



Reading
Borough Council
Working better with you

Reading's Health and Wellbeing Strategy

2017 - 2020



Members of the Health and Wellbeing Board at January 2017



Foreword

This is Reading's second Joint Health & Wellbeing Strategy. It sets out the areas we will focus on from 2017 to 2020 to improve and protect Reading's health and wellbeing, including our plans to meet our Care Act obligations to prevent, reduce and delay care and support needs.

Our mission for the next three years is:

***to improve and protect Reading's health and wellbeing -
improving the health of the poorest, fastest***

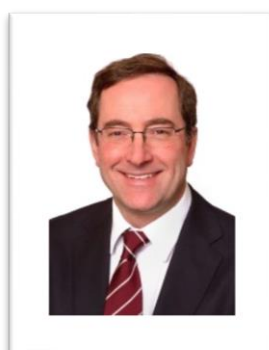
Individual wellbeing is affected by many things, and our approach recognises the importance of the places where we live, work and play as well as our health and social care services.

Health inequalities are real and widening, and this is a particular concern for us. The gap in healthy life expectancy (the number of years people are expected to live in 'good' health and are disability-free) between people living in the most deprived and in the most affluent areas of Reading now stands at 10 years for men and 5 years for women. Our poorest communities face the biggest challenges - with reductions in the value of welfare benefits, restrictions on entitlements to support, and rising costs of food and fuel. Policies of austerity increase inequities in our society - with those in the poorest communities paying the very highest price of all in terms of early ill health. Our response to limited financial resources is to take a more targeted approach locally to make sure those who most need additional support to stay well can receive it in Reading. We will also continue to look for ways to work more efficiently, including making better use of technology.

Across the Health and Wellbeing Board, we are committed to working together and with our partners to achieve our aims. The people of Reading's different communities, the providers of local services, and our various faith and community groups hold the detailed knowledge we need to draw on in order to build on Reading's assets and meet the challenges ahead. Having heard people's thoughts on our draft plan so we could develop it, and agree the detailed actions we need to take in order to make a difference over the next three years, we hope this final version will support our mission statement.



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Our vision

A healthier Reading

Our Mission

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

Our 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**

We will develop plans to meet our priorities on three building blocks:

**Safeguarding
vulnerable adults and
children**

**Recognising and
supporting all carers**

**High quality
coordinated
information to
support wellbeing**

Our vision and purpose

The Health & Wellbeing Board's vision is the same as it was in 2013:

A healthier Reading

And, in order to get us there, our mission is:

**to improve and protect Reading's health and wellbeing -
improving the health of the poorest, fastest**

The aim of this strategy

Our second Health and Wellbeing Strategy for Reading builds on our previous strategy, and takes account of national and local developments over the past three years.

It provides a solid foundation for the development of local authority and clinical commissioning group commissioning plans over the next three years

A shared view of health and wellbeing

Health and wellbeing is about the whole person – giving physical, emotional and social aspects equal attention. It is about improving the way people feel and function today and increasing their chances of longer and healthier lives.

People need to feel safe to enjoy full wellbeing, which is why safeguarding vulnerable adults and children is one of the building blocks of this Strategy.

Preventable ill health represents human misery which could be avoided, and a demand on care services which could be reduced. Focusing on keeping people well will reduce their need for support to get better or cope with long term conditions.

There are many factors which can improve health and wellbeing, and a wide range of activities which the Health and Wellbeing Board could support.

We will work together to focus our efforts on areas where the evidence tells us we can have the greatest impact on health and wellbeing. This involves reviewing the evidence, looking at the cost effectiveness of different interventions, and considering the likely scale of impact of the different areas we could concentrate on.

Setting a framework for prevention

The Care Act in 2014 created a new statutory duty for local authorities to promote the wellbeing of individuals in delivering their care and support functions. This includes:

- delivering social care services
- assessing people's needs with wellbeing at the core of that assessment
- providing information & advice and
- developing services locally which reduce people's needs for care and support.

The Care Act also introduces a duty of co-operation between all bodies involved in public care.

Early in 2016, the local authority published a draft Adult Wellbeing Position Statement setting out its approach to meeting Care Act wellbeing responsibilities. People's comments on that document have helped us to come to a view about our future priorities across the Health and Wellbeing Board.

This strategy recognises our Care Act obligations as well as our duties for health protection and promotion under the Health and Social Care Act.

Recognising and supporting carers

We estimate around 12,000 people in Reading provide unpaid care to a family member or friend. – this includes parents caring for a disabled child, young carers, and adults providing care to other adults. National studies estimate the value of carer support as the equivalent of a second NHS. However, this resource is very fragile - carers face high risks of poor health and wellbeing because of the strains of caring, and a tendency to put the needs of the person they care for first.

Supporting carers is key to a successful approach to preventing care needs from increasing across the local population.

This strategy aims to ensure that carers needs are recognised and supported in all of the initiatives we prioritise and monitor.

Supporting health and social care integration

Reading's plans for health and social care integration have progressed significantly over the lifetime of our first Health and Wellbeing Strategy. The Board has overseen the development of Reading's Better Care Fund plans - now in their second phase - to use pooled health and social care budgets in ways which improve people's lives by designing care around individuals. Reading also continues to be part of the wider 'Berkshire West 10' integration programme which is developing integrated care projects in partnership with our neighbours in Wokingham and West Berkshire.

This Strategy complements local integration plans and aims to promote seamless care by the right agency at the right time and in the right place.

How we developed this strategy

This Strategy represents the views of a range of local partners, including local residents, members of the Health and Wellbeing Board and representatives of the local voluntary sector.

Refreshing our priorities began with a review of the previous strategy. We considered updated evidence about local needs and feedback we received on the Council's Adult Wellbeing Position Statement. We used this information to develop a draft strategy, building on our performance so far, and setting out a new set of proposed priorities to take us forward.

A public consultation on the draft strategy brought more people into the conversation about health and wellbeing priorities for 2017-2020. This was a key stage: improving and protecting health and wellbeing in Reading will be most effective if everyone (individuals, communities, employers and public services) work together.

We used the feedback we received from our consultation¹ to refine Reading's second Health and Wellbeing Strategy and develop action plans to meet our priorities - with the people who will experience the impact of our shared plans, and those tasked with achieving the desired outcomes.

¹ Visit www.reading.gov.uk/HWBStrategy to see the consultation report

Joint Strategic Needs Assessment (JSNA)

The Reading JSNA² presents national data alongside local information - telling 'the Reading story'. It identifies the ways that Reading's population is different from that in other areas and provides robust intelligence about the needs and strengths of the local population. It is the cornerstone of local needs assessments and commissioning and underpins our Health and Wellbeing Strategy.

Our population - Reading at a glance

The 2011 Census shows Reading's population was 155,700 people. This is an increase of 11,300 over a decade. We expect the population will continue to increase.

Employment

Reading benefits from a strong labour market, a high rate of employment and higher than average earnings.

Areas of deprivation

Some areas in the borough are experiencing high and rising levels of deprivation. Since the 2001 Census, two areas in South Reading - the far south of Whitley ward and to the south of Northumberland Avenue in Church ward - fell into the category of the 10% most deprived areas in England. In areas outside of the town centre, deprivation appears to be driven by low income, low employment and lack of education and skills, while in town centre deprivation appears to be more closely linked to high levels of crime and poor living environment. Most areas with high levels of deprivation also have high level of health deprivation – meaning a high risk of premature death or reduced quality of life through poor physical or mental health.

Ethnicity

Reading has a more culturally and ethnically diverse population than other local authority areas, and is becoming more diverse. The 2011 Census showed:

- 66.9% of the population identified themselves as White British - 19.9% fewer than in 2001.
- 7.9% of the population identify themselves as Other White (covering a number of nationalities, including Polish) - 3.7% more than in 2001
- 12.6% of the population identified themselves as South Asian (Indian, Pakistani and Other Asian) – 7.4% more than in 2001.
- 4.9% of the population identified themselves as Black African – 3.3% more than in 2001
- Most residents born outside of the UK are from in India, Poland or Pakistan.

² See www.reading.gov.uk/jsna

Age

Reading's population is relatively younger than the average across Berkshire, the South East, and England and Wales.

- In 2014 there were 67 live births per 1,000 women aged 15 - 44 - a much higher fertility rate than the national (62.1) and South East regional (61.4) averages.
- We have fewer older people than other Berkshire authorities and expect a relatively small increase in this population compared to other areas. We predict we will have around 31,300 residents aged 65+ by 2037.

Children's health and wellbeing

According to the JSNA children who:

- are looked after by the Local Authority
- subject to a child protection plan
- have disabilities and
- live in poverty

and

- children and young people not in education, employment or training

are more likely to have particular health and wellbeing needs.

Successes and challenges

A significant amount of work has been undertaken across the local Health and Wellbeing partnership to support the delivery of our original vision for health and wellbeing. Much good progress has been made.

- Sexual health services are performing well and an information website has been developed.
- The Drug and Alcohol Treatment service was re-launched as the 'Reading IRiS Phased and Layered Treatment Model'. More people are completing treatment with this new service.
- Services for the care and education of young children (early years settings) have been rated as good and improving
- More newborn babies in Reading are breastfed than the averages for the region or nationally.
- A Reading Domestic Abuse Strategy has been agreed and put in place.
- Support for people with a range of long term conditions is being managed by multiple support activities and relevant boards across the borough.
- The new Reading and West Berkshire Carers Hub³ providing information, advice and support for carers was launched in 2016. This service was jointly commissioned by Reading and West Berkshire Councils and local clinical commissioning groups.
- A range of schemes which encourage people to walk and cycle more were introduced
- National Child Measurement Programme (NCMP) 3 year aggregated data is now being used to help target future weight management offers to local school children.
- The number of people smoking across Reading is just below national averages.

However, we also have some key health and wellbeing needs identified through the JSNA:

- Life expectancy for men is poor, with significantly worse early death rates from cardiovascular disease, and a 10.2 year difference in life expectancy between our least and most deprived wards.
- We have high levels of preventable premature mortality and low uptake of screening programmes in key areas e.g. breast and bowel screening.
- We have higher levels of some infectious disease, particularly sexually transmitted infections and TB.
- We have higher levels of homelessness, including families, and higher rates of unemployment. Crime rates are also higher than expected
- We have a largely young population (25% of the population are under 20) and we see a significant impact of mental illness on our children's health.
- Rates of obesity double during primary school, and significant numbers of children have tooth decay.
- We have low levels of school readiness
- Educational attainment in older children who are eligible for free school meals is less than half of that seen in other children.

³ www.berkshirecarershub.org

- We have higher than expected numbers of young people not in education employment or training.
- Significantly higher numbers of men die as a direct result of alcohol (mainly alcohol associated cancers and chronic liver disease).
- The prevalence of opiate users is higher than in similar populations.

Financial context

Organisations are continuing to face the challenge of extreme budget pressures alongside increased demand for services. We must achieve a cultural shift to ensure our investment is increasingly directed at improving the wellbeing of Reading residents. This means helping people prevent avoidable ill-health and disability rather than just treating the effects of poor wellbeing. Responsibility for meeting the local challenges is shared between individuals, families, communities, local government, business and the NHS

Empowering people to take charge of their care and support

The Health and Wellbeing Board shares the view that people should feel that they are in the driving seat for all aspects of their and their family's health, wellbeing and care. This applies to people maintaining their wellbeing to prevent ill health, as well those managing a long-term condition to stay well and prevent things from getting worse. People should be true partners in their care so that decisions are shared as far as possible, based on the right information and genuine dialogue with health professionals.

Many teams across different sectors can support people to make positive lifestyle choices and to maintain their commitment to their own wellbeing. We plan to involve many more frontline staff in promoting wellbeing through our Making Every Contact Count (MECC) programme. MECC is about building a culture of health improvement, equipping staff with the skills they need to seize opportunities – by asking questions about possible lifestyle changes, responding appropriately when issues are raised, and taking action to signpost or refer people to the support they need.

Delivering this strategy

Our second Health and Wellbeing Strategy has been informed by a review of Reading's Health and Wellbeing Board by a group of our peers from Health and Wellbeing Boards in other areas. We have responded to their finding that our strategy should be used to drive the agenda of the Board, and have identified key priorities which we will use in future to do this.

The Health and Wellbeing Board members are committed to working together to:

- Monitor the progress of agreed actions to deliver our Health and Wellbeing priorities
- Use monitoring and review as an opportunity to involve more people in health and wellbeing conversations – we particularly want the voice of local residents and those who use health or care services to be strong in our future discussions.

We will maintain close links with other relevant partnerships and invite them to:

- Report to us on the progress of any initiatives that impact on wellbeing and
- Present their ideas, requests and recommendations.

The Care Act makes it our responsibility to ensure our residents have a good range of wellbeing services. We aim to continue to encourage and support a vibrant local market, which is resilient to funding challenges to meet this need by:

- Working closely with third sector organisations
- Developing a co-ordinated approach to working with the business sector – as service providers, as employers, as a source of expertise and as part of Reading.

We want people to be more in control of their health, care and wellbeing. To facilitate this we will:

- Develop information resources so people can connect to the right health and wellbeing support at the right time.
- Make best use of new technologies and co-ordinated digital solutions.

How we will measure success

We have established a robust, proportionate and transparent performance management framework, which includes key performance indicators which will allow us to:

- Monitor our progress against the commitments and actions set out in the Health and Wellbeing Strategy Action Plan openly and transparently
- Understand where we may need to divert resources as we tackle the challenges we face.
- Track progress against aspects of health and wellbeing which partners are addressing as part of their core business alongside working towards the goals of the Health and Wellbeing Strategy.

Priority 1:

Supporting people to make healthy lifestyle choices

Focusing on improving dental care, reducing obesity, increasing physical activity and reducing smoking

Improving Dental Care

By 5 years of age, more children in Reading are assessed as having Decayed, Missing and Filled (DMF) teeth than the average for England as a whole. Reading's rates of DMF teeth in children at ages 3 and 12 are also above England averages, and for children up to the age of 2, service uptake is very low.



Reducing Obesity

Obesity significantly increases the risk of many long-term conditions including type 2 diabetes, cardiovascular disease and high blood pressure. It also impacts negatively on educational attainment, mental health, respiratory and musculoskeletal disorders. A Body Mass Index over 40 can shorten a person's lifespan by an average of 8-10 years.

- 61% of adults in Reading are overweight or obese. Although this is lower than the England average (64.6%) and is comparable with other similar local authority areas, the absolute figures are significant and will have a huge impact on our residents' health and quality of life unless action is taken.
- Levels of childhood obesity⁴ in Reading in Reception Year children and Year 6 children are consistently above the South East average.

Increasing Physical activity

Physical activity can help to prevent and improve the management of a range of long term conditions, and help people to enjoy a healthier and more independent life.

- 50.4 - 59.5% of residents⁵ achieve the Chief Medical Officer targets for physical activity. This below the average in the South East region, but similar to the England average.
- 40.5-49.6% of residents aren't doing enough physical activity to protect their health.



Physical activity is already part of a number of local initiatives, but needs to become a more explicit priority.

⁴ Data from the [National Child Measuring Programme](#) (NCMP)

⁵ Active People Survey 2014

Reducing Smoking

Smoking increases the risks of ill health, including infections in children. In the long term it causes conditions that significantly affect people's everyday lives, putting them at considerable increased risk of serious illness and early death. This risk applies to babies, children and young people who are exposed involuntarily to second hand smoke and babies whose parents smoked during pregnancy.



- Although we have seen a consistent decline in the estimated prevalence of smoking locally, in 2014 we estimated that around 21,000 (17%) Reading adults were smokers - similar to the national average.
- Smoking costs society approximately £1,700 per smoker. We estimate that smoking related ill-health cost local NHS trusts about £4.4m/year
- The number of premature deaths in Reading is above average, particularly from heart attack and stroke and cancer.

Smoking-attributable morbidity and mortality is preventable and a significant number of lives could be saved if we prevent uptake and reduce prevalence both nationally and locally. The most significant thing a smoker can do to improve their health is to quit.

Over the next three years

We aim to promote healthy lifestyles in a variety of settings so that every Reading resident has a chance to maximise their health and quality of life. We will focus on actions that:

- Deliver the priorities identified within the Healthy Weight Strategy (which sets out opportunities for children and adults to achieve and maintain a healthy weight by supporting them to make healthy dietary choices and choose an active lifestyle)
- Increase awareness of lifestyle and weight management services
- Promote walking and cycling both for leisure and active travel
- Prevent the uptake of smoking – by working with local stop services and promote smoke-free communities to support people to quit and remain smoke free in the long term.

Priority 2:

Reducing loneliness and social isolation

A wealth of evidence has emerged in the last few years about the significant negative impact of loneliness on physical and emotional health – now seen as on a par with smoking for the elderly.

Risk factors for loneliness include:

- living alone,
- not being in work,
- poor health, loss of mobility, sensory impairment,
- language and communication barriers,
- bereavement,
- lack of transport and local amenities (like public toilets or benches),
- lower income,
- fear of crime,
- high population turnover
- becoming a carer.



Studies show that services that reduce loneliness have resulted in:

- fewer GP visits, fewer outpatient appointments, fewer days in hospital and lower use of medication,
- lower incidence of falls,
- reduced risk factors for long term care,
- fewer - or later - admissions to nursing homes.

National data indicates that 10% of people aged 65+ are 'chronically lonely' this translates to 1,720 chronically lonely older people in Reading.



Although most research in this area has focused on the elderly population, loneliness can be a health risk at any age. Mental health problems during pregnancy and the first year after birth are often under-reported, under-diagnosed and under-treated. Up to one in five women and one in ten men are affected by mental health problems in the perinatal period. Unfortunately, only 50% of these are diagnosed.

Tackling social isolation during this period has the potential to impact positively on mild and moderate depression at this time and on parents' ability to relate to their child and the child's development.

Over the next three years

We will focus on actions that will:

- Improve our understanding of who in our community is most at risk from loneliness, and develop a co-ordinated all-age approach to reach those most in need of support to connect or re-connect with their community.
- Improve the quality of people's community connections as well as the wider services which help these relationships to flourish – such as access to transport and digital inclusion.

Priority 3:

Promoting positive mental wellbeing in children and young people

Children's social and emotional wellbeing is important not only in its own right, but also a contributor to good physical health and as a factor in determining how well children do at school.

National policy as set out in *Future in Mind* (Department of Health, 2015) is to improve mental health service provision for young people by delivering on 5 key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support - a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce



In Reading:

- 1,902 children aged 5-16 (9.1% of the total) were estimated to have a mental health disorder in 2013.
- Children and young people who
 - ♦ live in more deprived areas
 - ♦ are disadvantaged
 - ♦ have vulnerable backgrounds or
 - ♦ have chaotic lifestyles... are more likely to have mental health issues.

Whilst we have a range of projects which promote and address children and young people's mental health, surveys, workshops and reports undertaken by Reading Children's Trust, Healthwatch and Reading Youth Cabinet have highlighted recommendations for improvements in local services and support for children and young people with mental health conditions.

The earlier interventions happen the more likely it is that children and young people can be resilient at difficult points in their lives. Early Intervention services should equip children and young people to cope more effectively, and provide timely support.

Over the next three years

We plan to drive forward improvement and change through a local *Future in Mind* process. We will:

- Promote greater awareness around understanding, identifying and talking about emotional health and well-being issues, covering areas such as attachment difficulties, bullying and self-harm.
- Promote the inclusion of families in the support process as well as including peers and friends, particularly to help young people feel and think differently about mental health issues with less fear, stigma or discrimination.

Priority 4:

Reducing deaths by suicide

Every death by suicide is an individual tragedy, and can have a devastating effect on families, on communities and others affected by how the life was lost. The World Health Organisation estimates that at least ten other people are directly affected by every suicide. In 2015:

- 18 people died by suicide in Reading
- There was a 22% increase in suicides across Berkshire compared to the previous year.



The absolute number of deaths by suicide in Reading alone is quite small but we can look at figures over time as well as across Berkshire as a whole and nationally to identify patterns which indicate which residents are more at risk. The figures tell us that:

- Men face three times the risk faced by women
- Suicide is the single biggest killer of men under 50

- It is the second most common cause of death in women who are pregnant or have given birth in the last year.

There is a strong link between suicide and self-harm as well as drug or alcohol misuse. Almost a third of people who died by suicide had contact with mental health services in their last 12 months.

Suicide risk reflects wider inequalities as people's social and economic circumstances can have a significant impact on their likelihood of taking their own lives. An effective approach to suicide prevention therefore needs to involve a range of agencies so as to tackle various factors at play.

The national suicide prevention strategy is based on two objectives:

- reducing the suicide rate, and
- providing better support for those bereaved or affected by suicide.

People bereaved by suicide face a number of risks to their wellbeing, including attempted or completed suicide, more so than people bereaved through other causes.

The national strategy identifies six areas for action, and these are reflected in the draft Berkshire Suicide Prevention Strategy, due for publication in 2017.

Over the next three years

We will:

- Develop and deliver a Suicide Prevention Action Plan for Reading to support delivery of the Berkshire Suicide Prevention Strategy
- Link to Action Plans which deliver Health and Wellbeing Priority 2: Reducing loneliness and social isolation and Priority 3: Promoting positive mental health and wellbeing in children and young people

Priority 5:

Reducing the amount of alcohol people drink to safer levels

As well as increasing the risk of certain diseases and health problems, alcohol affects behaviour and can have a negative effect on relationships, work and personal safety.

Alcohol use can be classified as:

- RISKY - drinking at a level that may cause physical or emotional harm, or cause problems in a person's life in some other way.
- HARMFUL - drinking at a level that has already led to harm or
- DEPENDENT - heavy drinking where the person is physically dependent on alcohol and needs detoxification to stop using safely.



In Reading:

- Alcohol use⁶, mainly in the adult population, is a far greater problem than drug use (*this is the same in other areas of the country*).
- We estimate⁷ that:
 - ♦ at least 30,000 residents are drinking to hazardous levels and
 - ♦ 4,500 are drinking to harmful levels.

(These figures are based on national self-reported drinking levels - research shows that people significantly under-report drinking suggesting true drinking levels are much higher).

- The high rates of alcohol-specific mortality and morbidity from chronic liver disease in both men and women indicates a significant number of people have been drinking heavily and persistently over the past 10-30 years.
- Very many more people could benefit from specialist treatment services than are currently able to receive them.

⁶ Highlighted by the Reading Drug and Alcohol Misuse Needs Assessment

⁷ Estimates based on current guidelines

Over the next three years

We will focus on actions that:

- focus greater emphasis on the problems of alcohol misuse at all ages, with greater emphasis on prevention, particularly targeting under 18 year olds with specialist family support in place for children at risk.
- Enable and encourage frontline staff in all sectors to do more to identify people at risk of harm from alcohol use and either provide a brief intervention or refer people for specialist treatment where appropriate.

Priority 6:

Making Reading a place where people can live well with dementia

Dementia can have a huge impact on individuals and families, and when communities aren't dementia-aware and dementia-friendly, the condition can severely curtail people's ability to live independently.

Family carers - so often the key to people being able to live within their communities with a long term condition - face particular challenges when caring for someone with dementia. Those carers often feel they are 'on duty' 24 hours a day, and their previous relationship with the person they care for changes more dramatically than for other carers.

As well as the personal cost, dementia costs the UK economy an estimated £26billion per year.

Dementia is more common in older people, with a particularly marked increase from age 80, although those with early onset dementia face particular challenges. Rates of dementia can be brought down through lifestyle improvements (like reducing blood pressure and cholesterol levels). However, dementia is still a major health and social care challenge because of the anticipated growth in the number of people who are living for longer.

- We estimate there are about 1,500 people aged 65+ living with dementia in Reading and we expect this to increase by 50% over the next 15 years.

Reading has had a Dementia Action Alliance in place since 2013, bringing partners together with the aim of improving the lives of people with dementia and their carers.

Although dementia diagnosis rates are improving, they are still quite low in some communities.



Over the next three years

To ensure more people can live well with dementia in their communities we plan to bring a range of agencies together to:

- Significantly improve awareness and understanding of dementia so people have the information they need to reduce the risk of developing dementia as well as to live well with dementia.
- Ensure people with dementia have equal access to the health and wellbeing support which is available to everyone.

Priority 7:

Increasing uptake of breast and bowel screening and prevention

Rates of incidences of cancers and mortality from cancers are increasing. Cancer incidence increases with age and is more likely in people who come from more deprived socio-economic groups.

While chances of being diagnosed with or dying from cancer are similar to other places in England, cancers are still the most common cause of premature deaths in Reading. Locally:

- Cancers are responsible for 142 deaths in every 100,000 people aged under 75
- Rates are highest in wards with very high areas of deprivation – Abbey, Norcot and Whitley.
- The numbers taking part in breast, bowel and cervical cancer screening is lower than the national average



Over the next three years

We will focus on actions to:

- Support people in their understanding of cancer, and enable people to make healthy lifestyle choices.
- Increase awareness of early cancer symptoms and screening programmes to improve early diagnosis
- Understand and overcome the barriers which stop people from taking part in screening
- Target areas with high levels deprivation and where smoking and alcohol use are known to be higher.

Priority 8:

Reducing the number of people with tuberculosis

Rates of TB in Reading are significantly higher than the national average:

- In 2014 there were 65 new cases of TB, with an incidence rate (number of new cases) of 40.8 per 100,000 population.
- The three year incidence of TB in Reading has remained higher than the England rate since 2000.
- The number of new TB diagnoses over a three-year average was 36.3 per 100,000 people living in Reading each year from 2012 to 2014.



Although rates of TB in Reading are among the highest in England outside London, local TB services are good, as evidenced by high TB service completion rates at 12 months. The proportion of people completing treatment for TB within 12 months of diagnosis for Reading was 90.0%, compared to the all England figure of 84.8%.

Over the next three years

We will focus on actions to:

- Promote awareness of the symptoms of TB, encourage people to seek advice and receive treatment as soon as possible.
- Use more targeted approaches to reach those communities at greater risk of having the disease or of failing to take up treatment more effectively