

HEALTH AND WELLBEING BOARD

8 OCTOBER 2021

ADDITIONAL INFORMATION

AGENDA ITEM	ACTION	WARDS AFFECTED	PAGE NO
3.	QUESTIONS & REPLIES		3 - 8
7.	"BUILDING BERKSHIRE TOGETHER" - UPDATE ON ROYAL BERKSHIRE HOSPITAL REDEVELOPMENT - PRESENTATION SLIDES		9 - 22
11.	BERKSHIRE WEST STOP SMOKING SERVICE AND E-CIGARETTE POSITION STATEMENT - PRESENTATION SLIDES		23 - 26
12.	BERKSHIRE SUICIDE PREVENTION STRATEGY 2021-26 - PRESENTATION SLIDES		27 - 54

This page is intentionally left blank

## READING BOROUGH COUNCIL

### HEALTH & WELLBEING BOARD

8 OCTOBER 2021

QUESTION No. 1 in accordance with Standing Order No 36

Tom Lake to ask the Chair of the Health & Wellbeing Board:

#### GP Surgery South Reading

There have been discussions for several years about a new GP surgery for South Reading, which is sorely needed. We understand that a site has been offered on church land. What progress has been made towards providing this facility and when will it be operational?

**REPLY** by Katie Summers (Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

The CCG is currently working with GP providers and a local Church in the Whitley area on the development of a new practice site that would provide new premises for an existing provider. At this point in the development process, commercial sensitivities mean that we cannot share further details at this point, but all parties are planning to have arrangements in place to consult more widely with interested parties in the near future.

This page is intentionally left blank

QUESTION No. 2 in accordance with Standing Order No 36

Tom Lake to ask the Chair of the Health & Wellbeing Board:

Urgent Primary Care - Queueing Theory

Queueing theory is a facet of probability theory which helps us understand how well we can satisfy random variable demands with given levels of service. For example, it tells us under plausible assumptions that if appointments are just sufficient to meet demand queues will grow linearly with time, owing to the randomness in demand.

This branch of mathematics explains why we need spare capacity in hospitals and in primary care.

If we are going to provide spare capacity for several streams of demand it is most efficient to provide it in common so that some of the variability smooths out.

Berkshire West CCG is currently conducting a consultation into the need for same day urgent primary care, including providing a central walk-in service at Broad Street Mall practice.

Can we be sure that the CCG will take into account the efficiency and value for money arguments suggested by queueing theory and provide an efficient central overflow service for Reading or will overflow continue to default to the Royal Berkshire Hospital?

**REPLY** by Katie Summers (Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

It's pleasing to see more than 520 people have taken part in the survey and engagement exercise and I'd like to thank Mr Lake and his colleagues for helping spread awareness of the survey and for handing out paper copies to those unable to access the survey online.

The engagement exercise is intended to support the CCG in deciding whether the walk-in service is required in the future or whether on the day demand is best provided by registered GP practices, who may work collaboratively, or whether an alternative service is required, such as Emergency Department streaming.

The survey has also helped raise awareness of the alternative options available to encourage appropriate use of the range of services available across Berkshire West and to prevent a default to the RBH. Latest figures show around 100 people go to the hospital's Emergency Department every day when they could be cared for and treated elsewhere. Others contact their GP for an appointment when their local high street pharmacist, who's a highly trained healthcare professional, could help just as well.

Work on appropriate use of services and accessing Primary Care, along with promoting self-care messages, are the key themes of our winter communications strategy.

This page is intentionally left blank

## READING BOROUGH COUNCIL

### HEALTH & WELLBEING BOARD

8 OCTOBER 2021

QUESTION No. 3 in accordance with Standing Order No 36

Francis Brown to ask the Chair of the Health & Wellbeing Board:

#### South Reading Surgery - Patient Experiences

This question is about the South Reading Surgery and patient experiences there as reported by the last 5 Ipsos Mori annual surveys of patients registered at GP surgeries in England.

One of the key questions is about overall satisfaction with one's GP surgery. The results over the last 5 years have been consistently disappointing: between 96% and 99% of surgeries were rated by patients as being better than the South Reading Surgery.

The next survey will be in January 2022. Are there any reasons to expect improved results for the South Reading Surgery? What actions are being taken by the CCG and RBC to help the surgery achieve improvements in its performance?

**REPLY** by Katie Summers (Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

South Reading Surgery, along with all Berkshire West Practices, have experienced something like a 30 percent rise in demand over the last few months at a time when staff are still dealing with the ongoing demands of the Covid pandemic, the Covid vaccination roll out and now the onset of winter pressure. A great deal of work is being carried out across all Berkshire West surgeries to support them so we are confident there will be positive results in the next Mori survey in January.

As for South Reading Surgery, key areas of work include:

- The CCG GP Clinical Lead and Primary Care Manager holds 6 weekly contract review meetings with the practice, and these have focused on patient experience.
- The Practice has a patient experience action plan in place. This includes the Practice conducting their own in-house survey. Each team within the Practice has been asked to review the in-house survey and identify improvement actions they can take, for example the reception team have put their own improvement plan in place
- The action plan details 17 questions including one about the overall experience of practice and 65% of people who responded rated the practice as good.
- The CCG will be discussing ways to improve further at its next contract review meeting, including ways of reviewing results with the PPG.

This page is intentionally left blank



# Building Berkshire Together



Update for Health & Wellbeing Board  
Reading  
Alison Foster  
DRAFT  
October 2021

Compassionate

Aspirational

Resourceful

Excellent



# Context

- The RBH main site in Reading has
  - aging estate difficult and very expensive to maintain
  - backlog of maintenance alone is almost £200million to fix
  - changing needs for clinical space in a confined area
  - some transport and travel issues
  - desire to achieve net zero carbon

# Journey so far



Royal Berkshire  
NHS Foundation Trust

Sep 2019

## Department of Health & Social Care published Health Infrastructure Plan (HIP)

Announced that the Royal Berkshire NHS Foundation Trust would be one of 40 hospital Trusts to receive seed **funding to develop a business case** for redevelopment.

Dec 2020

## Submitted Strategic Outline Case

Highlights 3 preferred options to take forward, which include redevelopment on site or new build off site

2021

## Enabling work

Demolition of key buildings, de-steaming, space utilisation, review of Clinical Services Strategy, health inequalities review, Digital Strategy and Workforce Strategy post pandemic, ICS development, green plan for net zero carbon, travel, transport and parking review, recruitment of programme team, application for funding and establishment of key resources, development of coproduction model,

Next stage

2022

## Produce Outline Business Case

Describe new clinical model, specify the requirements for built environment, follow options appraisal process, make the strategic, economic, financial, commercial and management cases for preferred option.

Compassionate

Aspirational

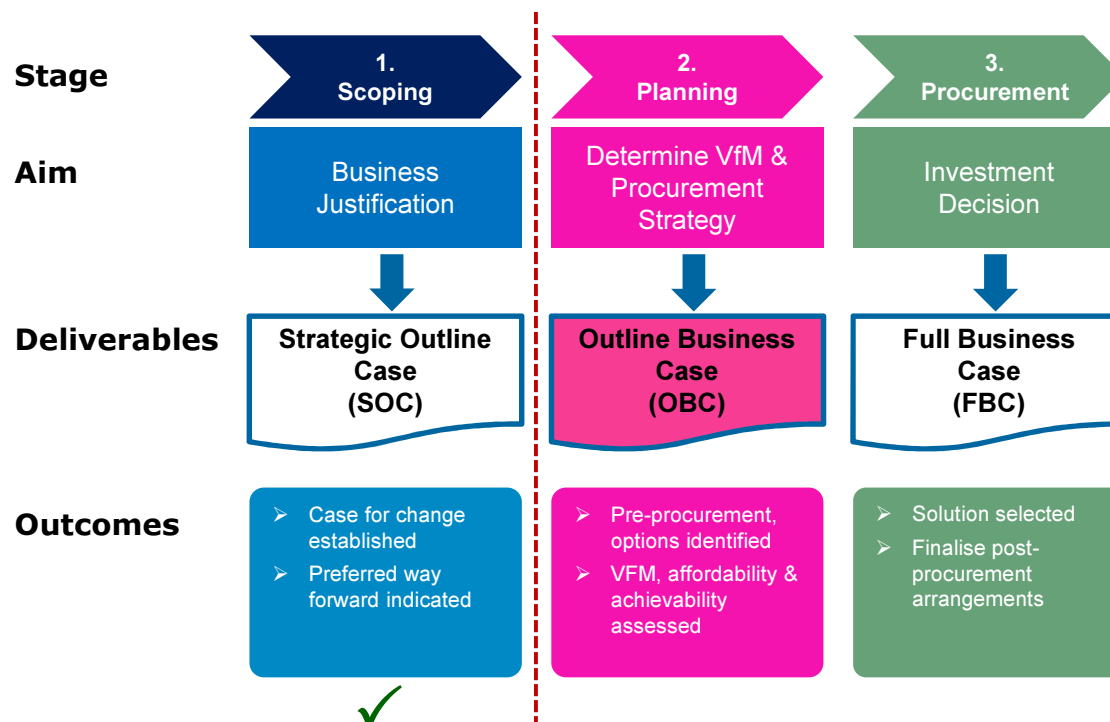
Resourceful

Excellent



# The Business Case Process

HMTs Better Business Cases approach comprises 3 stages.



- Stage 1 – **The Strategic Outline (SOC)** – Submitted Dec 2020
- Stage 2 – **The Outline Business Case (OBC)** – Initiating now
- Stage 3 – **The Full Business Case (FBC)** – Procurement
- **The purpose of the Outline Business Case (OBC) is to:**
  - Identify the option which optimises Value for Money (VfM)
  - Prepares RBFT for procurement
  - Establishes the required funding and management arrangements for successful delivery of the new built Environment

## The options being taken forward from the Strategic Outline Case

**Option IV** Development of emergency care block, elective centre for planned hospital care, new women's and children's facility and potential for a local Medical School.

In addition, this option offers an opportunity to grow clinical services, better address growing local needs and to serve a wider catchment area. It does not fully meet our ambitions to integrate health and care services, but it goes some way towards this.



## Option V - Building of a substantially new hospital on the present site of the Royal Berkshire Hospital in Reading.

The iconic 1830s building on the London Road would be retained but the rest of the site would be redeveloped in phases. This option is designed to support growing demand pressures and would see a greater focus on the integration of hospital services with other health and care services. It could also involve additional clinical specialist centres, a primary care hub, private patient facilities, a medical school and teaching facility as well as a research centre.



Option V

Compassionate

Aspirational

Resourceful

Excellent





# Option VI - Full relocation and rebuilding of a new hospital

This would enable us to meet all our key investment criteria and elevate our hospital to be one of the best, most efficient and environmentally friendly medical facilities in the UK. While no location has yet been selected a new build hospital would eliminate all the historic building, service and operational challenges we have faced at our current site for over a century. It would also create many new construction jobs.



Option VI

Compassionate

Aspirational

Resourceful

Excellent



# We are part of the Government New Hospital Programme

# The New Hospital Programme

- We are in Phase 4 – full adoptors
- Scheduled to start construction 2025/2026
- We will benefit from learning from earlier phases
- We do not know what funding is available to us yet

# Key Priorities

Compassionate

Aspirational

Resourceful

Excellent



# Key Priorities

## 1. Establishing the Programme

## 2. Progressing priority areas in Workstreams

- **The Clinical Model – Transformation**
- **Key Enablers – digital, workforce, net zero carbon, MMC**
- **Finance & Commercial**
- **Design & Construction – linked to full adaptor status**
- **The Business Case – options appraisal process**

Compassionate

Aspirational

Resourceful

Excellent



# Getting Involved

- Information on Building Berkshire Together website
- [www.buildingberkshiretogether.co.uk](http://www.buildingberkshiretogether.co.uk)
- Join our Building Berkshire Together Network
- Email [buildingberkshiretogether@royalberkshire.nhs.uk](mailto:buildingberkshiretogether@royalberkshire.nhs.uk)
- Healthwatch have been invited to briefing
- Regular monthly staff updates start October
- Workshop being shaped on embedding coproduction
- Net Zero Carbon workshop 12 October

This page is intentionally left blank



0800 622 6360 | 0118 449 2026 | text QUIT to 66777

[www.smokefreelifeberkshire.com](http://www.smokefreelifeberkshire.com)

Available to all smokers in Berkshire West

Face-to-face, telephone, app, self-help

Available 7 days/week; 52 weeks/year (excl. BHs), evenings and weekends.

Greater choice and flexibility of routes to quitting offered to smokers

Full range of pharmacotherapy \*

E-cigarette/vape friendly

Targeted at priority groups at high risk of tobacco-related harm:-

Page 24

- Routine and manual workers
- Pregnant women who smoke (including cohabitees)
- People diagnosed with a long term mental health condition
- Individuals receiving treatment from substance misuse services
- People currently admitted to secondary care acute settings and/or living with one or more specific long-term conditions
- Children and young people under 18 years
- Minority ethnic groups

currently unable to provide Champix, due to national shortage)



Smoking +  
el

Min. weekly for 6 weeks. Smoking status assessed at 4 and 12 weeks (min 85% CO validated)

Level 3  
Specialist stop  
smoking support

Smokers in priority groups encouraged to enter at level 3

Level 2

Brief advice and pharmacotherapy prescription

Min. 1x30 min advice session. Smoking status assessed at 4 weeks (min 85% CO validated)

Level 1

Digital based information and support for quitting alone

Includes clinical assessment and smoker routed to best level of support for their level of dependence.  
Quit with Bella app.

Referral or self-referral

Triage: smokers understand different interventions at each level, likelihood of successful quit and commitment required

Referral pathways

'Front door'

Unsuccessful quitters can re-enter at same or different

Training and marketing

Work with NHS Trusts, GPs, pharm campaigns, tobacco control

# **SOUTH EAST OF ENGLAND POSITION STATEMENT ON ELECTRONIC CIGARETTES**

2021

Page 26



- Comprehensive guidance
- Provides a regional public health consensus on e-cigarettes
- Steers through the latest evidence, best practice guidance and relevant regulations
- Summarises the key communication messages
- Helps organisations develop their own policies and practice
- Source of evidence-based advice for practitioners' conversations with clients/patients
- Encourages a consistent approach and communication messages



# Berkshire Suicide Prevention Strategy 2021-6

Karen Buckley  
Acting Consultant in Public Health

# National Strategy themes - our principles

1. Reduce suicide in high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to means
4. Information and support to those bereaved or affected by suicide
5. Promote sensitive media reporting
6. Support research, data collecting and monitoring
7. Self-harm



# Methodology

- A refresh of previous Berkshire Suicide Prevention Strategy 2017-2020.
- Utilised the expertise of members of the long-established Berkshire Suicide Prevention Steering Group that has been in place for over five years.
- Engagement with professionals working in the statutory, private and third sector organisations. Plus colleagues who support people who have been directly affected by suicide have also been involved, who have worked with sensitivity to engage this group with this strategy.
- Established a Berkshire Suicide Prevention Strategy Working Group who worked together on identifying the key priorities, which have been derived from reviewing local data, intelligence, and information.
- A small subgroup of the Berkshire Suicide Prevention Steering Group was responsible for further defining the content for each of the priorities and providing regular updates to and receiving feedback, from the main steering group.



# Data Summary

**Full data report – approx. 30 pages**

## **Structure**

- Suicide rates by demographics
  - ONS data (polished and locally held Civil Registration data)
  - RTSS data (aggregated 2017-2021)
- Berkshire suicide prevention 2018 audit
- NHS 0-25 audit
- Female suicides deep dive
  - RTSS deep-dive supplemented with other data sources (Female suicides in Berkshire report)
- Impact of covid-19



# Areas of focus for Berkshire Strategy

VISION: To reduce deaths by suicide in Berkshire across the lifecourse and ensure better knowledge and action around self-harm'

Areas of focus:

1. Children and young people
2. Women
3. Self-harm
4. Economic pressures
5. Bereaved or affected by suicide



# Overarching recommendations

- 1a) To continue to monitor the impact of COVID-19 on suicide across the lifecourse through RTSS data and respond to any identified trends.
- 1b) To continue to monitor the wider trends emerging from the impact of COVID-19 on people's mental health and suicide risk across the lifecourse, and to support the system to take action where required.
- 1c) To undertake a Berkshire suicide audit.
- 1d) Undertake regular reviews of information, resources and channels for people affected by suicide.
- 1e) Hold an annual multi-agency conference on a range of topics to share information and best practice and raise awareness to the risks for suicide.
- 1f) Invite additional partners across the System within Berkshire, including the voluntary and community sector to join the Suicide Prevention Group for improved cross-topic working.
- 1g) Set up sub-groups of the Suicide Prevention Group, informed by local intelligence and data, where there is a need to focus upon a risk factor or group within the population.





# Children and young people (0-25)



# Children and Young People (0-25)

- Suicide represents the extreme end point of mental ill-health in children and young people, there are many more that experience suicidal ideation, attempt suicide and an even higher number self-harming
- Outbreaks of suicidal thoughts have increased during the UK lockdowns amongst young people
- Suicide in young people can be associated with many factors, including poor mental health; self-harm; academic pressures or worries; bullying; social isolation; family environment and bereavement; relationship problems; substance misuse; or neglect



# Children and Young People (0-25)

## 0-25 suicide audit - key findings and areas for focus

- Experience of adversity or trauma
- The impact of COVID-19 and lockdown measures
- Neurodiversity (autism, attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, tourette syndrome and complex tic disorders)
- Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Ace (LGBTQ+)
- Transitional period from childhood to adulthood



# Recommendations

2a) To raise awareness of the link between trauma and adversity, and suicide across the life-course.

2b) Continued investment into the Be Well campaign to encourage the importance of looking after emotional wellbeing, in addition to signposting to local mental health services and support in order to prevent self-harm and suicide in children, young people, and women.

2c) Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community.

2d) To explore improving data capture on sexual orientation for all ages in RTSS data and promote this across the suicide prevention system.

2e) To work with local organisations and charities who work with the LGBTQ+ community on suicide prevention.

2f) To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.

2g) To link with the work across the BOB and Frimley ICS on the ease of access to shared care records across system partners for transition population (children moving into adulthood).

2h) To support higher education establishments within Berkshire, including universities to adopt a needs-led approach to neurodiversity



# Self-harm

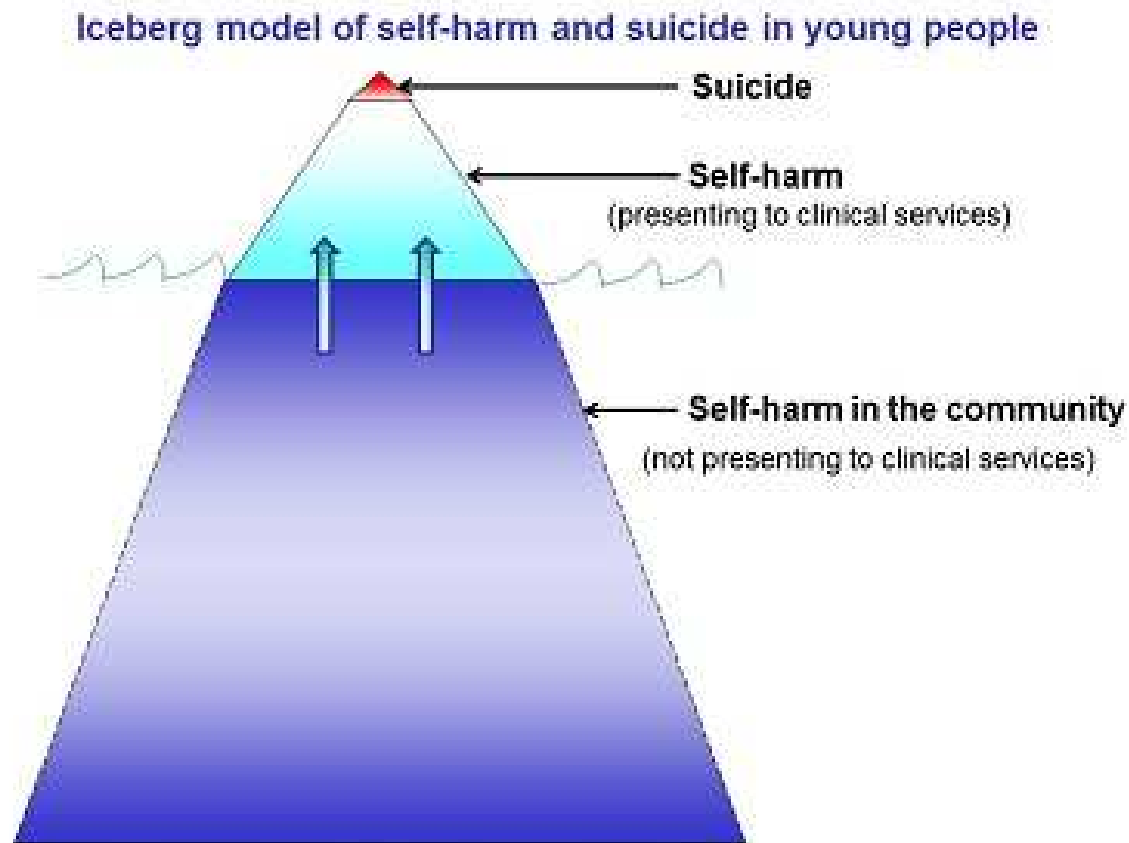


# Self-Harm

- Defined as an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent
- Previous history of self harm amongst people who die by suicide – considered as the strongest predictor of suicide
- Iceberg model of Self harm – not all instances of self-harm are documented or disclosed especially if individual does not seek help at a hospital
- Link between self-harm and expression of suicidal ideation or intent
- Key areas for improved understanding and action
  - Understanding self-harm and its link to suicide risk
  - Hospital admissions for self-harm
  - Mental health and self-harm
  - Young people and self-harm



# Iceberg model of self-harm and suicide in young people



For every young person that presents to hospital for self-harm there are at least 10 further individuals who do not present at hospital for self-harm. At the tip of the iceberg are suicides, which are highly visible, beneath are higher rates of hospital-treated self-harm and at the base are very common but hidden self-harm



# Recommendations

3a) Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.

3b) Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care.

3c) Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support.

3d) Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.

3e) Explore means to improve local intelligence and data on self-harm to be regularly reviewed at the Berkshire Suicide Prevention Steering Group



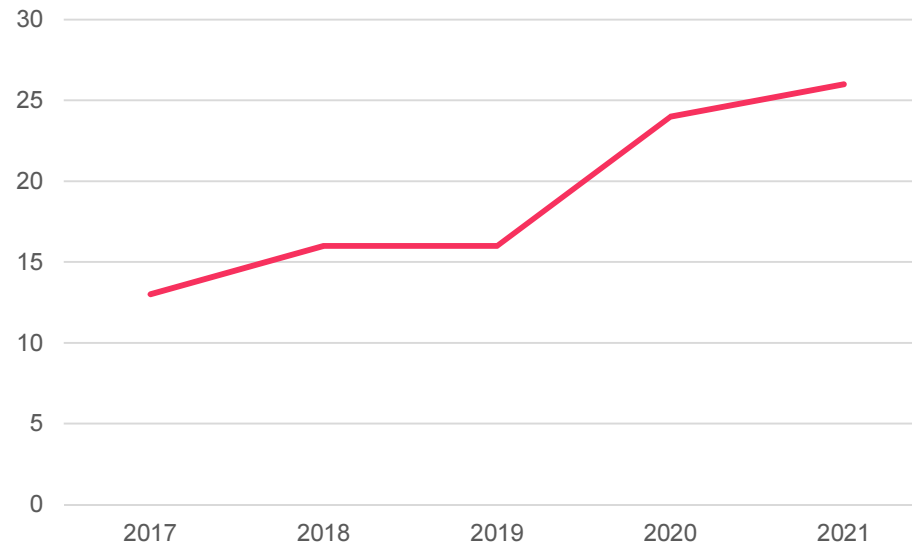


# Female suicides



# Female suicides in Berkshire 2020-21

Deep-dive analysis ongoing since August 2020



Total deaths recorded on TV RTSS:

2017 - 62 2018 - 64 2019- 68

2020- 61

2021 - 57(projected)

Female rate across Thames Valley:

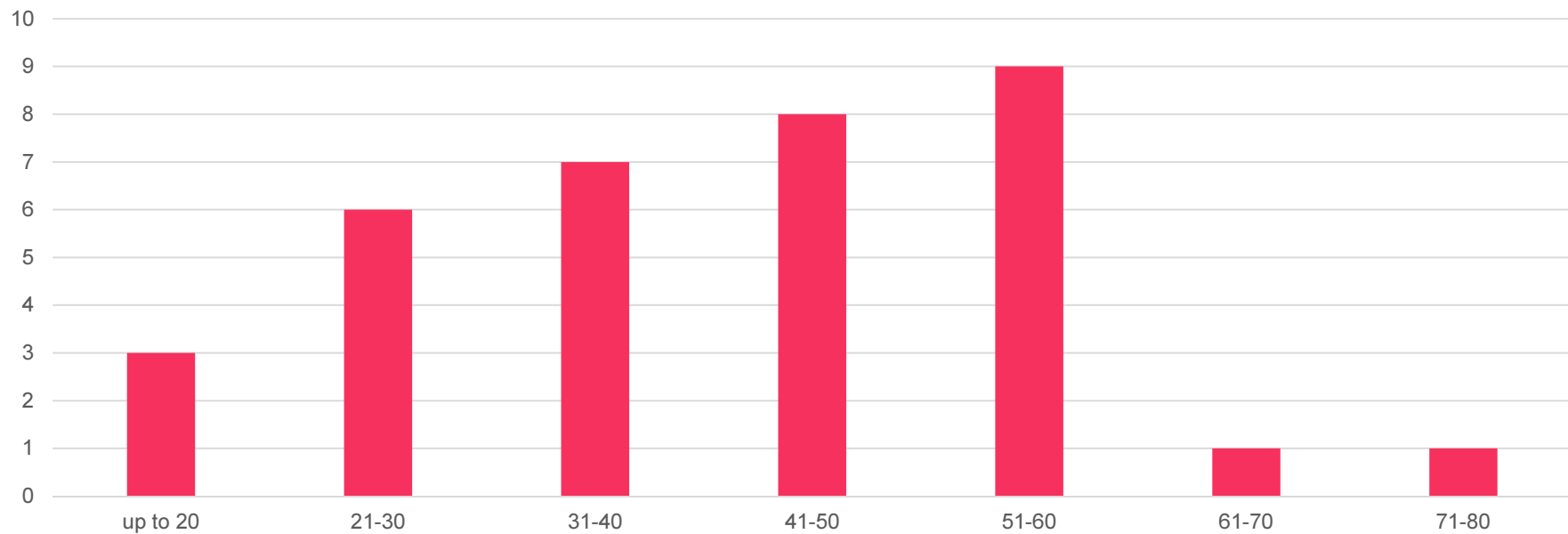
2020 - Bucks (15), Oxon (16), Berks (24)

2021 (mid-year) - Bucks (3), Oxon (7), Berks (11)



# Female suicides: age

2020-21 female deaths by age



# Female suicides deep-dive: themes

- Mental health history
- Self-harm
- Parenting / carer stress
- Domestic abuse
- Neuro-diversity
- Disordered eating
- ACEs (esp. sexual abuse)
- alcohol or substance misuse
- financial stress
- workplace stress
- bereavement & grief
- denial of suicidal intent

Some themes echoed in anecdotal feedback from acute hospital teams, alongside worsened peri mental health

## Key areas of focus

- Perinatal mental health
- Domestic abuse
- Parent or carer stress



# Recommendations

- 4a) Link with the BOB and Frimley local maternity systems on suicide risks in the perinatal period.
- 4b) To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS.
- 4c) Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.
- 4d) Improve data collection of domestic abuse data in RTSS.
- 4e) Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide.
- 4f) Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person).
- 4g) Raise awareness of the information, resources and services available for parents and carers who are experiencing stress, through inputting into local campaigns.



# Economic factors



# Economic factors

- [Dying from Inequality](#) (2017) report by Samaritans states that socioeconomic disadvantage is a key risk factor for suicidal behaviour
- A [Silent Killer report](#) (2018) - Over 420,000 people in problem debt *consider* taking their own life in England each year (Money and Mental Health Charity)
- Having financial problems prior to death by suicide; bailiff notices or threats of court proceedings, delay in benefit payments, gambling problems, long term poverty, lack of savings
- Impact of being in debt and particular types of debt; student loans, loans, credit cards. Priority debt; utility bills, rent, council tax, mortgage repayments. Other debt; gambling
- Employment status at time of death; Unemployment, retired, bankruptcy and factors (e.g. length of time).
- Type of employment sector; frontline staff



# Data from the Berkshire Suicide Audit 2018

## Financial issue (s) prior to death across audit years

	Percentage					
	2007 – 2009	2008 – 2010	2009 – 2011	2012/13 – 2013/14	2014/15- 2015/16	2016/17 – 2017/18
Total	9%	6%	<5%	24%	27%	13%

In the 2014/15-2017/18 audit, the majority of people with financial issues prior to death had 'other debts', such as student loan, loans and credit cards. Other reasons for financial issues included utility bills/rent, work related issues (business accounts, sick pay stopped), drug debt, gambling, bankruptcy and being the victim of a scam.

Plus impact of COVID-19

Areas for focus

- Impact of COVID-19
- Debt and poor mental health
- Socioeconomic disadvantage and suicidal behaviour
- Gambling





# Recommendations

5a) Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public.

5b) Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide and what support is available.

5c) Support Berkshire local authorities with a single point of access information site around money matters.

5d) Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities.

5e) Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes.

5f) Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.

5g) Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways.

5h) Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.



# Bereaved or affected by suicide



# Bereaved or affected by suicide

- Victim Support services in place
- One-to-one practical and emotional support
- Sudden deaths can lead to a complex bereavement, involving intense shock.
- Suicide stigma may make it harder to get support.
- High interest in the death can make it difficult for people to grieve in private.
- Some of the stresses experienced by the person who died may be shared by those left behind.
- Challenges of dealing with the media and an inquest
- Higher risk of mental ill-health, suicide attempts and completed suicides.



- Repercussions throughout wider networks, communities, places of work or study
- Those working in services called upon to respond to a suicide in a professional capacity may also be adversely impacted
- Areas of focus
  - Community suicide bereavement support
  - Specialist suicide bereavement support
  - Support for those impacted by suicide in the workplace



# Recommendations

- 6a) Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services.
- 6b) Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer-to-peer support service.
- 6c) Building in bereavement support to extend to wider family members, friends and communities.
- 6d) Continue to commission suicide bereavement support services and monitor its impact.
- 6e) Explore training opportunities for staff impacted by suicide.
- 6g) Work with Thames Valley Police and other first responders to a suicide, to share appropriate resources with employers.





This page is intentionally left blank