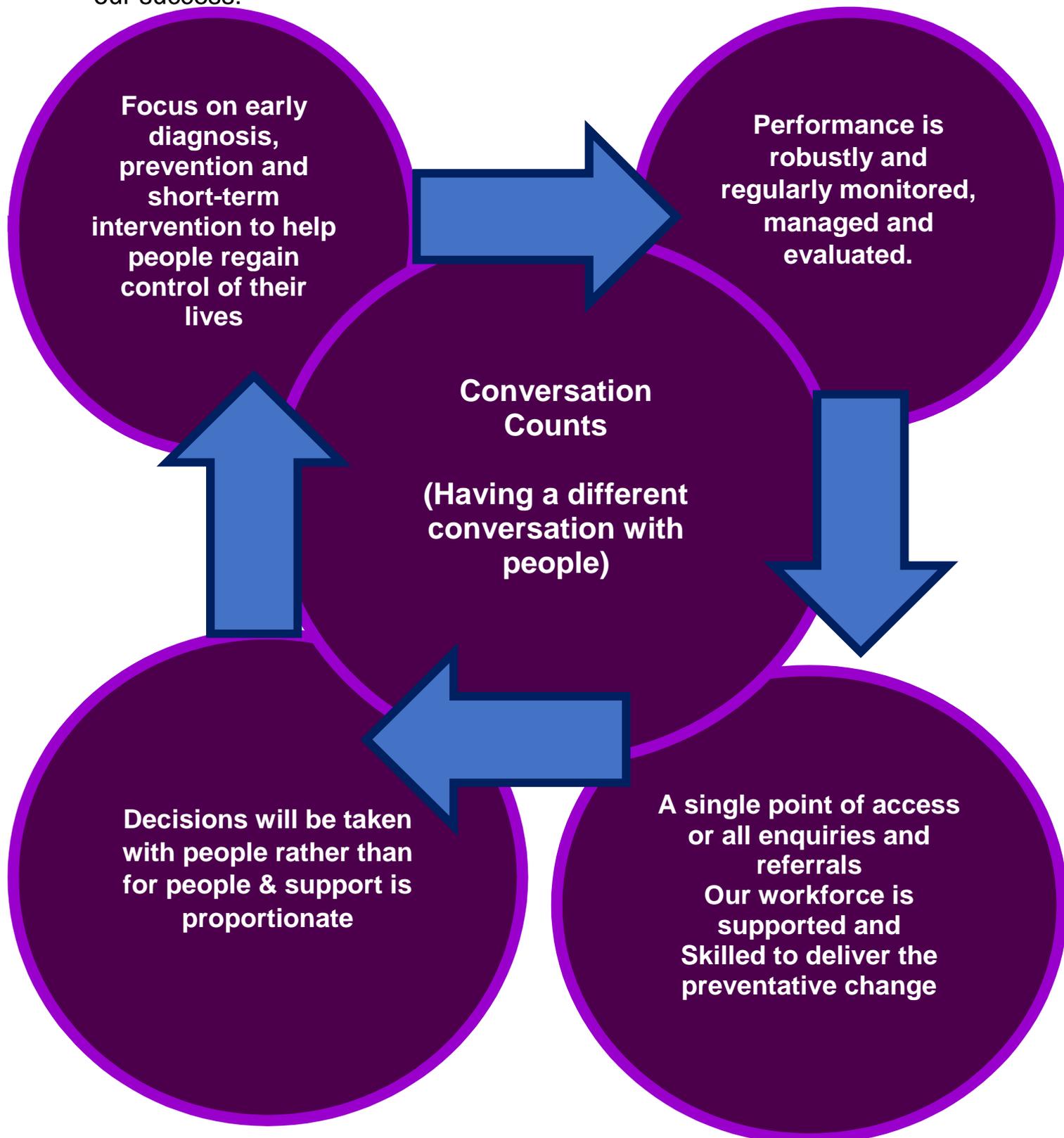
This will include work on more specific strategic plans around key groups such as people with dementia, people with autism, people with mental health and our learning disability accommodation with care pathway, and others where we need a targeted approach to get things right for those groups.



**Working
Together to
improve
people's
health and
social care
outcomes**

Principles

In delivering *Supporting Our Future*, we have set out the following driving principles, which are central to our partners and our success:



Team Reading

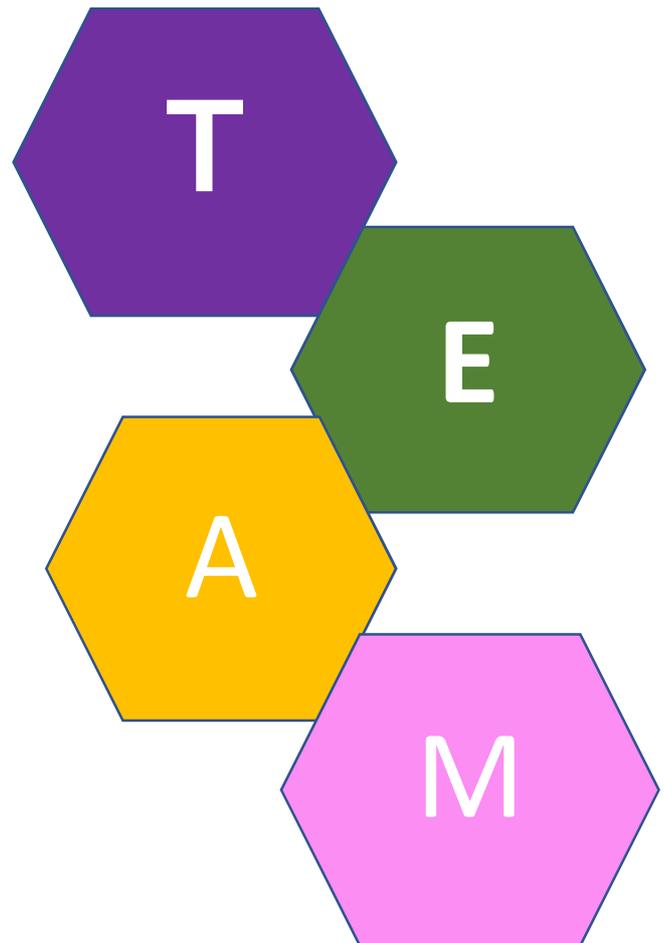


Our improvement approach is called **TEAM** Reading and its rallying cry is challenging everyone to:

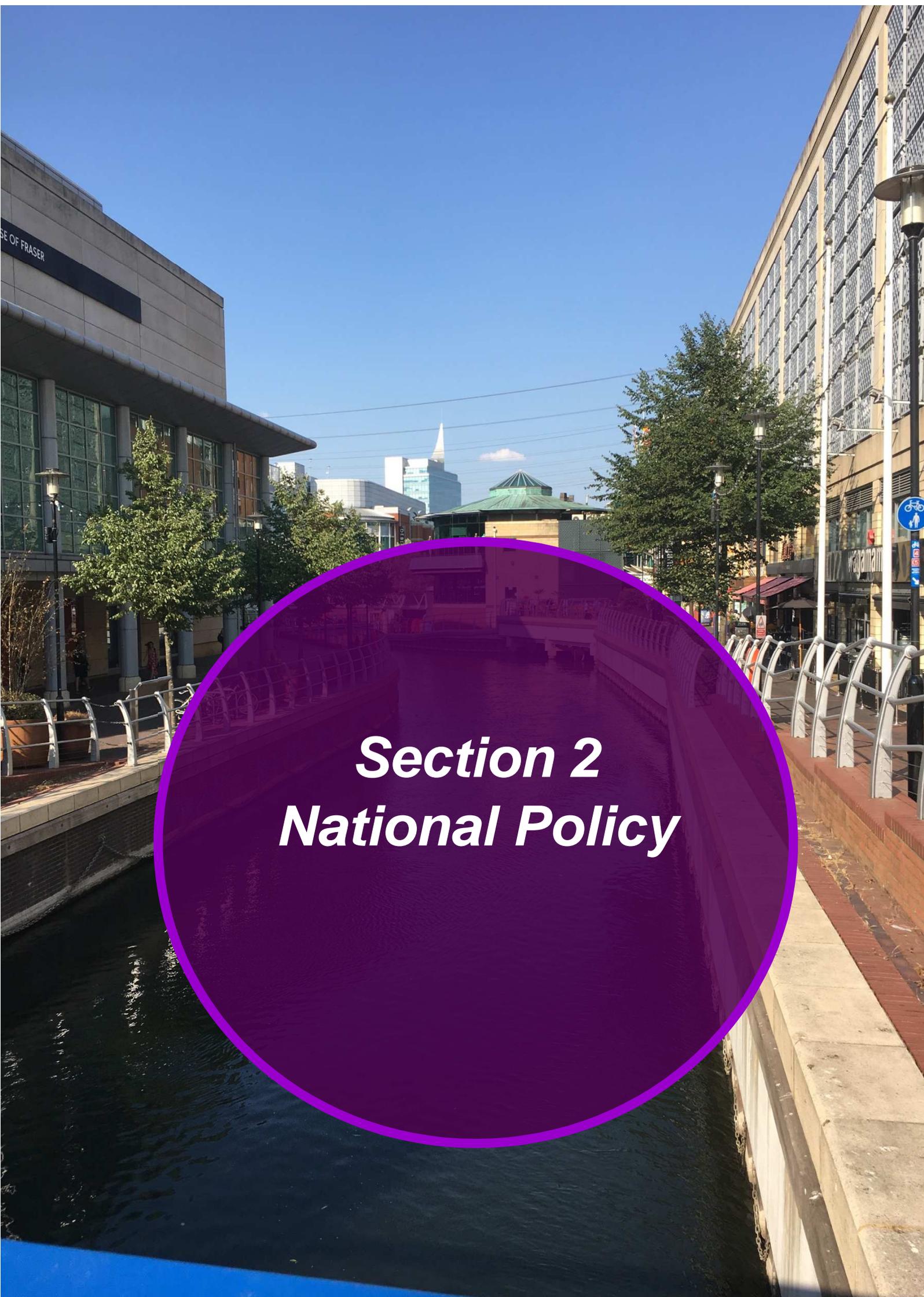
- ✓ work **T**ogether
- ✓ be **E**fficient
- ✓ **A**mbitious and
- ✓ **M**ake a difference.

Team Reading is not just about the 2835 Council staff. It is about ensuring all of Reading's different sectors are focused on building a town with strong values and a shared vision for its success.

“We can deliver success together”



*Together
we are one
Team*



Section 2
National Policy

Section 2 – National Policy

National Policies that influences **Supporting Our Future** are:

The Care Act 2014

Implementation of the Care Act began in April 2015. The Act sets out a vision for a reformed care and support system.

It places a series of duties and responsibilities on local authorities about care and support for adults, in order to ensure that people:

- ✓ are supported to keep as well as possible;
- ✓ get the services they need to help prevent or delay their care needs from becoming more serious;
- ✓ can achieve the needs and goals that matter to them, and that their wellbeing is the driving force behind their care and support;
- ✓ Can get the information, advice and guidance they need to make good decisions about care and support; and have a good range of providers to choose from.

There are many areas of the Act that reflect the key aims of this strategy, in particular:

Information and advice for all

The Council has a duty to provide comprehensive information and advice about locally available care and support services to all our residents.

Personalisation

The Act gives people the legal right to a 'personal budget'. This is the amount of money that the Council have worked out it will cost to provide care and support for a person with eligible social care needs.

Wellbeing

The Council has a duty to ensure health and social care and support is focused on people's wellbeing, prevention and supporting people to stay independent for as long as possible.

Children and Transition

The Council must offer information and advice to children, young carers and adults caring for children nearing 18 years old if they are likely to need care and support beyond that age. An assessment must also be offered if it would clearly help them, regardless of whether they currently receive a service.

If a child is receiving support, it must continue after their 18th birthday until either adult social care support is put in place, or they have been assessed as having no eligible needs as an adult.

Carers

Carers have new rights. They will be entitled to an assessment of their needs and may be eligible for support regardless of whether the person they care for receives support.

Helping people be fully involved in their care. If someone has significant difficulty being fully involved in their assessment, support planning, review, or in understanding safeguarding processes, and they have no one appropriate to support them, the Council will have a duty to arrange an independent advocate for them.

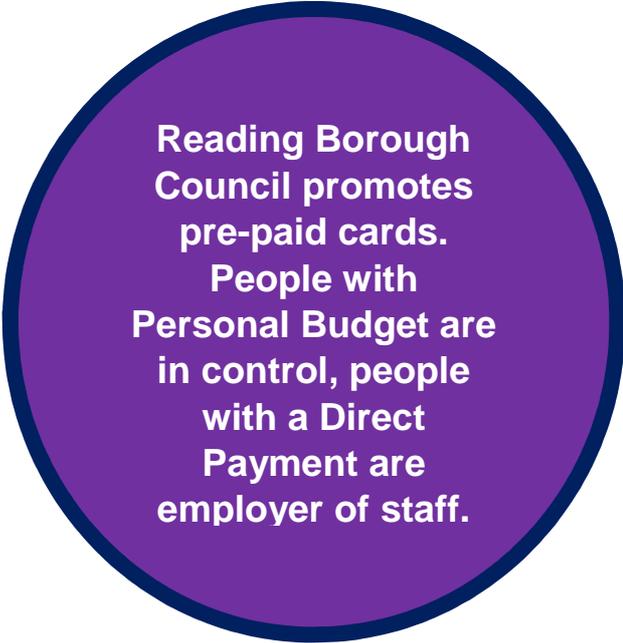
Safeguarding

Adult safeguarding is the process of protecting adults at risk from abuse or neglect. The Care Act requires local authorities to set up a Safeguarding Adults Board in their area, giving these boards a clear basis in law for the first time. The Council are also required to make enquiries if they think an adult may be at risk of abuse or neglect, and to find out what, if any, action may be needed.

Personal budgets

A personal budget gives you flexibility, choice and control over how you pay for your care and support needs. A personal budget is an agreed amount of money that is allocated to you by your local council (and through other funding streams).

A personal health budget is an amount of money to support your health and wellbeing needs, which is planned and agreed between you (or someone who represents you), and your local NHS team. ... It works in a similar way to personal budgets, which allow people to manage and pay for their social care needs.



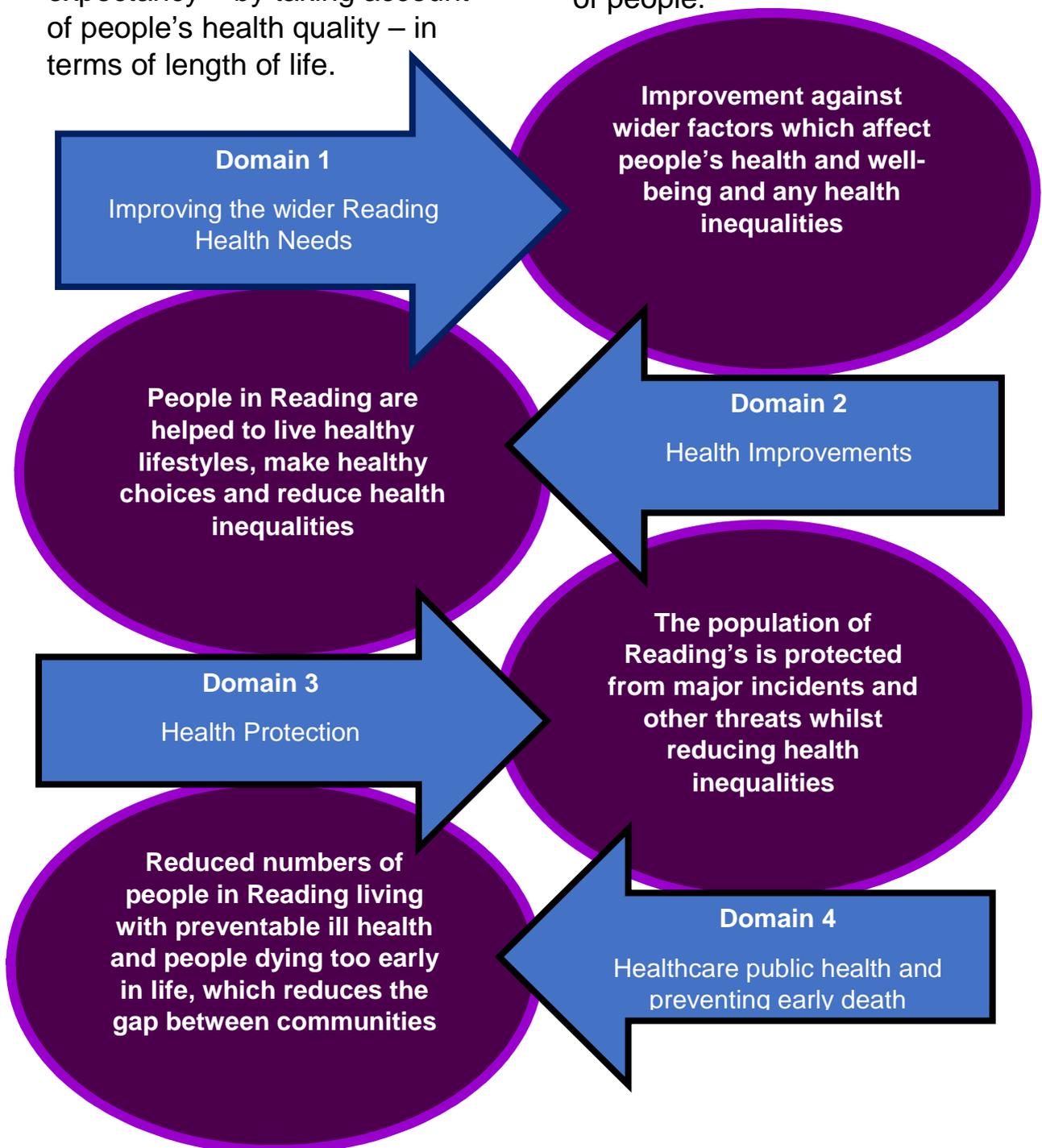
**Reading Borough
Council promotes
pre-paid cards.
People with
Personal Budget are
in control, people
with a Direct
Payment are
employer of staff.**

National Public Health Outcomes Framework

In Reading we aim to improve and protect people’s health and well-being through *Supporting Our Future*, and improve the health of the poorest fastest.

Outcome 1 – Increased life expectancy – by taking account of people’s health quality – in terms of length of life.

Outcome 2 – Reduced difference in life expectancy and healthy life expectancy between Reading’s communities – by having a greater focus in more disadvantages communities and supporting hard to reach groups of people.



Health and Social Care Act 2012

The Act creates a new commissioning framework for the provision of social care and public health that enables local authorities and wider partners, such as clinical commissioners to form joint contracts and pooled budgets, to ensure people receive more integrated services.

The Act sets out the five core standards of services that are regulated by the Care Quality Commission, as detailed below:

Safe: you are protected from abuse and avoidable harm.

Effective: your care, treatment and support to achieve good outcomes, helps you to maintain quality of life and is based on the best available evidence.

Caring: staff involve you and treat you with compassion, kindness, dignity and respect.

Responsive: services are organised so that they meet your needs.

Well-led: the leadership, management and governance of the organisation make sure it's providing high quality care that's based around your needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

National Carers Strategy

We recognise that unpaid carers play a significant role in Reading enabling residents with health and social care needs to remain independent and at home. It is important that carers are supported to look after their own health and wellbeing and access support to enable them to continue with their caring role. In commissioning carers' services, we will look to ensure that people can access information, advice and support around their caring role.

Our aim is to improve the way we identify carers (including young carers), and ensure they are offered carers support and services including short-break respite provision.

NHS | A Call to Action

Nationally the NHS is facing a multi-billion financial shortfall by 2020-21 if no action is taken. It is recognised that major change for the NHS is required to respond to the challenges of an ageing population, to failures in the quality of services such as those seen at Mid-Staffordshire and Winterbourne View, and to make sure that the population get the best value when the public finances are under pressure.

The National Health Strategy

The National NHS strategy, set out in the Five Year Forward View (23 October 2014), outlined the case for change and gives a clear vision for the future of the NHS. It expresses the view that current models for health and care services will be unsustainable in the context of reducing social care budgets and no real increase in NHS budgets, at a time when demand for services and costs are increasing.

The NHS must change if services are to remain free at the point of access. It wants to see a greater focus on preventative rather than reactive care; services matched more closely to individuals' circumstances instead of a one size fits all approach; people better equipped to manage their own health and care, particularly those with long term conditions.

Living Well with Dementia

Dementia is a key long-term condition affecting many people. For people experiencing memory loss or symptoms indicative of Dementia or Alzheimer's disease, access to formal clinical diagnosis is important. Following diagnosis, this ensures that people receive appropriate information and advice about support services.

Dementia causes damage to the brain resulting in a gradual decline in skills such as memory, reasoning, communication and the ability to carry out daily activities. It affects people differently depending on the type of dementia, stage of illness and individual. The most common types are Alzheimer's disease and Vascular Dementia.

The National Strategy sets out 12 priority areas:

- ✓ Improve public and professional awareness of dementia and reduce stigma
- ✓ Develop services that support people to maximise their independence
- ✓ Improve access to support and advice following diagnosis for people with dementia and their carers
- ✓ To reduce avoidable hospital and care home admissions and decrease hospital length of stay
- ✓ To improve the quality of dementia care in care homes and hospitals
- ✓ To improve end of life care for people with dementia
- ✓ Safeguarding people living with dementia.

Mental Capacity Health Act

We aim to improve mental health wellbeing and access to support people at times of a mental health crisis, by reducing the flow of frequent attendees at hospital emergency departments.

We continue to provide timely, responsive and proactive services for people in a crisis to avoid mental health conditions escalating.

To improve support to people in a crisis we will be looking at improving our current services, shifting settings of care, hospital based psychiatric liaison.

We recognise that mental wellness in Reading across all needs of people, must improve, and our Reading's public health village profile shows that, if Reading was a village of 100 people, at least 24 people would have some form of mental health, most people under 65, which is higher than the national average.

Over 2018, we are reviewing how we deliver our mental wellness offer and will put in place services that focus on preventing mental health and in promoting mental wellness.

We are working with Berkshire West Clinical Commissioning Group and wider social care partners to ensure we engage with people who experience mental health, so that services are designed from their views.

We are also working with sub-regional partners across Berkshire, in the development of a new emergency duty services that supports people in crisis outside normal hours and over weekends, ensuring we continue to target joint resources to people most in need.

Transforming Care

Transforming Care is the national drive to implement a community-based learning disability model of care with a significant reduction in inpatient admissions, and increased access to mainstream services.

The programme focuses on:

- ✓ More choice for people and their families, and more say in their care
- ✓ More support to families and carers to sustain their caring arrangements
- ✓ More care provided in the community, with personalised support provided by multi-disciplinary health and care teams
- ✓ More innovative services to give people a range of care options, using personalised approaches, so that care meets individuals' needs

- ✓ More early intensive support provided for those who need it, so people can stay in the community, close to home for those needing in-patient care, ensuring it is only provided for as long as they need it, education services supporting young people to develop their independence and skills, the development of local resources so fewer people are placed and/or educated outside of the area where they live, and fewer young people and adults admitted to hospital.

In Reading we are proud that people with a Learning Disability do not live in any Nursing Care Homes.

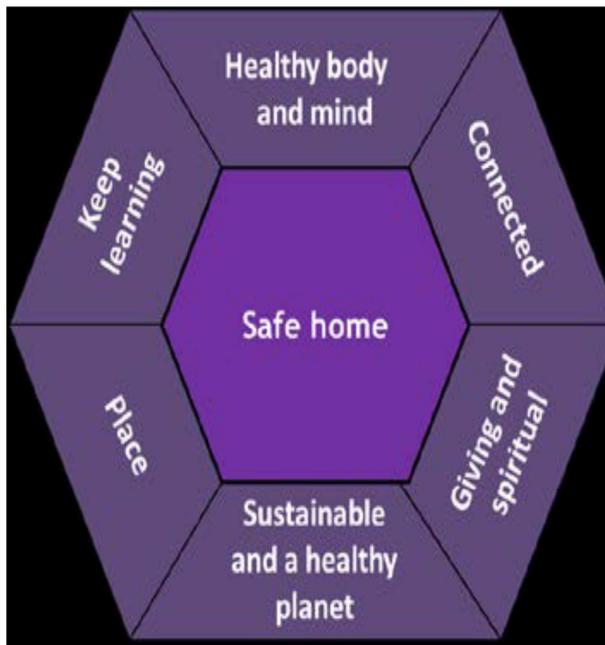


Section 3
Our Local
Policies and
Plans

Local Policies and Our Plans

Shaping Our Futures

Reading's corporate opportunities for health, social care & wellbeing services are based on:



- ✓ **Healthy body and mind** – physical activities like walking, running and dance, amongst other possibilities, can encourage people to make healthy choices like stopping smoking and improving their diet
- ✓ **Connected** – enable people to connect with others so they don't feel lonely and isolated

- ✓ **Giving** - opportunities for giving back to our communities and getting involved through volunteering
- ✓ **Sustainable and a healthy planet** - what do we do to look after and take pride in our environment, like recycling and public transport
- ✓ **Place** – places that you can visit like gardens, museums and recreational grounds
- ✓ **Keep learning** – opportunities to learn new things like singing and languages

- ✓ **Safe home** – feeling safe and secure in a place you can call home

Through consultation and engagement with Reading's Residents the Council has listened and a number of core priorities were established, that focuses on health and social care for all:



Protecting and enhancing the lives of vulnerable adults and children

Securing the economic success of Reading

Promoting great community, education, leisure and cultural opportunities for people in Reading

Improving access to decent housing to meet local needs

Keeping Reading's environment clean, green and safe

Ensuring the Council is fit for the future

Peoples Experience

What People have told us from their experience?



YOUR VIEWS ARE IMPORTANT TO US

Reading's Health and Wellbeing Strategy 2017 to 2020

Reading's Health and Wellbeing Board works in a positive and productive partnership with North and West Clinical Commissioning Group, South Reading Clinical Commissioning Group and local Healthwatch Reading, including wider Health and Social Care stakeholders are fully committed to working together and to achieve our aims.

The people of Reading's different communities, the providers of local services, and our various voluntary, faith and community groups hold the detailed knowledge we need to draw on in order to build Reading's assets and meet the challenges ahead, through our mission statement;

“To improve and protect Reading's health and wellbeing - improving the health of the poorest, fastest”

Supporting Our Future through ***“Healthy, Independent Life, at Home”*** supports our joint public health and social care commissioning activity to deliver the following important priorities:

- ✓ Supporting people to make healthy lifestyle choices (improving dental care, reducing obesity, increasing physical activity, reducing smoking)
- ✓ Reducing loneliness and social isolation
- ✓ Promoting positive mental health and wellbeing in children and young people
- ✓ Reducing deaths by suicide
- ✓ Reducing the amount of alcohol people drink to safe levels
- ✓ Making Reading a place where people can live well with dementia
- ✓ Increasing uptake of breast and bowel screening and prevention services
- ✓ Reducing the number of people with tuberculosis

Making Safeguarding and Quality Personal in Reading



West of Berkshire Safeguarding Board works with a vast range of key partners, focused on Making Safeguarding & Quality Personal in everything we do.

You can access the local plan below:



We recognise the importance in understanding adults at risk and in ensuring people can remain safe and independent in the choices they make and in working with local independent statutory agencies such as Healthwatch, NHS Independent Complaints Advocacy.

Feedback in 2017 indicates for people who had experienced abuse, their desired outcomes were met, in line with Making Safeguarding and Quality Personal and the well-being principle.

We monitor how learning is shared and used to improve practice and we understand what the data tells us about where the risks are and who are the most vulnerable.

Over 2018/2019 in Reading we are working with a small group of care providers to develop our first Making Safeguarding Personal through Our Quality Assurance Framework, which will focus the right resources on working with a wide range of vulnerable groups of people, carers and care providers, in enabling people to tell us from their experience what they want the Council to provide.

Carers' Rights and the Reading Plan

An adult carer can be defined as "an adult who provides or intends to provide care for another adult" ("adult needing care") (The Care Act 2014).

The term refers to people providing unpaid or informal care as distinct from 'care workers'.

Not all carers are adults, however, and 'young carers' face a range of risks to their wellbeing on account of providing care.

Caring can take many forms ranging from practical help with shopping or personal care to providing emotional help and keeping an eye on someone.

12,315 Reading residents identified themselves as a carer in the 2011 Census, which was 7.9% of the local authority's resident population. This is an increase on the 2001 census figures of 7.7% and shows that unpaid care has increased at a faster pace than population growth in Reading over the last decade. This reflects the national picture.

In 2011, most unpaid carers in Reading were providing 1-19 hours of care a week (66%). However, 2,599 carers were providing a high level of care at 50 or more hours of unpaid care per week.

This is 21% of all carers in Reading, and is an increase on 2001's figure of 18.1%. 56.5% of unpaid carers in Reading were female in 2011. This percentage increases to 61.3% for unpaid carers who provided 50 or more hours of care per week.

You can find more information about being a carer in Reading and West Berkshire at the below web link:



In Reading over 2017/ 2018, we reported that we have 921 carers who have been formally assessed, which is an increase of 209 since 2016/2017.

Loneliness Matters in Reading

Although loneliness and social isolation are important issues for people in older age groups, local and national survey results indicate that other age groups are also affected. As well as those of older age, those of older working age and young adults may also be at risk.

“Bill age 96 - I am happy living in the care home and the social activities are such fun, but I miss my son and feel so lonely”

Healthwatch Reading also have a role in supporting vulnerable people to have a voice is understanding how they feel, and in January 2018 they undertook an important conversation with older people in care home across Reading where people did express the view they were feeling lonely – therefore we intend to work with system partners to understand how we can together address this, influencing commissioning plans.

“Sally aged 18 - I know when I go out I can make lots of noise, people are unsure of me, it makes me feel lonely”

Older people in Reading live in neighbourhoods in the North and West of the Borough (Peppard, Thames, Mapledurham, Kentwood, Tilehurst and Southcote) Higher numbers of those in older working age groups also live in these areas, as well as neighbourhoods around Whitley and Park wards in the South.

“John aged 46 - it is great being part on my local community and the care at home service is great, really does help me stay independent but my family have moved away and I feel lonely”

Of course, loneliness isn't new, but the way our society works is changing rapidly. This brings great opportunities – including new ways of connecting and communicating with others. But it also means it's now possible to spend a day working, shopping, travelling, interacting with business and with public services, without speaking to another human being. And for some people that can be repeated day after day. So as we continue to make the most of new technologies, ways of working and delivering services, we need to plan for connection and design in moments of human contact.

Young adults are more likely to live in more central areas, including those adjacent to the University of Reading.

Key transitions in people's lives appear to increase the risk of both loneliness and social isolation.

This could include changes in relationships, changes in health status, or a change that affects the person's role or sense of identity such as retirement, bereavement or becoming a parent.

There is some evidence that for many people this may be a transitory phase after which they are able to enlarge or improve the quality of their network of relationships and 'recover' from loneliness in due course.

Although these experiences are difficult to quantify locally, it is notable that in 2017 survey of residents in Reading found that those who had lived in the area for a relatively short amount of time appeared more vulnerable to loneliness than those who had been resident for longer.

Reading's Wellbeing Team is working with a wide range of partners in delivering on our local plan to reduce loneliness and social isolation.

We have commissioned the University of Reading to carry out a series of focus groups with different resident groups to improve our understanding of the local experience of loneliness and how best to help people overcome the challenges this brings.

Accommodation with Care Pathway

Across Reading, those involved in health, housing and social care are continuing to radically reshape the way services are delivered, majoring on preventative community and health and social care that support people to stay in their own homes as long as possible.

In Reading we are committed to developing partnerships and the ongoing appetite to deliver change collectively which is crucial to the success of this. To deliver the community support services in an appropriate environment there will need to be an increase in the provision of extra care housing and supported community accommodation focusing on services and design for people with more longer-term health and care needs.

There also needs to be flexible and responsive provision for short term enablement assessment services.

In Reading over 2018/2019 the Council supports 70% of people in the community and 30% of people in current care home settings, this represents 292 people placed in Reading Borough.

Over 2018/2019 a robust bed based review is taking place working with an independent partner across system health and social care partners – to influence commissioning plans looking forward.

We know that in order to support more people in the community with more complex care needs, we need to develop more accommodation-based support both short- and long-term and are working with Berkshire West Clinical Commissioning Dependency Care look like in Reading”.



**Well-designed
accommodation in
Reading that
enables people to
remain Healthy,
Independent at
Home**

Our approach over 2018 and 2019 will be to develop Reading's first Accommodation with Care Strategy and Community Pathway that will:

- ✓ Provide a detailed understanding of existing housing and care home provision across Reading for Adults with Social Care needs.
- ✓ Provide a detailed understanding of existing and predicted needs of Adult Social Care groups, including younger peoples transitions to adult services pathway;
- ✓ To help plan for future housing and care home provision across Reading, to include re-modelling existing provision to meet identified predicted needs;
- ✓ To help shape the housing and care home markets across Reading to ensure there is a range of appropriate accommodation available for all adult social care groups;
- ✓ To enable Reading and our partners to adequately plan for any future capital and revenue housing and care home expenditure.
- ✓ To develop in Reading what services we want to design – in responding to the changing needs of people with Learning Disability.

Equality Statement being Inclusive

Everyone who works in care and support will actively work to ensure social inclusion.

A socially inclusive Reading somewhere people feel equal regardless of their personal circumstances. Equality doesn't mean treating everybody the same, equality means responding to individuals' needs. For example, 'for disabled people inclusion must include independent living, fully inclusive education, and access to information, the environment, and all social systems.'

We've been listening to our communities and people who access services.

Through consultation we've heard that people endorse better access to services.

We acknowledges that targeted and personalised support is needed to help people take advantage of a wider range of community activities, therefore we will:

- ✓ Work with local people to understand and then address key issues.
- ✓ Share and seek out good practice in promoting social inclusion for the benefit of all our communities.
- ✓ Share high expectations of people's capabilities, their ability to develop new skills (whether they live with, or away from their families), and recognises that unnecessary dependence on services is 'disabling'.
- ✓ Require major improvements in the quality of community-based services, including robust, preventative and proactive care.

The End of Life Care

Our local approach working with care and support providers supports the national approach to Dying Matters:

Some people die as they would have wished, but many do not. Many people do not die in the place they would choose to; many do not receive quality care at the end of their lives; and there are reports that people have not been treated with dignity and respect

In the past, the profile of end of life care across the NHS and across society has been relatively low, leading to variability in access to and the quality of end of life care across the country and in different communities

People are uncomfortable talking about dying and death, meaning that when they come to the end of their lives friends and loved ones are not aware of their preferences

The Department of Health End of Life Care Strategy acknowledges that there are many challenges to be overcome to ensure that everyone attains 'a good death' irrespective of their background.

Everybody deserves 'a good death' and this is more likely to be achieved by talking about it early on. Although every individual may have a different idea about what would, for them, constitute 'a good death' for many this would involve:



Being treated as an individual, with dignity and respect

Being without pain and other symptoms

Being in familiar surroundings

Being in the company of close family and/or friends

Reading's Overall Population

In the year to June 2018 Reading's estimated population increased by 0.57% from 160,825 to 161,739. Overall, population increase was driven by both international migration (accounting for 50.6% of new people in the area) and natural change (accounting for 48.7% of new people).

Since 2013 the annual increase in population had fallen from 1.36%, to 0.99% in 2014 and to 0.57% in 2015, the overall population in Reading continues to increase, over 2017/2018.

Net international migration into Reading in the year to mid-2015 was 1,483 (1,483 more people moved to Reading from outside of England and Wales, than moved out of Reading to areas outside of the UK).

These additional people accounted for 0.89% of the total population in mid-2014.

This compares to 0.52% in the whole of England and Wales and 0.4% in the South East.

Public Health in Reading

Smoking

Estimated smoking prevalence in Reading in 2017 was 13.60% - down from 20.6% in 2012, but still second highest in Berkshire. The rate is 27.6% in routine & manual occupations - England average of 25.7%, more than twice prevalence - managerial and professional groups (14%) 6.8% of new mothers in Reading are smokers at the time of delivery –twice the Wokingham rate.

Weight

Excess weight in adults is estimated at 40.05% in Reading (2016-17). In 2016-17, 9.6% of children in a Reading reception class were obese. Amongst Year 6 children in the same year, 18.5% of children were obese.

Physical Activity

68.7% of Reading adults met the recommended target of 150 minutes of moderate activity a week in 2016-17

17.2% of Reading adults were 'inactive', i.e. doing less than 30 minutes of moderate activity per week

Alcohol

An estimated 30,000 Reading residents are drinking to hazardous levels, and 4,500 to harmful levels 602 Reading residents were admitted to hospital for an alcohol related reason in 2016-17.

Reading has the 4th highest rate of liver disease in under 75s in the South East at 20 per 100,000 (regional rate was 15.1 for the same period)

Loneliness and Isolation

Over 10% of Reading residents who responded to Reading Voluntary Action's 2017 survey felt lonely all or most of the time, 25% felt lonely on 3 or more days a week, Loneliness affected a significant number of people in every age group, but was most common amongst people aged 65-74.

Drugs

Whilst locally the numbers of drug-related admissions and drug-related deaths are proportionally smaller, what is clear is that drug misuse, particularly of opiates and crack cocaine, places an enormous strain on the families of drug users, including their children;

and can have a serious negative impact on the long-term health and well-being of family members; and that many drug misusers have a myriad of health and social problems which require interventions from a range of providers

The most commonly used drugs, such as cannabis, opiates and crack cocaine, are illegal, uncontrolled novel psychoactive substances (also known as 'legal highs' and 'club drugs') are relatively easily available and, especially, alcohol misuse is a significant cause of both violent crime and acquisitive crime. Whilst we know that acquisitive crime, mainly associated with drug use, is declining, violent crimes and assaults (including domestic abuse) are increasing and are a significant factor in personal and family problems, often placing children at risk.

Many young people receiving interventions for substance misuse have a range of vulnerabilities that require specialist support and intervention. Those in treatment often report being victims of domestic violence; having contracted a sexually transmitted infection; experiencing sexual exploitation; being more likely not to be in education, employment or training; and being increasingly likely to be in contact with the youth justice systems.

More needs to be done to encourage and enable front-line personnel in education, health and social care, and across other relevant sectors, to sustainably raise awareness of the risks of drug and alcohol misuse and how to avoid it education, health and social care front-line personnel also need to be enabled and encouraged to do more to identify people at risk of misusing drugs and/or alcohol, to provide brief interventions, and to refer to appropriate services. It would be appropriate to extend this to other services too, which may come into contact with vulnerable adults and young people, such as housing and the police.

Adult Social Care

Statutory data shows that as of 31st March 2018, 1625 adults were accessing Reading's social care services, of whom 1154 (71%) were receiving community services and 421 (29%) were residents in nursing or residential care settings in across Reading Borough and Out of Area.

A total of 2,077 adult's access Reading's social care services at some point during 2017/18.

As a snapshot on 31st August 2018, 1631 people were accessing long term services in Reading, 425 (25%) in residential

and nursing care homes and 1206 (74%) living in the community with support and care provision.

Of the people receiving services on 31st August 2018, 871 (53%) were aged 65 years or older and, of these, around three quarters (668 people) mainly needed physical support.

Of the 760 (47%) aged 18-64 years, 52% (397 people) needed help with a learning disability, 19% needed help with mental health and 20% needed physical support.

The 65+ older population is predicted by to increase by 8% by 2022 and will account for 17% of Reading's population (compared to 16% in 2016).

In the last 6 months, the average age of older people (65+) entering residential and nursing care in Reading has been 84 years. The Reading population aged 80-84 is estimated to increase by 7% by 2021.

Over 2017/18 (October) The occupancy levels in care home provision commissioned across Reading has remained stable at 94% occupancy, compared to the South East average of 89%, including retaining a 89% on quality, compared to the South East average of 79%.

Children's Transitions to Adult Social Care Services

When a young person turns 18 they are legally an adult under the SEND agenda and Leaving Care Agenda, but children's services retain the responsibility to ensure the right package of care is provided for young people up until age 25 and 21 respectively.

The differences between thresholds for support and models of care between adult and children's services can often cause tension. Some vulnerable young people whose development has had significant disruption can struggle under an adult services response, and equally there are some 16 year olds whose needs could be met by adult services. Ideally the young person's need should determine which service they are supported by. If transition planning begins early at the age of 15 /16, it can mitigate some of the tensions through the identification and promotion of additional life skills and independence skills and early planning in adult services of how to help children and their families adjust.

The Care Quality Commission in 2016 set out the national guidance for children transitioning to an adult service in the National Institute for Clinical Excellence (NICE).

These principles set out the best practice so to ensure children experience a smooth and seamless transition, enabling them to shape the services looking forward.

The principles underpin –

- ✓ Involving young people and their carers in service design, delivery and evaluation related to [transition](#) by:
- ✓ Co-producing transition policies and strategies with younger people
- ✓ Planning, co-producing and piloting materials and tools
- ✓ Asking younger people if the services helped them achieve agreed outcomes
- ✓ Feeding back to them about the effect their involvement has had.

Ensure transition support:

- ✓ Is [strengths-based](#) and focuses on what is positive and possible for the young person rather than on a

- pre-determined set of transition options
- ✓ Identifies the support available to the young person, which includes but is not limited to their family or carers.
- ✓ Use [person-centred](#) approaches to ensure that transition support:
- ✓ Treats the young person as an equal partner in the process
- ✓ Involves the young person and their family or carers, primary care practitioners and colleagues in education, as appropriate
- ✓ Supports the young person to make decisions and builds their confidence to direct their own care and support over time
- ✓ Addresses all relevant outcomes, including those related to:
 - education and employment
 - community inclusion

- health and wellbeing, including emotional health
- independent living and housing options

- ✓ Involves agreeing goals with the young person and includes a review of the transition plan with the young person at least annually or more often if their needs change.

In Reading we are developing a robust younger person's transition to adult pathway, by working with families and children, who are preparing to transfer to an adult service, from the age of 13 to 17 years.

The summary of needs below is based on information provided by Mosaic, July 2018. There are 55 young people with disabilities approaching adulthood between the ages of 14 and 17 that receive a service from the Children and Young People's Disability Team.

These young people have a diagnosed severe and profound disability, complex medical needs or a combination of disabilities.

Children's Services estimates that between 60% and 70% of

these may be eligible to receive adult services when they reach 18 years, from 2019 to 2022, but Care Act eligibility cannot be confirmed until a Care Act Assessment is undertaken when they are 18.

Individuals may appear in more than one category below if they have a combination of needs.

- 33% (18) have autism.
- 30% (17) have a learning disability together with other needs.
- 13% have Asperger's / high functioning autism (3) or ADHD (4). These young people may have other needs such as autism, speech and language difficulties or mental health issues.
- 16% (9) have developmental delay, with learning disability and / or communication disorder, epilepsy or visual impairment.
- 11% (6) have cerebral palsy, visual impairment,

mobility or other physical disabilities.

- 5% have other disabilities.
- 7 are looked after children.

Breakdown by age group:

There are twenty **14 year olds**. It is anticipated that 15 of these may be eligible for Adults Services.

- Eighteen are in a special school or specialist setting.
- Seven have autism.
- Three have Asperger's / High functioning autism.
- Seven have a learning disability, developmental delays, downs syndrome.
- Six have physical disabilities / visual impairment.
- Out of 6 high cost packages, four have autism.

There are fifteen **15 year olds**. Ten of these may be eligible for Adult Services.

- Thirteen are in a special school or specialist setting.
- Six have autism.
- One has Asperger's / High functioning autism and one has ADHD with speech and language difficulties.

- Five have learning disability together with other needs.
- Four have physical disabilities / sensory impairment.
- Of the five high cost packages, the young people have learning disabilities, autism, developmental delay or physical disabilities.

There are eight **16 year olds**. Five of these may be eligible for Adult Services.

- Six attend a special school or specialist setting.
- Three have autism and a learning disability or developmental delay.
- Two have developmental delay.
- Two have physical disability and learning disability.
- There is one high cost placement in this cohort, for physical / learning disability.

There are eleven **17 year olds**, seven of whom may be eligible for Adult Services.

- All eleven are in a special school or specialist setting.
- Four have autism.

- Three have developmental delay and communication disorder.
- Three have learning disability or behavioural difficulties.
- Two high cost placements are for young people with autism and learning disabilities.

We endorse that a safe transition is everyone's business and work closely to safeguard children at risk of harm.

In any younger persons transition we involve important people who can support the young person, such as family/ friends and professional support, ensuring the person remains central to their plan.



In Reading working with young people, children and families commissioning will throughout the transitions process:

Aim One

Raise aspirations: ensure that all children and young people are provided with opportunities that inspire them to learn and develop skills for future employment.

Aim Two

Deliver prevention and early help: intervene early to meet the needs of children, young people and their families who are 'vulnerable' to poor life outcomes

Aim Three

Deliver an integrated education, health and care offer: ensure the delivery of integrated assessment and care planning for our children

Aim Four

Keep our children and young people safe: ensure effective safeguarding and provide excellent services for children in care



I will have more support to understand and manage my child's difficulties



I will get help before problems reach crisis point



I will have the right support in the early years to make sure my child is ready for school



I will know how to help my teenager avoid putting themselves at risk

Adult Social Care & Wellbeing

Performance Headlines

What are we proud of?

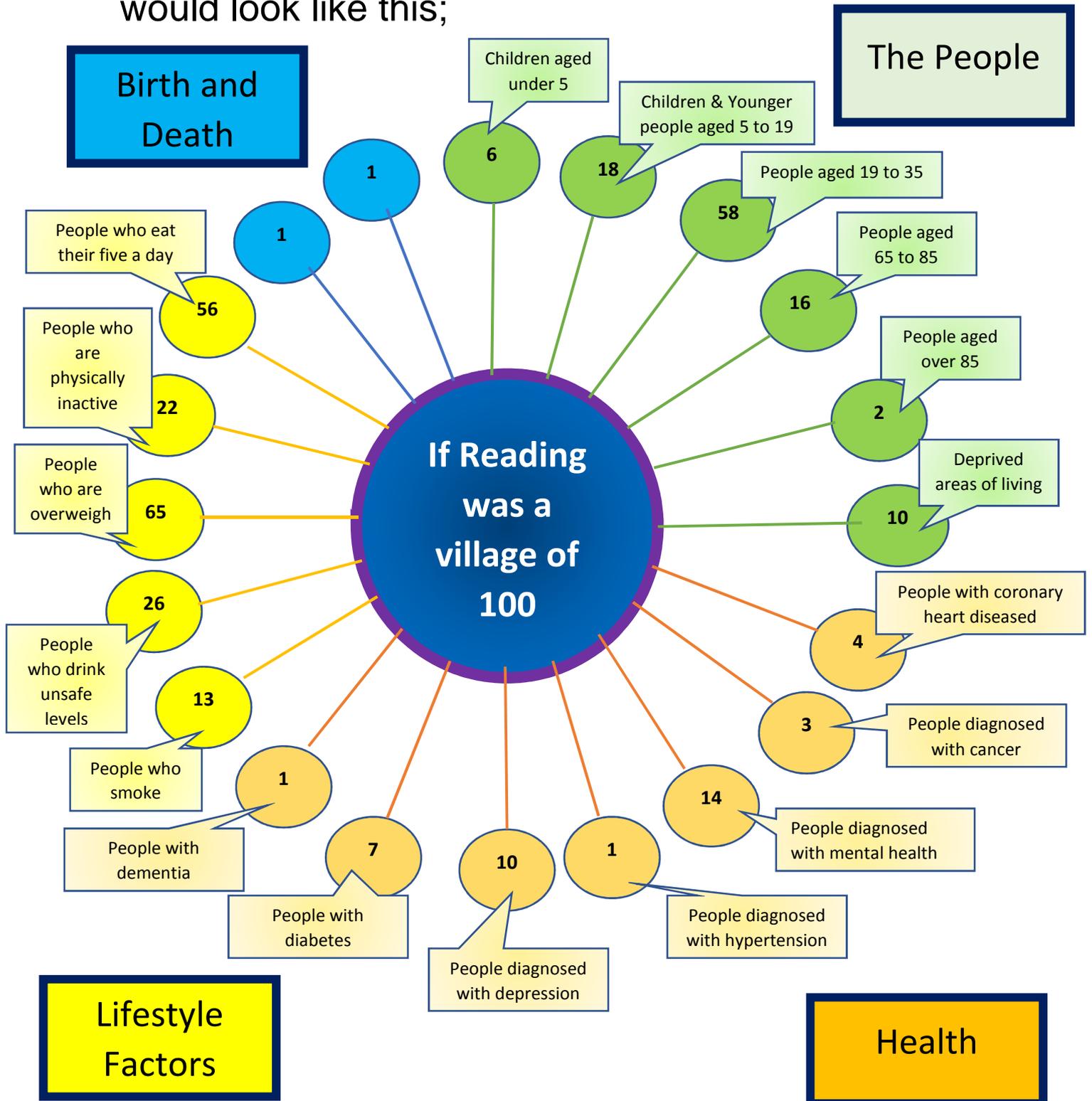
- ✓ The Council was subject to a Care Quality Commission health and social care system review, with health and social care system partners resulting in good outcome for Readings older people residents. The review really did showcase excellent practice across health and social care and key improvements areas that are well on the way to being addressed. The review really did demonstrate the health and social care operational effective of our workforce and their commitment to person centred care from hospital to home.
- ✓ Social Care's attributable Delayed Transfer of Care from hospital per 100,000 population have fallen considerably in 2017-2018 and are now below the 2016/ 2017 averages in our Peer Group, the South East and England.
- ✓ In 2017/ 2018, at 90.8% Reading continued to improve on the Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital to reablement (e.g. the proportion of people successfully returning home is very good).
- ✓ This compares favourably with the 2016-2017 performance (when Reading was 87.1% of our Peer Group and is higher than both the South East (80.1%) average and England (82.5%).
- ✓ Carer reported quality of life based on the Survey of Adult Carers in 2017/18 is higher than our Peer Group and the same as the England average.
- ✓ We continue delivering our programme of transformation change and have done since 2015, delivering £10 million of prevention efficiencies, enabling people to take better control over their life, through improved outcomes.

What do we want to improve on?

- ✓ In 2017/2018, 100% of people accessing adult social care have a personal budget, 17.3% of people take their personal budget in the form of a Direct Payment, this is 1% less than the regional South East average of 18%, and 12% less than the national average of 30%.
- ✓ In 2017/2018 the number of admissions to permanent placements in residential and nursing homes for younger adults (18-64) has again fallen and is now broadly in line with 2016/2017 averages.
- ✓ In 2018/2019, today we support no adults in nursing care homes, which is great, given we continue to support people with more complex care needs in the community.
- ✓ We continue to work with care home and health system partners to ensure that we reduce the number of unplanned admissions to hospital.
- ✓ Seek to develop more joint up commissioning opportunities that offer good seamless care in the community.

Reading's Population Profile

If Reading was a village of 100 people, it would look like this;



Reading has a relatively young population with a third of our residents being under the age of 25.

The statistics tell us that most people who move into Reading are in their late teens to early twenties, whilst most people who move away from Reading are between the ages of 30-50 years.

We have a smaller number of older people in comparison to other areas of England.

Reading has a high number of poorer areas and this matters because people living in those areas are likely to live for fewer years than those people living in richer areas. A young boy living in Whitley can expect to live 9 fewer years than a young boy living in Mapledurham.

Many people in Reading have good health, but there are many who are at risk of poor health because of lifestyle choices such as smoking, poor diet, being overweight or drinking too much alcohol. Over half of adults in Reading are overweight, nearly a quarter are not active enough and nearly a quarter of people drink to levels that can harm their health.

A higher number of people who live in our poorer areas are more likely to have more than one

unhealthy lifestyle risk factor. This will mean they are likely to live nearly 20 years less in good health compared to those in the richer areas. This means the boy living in Whitley will spend nearly a third of his life in poor health compared to a boy living in Mapledurham who will spend will spend a sixth of his life in poor health.

People living in poorer areas are more likely to die earlier from heart disease, stroke and cancer.

Tobacco smoking is still the risk factor that contributes to the highest proportion of avoidable deaths in both Reading and England. Supporting people to quit is a really good way to help improve their chances of living a longer, healthier life. Smoking during pregnancy also puts babies at high risk of being born early, underweight and in the worse cases, can result in a stillbirth.

Early detection of cancer is really important and not enough people in Reading are being screened for cancer when they are eligible for example for bowel and breast cancer.

More people die younger in Reading from cardiovascular disease in comparison to the England average and more people die from cardiovascular disease which could have been avoided if they had made changes to their lifestyle earlier. We want more people to have their blood pressure checked regularly because early detection of high blood pressure can help people get the support they need to live longer, healthier lives.

Reading has a high number of people who are living with type 2 diabetes but there are many who do not know they have the disease as the signs and symptoms can be easily missed. People of black and minority ethnic communities are at higher risk of developing type 2 diabetes.

An early diagnosis of dementia is really important to help people to receive the right support and treatment early.

We know that for people diagnosed with dementia it can have a significant impact on their lives, the lives of their partner, their family and friends. Nearly a third of dementia cases could be prevented if people lived a healthy lifestyle such as quitting smoking.

When people are diagnosed with dementia we want to make sure that Reading is a place that they are supported to live well and independently as long as they can.

Mental health and mental health conditions touch the lives of many Reading residents. We know that people who have a poor mental health often experience poor health in general which can make life more difficult.

Public Health

Reading is Doing Well?

There have been a number of areas of public health that have improved over the last couple of years in Reading. The below is not an exhaustive list but some which are notable and contribute to improving the health of Reading residents:

- ✓ Adult smoking prevalence in Reading continues to be similar to the England average – this is positive as it shows we are continuing to engage and support local smokers to quit tobacco for good, significantly improving their chance of good health in the long term. In 2012 it was estimated that 20.6% of adults in Reading were smoking – this decreased to 13.6% in 2017.
- ✓ We continue to reflect these positive lifestyle changes in how we develop services to be more modern and innovative in our approach to smoking.
- ✓ There has been significant improvement in successful completion of drug treatment (treatment ratio) in Reading – this indicator can illustrate the effectiveness of a service. It improved from 0.89 in 2015 to 1.44 in 2016, this saw Reading improve from being similar to England average to better than. Individuals overcoming drug dependence can lead to improvements in health and wellbeing, reduced mortality, reduced blood-borne virus transmission risk, improved parenting and improved physical and psychological health.
- ✓ The number of excess winter deaths in Reading has decreased – at its highest, Reading was 35.3% (August 2008 – July 2011) however this has decreased in line with the England trend, to 17.9% (August 2013 to July 2016).
- ✓ In Reading we have achieved a year-on-year decrease in incidence of Tuberculosis [TB] cases. The local reduction in TB cases since 2012 is 37% for Reading.

Reading Public Health Needs to Do Better

Despite our improvements – there are also still a number of areas that evidence shows us that we need to improve. These include:

- ✓ Percentage (%) proportion of dependent drinkers not in treatment – Reading continues to be worse than the England average. Offering appropriate interventions can improve the health and wellbeing of the individual as well as their family and community. It is likely to long term reduce alcohol related disease (liver disease, cancer) and alcohol related deaths. The effects of alcohol are greater in poorer communities so interventions can support with addressing inequalities.

- ✓ Intentional self-harm requiring emergency admissions to hospital has increased in Reading – in 2014/15 there were 128.6 per 100,000 in Reading which was better than the England average – this has significantly increased (256.9 per 100,000) – making Reading worse than the England average.

- ✓ Reduce premature mortality in under 75's (all and from cardiovascular disease) – this is a good indicator of Reading's overall health at the moment. Under 75's premature mortality in Reading is worse than the England average – mortality from cardiovascular can be improved by tackling lifestyle factors (inactivity, poor diet, obesity, smoking, alcohol misuse).

Finance and Spend

Our view of the finance position is to better manage demand for high cost services, whilst implementing models of care that are more focused on self-directed support, reablement, which will deliver outcomes and better value for money.

In setting our costs we are governed by the Care Act 2014, which sets out the eligibility and charging for support.

Our approach will be to continue to apply these rules rigorously whilst seeking to maximise our income through recovering fully the costs of care provided to people assessed as being eligible to fund some or all of their support or care package, making their financial contribution in a timely manner and in developing Reading's care and support market place, to be able to response to the changing needs of Reading's population.



***Every Pound
Counts in
Reading***



Good Quality Affordable Support

Like many local authorities we face unprecedented financial challenges against continued reduced government funding, since 2015 from a £46 million budget we have delivered savings of £10 million, resulting today in a £36 million budget for adult social care.

Our spend each year on meeting people's eligible assessed need is detailed below:

People with a
learning
Disability
living in the
community
£5,830million

People with a
learning
Disability living
a Care Home
£8,110million

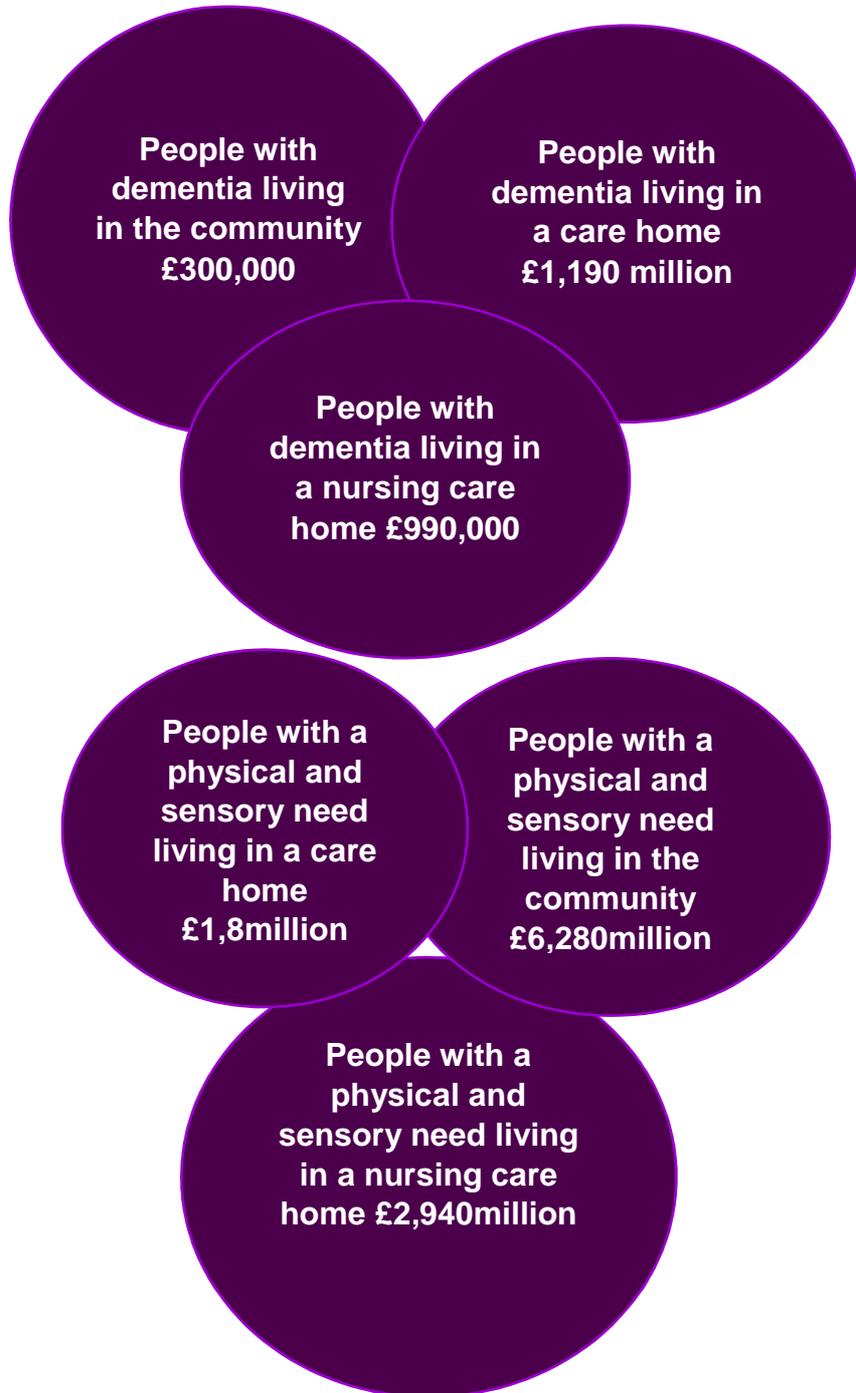
People with a
Learning
Disability in
Shared Living
£247,469

People with
Mental Health
who live in
the
Community
£1,070Million

People with
Mental
Health who
live in a Care
Home
£990.000

People with
Mental Health
who live in a
Nursing Home
£333,000

Our aspiration is to keep supporting more people at home in the community and in enabling people to access more self-help from the community that provides better added value.



The challenges we face which impact spend over the next three years & beyond are:

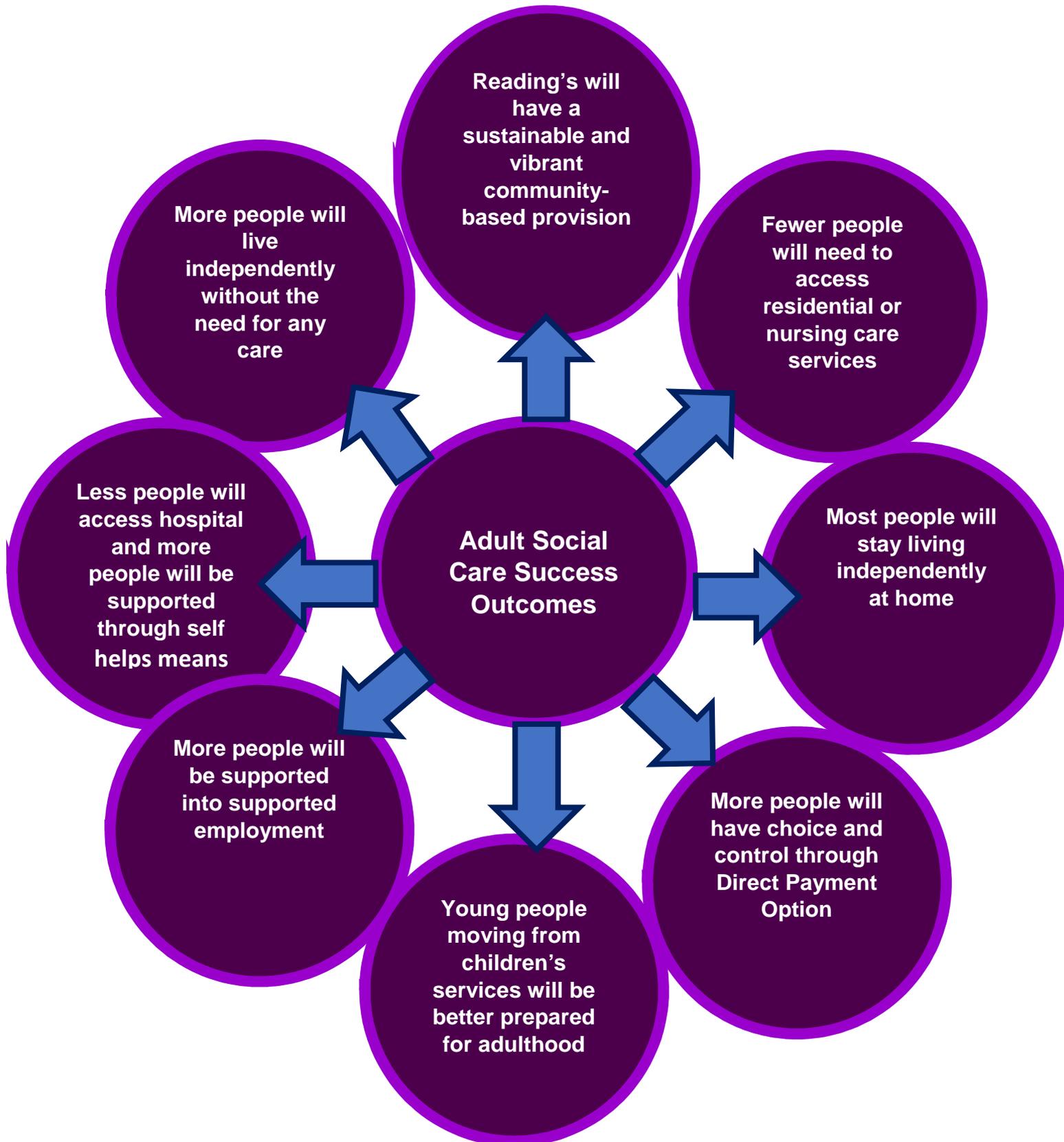
- Increase population of older people and people with advanced stages of dementia.
- Unplanned care for people under 65 with mental health and increased need of people with mental health.
- Increased complexity of need at a later stage in life.
- More people under 65 with health and care complex care needs.
- Increased carers care needs at later stages in life.
- Continued reduced grant funding.
- Health profile of adult's (male and female) age 40 to 66 with increased health needs.
- Unplanned younger people with complex care needs transferring to adult services.
- Lack of community investment from reduced grants in third sector.
- Complex and challenging market conditions.
- National inflation
- Outcome of the Government Brexit Deal "Deal to No Deal"
- Outcome of Welfare Reform through Green Paper.

A photograph of a street scene at sunset. The sun is low on the horizon, partially obscured by trees and buildings, creating a bright glow and lens flare. The sky is a mix of blue and orange. In the foreground, a dark asphalt road with a white dashed line runs towards the viewer. On the left, there are multi-story brick buildings with windows. On the right, there are trees and a paved area. A large purple oval with a white border is centered in the lower half of the image, containing white text.

**Section 4 –
What will
Success look
Like?**

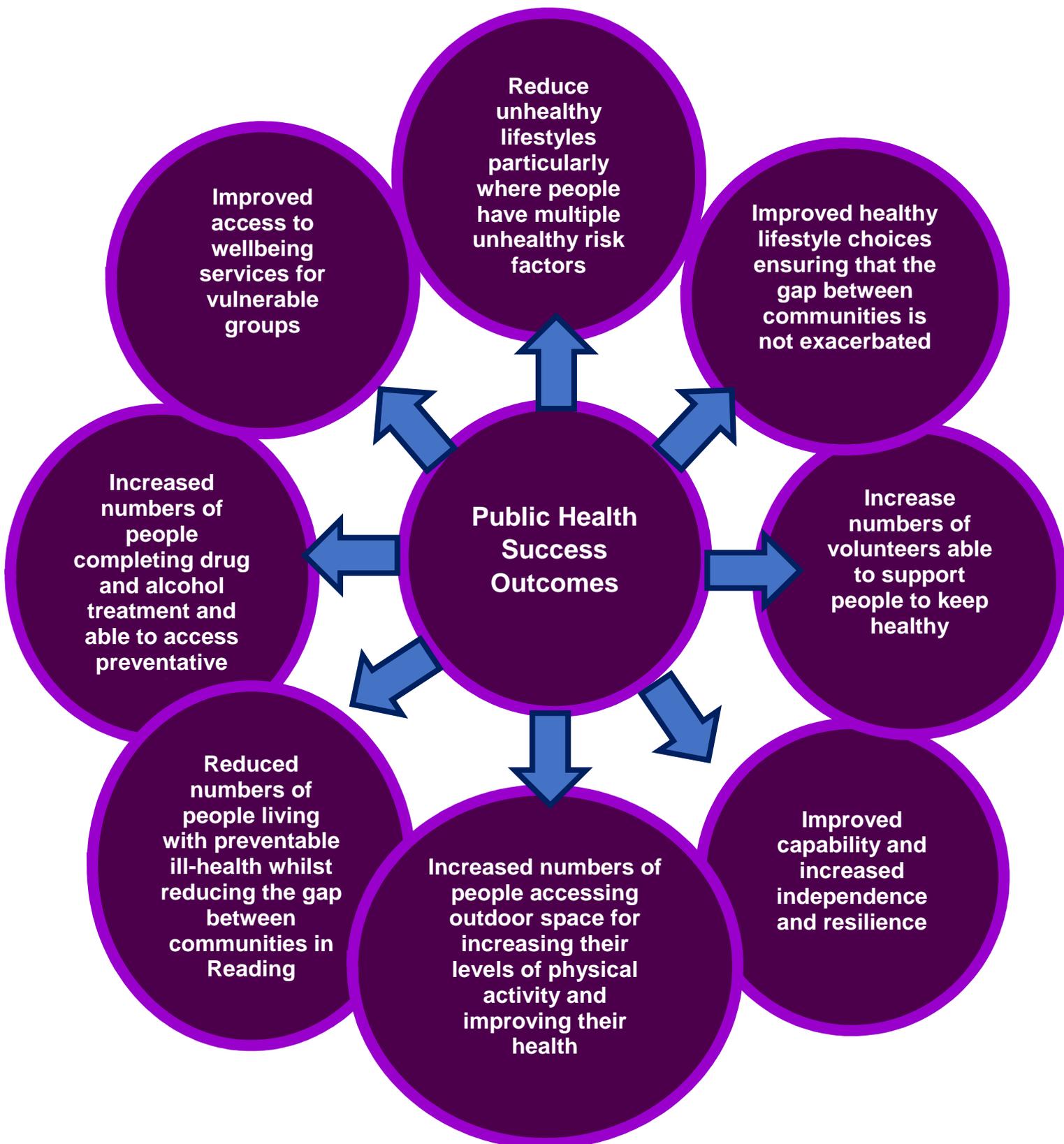
Adults Social Care Better Outcomes

What will success look like in three years' time?



Public Health Better Outcomes

What will success look like in three years' time?



A scenic view of a river at dusk. In the foreground, a purple oval with a white border contains the text 'Section 5 Our Transformation Plan'. The background shows a river with a bridge, buildings, and boats. The sky is a mix of blue and orange, suggesting sunset or sunrise. A boat with a blue canopy is on the left, and a building with a sign that says 'island' is on the right.

Section 5
Our
Transformation
Plan

Our Transformation Plan Vision Statement

Statement “Adult Social Care and Health through **Supporting Our Future** will focus on preventing the need for care, so to maintain People to live a “**Healthy, Independent Life, at Home**”, by having in place:

- ✓ A system that “Supports Our Future” by driving **wellness and independence**, enabling people to stay healthy and active in their community, at home.
- ✓ An **integrated health and social care system** that “Supports Our Future” with clear **information and advice** about local services, facilitating access as appropriate.
- ✓ A Supportive **sustainable market that protects the most vulnerable** in our communities, offering a wide range of self - directed support that is value for money.
- ✓ A future that **prevents reduces** the need for long term care, one that supports a positive **skilled community workforce**, who enable and empower people to remain independent in their community, at home.
- ✓ A Future, which works within its means, delivering **high quality care and value for money** for all.

Our Aims

Supporting Our Future aims to:

Acknowledges the challenges we all face together

Delivers our priorities in the acceleration prevention

Build a strong and robust roadmap

- ✓ 1) **Acknowledge** the changing adult social care and younger people's needs across Reading's population, and the process of transformation that will take place to increase prevention through personalisation for each person we support.
- ✓ 2) **Deliver our strategic priorities** for action, identifies the improved outcomes we want to see for adult social care, and looks at how we will measure success together, building on the great health and social care partnerships we have forged.
- 3) **Builds a strong and robust roadmap** for change in adult social care and children's transitions to adults, delivering success over the next three years, so to ensure that all people are supported to achieve their personal goals and ambitions, in a context which promotes safety, whilst recognising each person's right to independence and choice.

Our Workforce Best Practice Five P's Framework

*Statement – “Adult Social Care and Wellbeing through **Supporting Our Future** will focus on preventing the need for care, so to maintain People to live “ **Healthy, Independent Life, at Home**”, by having in place:*

“We value - the right support, at the right time, in the right place”



Reading Borough Council Shaping Our Future and Readings Health and Wellbeing Strategy

Reading's Healthy Life's and Places

Healthy, Independent Life at Home

Our Principles in Public Life are based on the Nolan Principles

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Approach to Integration

Health and Social Care partners as a system work together through 'the Berkshire West 7 (BW7)', comprising of the Berkshire West Clinical Commissioning Group, Reading Borough Council, Wokingham, West Berkshire Council, (three local authorities), Royal Berkshire NHS Foundation Trust (RBFT), Berkshire Healthcare Foundation Trust (BHFT) and South Central Ambulance Service (SCAS) - within a shared governance structure.

The BW7 Integration Programme is organised around a collective aim to improve outcomes for people/ patients within a financially sustainable system.

The Better Care Fund (BCF) investment is managed through the BW7 structure with a focus on:

- ✓ Avoiding unnecessary unplanned admissions to hospital
- ✓ Reducing delayed transfers of care (DTCs)

Social Care is currently engaged with the Berkshire West Integrated Care System (ICS) through the BW7 programme, so to develop joint commissioning which can support placed based community commissioning.



**Connecting Care
through Improved
Health and Care
Outcomes and
Recording**

Opportunities to work together better

- ✓ Joint Strategic Needs Assessment and Population Management Tool, that remain live to real changes in the community, and wider population of needs.
- ✓ More joint working across important care and support contracts and services, such as Community, Domiciliary Care and Support, Cerers, Autism, Care Homes and Supportive Living.
- ✓ Developing services for people with mental health/ section 117 who need important community care support to enable them to leave longer term care.
- ✓ Align how social care works across GP's and communities (alliances of GP practices)
- ✓ Developing more joined up ways in monitoring safeguarding and quality, through single governance approaches and making safeguarding personal.
- ✓ A single market position statement.
- ✓ Connecting Care, in drawing health and social care recording and reporting in one place.
- ✓ A Health and Social Care E- Market Place – whereby people with their budgets can buy support in a flexible way.
- ✓ A joint full intake Reading Reablement Offer that delivers better interfacing with Intermediate Care – that supports people home and adult front door.
- ✓ Improved Responsive Discharge to Assess Services – driving system prevention.

- ✓ Robust Brokerage Support as part of the Integrated Hospital Discharge Support Service, better support people home.
- ✓ Joint Commissioning under prevention workforce, who can respond to – Universal, Early Intervention, Prevention; Unplanned Care and Prevention, drive placed based commissioning.
- ✓ Joint approach to Making Safeguarding Personal through Our Quality Assurance Framework – developing single governance and recording, and working more effective across the South East.
- ✓ Implementing Reading's Care and Support "I Statements Quality Assurance Framework" working across Health and Social Care in building a framework for quality monitoring developed from the subject matter experts – people who access and use services.
- ✓ Commissioning developing with our health and social care system partners our Voluntary Community and Faith Sector Framework – aligned to our Front Door and Community Pathway.
- ✓ Developing our community Wellbeing Health Hub, that offers a "One Stop Shop" approach.
- ✓ Working with primary health and public health in development prevention across Sexual Health, Drugs and Alcohol and Weight Management, also 0 to 19 Children's Services.
- ✓ Improved social prescribing supporting GP's across Reading.

**How we will deliver successful outcomes?
“In Reading the Conversation Counts)”**

**How can we -
Help You to
Help Yourself?**



**How can we
Help You When
You Need It?**

**How can we - Help
You to live life,
well?**



Help You, to Help Yourself

Priorities Over 2019/2022

- ✓ We will develop with our partners our approach to **joint commissioning**, that drives placed based commissioning underpinned by Healthy Independent Life at Home (Our Joint Commissioning Strategy)
- ✓ We will have an easily accessible digital information service, supported by an **online self-assessment process**, to enable people to identify their own solutions without needing to contact the council or other services.
- ✓ Reading will have a single coordinated approach to **information, advice and guidance** that will mean residents do not need to know the difference between health, social care, housing, welfare.
- ✓ We will redesign our **adult's social care front door**, so people can be better supported to access wider community support alternative to care, and improved full "intake" **reablement support**, for people, to better remain at home through a period of rehabilitation.

In saying full intake we mean all adults who have been assessed as eligible for our Reablement service.
- ✓ We will ensure that our workforce across health, social care and commissioning are skilled in undertaking the **3 conversation approach "Every Conversation Counts"** through strength based assessments and reviews.

- ✓ We will develop with public health, primary health and third sector partners our **Community Wellness Hub**, aligned to GP's practices which will provide a "one stop shop" to preventative health and community support through a wide range of useful information, including self – health checks.
- ✓ Reading residents will be supported to maintain their own health and wellbeing, and engage with the **resources in their own community**, through the development of **Reading's Personalisation Offer – through a Personal Budget and Direct Payments Guidance** and range of Support providers including developing Brokerage Support and Finance.
- ✓ We will develop our **E-Market Place** – a place where people can access on line a wide range of information about community services, which can support people to remain independent at home, longer.

- ✓ We will, where appropriate, promote the use of **assistive technology** to support people to maintain independence and will align this offer at our adult social care front door.

Help you when need It

Our Priorities Over 2019/ 2022

- ✓ Health and social care staff will be supported to take **managed risks** when people reach, or are close to, a point of crisis, they will be able to access **immediate short term support** to enable them to regain independence after the crisis has passed.
- ✓ We will help those who need extra support for a period of time. This means offering swift and appropriate support to them to **regain their independence** they want and value. It means sticking with people to see what works.

- ✓ Ensure that short term packages of care are **outcomes focused**, and with a clear end date, to enable people to return to independence.
- ✓ We will refresh **Reading's Autism Strategy**, by working with people with Autism and family representatives, in enabling people to co-produce what services in the community best respond to their needs.
- ✓ We will develop **a Learning Disability Accommodation with Care Pathway** and Plan, better supporting people with a learning disability to be supported by the Council and our health partners to live independently at home.
- ✓ Ensure that reviews of short term packages of care and support are undertaken in a **timely manner**, as agreed with the individual, and are reviewed through Readings best practice **Eligibility, Review Risk Group**.
- ✓ Ensure that we **communicate with people** to let them know what is happening, when it is happening, and how they can plan for their own future
- ✓ Work to support staff and health colleagues to undertake the **cultural shift** needed to deliver a new approach and support people to take responsibility for their own health.

Help you to live your life

Our Priorities Over 2020/ 2022

- ✓ Developing our role within the ***Integrated Care Partnership*** – supporting system pathway thinking – that draws integrated resources into one place.
- ✓ Having a responsive ***integrated health and social care workforce*** that supports people at community levels – maximises personal budgets and Direct payments.
- ✓ ***Step up and step down transition pathway*** – that best supports people in the community from acute settings.
- ✓ Implement a new joint ***care and support at home dynamic framework*** – drives self-enabling care, putting people in control.
- ✓ Implementing a new Joint ***Residential and Nursing Care Homes Standards of Person Centred Care*** – enriching the life's of people in care home and in developing enablement approaches
- ✓ Implementing Reading's first Joint ***Day Opportunities Framework***.

A Workforce Approach – Team Reading

Our workforce has taken a proactive role in the design of ***Supporting Our Future*** and we have set out our commitments in the delivery of prevention.

We have adopted a proactive approach to prevention through personalisation that supports a new approach for all staff, one that focuses on the person's strengths and assets, empowering people and making best use of the support available in their local community, by having different conversation with people that supports self-help through our strength-based practice.

We intend to develop over 2019/2020 our Workforce Strategy, which will really support and underpin prevention, building on the great work we have started.

We pride ourselves on building good relationships between all social care and support staff and continue to provide innovative ways of meeting people's needs and in realising the added values of linking people with their community.

We intend over 2018/2019 to drive the different conversation model this approach we believe improves people's outcomes whilst reducing care and in delivering savings on our financial resources.

In the future social work will move away from work largely independently to forming part of a broader umbrella of support provided by the community and primary care services. We need to ensure that our limited resources are deployed to best effect and that our most experienced workers are working with those people with the most complex needs whilst people with less support needs receive a lighter touch support.

The Ethical Care Charter

In 2017 we signed the Ethical Care Charter making a clear stance regarding improved support and practice supporting care staff across Reading.



The Ethical Care Charter means we will;

- ✓ Work with a wide range of partners to ensure that our care workforce receive the best possible **welfare support** from employers.
- ✓ That we move towards ensuring that all health and care employers supports staffs welfare through **terms and conditions of employment**, tat better support the interests of all.

That's care staff feel involved in the service and are **consulted** with, on matters of quality improvement and change.

- ✓ That person centred practice is embedded through the service and that people and staff feel they can **contribute** to successful outcomes for all.
- ✓ That investment in made into paying the **National Living Wage**, including in Domiciliary care paying staff travel time to and from people's homes.

*The Ethical
Care Charter*

Reading's Better Care Plan

The Better Care Fund requires health, social care and community partners (such as the voluntary sector) to work together, in order to deliver against four national targets.

These include:

- 1) Reducing the number of delayed transfers of care (DTOCs);
- 2) Reducing the number of admissions to residential and nursing care;
- 3) Increasing the number of people remaining at home 91 days after discharge from hospital into reablement services;
- 4) Reducing the number of unplanned hospital admissions.

Together, these targets promote joint working and a focus on supporting people to retain an independent life at home.

The Council and our health partners delivered against 2 out of 4 targets (residential admissions and reablement) in 2017/2018 while simultaneously driving strong reductions in Delayed Transfer of Care (DTOC) numbers.

To date in 2018/2019, we are meeting 3 out of 4 targets, with our performance now matching the planned expectations looking forward.

This performance has been driven by a variety of initiatives which include intermediate care, reablement support, rapid response, community support, and effective working between health and social care hospital discharge teams, who support people in the hospital setting to return home and in avoiding any unnecessary delays from hospital.

The Reading's performance against its Better Care Plan is governed by the Reading Integration Board, and ultimately owned by the Reading Health & Wellbeing Board.

The Board consists of Adult Social Care, Wellbeing and Commissioning representatives from Reading Borough Council, the Berkshire West Clinical Commissioning Groups, Royal Berkshire Hospital, Berkshire Healthcare Foundation Trust, the voluntary sector and the local Healthwatch.

The Reading Health and Wellbeing Board have a similar representation, with additional representation from GP surgeries.

The Reading system and its members are also active participants in the Berkshire West 10 Integration programme, which identifies and oversees opportunities for integration and delivery against the better care targets that can be effectively achieved through joint working arrangements.

Reforms including seven-day working and the devolution of powers to local authorities are being driven by the government. Britain's departure from the European Union also means major changes and deep uncertainty for health and social care. The National Health Service is introducing new models of care through the five years forward plan. This is all being tested through historic

financial constraints, with record NHS deficits nationally, and an intense search for preventative efficiencies.

Looking forward we will continue to focus on generating further improvements in performance against the Better Care Plan targets.

A street scene with brick buildings, a cloudy sky, and a purple circular overlay containing text. The overlay is a semi-transparent purple circle with a white border, centered in the lower half of the image. The background shows a street with brick buildings, a cloudy sky, and a purple circular overlay containing text. The text is in a bold, white, sans-serif font. The street is paved with red bricks, and there are some signs and windows visible on the buildings. The sky is blue with white clouds, and there are some birds flying in the distance. The overall scene is a typical urban street view.

***Section 6 –
How we will
monitor our
performance?***

How we will monitor our performance?

We will;

- ✓ Through Our ***Joint Commissioning*** Governance of services commissioned.
- ✓ Monitor our performance by looking at the ***benefits to the person***, which also includes carers, we call this outcome. This will include existing methods for monitoring performance plus this experience of people who access and use services.
- ✓ Review our ***transformation programme*** of work that supports what we will deliver over 2018 to 2021, this forms the base in reporting and measuring our performance against what we have said we will do.
- ✓ Review and report our ***statutory activity***, finance and performance information reported and used by health and adult social care professionals and comparisons with other local authorities to keep a track of progress.
- ✓ ***Annually report our success*** through our local accounts – which tells people – what we said we would do and how we have delivered against what was expected including how funds are spent.
- ✓ Report and review through ***corporate performance monitoring*** working with elected members responsible for supporting their local communities.
- ✓ Undertake ***surveys and feedback from people*** who access and use services and their carers, on their views and experiences.
- ✓ Undertake ***focused monitoring*** of specific areas that may present as a risk and will also ***support peer challenge*** – in inviting other local authorities to review our performance.

✓ Work closely with the **Care Quality Commission reports** and service quality as the independent regulator of health and social care.

✓ Report to Reading's **Health and Wellbeing Board** and work with a range of statutory organisations that support people's voice - such as Healthwatch Reading.

✓ We continue to **engage with wider employers** of care and through our own workforce development programme, engaging the views of staff focused on their wellness.

✓ We continue to review and learn from **safeguarding enquires** and concerns and report to the independent safeguarding board.

✓ Undertake and lead **provider engagement forums** engaging the views of partners regarding how we can improve and facilitate a

number of important groups – where specific people have the opportunity to share their views supported by local advocacy services.

✓ Consult the views of people through Reading's **Citizens Portal**.

A photograph of a woman in a wheelchair on a city street. The wheelchair is a three-wheeled model with a child seat in the back. The woman is wearing a light-colored jacket and dark pants. She is positioned on a sidewalk with a tactile paving strip. In the background, there is a street with a car, a church spire, and a multi-story building. A purple oval overlay contains white text.

***Section 7 –
Have your say
and get
involved?***

Have Your Say, Get Involved?

We welcome your views about ***Supporting Our Future*** and the next section tells you how you can get involved in shaping success with us.

We will be consulting on Supporting Our Future January 2019 to March 2019.