![Reading Borough Council - Working better with you]

To: All Members of the Health and
Wellbeing Board

Your contact is: Nicky Simpson - Committee Services

NOTICE OF MEETING - HEALTH AND WELLBEING BOARD 18 MARCH 2022

A meeting of the Health and Wellbeing Board will be held on **Friday, 18 March 2022 at 2.00 pm online, via Microsoft Teams**. The Agenda for the meeting is set out below.

AGENDA   Page No

1.   **DECLARATIONS OF INTEREST**

2.   **MINUTES OF THE MEETING HELD ON 21 JANUARY 2022**   5 - 16

3.   **QUESTIONS**

      Consideration of formally submitted questions from members of the public or Councillors under Standing Order 36.

4.   **PETITIONS**

      Consideration of any petitions submitted under Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been received by Head of Legal & Democratic Services no later than four clear working days before the meeting.

5.   **IMPACT OF COVID-19 IN READING**   17 - 56

      Presentations will be given on the impact of Covid-19 in Reading.

6.   **BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY - IMPLEMENTATION PLANS**   57 - 136

      A report presenting the Implementation Plans for the 5 Priorities of the Berkshire West Health and Wellbeing Strategy 2021-2030, for approval by the Board.

A report recommending the following change to the membership and therefore terms of reference and powers and duties of the Reading Health & Wellbeing Board:

1) To co-opt a representative from Royal Berkshire NHS Foundation Trust (RBFT) as a non-voting additional member of the Health and Wellbeing Board.
2) To co-opt a representative from Berkshire Healthcare NHS Foundation Trust (BHFT) as a non-voting additional member of the Health and Wellbeing Board.

15. **DATES OF FUTURE HEALTH & WELLBEING BOARD MEETINGS - PROPOSED**

- 15 July 2022
- 7 October 2022
- 20 January 2023
- 17 March 2023

This page is intentionally left blank

Agenda Item 2

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Mandeep Bains	Chief Executive, Healthwatch Reading (substituting for David Shepherd)
Andy Ciecierski	Clinical Director for Caversham Primary Care Network and Clinical Lead for Urgent Care, Berkshire West CCG
Tracy Daszkiewicz	Director of Public Health, Berkshire West
Seona Douglas	Director of Adult Care & Health Services, RBC
Councillor Ennis	Lead Councillor for Adult Social Care, RBC
Deborah Glassbrook	Director of Children's Services, Brighter Futures for Children (BFfC)
Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
Rachel Spencer	Chief Executive, Reading Voluntary Action
Katie Summers	Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG
Councillor Terry	Lead Councillor for Children, RBC

Also in attendance:

Teresa Bell	Independent Chair, West of Berkshire Safeguarding Adults Board
Esther Blake	Strategic Partnership Manager – Berkshire West Safeguarding Children Partnership, BFfC
Pat Bunch	Healthwatch Reading
Gerry Crawford	Regional Director Berkshire West & Locality Director (Reading), Berkshire Healthcare NHS Foundation Trust (BHFT)
Rebecca Curtayne	Healthwatch Reading
Sanjay Desai	Interim Director of Primary Care, Berkshire West CCG
Jemma Durkan	Committee Services, RBC
Alison Foster	Programme Director, Building Berkshire Together – Hospital Redevelopment, Royal Berkshire NHS Foundation Trust (RBFT)
Richard Harrison	Chair, Reading Advice Network
Deborah Hunter	Head of SEN & Principal Educational Psychologist, BFfC
James Kent	Accountable Officer & Executive Lead, Bucks, Ox & Berks West Integrated Care System
Jill Marston	Senior Policy Officer, RBC
Eiliis McCarthy	Reading Locality Manager, Berkshire West CCG
Kathryn MacDermott	Acting Executive Director of Strategy and SRO for Recovery, BHFT
Amanda McDonnell	Media & Communications Manager, RBC
Sally Moore	Communications & Public Engagement Officer, RBFT and Berkshire West CCG
Catherine Mountford	NHS Oxford CCG
Councillor Mpofu-Coles	RBC
Paul Myerscough	Lead Governor, BHFT
Bev Nicholson	Integration Programme Manager, RBC
Becky Pollard	Consultant in Public Health, RBC
Christine Stannard	Wellbeing Programme Officer, RBC

| Melissa Wise | Deputy Director for Commissioning & Transformation, RBC |

Apologies:

Councillor Brock	Leader of the Council, RBC
Steve McManus	Chief Executive, Royal Berkshire NHS Foundation Trust
Paul Illman	West Hub Group Manager, Royal Berkshire Fire and Rescue Service
David Shepherd	Chair, Healthwatch Reading

30.   MINUTES

The Minutes of the meeting held on 8 October 2021 were confirmed as a correct record.

31.   QUESTION IN ACCORDANCE WITH STANDING ORDER 36

The following question was asked by Francis Brown in accordance with Standing Order 36:

a)   **GP Appointments**

Anecdotal evidence indicates that some patients are still finding great difficulty in obtaining GP appointments. Patients on certain continuing medications are periodically asked to attend a medication review appointment. However, some are finding that they either cannot get through by phone to their surgery at all or have to wait several weeks for such an appointment, during which time their medication is exhausted. The system of medication reviews is intended to reduce risk to patients - however if it entails long delays or complete abandonment of the medication, the risk to the patient may well be increased.

How can this paradoxical situation be sensibly resolved?

REPLY by Andy Ciecierski, Clinical Director for Caversham Primary Care Network and Clinical Lead for Urgent Care, Berkshire West CCG on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

No medication should stop just because a medication review has been missed at the expected date. The annual review is guidance of good practice, not a stop/go for medication being issued.

Frequently pharmacies will advise patients their medication review is due and cause patients a lot of stress that it has to be done otherwise the medication cannot be issued. That is poor information. The patients then get stressed they cannot get an appointment in time. Medication is not stopped because the medication review date has passed.

Some long-term medications need an annual review for blood tests to ensure safe ongoing prescribing. Some blood testing may have slipped past a year during the Covid pandemic due to reduced capacity of blood taking appointments. Recently, in August and September 2021, they were delayed due to blood bottle shortages. GP's have still prioritised bloods in those patients that need them,

especially Diabetic patients. All General Practice is working to catch up with these blood tests.

Many medication reviews can be done online via a request on the Practice website, via a text message consultation, or over the phone. They can be done by a Clinical Pharmacist, not just a GP.

In response to a supplementary question from Francis Brown about patients going to pharmacists as they were unable to get through to their doctors' surgery, therefore pharmacists were emailing GPs directly for a patient referral, it was reported that some community pharmacists offered medication reviews, could highlight to GPs any issues and pharmacists were able to assist in the medication review process. It was noted that medications were not stopped if they were on a repeat prescription and were ongoing.

32.   IMPACT OF COVID-19 IN READING

Becky Pollard, Katie Summers and Deborah Glassbrook gave presentations and answered questions on the latest impact of the COVID-19 pandemic on Reading and how various services had responded.

The presentations included the following information.

Public Health information with up-to-date details of the latest data on COVID-19, which included:

- Data for Reading showed that there had been a rise in cases before Christmas and the New Year, but this had now decreased to 1206 cases per 100,000 head of population. However, it was noted that this was higher than neighbouring Local Authorities, the South East and England.

- Case rates in over 60-year-olds had dropped and were now highest in young adults aged 22 to 39.

- There was a rise in cases in primary school children and work was being undertaken with schools on how to manage outbreaks and to put controls in place.

- There had been no deaths due to COVID since mid-December and there were currently 82 people in the Royal Berkshire Hospital with COVID, which was a slight increase, but the figures remained stable.

- Nearly all cases were the omicron variant.

- Flu rates remained low.

- Self-isolation was mandatory for up to 10 days, however if people tested negative on day 5 and 6 with no symptoms, then they were able to come out of self-isolation.

- Face coverings in secondary schools were no longer mandatory.

- Working from home and COVID passes were no longer a requirement.

- Restrictions to care homes had eased, however, guidance was yet to be released on several issues.

- There was still pressure on schools with rising cases and work was being undertaken with head teachers on managing outbreaks.

It was noted that face coverings for the general population had eased but it was recommended to continue to wear these in closed areas and in healthcare settings for infection control. Current guidance for schools was if an outbreak was reported then head teachers had a 'toolbox' of interventions to employ. Some head teachers were instructing students and staff to continue to wear facemasks and risk assessments were being undertaken to help support the students and staff. Officers were waiting for clearer instructions from the Department of Education. Head teachers had managed schools in a positive way and were encouraged to make the right decisions for the individual schools and children. If any schools were concerned the Director of Public Health had statutory powers to override instruction from the Secretary of State if necessary.

Information on Vaccination Programmes:

- Information on COVID vaccination in Reading, noting that 48,165 people were unvaccinated, which was 24% of the 12+ population. Concentration was now on deprived areas and different cultures to help build vaccine confidence. PCNs had undertaken work to encourage vaccine uptake and GPs had contacted individuals 6-8 times. The Council was thanked for the support in targeting different cohorts to be vaccinated. Communication teams were working on a joint message to support schools and target the population to be vaccinated.

- A programme to provide the second dose of vaccinations for 12-15-year-olds had been undertaken and clinically vulnerable 5-11-year olds would be offered the vaccine once guidance had been confirmed. GPs would contact eligible children and school immunisation teams would be able to support and help children in special needs schools.

- Work had been undertaken to mitigate the risk from anti-vaccination campaigners, specifically on World Freedom Day, and Council staff had been available to provide information and build confidence in people regarding the vaccine.

Brighter Futures for Children – information on:

- Impact on Schools and the pressure on staff to manage COVID 19 in line with changing expectations. Also, children and young people being disenfranchised from school, the ongoing impact on mental health and falling behind.

- Impact on Children's Social Care and the increased complexity of work, key demands including poverty, family dysfunction and mental health, local placement issues, and dealing with Unaccompanied Asylum-Seeking Children (UASC) which now required a mandatory approach with the expectation to support 26 young people.

- Impact on Early Help & Prevention with 0-2-year olds not experiencing the same levels of socialisation as in the past.   Serious youth violence and work being undertaken with the Berkshire West Safeguarding Children's Partnership looking at impact, issues and reporting on this in the future. The Education Welfare Service continued to work with schools to provide support. Also, projects undertaken in schools to support and identify children disenfranchised and struggling.

It was noted that the 0-2-year-old cohort could require additional support in the future and additional funding had been received from the Council to Brighter Futures for Children (BFfC) to support work in this area.

It was reported that, regarding serious youth violence, the police recognised the need to identify the cohort of children concerned and were working with BFfC to deal with issues and to signpost children for intervention and support. Details regarding the Mothers Union in Reading would be sent to the Police and BFfC to support the prevention of knife crime.

Resolved –   That the presentations be noted.

33.   HEALTHWATCH REPORT ON READING PEOPLE'S EXPERIENCE OF THE BERKSHIRE WEST URGENT COMMUNITY RESPONSE TEAM

Mandeep Kaur Bains submitted a report by Healthwatch Reading, which had been commissioned by Berkshire Healthcare NHS Foundation Trust (BHFT) and gave a presentation giving an overview of the experience of Reading residents referred to BHFT's Berkshire West Urgent Community Response (UCR) service. The UCR aimed to prevent unplanned hospital admissions by sending a team to people's usual place of residence within two hours of a referral for a crisis such as a fall, injury, or deterioration in health or within two days as part of a 'reablement' response. BHFT had sought patient experiences to find out what was working well and any areas for improvement and Healthwatch had carried out interviews in October and November 2021.

The presentation provided information on responses from 20 service users, all aged over 65, and findings from interviews with service users and their families. It was noted that most of the service users were very vulnerable but were very pleased with the support they had received. They had not previously been aware of the service and some did not know what the service was for, but most were satisfied with the quality of care they had received. Concerns highlighted were the function of the care system, the vulnerability of the service users, prevention, handover to other services and supporting unpaid carers. Overall the service was valued by the service users, but the system could work better together to support vulnerable people. The report set out the findings.

Kathryn MacDermott explained that, as well as BHFT using the report, the report had also recently been presented to the BOB Ageing Well Programme Board and communications support would be improved with patients. Work on the integration of urgent care with the wider community services would be undertaken to share information.

It was noted that the service had proved to be invaluable as a rapid response service. However, the two-hour service could take on more referrals and support the prevention

of people in crisis, such as those vulnerable to falls. Families and patients needed extra support or patients could be hospitalised. Some patients recovered better when looked after at home, but the learning from the survey had suggested that vulnerable and frail people in their homes required timely responses to support their general wellbeing.

Resolved -   That the report be noted.

34.   WINTER ACCESS FUND

Katie Summers provided a verbal update on the Winter Access Fund. It was reported that the fund was available from December 2021 to March 2022 and would provide resilience and improve patient access. Specifically, to improve access to urgent same-day primary care and provide resilience in the urgent care system during the winter months. BOB ICS had received applications from all Reading Primary Care Networks and was drafting a public document on the role of the Winter Access Fund and this would be circulated to the Board once finalised. It was expected that all Primary Care Networks in Reading would receive funding; most funding requests were to increase urgent and same-day access, and to increase staffing and training.

Resolved -   That the position be noted and the document on the Winter Access Fund be circulated to the Board once finalised.

35.   DEVELOPING OUR INTEGRATED CARE SYSTEM

James Kent gave a presentation providing an overview of the development of the new Integrated Care System (ICS). The legislation for the statutory body was currently going through Parliament with the aim to be finalised by July 2022. Copies of the presentation slides had been included in the agenda.

Governance would be shaped locally following guidance while strategically focussing on improving health outcomes, reducing inequalities, financial stability and improving social and economic development locally. The Integrated Care Board (ICB) would be formed of the current Clinical Commissioning Groups (CCGs) to help design strategy and resources. Above this the Integrated Care Partnership would be a system-level joint committee of the NHS and the five local authorities and the previous Berkshire West "Integrated Care Partnership" would become a "Place-Based Partnership". This new system would enable collaboration rather than competition and create teams to consider services from beginning to end rather than handover of services.

Concerns were raised that the governance of the ICB Board did not include MPs or local councillors. It was suggested that the democratic representation would be in the Health and Wellbeing Boards and currently there was specific exclusion in the legislation in that Councillors and MPs were not able to be part of the ICB Board. There was also concern that the patient and public voice would be dissolved due to the complex nature of the new system and that there were only two non-executive directors listed on the Board. In response, it was noted that initially there would be a minimum of two independent members on the Board as per the legislation and this would be reconsidered following the development of the strategy over the first year. Also, discussions would take place on the role of Public Health as this was not clear in the current legislation. It was also suggested that the value that local authorities provided should be considered and Councils should be a prominent part of the new ICS.

In response to a question, James Kent explained that the aim would be to delegate down a vast majority of funding for services to place-based areas. Work would be undertaken to understand pressures and to learn from each other. Also, to understand the best use of funding using collaboration rather than competition and provide clear strategies to shape spending across areas.

Resolved - That the presentation be noted.

36. BERKSHIRE WEST SAFEGUARDING CHILDREN PARTNERSHIP (BWSCP) ANNUAL REPORT 2020/21

Esther Blake submitted a report presenting the Berkshire West Safeguarding Children Partnership (BWSCP) Annual Report for 2020/21, which was appended to the report. It was noted that this was the second annual report providing an account of the work and progress undertaken by the multi-agency partnership to promote the safeguarding and wellbeing of children in Reading, West Berkshire and Wokingham.

The report provided information on the work and progress made against the BWSCP priorities, case review work, plus updates from various sub groups. It recognised the impact of the COVID pandemic, and the work undertaken by staff across all authorities. It was noted that the report also provided reference to work undertaken specifically by Reading Borough Council in areas such as youth violence and adolescent risk and learning from these areas would be shared across Berkshire West and other local authorities.

It was noted that the partnership was progressing positively, but there would be challenges and continued work through the year. Further work would be undertaken on increasing Independent Scrutiny.

Resolved - That the report be noted.

37. SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2020/21

Teresa Bell submitted a report presenting the West of Berkshire Safeguarding Adults Board (SAB) Annual Report 2020-21. The SAB Annual Report was appended.

The Annual Report provided information on achievements of the SAB during 2020/21 across Reading, West Berkshire and Wokingham. It included the safeguarding concerns, trends across the area, risk and mitigations, the impact of COVID 19, achievements, Safeguarding Adult Reviews, and key priorities for 2021/22.

Teresa Bell explained that work had been undertaken with representations from the voluntary sector including Healthwatch. Informal meetings had taken place to provide up to date information and to deal with issues between SAB meetings. The impact of the COVID-19 pandemic continued to be addressed and core partners had also met between SAB meetings to deal with risks and issues. The impressive work of partners to keep services on track during the pandemic was noted.

Teresa Bell also explained that she would be leaving her position as Chair of the SAB and said she had been pleased to be part of the partnership and wished everyone the best for the future.

Seona Douglas noted that a report regarding self-neglect and hoarding had been presented to the Adult Social Care, Children's Services and Education Committee on 19 January 2022. The issues of hoarding had increased during COVID due to the impact of isolation during this time. Also, the challenges around coming out of the restrictions from COVID-19 were recognised and work was being undertaken to support families around safeguarding.

Resolved -   That the report be noted, and Teresa Bell be thanked for all her work as Chair of the SAB.

38.   THE NHS HEALTHCHECK PROGRAMME

Christine Stannard submitted a report providing the findings from a Health Equity Audit of the NHS Health Check (NHSHC) programme in Reading.

It was noted that the NHSHC programme was a statutory public health function for local authorities to offer an NHS Health Check to individuals aged 40 – 74 years without existing cardiovascular disease, every five years. The NHS Health Check itself consisted of three components: risk assessment, communication of risk and risk management. This was a universal preventative programme.

Christine noted key points from the report which included:

- A Health Equity Audit (HEA) was a process that examined how health determinants, access to services and associated outcomes were distributed in relation to the needs of different groups.

- Usually the HEA would be a longer, comprehensive process undertaken by multiple stakeholders; however, during the pandemic this had become a desktop exercise.

- A health equity audit of the NHSHC programme within Reading GP surgeries had been carried out during August/September 2021 using Primary Care data over a five-year period from 2015/16 to 2019/20. Also, evidence from national studies regarding the health check programme had been included.

- The recommendations and findings had been used to help design a pilot programme of more targeted checks to prioritise those at greatest risk of cardiovascular disease and COVID-19.

- Due to the pandemic and winter pressures there had been significant impact on practices participating in the pilot scheme. However, one GP practice had confirmed their inclusion and a further three practices had shown interest in participation in the scheme.

- Development of the new service specification was being undertaken for the following year from April 2022. Meetings would be taking place with all the Primary Care Networks to share the draft documents and to discuss starting checks fully from April 2022.

- There was a growing body of national evidence that demonstrated the value of the NHS health check programme to enable early identification of risk factors and help with lifestyle modifications.

- The data had shown that around 80% of people who had had an NHS health check had their cardiovascular risk assessed, which provided opportunities for early prevention of health issues.

- Opportunities for community provision of health checks were being explored to be operated alongside GP practices.

The meeting discussed the report and comments made included:

- It was understood that there were pressures in primary care, but this was an important prevention programme and consideration should be given to strengthening the programme locally.

- There had been feedback from ethnic minority community groups regarding the communication of the health checks and that this needed to be improved. It was noted that having more resources available in appropriate languages and community support could help with the uptake in specific groups. There had been evidence that community champions could help to raise awareness and GP practices could support this with patient community champions.

- In response to a question it was noted that when considering services that offered community provision this could be directed at difficult-to-reach communities.

Resolved –   That the report be noted.

39.   READING'S ARMED FORCES COVENANT AND ACTION PLAN

Jill Marston submitted a report providing an update on progress against the actions outlined in the Armed Forces Covenant Action Plan, in particular the health-related actions, and on the general development of the Armed Forces Covenant, including national proposals to enshrine the Covenant in law and development of the pan-Berkshire Civil Military Partnership. The Action plan with details of progress made was appended to the report.

Regarding GP recording and infection status, there were currently 386 registered veterans, which was an increase on the previous year from 329. Also noted was the recent legislation that had been passed in December 2021 which placed a duty on public service providers to take due regard of the Armed Forces community when writing policy and making decisions in implementing that policy in relation to healthcare, education, and housing. In response to the new duty, the Council was adding the Armed Forces community to those considered as part of their equality impact assessments. Training was being undertaken with front line staff to consider potential issues for veterans.

A new pan-Berkshire Civil Military Partnership was being developed, with the first meeting having been held on 25th November 2021. The aim of the partnership was to bring about economies of scale, with shared action plans and joint initiatives, such as joint events for Armed Forces Week, joint MoD Covenant Grants, as well as wider but more focused support from the Military. A virtual launch would take place in spring 2022 and a possible in-person launch during summer 2022.

Resolved -

(1)   That the new legislation relating to the Armed Forces Covenant and the duty to pay 'due regard' to the Armed Forces community be noted;

(2)   That the development of the pan-Berkshire Civil Military Partnership be noted;

(3)   That the progress against the actions set out in the Armed Forces Covenant action plan, in particular the section on Health and Wellbeing, be noted.

40.   BERKSHIRE WEST ICP UNIFIED EXECUTIVE – DECEMBER CHAIR'S REPORT

Andy Ciecierski presented a report giving an update from the Chair of the Integrated Care Partnership (ICP) Unified Executive on discussions and developments at the most recent meeting of the Unified Executive, that had been held on 9 December 2021.

The report addressed the following key points:

- James Kent had been appointed as the Chief Executive Officer Designate of the new ICS and Javid Khan had also been appointed as Chair Designate;
- Rapid Community Discharge;
- Update from the Urgent Emergency Care Workshop and Winter Plan;
- ICP Priorities.

Resolved -   That the report be noted.

41.   BETTER CARE FUND 2021/22 PLAN AND NARRATIVE

Bev Nicholson submitted a report on the Better Care Fund (BCF) 2021/22 Plan. The planning guidance had been released late, in October 2021, for the current financial year and, whilst this had been awaited, the BCF funded schemes had continued and were planned to continue for the remainder of the current financial year. The BCF 2021-22 Plan and the BCF narrative were appended to the report.

It was explained that the BCF acted as a vehicle to facilitate system integration of health and social care by providing targeted funding to promote joint working to achieving shared outcomes. It was noted that the BCF Plan and Narrative had been submitted by the deadline of 16 November 2021, South East regional assurance sign-off had taken place on 9 December 2021, formal delegated sign-off on behalf of the Board had been obtained by 16 December 2021 and the funding had received approval on 11 January 2022.

The Section 75 (of the NHS Act 2006) Framework Partnership Agreement, to pool funds from the CCG and the Council, had been considered by the legal team, and was currently with Berkshire West CCG for review, with the aim to sign-off by the end of January 2022.

Resolved -

(1)   That the contents of the Better Care Fund (BCF) Plan and Narrative for 2021/22, including the National Conditions and Metrics against which the BCF performance was measured, be noted;

(2)   That it be noted that the return had been formally submitted by the deadline of 16 November 2021, received South East regional assurance on 9 December 2021, and formal delegated sign-off on behalf of the Health and Wellbeing Board by 16 December 2021, in order to comply with national deadlines outside of the Board meeting cycle.

42.   INTEGRATION PROGRAMME UPDATE

Bev Nicholson submitted a report giving an update on the Integration Programme and on progress made against the delivery of the national Better Care Fund (BCF) targets as at the end of October 2021.

The report provided details of the five Better Care Fund metrics. These had been recently updated in the planning guidance for 2021/22 and would be adopted for Quarters 3 and 4 reporting (i.e. October 2021 to March 2022). The new metrics, were as follows:

- Number of avoidable admissions.
- Reduction in length of stay in hospital.
- Increase in proportion of people discharged home.
- Reduction in admission to residential or nursing homes.
- Effectiveness of reablement.

It explained that two of the five metrics had been met, proportion of people discharged home and admission to residential or nursing homes, based on the Reading Integration Board (RIB) Dashboard for November 2021 – reporting data to the end of October 2021. Further details were provided in the report.

In terms of local community measures, there were additional beds to support hospital discharge and plans to reduce the number waiting for discharge by 50% by the end of January 2022. The challenge to recruit care staff was noted but satisfaction rates for the community reablement service was at 100%.

The Health Inequalities-focused projects identified in the RIB Programme Plan were being aligned with the Health and Wellbeing Board Strategy Action plans and there was continued focus particularly in areas of deprivation.

Resolved -   That the report and progress be noted.

43.   HEALTH AND WELLBEING DASHBOARD – JANUARY 2022

Becky Pollard submitted a report giving an update on the Health and Wellbeing Dashboard (Appendix A) which set out local trends. The report gave an update on the performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy for Reading.

The report summarised the performance against the eight priority areas in the Health and Wellbeing Strategy and the progress of the 26 indicator targets below the priority areas and paragraph 2.1 of the report set out details of updates to the data and performance indicators which had been included in the Health and Wellbeing dashboard since the last report. It was noted that COVID had impacted delivery of some areas, but work would continue to address issues.

The report noted that the new Berkshire West Health and Wellbeing Strategy 2021-2030 had now been agreed and the Health and Wellbeing Dashboard would be revised to reflect the updated strategy. It was recommended that some existing indicators would be used in the new Dashboard to continue monitoring of specific areas.

Resolved –   That the report be noted.

44.   DATE OF NEXT MEETING

Resolved –   That the next meeting be held at 2.00pm on Friday 18 March 2022.

(The meeting started at 2.00pm and closed at 5.00pm)

Covid-19 – Update to the Health and Wellbeing Board

Professor Tracy Daszkiewicz, FFPH
Director of Public Health for Berkshire West
March 2022

Reading Borough Council
Working better with you

Key Messages

- The rate of Covid-19 cases per 100,000 population in Reading has declined rapidly since the beginning of February. There are early signs that this decline is beginning to level off.

- Rates of positive cases have declined in all age groups. Cases are currently highest in those aged 30-49 years.

- Multiple cases in individuals can now be reported. The number of reinfections is currently small but appear to be more common in women and girls.

- The number of people in the Royal Berkshire Hospital with Covid-19 is falling, although the number of people has not fallen below the number in hospital before the most recent wave of infections associated with Omicron variant.

- 70% of people in Reading aged 12 and older have received two doses of a Covid-19 vaccine and 52% have received a booster (compared to 85% and 67% in the UK).

Reading
Borough Council
Working better with you

Changes in case rate in Reading over time

- Rates of positive cases of Covid-19 per 100,000 population in Reading, England and the South-East have all declined rapidly in the last month. There are signs that this decline may now begin to level off.

Weekly rate of confirmed cases of COVID-19 per 100,000 population

Reading (shading shows 95% CIs) — South East — England
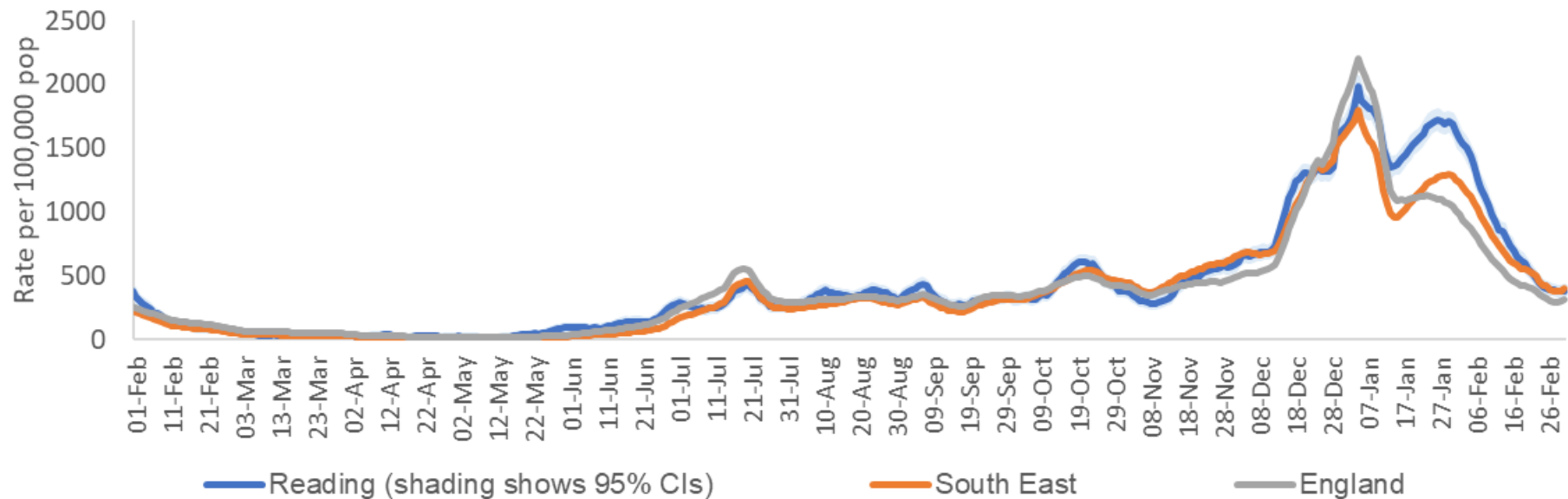
Latest case rate compared to neighbouring local authorities

The Covid-19 case rate per 100,000 population in Reading is similar to rates in the South East and in most Berkshire LAs.

Area	Cases per 100,000 population - All ages (weekly)		Cases per 100,000 population - 60+ (weekly)	
Bracknell Forest	329	⬇	310	⬇
Reading	384	⬇	328	⬇
Slough	261	⬇	266	⬆
West Berkshire	454	⬇	295	⬇
Windsor and Maidenhead	383	⬇	361	⬆
Wokingham	419	⬇	407	⬆
South East	404	⬇	351	⬆
England	313	⬇	270	⬆

PH Berkshire Covid-19 Surveillance Dashboard – 8th March 2022 - Situational awareness indicators from 24/02/22 to 02/03/2022, in comparison to previous 7-day period

Positive cases of Covid-19 that are reinfections

- Between 21st February and 7th March 2022 8% of positive cases in Reading were a second infection of Covid-19
- This compares to 9% for England and 8% in the South East (www.coronavirus.data.gov.uk)

Laboratory-confirmed COVID-19 Cases Reading, by episode number and specimen date
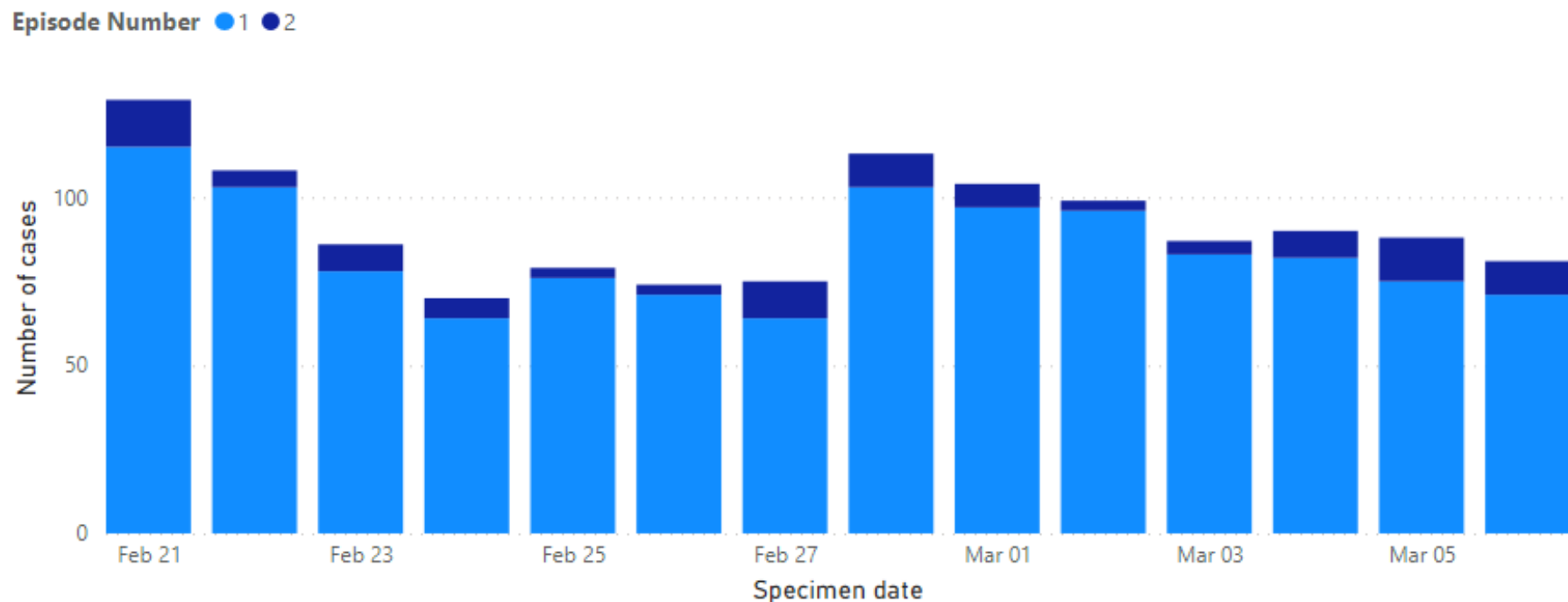
Episode Number ● 1 ● 2

UKSHA Situational Awareness Explorer via RBC Positive Cases of Covid-19 dashboard – 8th March 2022

Positive cases of Covid-19 that are reinfections

- As cases have declined since the beginning of January, the number of reinfections has also decreased

Laboratory-confirmed COVID-19 Cases Reading, by episode number and specimen date

Episode Number ●1 ●2 ●3

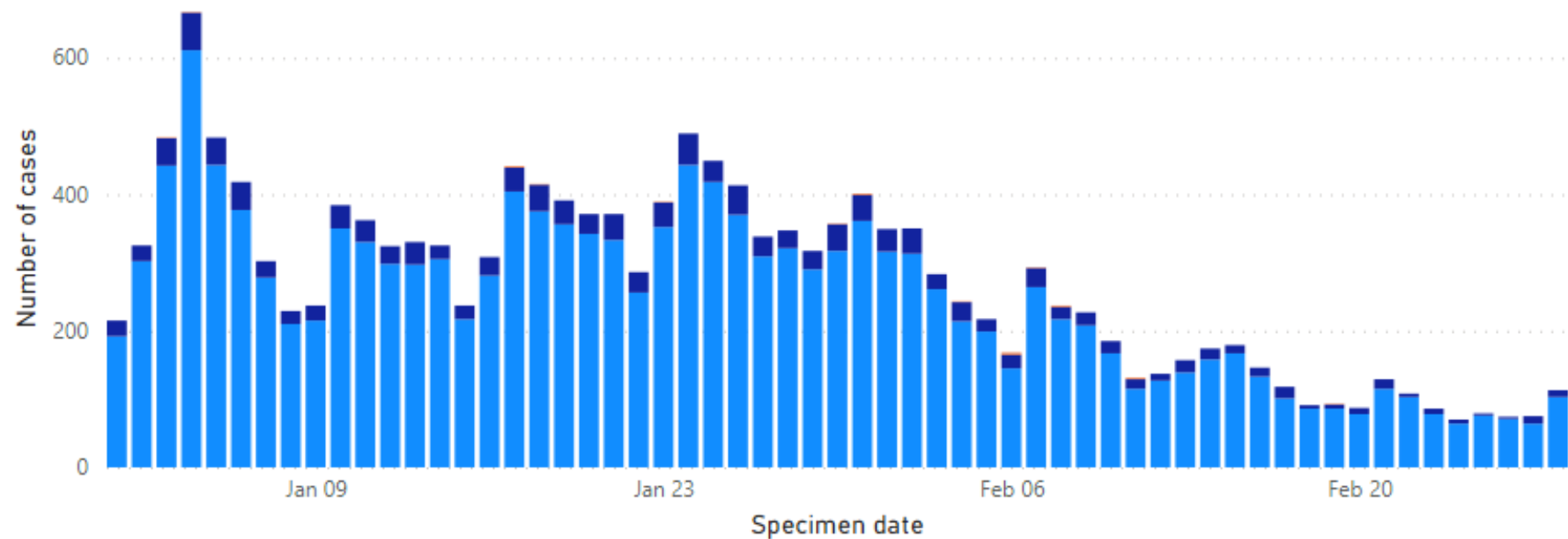UKSHA Situational Awareness Explorer via RBC Positive Cases of Covid-19 dashboard – 8th March 2022

Positive cases of Covid-19 that are reinfections

- The number of positive cases of Covid-19 that are reinfections is currently small
- Between 1st January and 28th February both first and second episodes of Covid-19 were most frequently in working age adults.
- Women and girls seem to be more likely to have a second case of Covid-19. A similar trend can be seen across the South-East

Episode 1 - Age Gender Distribution

● Female ● Male

Age	Female	Male
80 + years	132	78
70 - 79 years	167	167
60 - 69 years	339	300
50 - 59 years	693	573
40 - 49 years	1230	950
30 - 39 years	1722	1216
20 - 29 years	1381	1060
10 - 19 years	1163	1060
0-9 years	1103	1156
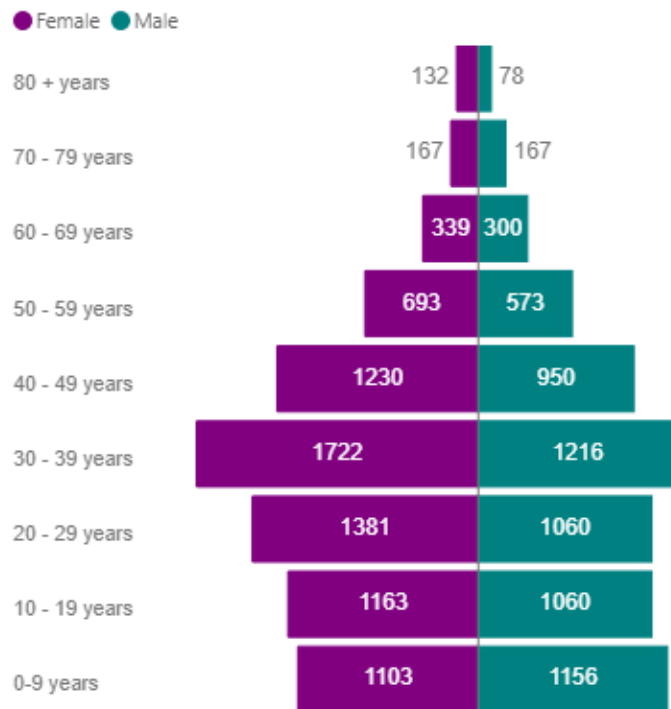
Episode 2 - Age Gender Distribution

● Female ● Male

Age	Female	Male
80 + years	3	3
70 - 79 years	5	5
60 - 69 years	19	15
50 - 59 years	79	45
40 - 49 years	149	69
30 - 39 years	175	108
20 - 29 years	204	93
10 - 19 years	190	150
0-9 years	50	55
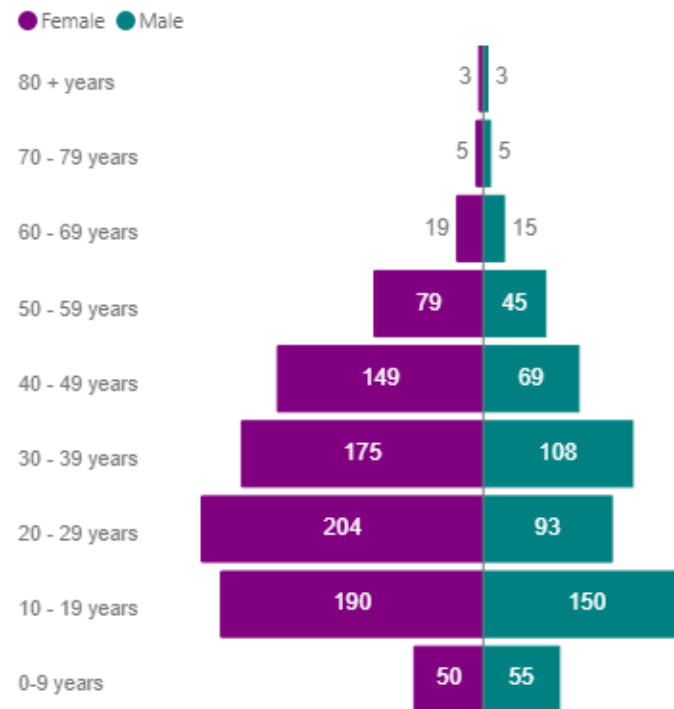
Changes in case rate in Reading over time – by broad age group

- Case rates have declined in all age groups since the start of February 2022.

7 day rate per 100,000 population by Specimen Date and Broad Age Band

● 0-15 ● 16-29 ● 30-44 ● 45-59 ● 60+

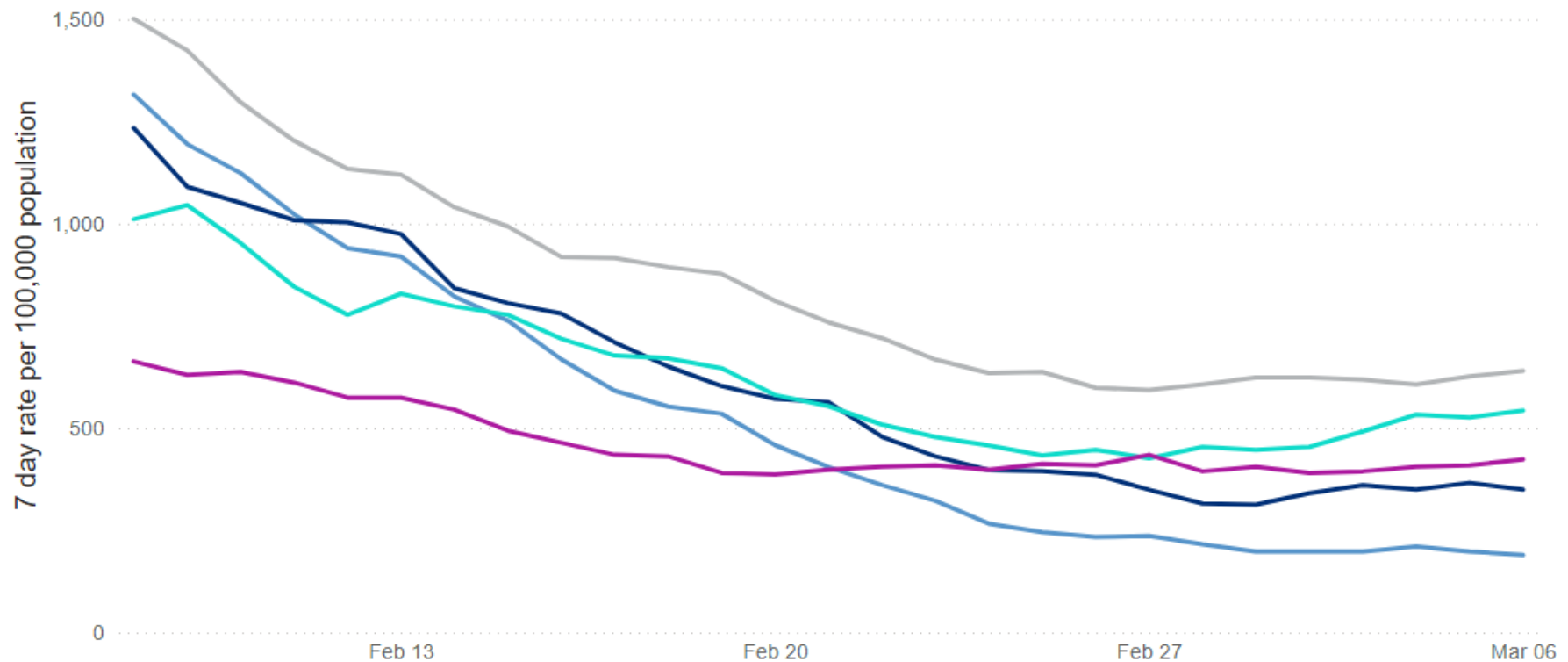UKSHA situational awareness explorer – 8th March 2022

Covid-19 patients in Royal Berkshire Hospital

- Hospital admissions have also fallen during February.
- The number of people in the Royal Berkshire Hospital remains higher than before the start of the Omicron wave in December 2021
- 78 people from Reading are currently in hospital with Covid-19. Of these, 75% have received the first and second doses of a Covid-19 vaccine and 29% have received a booster.

Patients admitted to hospital with COVID-19 – Royal Berkshire NHS Foundation Trust

Inpatients   7 day average
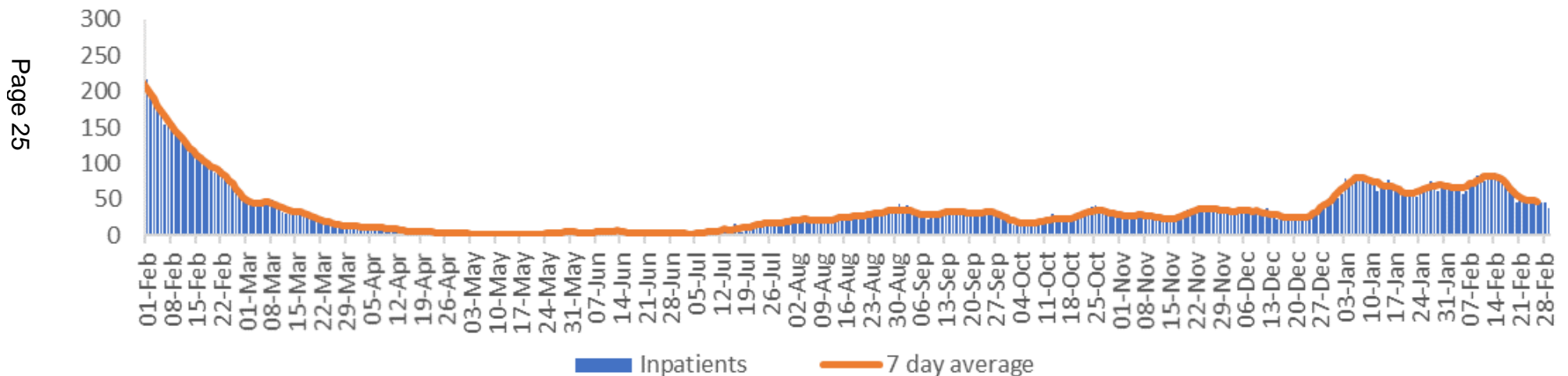
www.coronavirus.data.gov.uk/PH Berkshire Covid-19 Surveillance Dashboard – 8th March 2022
* Frimley ICS System Insights – 8th March 2022

Mortality rate in Reading

- Rates of mortality in Reading are currently in line with 2015-19 averages.

Mortality in Reading per 100,000 population (compared to 2015-19 average)

Legend: Non COVID-19 deaths | COVID-19 deaths | Av. weekly deaths in 2015-19 (all causes)

PH Berkshire Covid-19 Surveillance Dashboard – 8th March 2022 (Source: Office for National Statistics; Death registrations and occurrences by local authority)
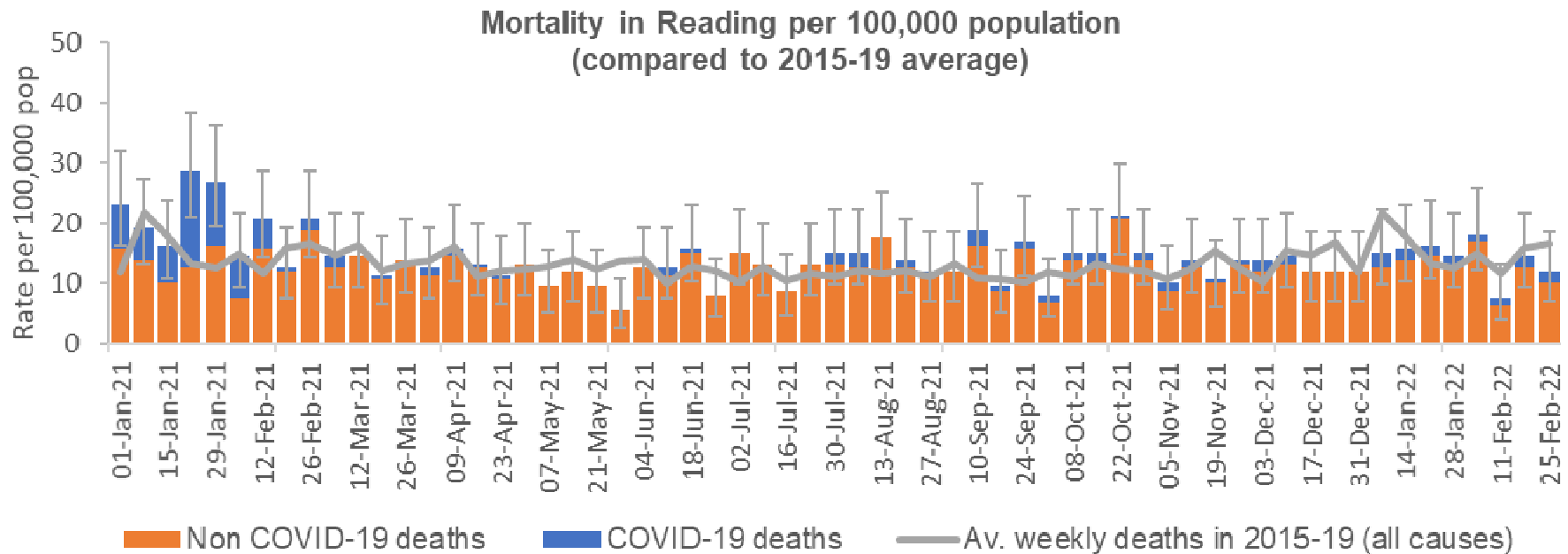
Vaccination in Reading by age

- 70% of people in Reading aged 12 and older have received two doses of a Covid-19 vaccine and 52% have received a booster (compared to 85% and 67% in the UK).
- Vaccination uptake by age group suggests those aged 20-39 years in Reading are the most likely not to have had any Covid-19 vaccine.

NHS Statistics reported via RBC Vaccinations Dashboard – 7th March 2022
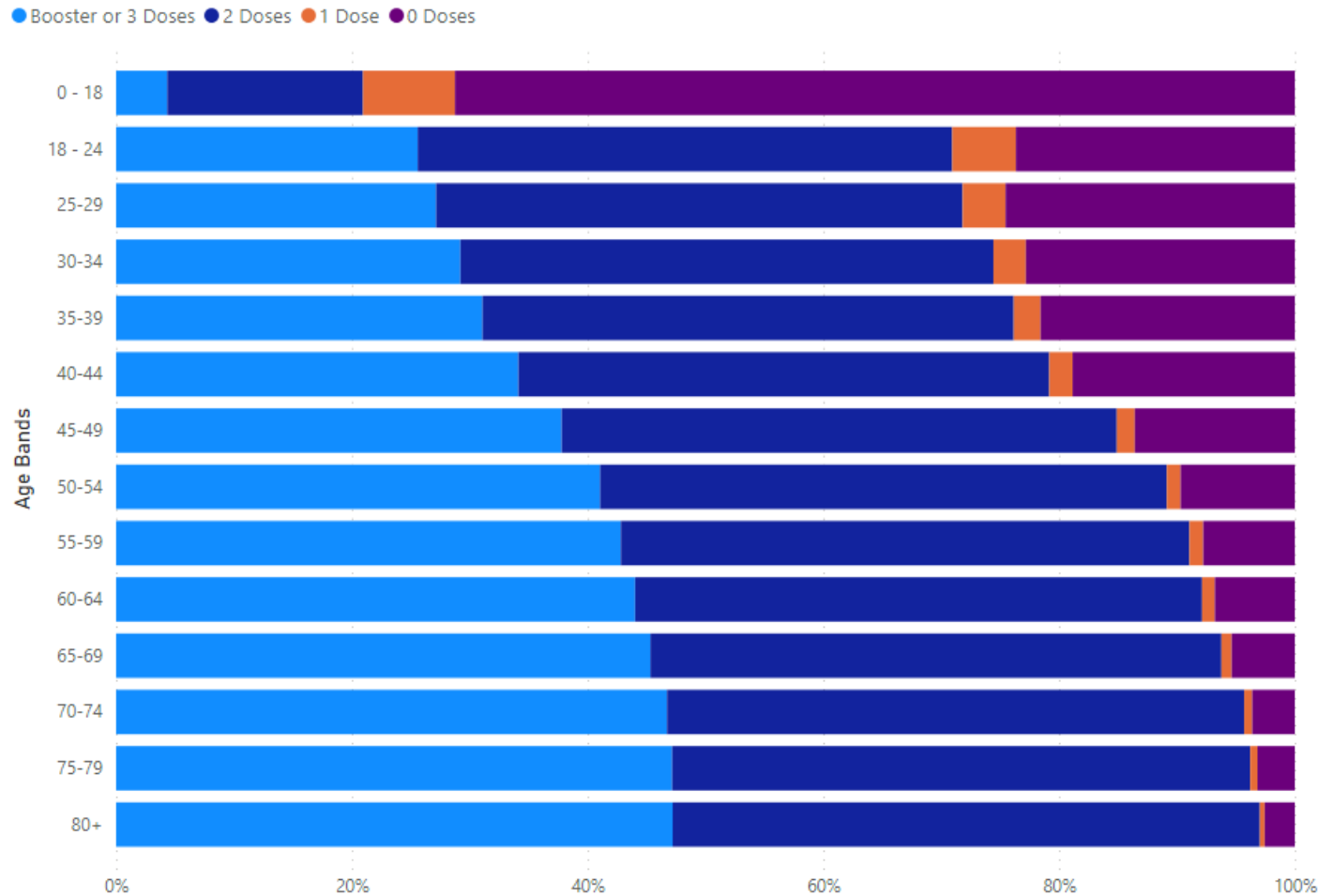
This page is intentionally left blank

Vaccination Programme Update

Reading Health and Wellbeing Board

18th March 2022

Katie Summers

Berkshire West Vaccination Lead

Director of Place Partnerships

NHS Berkshire West CCG

ovid-19: Unvaccinated 12+ population

- 46,895 people unvaccinated
- 23% of 12+ population

ovid-19: Boosters

- 107,080 Covid-19 boosters given
- 79% of eligible 18+ population

ovid-19: 12-15s

- 59% of eligible population had 1st
- 33% of eligible population had 2nd

ovid-19: 5-11 at risk

- Uptake low, similar across BOB ICS

u

- 21,348 flu vaccinations of people aged 65+
- 79% of the 65+ population (80% in 2020/21)
- National target 85%

Future campaigns

Spring Programme

- Healthy 5-11s (From April)
- 5-11 CEV
- Over 75s booster (From April)
- Evergreen

Autumn programme

- Cohorts 1-9 (from Autumn)
- Flu 22/23 (from September)

id-19 Vaccination: Delivery mechanisms

Primary Care Network sites			Mass Vaccination Centre	Pharmacies	Health on the Move Van	Other
Commissioned by NHS England supported by the CCG			*Commissioned by BOB ICS*	*Commissioned by NHS England*	*Commissioned by BOB ICS*	**Healthy 5-11s (from April 2022)**
"Evergreen offer"	**Spring Booster**	**Autumn**	Broad Street Mall	Tilehurst Triangle	Clinical provider Oxford Health	Reading Family Hub (subject to confirmation)
Emmer Green	Emmer Green	Circuit Lane		Erleigh Road		
Eldon Square	Eldon Square	Emmer Green		Boots Reading	Sites and organisation by RVA, WBC and CCG	**12-15s**
Tilehurst Village	University	Eldon Square		Newdays Coley Park		Berkshire Healthcare (in schools)
	Tilehurst Village	Milman & Kennet		Boots Reading	Areas of health inequalities	Broad Street Mall
		Tilehurst Village		Details of locations for future campaigns to be confirmed.		Eldon Square
		University			Support hybrid vaccination sites to support Evergreen, Over 75s and healthy 5-11 years.	Tilehurst Village

	Covid 1st (12+)	Covid 2nd (12+)	Covid Booster (16+)	Flu (65+)
gible population	200,160	200,160	135,694	26,902
ke-up	153,265	144,311	107,080	21,348
t had dose	46,895	55,849	28,614	5,554
take up	76.6%	72.1%	78.9%	79.4%
rkshire West % take-up	84.0%	79.8%	84.2%	84.2%
B % take-up	84.7%	80.5%	85.0%	85.0%
gland % take-up	91.5%	85.1%	65.9%	82.1%

| 95-1 |
| 70-9 |
| 50-6 |
| 0-4 |
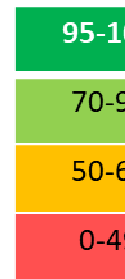
ovid
urce: Foundry 02/03/22 Reading PCNs registered patient footprint.
ooster denominator is those people currently eligible for whom it is 91+ days since their 2nd vaccination.
l England denominator 12+ 2020 Census estimate.

u
urce: www.gov.uk Seasonal flu vaccine uptake in GP patients: monthly data, 2021 to 2022 (to 31 January 2022)

Page 33

Booster Dose | Second Dose | First Dose Only

| January 2021 | February | March | April | May | June | July | August | September | October | November | December | January 2022 | February |

	Reading	Thurrock	P'boro	Swindon	Trafford	Slough	Bristol	S'ton	Bedford	Warrington	Coventry	N'Castle-U-Tyne	Medway	Luton
	75% (rank 8/14; previously 9/14)	76%	71%	86%	84%	74%	79%	75%	80%	84%	73%	75%	82%	70%
	70% (rank 8/14; previously 8/14)	71%	66%	81%	79%	68%	73%	69%	75%	80%	66%	69%	76%	63%
	52% (rank 7/14; previously 9/14)	49%	48%	64%	63%	45%	57%	52%	57%	63%	49%	52%	58%	39%

PFA comparative group of local authorities.

ccination data from coronavirus.data.gov.uk 04/03/22.

enominator is the number of people aged 12 and over on the National Immunisation anagement Service (NIMS) database. Please note that general eligibility for a booster is rrently 18 years old, hence the percentage figures shown here are lower than percentages sed upon the eligible population.
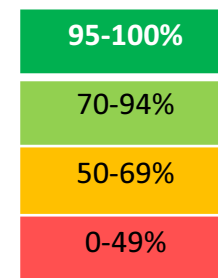
| 95-100% |
| 70-94% |
| 50-69% |
| 0-49% |

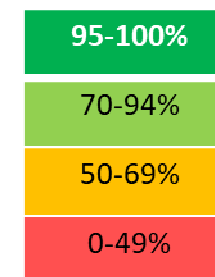| Cohort	Total Cohort Size	Covid 1st vaccine take up (1)	Covid 2nd vaccine take up (1)	Covid Booster take up (1) (2)	Flu take up 21/22 (3)
...ential Care Home Patients 65+	529	98%	89%	78% (4)	86%
...0+	7,169	96%	94%	90%	85%
...ncare Workers (ESR (5) and self-declared)	9,625	97%	95%	82%	(6)
...5-79	5,146	95%	94%	94%	84%
...0-74 or Covid High Risk	10,039	93%	92%	90%	68%
...5-69	6,902	91%	90%	94%	70%
...6-64 with UHC	30,000	81%	78%	81%	43%
...0-64 no UHC	5,361	86%	84%	92%	48%
...5-59 no UHC	7,540	85%	83%	90%	40%
...0-54 no UHC	9,223	82%	80%	87%	32%
...0-49 no UHC	25,746	72%	70%	79%	6%
...0-39 no UHC	34,521	67%	64%	69%	5%
...8-29 no UHC	34,007	67%	61%	61%	3%
...6-17 no UHC	3,884	67%	51%	33%	10%
...2-15 At Risk	783	60%	30%	n/a	--
...2-17 H'hold contact immu supp	436	61%	36%	n/a	--
...2-15 no UHC	9,299	58%	33%	n/a	38%

Legend:
- 95-100% (dark green)
- 70-94% (light green)
- 50-69% (amber)
- 0-49% (red)

(1) Source: Foundry 02/03/22 Reading PCNs registered p... footprint.
(2) Denominator is those people currently eligible for wh... is 91+ days since their 2nd vaccination.
(3) Source: EMIS 02/03/22 Reading Borough residence footprint.
(4) Capacity Tracker 24/01/22 shows performance at 92%... those that have had 2nd.
(5) ESR= Electronic Staff Record
(6) Not a comparable denominator in EMIS.

	Cohort Size	Had 1st	1st %	Had 2nd	2nd %	Unvaccinat
rsham	1,825	1,361	75%	901	49%	464
ing Central	2,803	1,485	53%	756	27%	1,318
ing University	777	437	56%	230	30%	340
ing West	1,975	1,179	60%	675	34%	796
urst	1,592	982	62%	580	36%	610
ley	1,401	628	45%	323	23%	773
DING PCNS	10,373	6,072	59%	3,465	33%	4,301

95-100%
70-94%
50-69%
0-49%

ource: Foundry 04/03/22
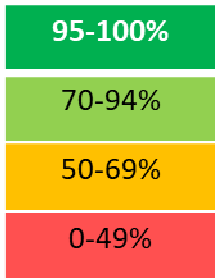
PCN	Cohort Size	Had 1st
Caversham	239	32
Reading Central	437	>10
Reading University	137	>10
Reading West	344	>10
Tilehurst	249	20
Whitley	211	>10

ource: Foundry 04/03/22

mall number suppression where number less than 10

Tell us why you've not had your Covid vaccine

Over 45,000 eligible people in Reading have not had a Covid vaccine.

Berkshire West CCG has commissioned Healthwatch Reading to find out why.

The independent patient voice body is giving local people a chance to express the many different reasons that may be putting them off – ranging from fear of needles, not being able to get to vaccine venues, concerns about safety or personal beliefs.

The survey runs until **7 March 2022**, and is available in a variety of languages to make it easier for people across the community to have their say.

Healthwatch Reading will share the findings with NHS and public health colleagues so they can gain a better understanding of people's point of view and remove any practical barriers in the way of accessing vaccines.

Community Vaccine Champions (CVC) Programme Overview

Health and Wellbeing Board – 18th March 2022

Communication with at risk groups

Addressing local barriers to access

Partnership Working

Steering Group

COMMUNITY VACCINE CHAMPIONS (CVC)
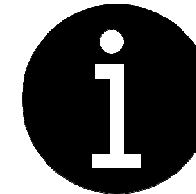
COVID-19 vaccine advice and information

National context

- Department for Levelling Up, Housing and Communities funding (£485k for Reading)

- To promote vaccine uptake amongst seldom heard communities in Local Authorities showing the lowest rates of COVID-19 vaccine uptake

- 60 Local Authorities in the national programme

- Key deliverables:

  - Increased outreach and engagement (1:1/focused contact) to understand local barriers and needs and promote vaccine uptake and public health guidance

  - Recruitment and appointment of Community Champions networks and local grant schemes

National context – key aims

- Tackle misinformation around vaccine safety, minimise practical barriers to accessing vaccine, increase trust and vaccine uptake, with a particular focus on young people

- Increase vaccination rates overall to get as many people vaccinated as possible

- Improve the reach of official public health messaging on vaccine safety to seldom heard communities through local trusted voices

Longer-term:
- Reduce health inequalities
- Build trust between got, VCS and communities
- Increase community resilience
- Learn what works to inform future work

Reading Programme Summary

- A communication and advocacy programme to drive public health improvement and our collective recovery from Covid-19
- Targeting:
  - Chinese population, Black or Black African and Asian / Asian British Pakistani groups
  - Younger adults
  - Areas of deprivation IMD 3 and 4 and MSOA areas of Reading (Central, Leighton Park, Battle and Caversham Bridge)
  - Vulnerable groups: Homeless, substance misusers, refugees
- Build on existing vaccine uptake work (e.g. RVA project)
- Strengthen the local infrastructure and partnership with our CCG/PCN and GP's

Reading
Borough Council
Working better with yo

Programme - Projects

Data Analytics/surveillance	Behavioural Insights and Comms	Community Champions Network
Training	Community Grant Fund	Outreach – Pop Up Sites and Transport

Reading
Borough Council
Working better with yo

- Programme Highlight Report

Data Analytics/surveillance

Key tasks

- Make regular surveillance and data reporting available to all partners

- Develop and monitor a set of performance indicators to monitor progress (including uptake rates within specific groups and geographical areas)

Reading
Borough Council
Working better with yo

Behavioural Insights and Comms

Key tasks

- Undertake an insight and social marketing exercise into barriers to uptake

- Review existing assets and resources (existing community champions, websites, helplines)

- Deliver media and comms campaign, including video case studies, adverts, social marketing and on local radio and specific asian network channels

- Promote the local Voluntary Sector Vaccine helpline

- Engage with elected members to act as community champions within their own wards

Reading Borough Council
Working better with yo

Training

Key tasks

- Set up a Community Vaccine Champion vaccinator training programme to increase local capacity

- Develop training offer for community vaccine champions (including Making Every Contact Count)

- Arrange series of information evenings led by health professionals to disseminate accurate information about Covid-19 / vaccines

Community Grant Fund

Key tasks

- Launch a community grants fund (up to £5,000 per organisation) to promote innovation and creativity

- Create a payment incentive scheme to increase uptake

Reading Borough Council

Working better with yo

Outreach – Pop Up Sites and Transport

Key tasks

- Develop a six-month programme of outreach and pop-up vaccine sites in areas of low uptake

- To include: utilising Health on the Move van, outreach teams door knocking, identifying local community venues and workplaces

- Work with community transport to support access to vaccination sites/pop-ups (inc. considering 'Grab a Jab' taxis)

Reading Borough Council
Working better with yo

CVC Steering Group - ToR / Membership

bose

oversee the successful delivery of the DLUHC-funded Community Vaccine Champions (CVC) programme
Reading.

be

To oversee the development and delivery of programme outputs and deliverables
To inform key decisions relating to the CVC programme
To allocate and monitor funding
To receive regular reports on programme progress, risks and issues
To coordinate and communicate with and complement other local vaccine programmes and initiatives
(e.g. BOB plan, RVA project)
To inform the reporting to:
   a. DLUHC
   b. Social Impact and Voluntary and Community Sector (SIVCS) Board
   c. Health and Wellbeing Board (HWBB)
   d. Berks West Vaccine Action Group
   e. CMT
   f. Lead Members

Meets monthly

rms of Reference & Membership

mbership

Becky Pollard (Chair)
Ashley Rogers (Interim CVC Programme Manager)
Zoe Campbell (CVC Project Manager)
Isabel Edgar (SIVCS Board rep)
Edith Chukwura (Finance lead)
Sushma Aquilla (PH Consultant Berks West Public Health Hub)
Eiliis McCarthy (Berk West CCG)
Kate Green (Primary Care Network lead)
Matthew Urwin/Sally Moore (Comms Lead – Royal Berkshire Hospital)
Rachel Spencer/Azra Raja (RVA)
Victor Koroma (ACRE)
Mandeep Bains (Healthwatch Reading)
Peter Absolon (Readibus)
Task group leads –
- o Data Analytics and Surveillance: Kim McCall/Jon Sclare (RBC Public Health Analyst)
- o Behavioural Insights and Comms: Amanda McDonnell (RBC comms), Rojina Manandhar (RBC PH Programme officer)
- o Community Champions Network: Rojina Manandhar (RBC PH Programme officer)
- o Training: Yasmine Illsley (RBC PH Programme officer)
- o Community Grant Fund: Sarah Hunneman (Neighbourhood Facilitator), Tahir Khan (CVC Project Manager)
- o Outreach - Pop Up sites and transport: Nina Crispin (Consultant and Engagement Officer), Sarah Hunneman (Neighbourhood Facilitator)

...ramme Area	Activities	Funding
...rstanding needs and barriers	- Surveillance and data reporting - insight and social marketing - Assets and resources	£30,000
...op and deliver practical solutions such as ...ting Community Champions, as well as ...sion of funding to local organisations	- Expand and recruit to pool of existing community champions	£75,000
	- Renumeration system for champions	£70,000
	- Community Grants Fund	£50,000
...op vaccine delivery capacity	- Community Vaccine Champion vaccinator training programme	£6,000
...on the existing infrastructure or develop ...etworks of champions to promote ...D-19 vaccine take up	- Support network for local - Hold information evenings with health professionals	£25,000
	- Develop training linking to "Making Every Contact Counts"	£25,000
	- Work with PCNs on payment incentive scheme to increase uptake in non vaccinated eligible populations	£29,000
...dinate activities through partnership work	- Steering Group	
	- Programme Manager and project management support	£35,000
	- ToR / contingency pot	£5,000
	- Engage elected members to act as community champions	
...ase access – outreach and pop-ups	- Six-month programme of outreach and pop-up vaccine sites	£95,000
	- Community transport to support access to vaccination	£30,000
	- Promote the local Voluntary Sector Vaccine helpline	
	- Set up an online COVID Champs tool kit	£10,000
...urces and publicity	- Increase media and communication messages	
...oring and evaluation	- Develop KPI's	
		£485,000

DLUHC Delivery Plan

- Final submission submitted 28th Feb
- Discussing feedback from DLUHC 10th March

This page is intentionally left blank

READING HEALTH AND WELLBEING BOARD

DATE:	**18th March 2022**		
REPORT TITLE:	**Berkshire West Health and Wellbeing Strategy - Implementation Plans**		
LEAD OFFICER:	**Amanda Nyeke**	**TEL:**	**0118 9373139**
JOB TITLE:	**Public Health and Wellbeing Manager**	**E-MAIL:**	**amanda.nyeke@reading.gov.uk**
ORGANISATION:	**Reading Borough Council**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report presents the Implementation Plans for the 5 Priorities of the Berkshire West Health and Wellbeing Strategy 2021-2030, for approval by the Health and Wellbeing Board.

1.2 As required by statute, the Strategy sets a basis for commissioning plans across both the local authority and the local clinical commissioning groups (CCGs). It is a joint strategy across Berkshire West local authorities and its development has been driven by the Health and Wellbeing Boards in each authority. The 2021-2030 Berkshire West Health and Wellbeing Strategy was endorsed by the Health & Wellbeing Board on 8 October 2021 and approved at the Council meeting on 19 October 2021.

1.3 The implementation plans set out the actions to be taken to implement the priorities of the Strategy; they include monitoring arrangements and will always be working documents to respond to local needs.

1.4 Appendices:
Appendix A – Berkshire West Health and Wellbeing Strategy 2021-2030
Appendix B - Implementation Plans for the 5 Priorities of the Berkshire West Health and Wellbeing Strategy 2021-2030
Appendix C – Berkshire West Health and Wellbeing Strategy 2021-2030: Equality Impact Assessment

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board endorses the Implementation Plans for the 5 Priorities of the 2021-2030 Berkshire West Health and Wellbeing Strategy as set out in Appendix B;

2.2 To note the monitoring arrangements for the implementation plans and that the plans will always be working documents to respond to local needs.

3. POLICY CONTEXT

3.1 Every Health and Wellbeing Board has a duty to prepare and publish a Joint Health and Wellbeing Strategy. This sets out a consensus approach to inform and influence local decisions about supporting people to be well, promoting a whole system

integrated approach. Local health and care systems together with the Local Healthwatch service provider have statutory representation on the Health and Wellbeing Board, so that the Health and Wellbeing Strategy combines these areas of commissioning and delivery as a minimum. In most localities, however, the Health and Wellbeing Board membership is expanded to facilitate action to address the broader determinants of health and address health inequalities. In Reading, additional members are Thames Valley Police, Royal Berkshire Fire and Rescue Service and Reading Voluntary Action.

4. THE PROPOSAL

4.1 In October 2021, the Reading Health and Wellbeing Board endorsed the 2021-2030 Berkshire West Health and Wellbeing Strategy and recommended it to Council, which approved it. The strategy was developed in close collaboration and consultation with residents and local partners, including but going beyond the Health and Wellbeing Board membership in each area, and particularly to engage with the diverse range of voluntary sector and community groups operating across Berkshire West.

4.2 The strategy sets out 5 priorities – listed below not in any particular ranking order - as the foundation blocks of the work and actions that need to be carried out to support the health and wellbeing of local residents:

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help children and families in early years
- Promote good mental health and wellbeing for all children and young people
- Promote good mental health and wellbeing for all adults

4.3 The strategy is the foundation of the content of the implementation plans that represent the delivery tools of the strategy. In Reading, a number of delivery boards have worked together to shape the implementation plans and report on outcomes:

Priority	Delivery board
Reduce the differences in health between different groups of people	Reading Integration Board
Support individuals at high risk of bad health outcomes to live healthy lives	Reading Integration Board
Help children and families in early years	One Reading Partnership – Under 5s workstream
Promote good mental health and wellbeing for all children and young people	Brighter Futures for Children
Promote good mental health and wellbeing for all adults	Adult Mental Wellbeing Steering Group

4.4 It will be the overall responsibility of the above delivery boards to monitor the progress of the implementation plans against agreed sets of metrics, some of which will form part of the Health and Wellbeing Dashboard that will be used to update the Health and Wellbeing Board on an ongoing basis over the life course of the strategy.

4.5 The above delivery boards leading on actions within the Implementation Plans will provide updates on a quarterly basis and report back to the Implementation Plan Leads, who will meet and coordinate updates to be shared with the Health & Wellbeing Board. A detailed narrative report supported by the Health and Wellbeing Dashboard will be shared twice a year, while an update of the dashboard will take

place quarterly. Milestones have been included in the Implementation plans, covering both review dates and target completion dates.

4.6 The implementation plans and the measuring outcomes are a result of collaborative work with local partners and key stakeholders, and it is intended this collaboration and conversation continues to ensure the actions meet local needs as they arise.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 This proposal contributes to Reading's strategic aims for health and wellbeing by developing a new joint strategy to inform the priorities of the board in the coming years.

5.2 The 2021-2030 Berkshire West HWB Strategy is based on 8 core principles. These are intended to underpin all of the strategic priorities and be considered as part of all implementation plans. The core principles are:

- Recovery from Covid-19
- Engagement
- Prevention and early intervention
- Empowerment and self-care
- Digital enablement
- Social cohesion
- Integration
- Continuous learning.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 The Health and Wellbeing Strategy 2021-2030 is not specifically designed to address climate risks at this point in time. However, the strategy acknowledges the importance of climate risks and engagement with relevant individuals leading on climate change is taking place in order to align actions within the strategy Implementation Plans where relevant, to the climate change agenda and ensure details of actions to address climate change and the health implications of climate risks are included.

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 Stakeholder engagement to build the implementation plans related to the 5 priorities was carried out during August and December 2021. The Implementation Plans will always need to be working documents to respond to local needs.

7.2 Next steps include sharing the implementation plans with service users as a launch in order to fully understand how people's lived experiences are represented in these implementation plans. A programme of gathering their further feedback is being planned through roundtable discussions held with groups that have been involved in the development of the strategy and understand its journey. A further launch is planned later in 2022 for wider groups including the public, providers and key stakeholders involved in the strategy to raise awareness, encourage pledges and accountability towards actions.

8. EQUALITY IMPACT ASSESSMENT

8.1 The consultation provided an opportunity to develop an understanding of how the Strategy might impact differently on protected groups. As a vehicle for addressing health inequalities, it is expected that any such differential impact would be positive,

and accordingly will support the discharge of Health and Wellbeing Board members' Equality Act duties. The full Equality Impact Assessment is annexed at Appendix C.

9.   LEGAL IMPLICATIONS

9.1   The production of the Joint Health and Wellbeing Strategy (JHWBS) is a joint statutory duty for local authorities and CCGs, discharged through the Health and Wellbeing Board. Once it is published, the organisations have a duty to have regard to the strategy in their own planning and service delivery.

10.   FINANCIAL IMPLICATIONS

10.1   Consultation feedback and stakeholder engagement have informed the development of the Health and Wellbeing Implementation Plans. This will be delivered within existing resources, realigned where necessary. It is imperative that the Strategy drives the efficient use of resources and to deliver clear health benefits on investment so as to protect a sustainable local health and care system.

11.   BACKGROUND PAPERS

11.1   Reading Health and Wellbeing Strategy 2017-2020

BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY (HWBS)

2021- 2030

Reading Borough Council
Working better with you

WestBerkshire COUNCIL

WOKINGHAM BOROUGH COUNCIL

CONTENTS

INTRODUCTION

OUR COMMUNITY

WORKING TOGETHER

OUR CHALLENGES

OUR VISION

OUR PRINCIPLES

HOW THE STRATEGY WAS DEVELOPED

OUR PRIORITIES

Priority 1: Reduce the differences in health between different groups of people

Priority 2: Support individuals at high risk of bad health outcomes to live healthy lives

Priority 3: Help families and children in early years

Priority 4: Promote good mental health and wellbeing for all children and young people

Priority 5: Promote good mental health and wellbeing for all adults

NEXT STEPS

APPENDIX

INTRODUCTION

Health and wellbeing are fundamental for individuals and communities to be happy and healthy; providing the foundations to prosperous societies. Wellbeing has been defined as a state in which every individual can realise their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their economy[1].

Reading, West Berkshire and Wokingham Health and Wellbeing Boards (HWBs) bring together local leaders from the health and social care system, along with voluntary and community organisations, in shared work to improve the health and wellbeing of their local residents.

Each Health and Wellbeing Board has a statutory duty to produce a Health and Wellbeing Strategy, providing a commitment to improving health and wellbeing by setting out priorities for where members of the Board will work together in planning and delivering local services.

The three HWBs come together with the Berkshire West Integrated Care Partnership (ICP) to promote integrated working and strive to secure improvements in population health.

In 2019, the HWBs for Reading, West Berkshire and Wokingham took the decision to develop a shared Health and Wellbeing Strategy with the ICP to make even more improvements in health.

Although each individual Health and Wellbeing Board of Reading, West Berkshire and Wokingham are responsible for their own residents, all three boards have populations in common, with people living, working, socialising and being educated across the three local authorities.

This Strategy has been developed by working closely with local partners from health, social care, local authorities and the voluntary sector along with residents of the three areas. Our Strategy is ambitious, it identifies five key areas in which we will make a difference to people's lives. It takes a ten-year view, understanding that we need a long-term perspective in order to drive real change on the underlying causes of poor health and wellbeing. It seeks to bring together individuals and communities along with professionals in a shared direction, targeting work and resources where they are needed and where we know we can have an impact.

With closing health inequalities and recovery from Covid-19 at its very heart, the Berkshire West Health and Wellbeing Strategy 2021 – 2030 establishes our priorities for the system, it aims to enable all residents of Reading, West Berkshire and Wokingham to live happier and healthier lives.

INTRODUCTION

Reading, West Berkshire and Wokingham make up Berkshire West – an area stretching from rural communities and local, vibrant market towns in West Berkshire and Wokingham, to the commercial urban hubs located in Reading.

The three localities of Berkshire West hold a population of over 500,000 people. It is an area of great diversity and rich culture, representing all age demographics, religious affiliations and ethnicities.

Across the three localities, people travel to work, go to school, socialise and engage with activities and attractions, and as neighbouring local authorities, the residents of Reading, West Berkshire and Wokingham share many services in common including the Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust.

East Ilsley Volunteer group

READING

161,780

Total Resident Population

100%

Urban population

25.3%

Ethnically diverse population

69%

Children achieving a good level of development at early years

12.5%

Population aged 65+

7,090

Total number of businesses

9.6%

Full time students age 18+

Unemployment rate

3.6%

7.9%

Percentage of unpaid carers
(1-50+ hours of unpaid care per week)

50.2%

People with very good health

*Data collected from multiple sources.
Sources found in Appendix A.*

Page 65

3

WEST BERKSHIRE

158,450

Total Resident Population

63%

Urban population
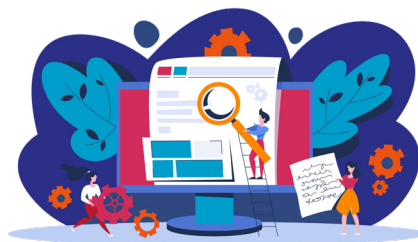
19.3%

Population aged 65+

5.2%

Ethnically diverse population

75%

Children achieving a good level of development at early years
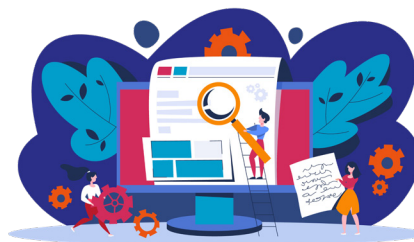
8,800

Total number of businesses

2.1%

Full time students age 18+

Unemployment rate

2.4%

9.3%

Percentage of unpaid carers
(1-50+ hours of unpaid care per week)

51.6%

People with very good health

Data collected from multiple sources. Sources found in the Appendix A.

WOKINGHAM

171,119

Total Resident Population

83%

Urban population

17.6%

Population aged 65+

11.6%

Ethnically diverse population

77%
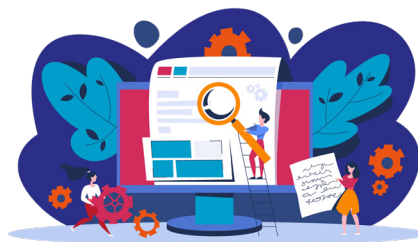
Children achieving a good level of development at early years

9,005

Total number of businesses

3.2%

Full time students age 18+

Unemployment rate

2.35%

9.0%

Percentage of unpaid carers
(1-50+ hours of unpaid care per week)

54.3%

People with very good health

Data collected from multiple sources. Sources found in Appendix A.

WORKING TOGETHER: OUR LOCAL SYSTEM

The three Health and Wellbeing Boards for Reading, West Berkshire and Wokingham work both alongside and within the Berkshire West Integrated Care Partnership (BWICP), allowing collaboration between health and social care organisations to improve all services for the local residents.

Established in April 2019, the BWICP brings together seven public sector organisations that are responsible for the health and social care of Reading, West Berkshire and Wokingham residents, providing joined up and better coordinated care in the process.

The BWICP comprises of the Berkshire West Clinical Commissioning Group (BWCCG), Reading Borough Council, West Berkshire Council, Wokingham Borough Council, Berkshire Healthcare Foundation Trust, Royal Berkshire Foundation Trust and South-Central Ambulance Foundation Trust. This integrated system ensures people can smoothly access care across a number of different settings, moving between institutions and support settings as needed.

This shared strategy will serve to ensure greater collaboration between these organisations, empowering and supporting people to take care of their own health and wellbeing and also making sure that all services meet the diverse health and care needs of our residents.

*Newbury Rugby Club delivering food parcels during the pandemic (2020)*

OUR CHALLENGES

The three areas that make up Berkshire West have a lot to celebrate and be proud of. However, as people live longer with more complex health conditions; combined with the impact of Covid-19 and ongoing financial challenges, we must find new ways to deliver health and social care, strengthen partnerships and put all of our resources together to use in the best way possible. The growing population (with over 10,000 new houses across all three areas to be built by 2026) gives uncertainty of who will make up our diverse and vibrant local population in the future and what their needs may be. This will also mean new families too, giving us opportunities to focus on ensuring every child gets a good start to life.

The three areas already have a growing older population of people aged 65 years and older. As this continues, it is likely to place more pressure on health and social care; with more people living with long term conditions or Dementia. People over 65 across Berkshire West are culturally and socially engaged; making up a large part of voluntary and community sectors, and so their life experience and knowledge adds enormous value to our communities. However, the way people need care and support is changing – we want to empower older people to manage their conditions, through encouraging and supporting healthy lifestyles.

Although the Berkshire West population is generally affluent and healthy, there are pockets of deprivation across the three areas where health outcomes tend to be worse. Health is not just about medicine and accessing health services, but also about the wider social and environmental factors that can influence a person's health and wellbeing. studies have shown that health services provide only 10% of the influences on whether a person dies prematurely.[2] Social and behavioural determinants of health such as housing, employment and education play a bigger, and sometimes more important role.

These differences mean that the life expectancy of our population varies depending on where people live[3]; those living in the poorest parts of West Berkshire and Wokingham, will live seven years less of healthy life, compared with those people living in the richest areas. In Reading, the healthy life expectancy of those living in the poorest areas is 13 years lower for men and 14 years for women when compared to those living in the richest areas.

The map below shows the Index of Multiple Deprivation (IMD) of Reading, West Berkshire and Wokingham in 2019[4]. This is the official measure of relative deprivation, with bluer areas showing the most deprived and green areas showing the least deprived areas.

Deprivation deciles
Decile 1 represents the most deprived and Decile 10 represents the least deprived
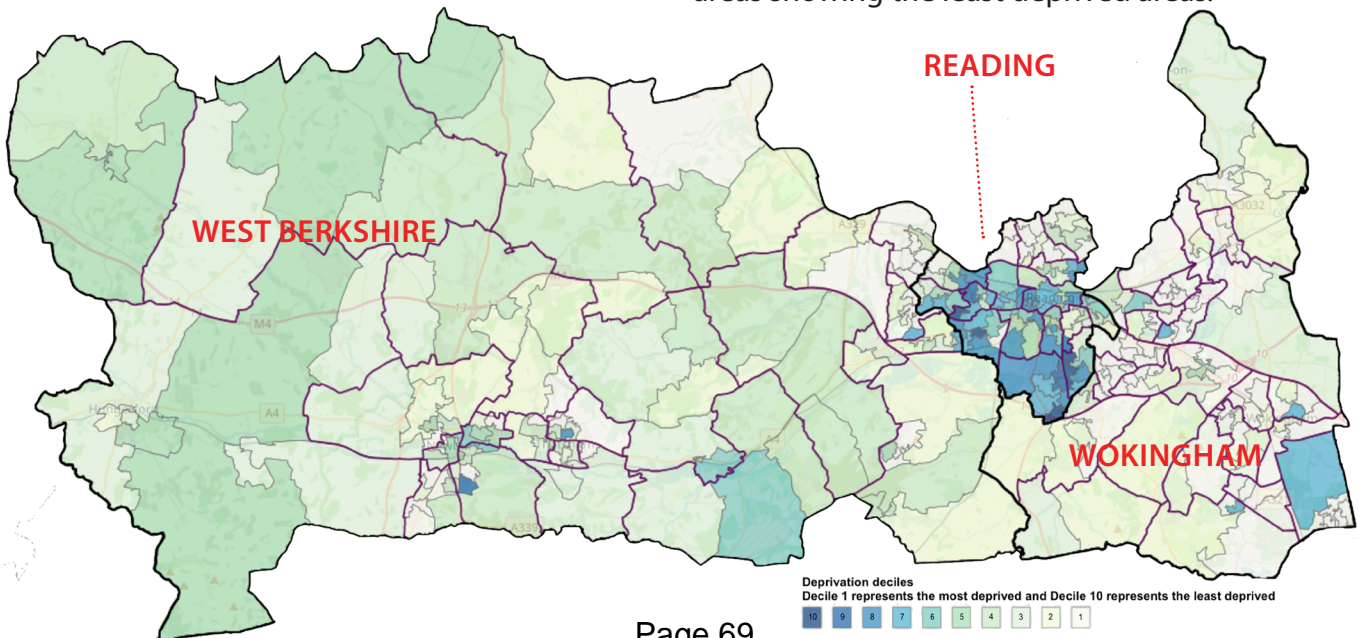
OUR CHALLENGES: THE IMPACT OF COVID-19

Covid-19 has had a powerful impact across the three areas; businesses have had to shut and health services have been stretched - sometimes to their limit. Covid-19 has affected segments of the local population differently, exacerbating existing inequalities.

Yet in times of adversity there has been ingenuity and wider digitisation in how we deliver health services and work together across the different areas. Additionally, Reading, West Berkshire and Wokingham residents have benefitted from cleaner air, returning nature, and reduced greenhouse emissions during this time.

This pandemic has made it all too clear how intertwined the nation's economic health is with its physical health – better social and economic conditions had led to better health outcomes and vice versa. Covid-19 has also shown us the importance of social cohesion, giving us opportunities to build community resilience and collectively win the fight against the virus.

It is important that Reading, West Berkshire and Wokingham reflect on this episode— the good and the bad — in order to take these lessons forward with a long-term view to "build back fairer" from Covid-19[5] . Enhanced integration and efforts to empower citizens to have everyday resilience, including emergency preparedness, and adaption to other long-term threats such as climate risk, are here to stay[6]; with the diagram below depicting the growing opportunities and how they should be actioned to rebuild from this pandemic and move forward together.

Opportunities during Covid-19 recovery: rebuilding and moving forward together

Page 70
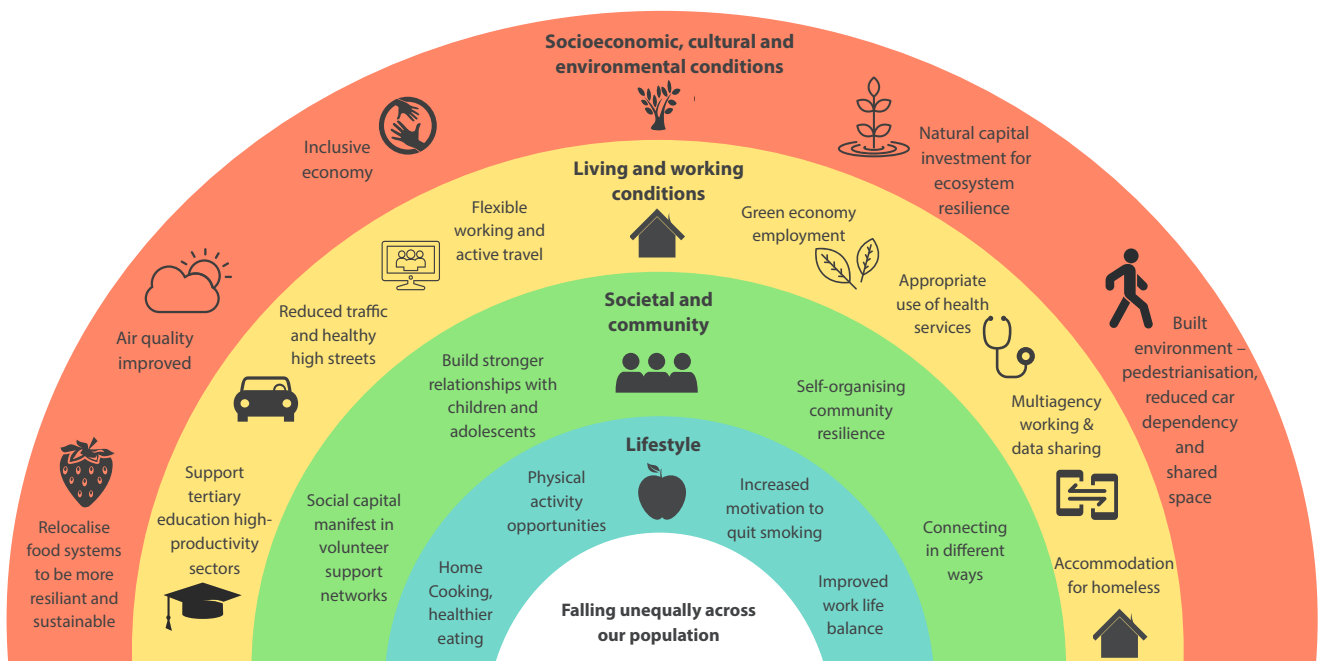
OUR VISION

Our vision for Reading, West Berkshire and Wokingham over the next ten years is that all people will live longer, healthier and more richer lives for all. This involves reducing gaps in the differences of health outcomes between the richest and poorest parts of Berkshire West. This vision encompasses our mission statements, all shown below.

All our children and young people have the best possible start in life and the opportunity to thrive, no matter what their circumstance.	Children and adults most at risk from bad health outcomes are safe and safeguarded.	Everyone of working age has access to decent employment opportunities	All people have the best opportunities for good mental health and wellbeing - to realise their potential and connect with the community	Our communities are strong, resilient and inclusive, with all residents benefittingfrom a healthy, accessible environment.	All people will be able to gain access to integrated health and social care services.

Longer, Healthier and Richer lives for all

Achieving this vision will need strong partnerships between individuals, local communities and statutory and voluntary sectors. We welcome the aspirations of the NHS White Paper[7] that promotes this greater integration. Integrated care means that care will focus not only on treating specific conditions, but will aim to prioritise healthy behaviours, prevention and supporting people to live more independent lives for longer. Developing this more joined up model of care will also enable the NHS, local government, voluntary sector and other partners in Berkshire West to work together to respond to the needs, priorities and challenges facing our local communities during post-pandemic recovery.

OUR PRINCIPLES

RECOVERY FROM COVID-19

The Covid-19 pandemic has presented an unprecedented challenge to Berkshire West's health and care services and the way residents live their lives on a daily basis. As we move towards a recovery phase, we now have an opportunity to "Build Back Fairer"[5], taking account of the widening health inequalities that have been highlighted by Covid-19 and working together to ensure that equity is at the heart of Reading, West Berkshire and Wokingham's local decision-making to create healthier lives for all.

ENGAGEMENT

Public engagement has been at the core of the development of this Strategy and will be essential to how it is delivered. Reading, West Berkshire and Wokingham will work towards creating more permanent engagement structures and processes to ensure residents' voices are heard as we roll out this plan over the next ten years. This may include the creation of citizen panels, specialist groups and committed champions in our communities who can lead with both their specialist knowledge and local commitment.

PREVENTION AND EARLY INTERVENTION

Prevention and intervening early are key to reducing long term poor health and wellbeing. By shifting our approach away from treating ill-health to preventing it from happening in the first place, we can contribute significantly to reducing physical and mental ill-health.

EMPOWERMENT AND SELF-CARE

We want to support our local people to become more actively involved in their own care and to feel empowered and informed enough to make decisions about their own lives, helping them to be happy, healthy and to achieve their potential in the process.

DIGITAL ENABLEMENT

The Covid-19 pandemic has led to many opportunities in digital transformation for health, social care, both at work and at home. But for those who are unable to participate in online services, it has resulted in greater social isolation and exclusion. We want to embrace the opportunities that digital enablement presents; whilst ensuring that we improve digital literacy and access across the whole of Berkshire West while at the same time ensuring services and support are available for those who prefer not to or who are unable to access them digitally.

OUR PRINCIPLES

SOCIAL COHESION

The diversity of our areas is an asset that we will aim to develop and leverage going forwards. There is already a wealth of community activity taking place across each region and we will work collaboratively with community members, service providers and statutory bodies to help eliminate community-specific health inequalities.

INTEGRATION

Whole systems integrated care is about ensuring every person in Berkshire West can have their needs placed at the centre – this is done through joining up the range of health, social care services and relevant community partners. The aim is to increase access to quality and timely care, supporting people to be more independent in managing their conditions and becoming less likely to require emergency care. To achieve this, we also need to build on existing relationships in the broader Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS)*, linking policies, strategies and programmes with those at the ICS level.

CONTINUOUS LEARNING

The actions that will be delivered through this strategy in Berkshire West will be reviewed and adapted in a timely manner as the world around us changes. We need to accumulate experience, share best practices and learn from one another.

An Integrated Care System (ICS) brings together health and care organisations to take responsibility for the cost and quality of care for a defined population within an agreed budget. The BOB ICS brings together the Integrated Care Partnerships (ICPs) for Buckinghamshire, Oxfordshire and Berkshire West. The Berkshire West ICP includes: Berkshire West Clinical Commissioning Group (CCG), Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Reading Borough Council, West Berkshire Council, Wokingham Borough Council and South Central NHS Ambulance Trust (SCAS).

HOW THE STRATEGY WAS DEVELOPED

The roadmap illustrates how we developed our priorities for the Health and Wellbeing Strategy for Berkshire West. The development was overseen by a monthly steering group whose membership spanned the three local authorities, Berkshire West CCG, Berkshire Healthcare NHS Foundation Trust, Royal Berkshire NHS Foundation Trust, and representatives from voluntary and community organisations.

Public engagement has been at the very heart of this process. A dedicated Consultation & Engagement Task and Finish Group* was created to lead community consultation and engagement efforts and included representatives from local communities (focusing upon typically underrepresented groups). Collectively, this team co-produced and delivered the public engagement strategy that was crucial to the creation of the HWBS. During the public engagement, residents could comment on 11 different potential priorities (both within the survey and the focus groups), which had been narrowed down from an initial number of about 30 during the initial development of the strategy. Participants were also invited to comment on whether they thought there were any missing priorities. The findings from this engagement were used to refine our final priorities for the Strategy.

A more detailed report on how the Strategy was developed and the outcomes of the public engagement can be found in the Berkshire West Engagement Report.

*The engagement task and finish group included: Healthwatch Reading, Healthwatch Wokingham, Healthwatch West Berkshire, Berkshire West CCG, Reading Voluntary Action, Involve Wokingham, West Berkshire Volunteer Centre, Community United West Berkshire, Berkshire NHS Healthcare Foundation Trust, representatives from the public health teams in each of the three local authorities.

OUR PRIORITIES

FIVE HEALTH AND WELLBEING PRIORITIES

*The jointly agreed five priorities over the lifespan of this Strategy which we
believe will bring the most positive impact to our health and wellbeing are as follows:*

1 REDUCE THE DIFFERENCES IN HEALTH BETWEEN
DIFFERENT GROUPS OF PEOPLE.

2 SUPPORT INDIVIDUALS AT HIGH RISK OF BAD
HEALTH OUTCOMES TO LIVE HEALTHY LIVES.

3 HELP CHILDREN AND FAMILIES IN EARLY YEARS.

4 PROMOTE GOOD MENTAL HEALTH AND WELLBEING
FOR ALL CHILDREN AND YOUNG PEOPLE.

5 PROMOTE GOOD MENTAL HEALTH AND WELLBEING
FOR ALL ADULTS.

These priorities are interrelated and interdependent, with priority number one of reducing the differences in health between different groups of people and the eight principles driving all implementation plans that fall under the other four priorities.

Health inequities are the avoidable differences in health outcomes, often shaped by influences beyond medicine and access to health services.

This includes factors that are primarily social – the conditions in which people are born, grow, live, work, and age, meaning that economic, environmental and social inequalities can all determine people's risk of getting ill. For this reason, reducing health inequity will act as a pillar, underpinning all that is done for the four other priority areas.

1

REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE

WHY IS IT IMPORTANT?

Health inequities are a matter of fairness and social justice[8]. It is the unfair and avoidable differences in people's health across social groups and between different population groups, often expressed as the "social gradient in health". In England, there are still significant unfair and avoidable inequities and in access to and experiences of NHS services.

Many people in our area experience health inequities. This may include groups who are economically disadvantaged, isolated young people, refugees and asylum seekers and people with physical disabilities or those who may find it harder to communicate. The relationship between a person, their wider environment and their health is shown in the Dahlgren and Whitehead model[9] on the right–health is influenced not only by choices that a person makes (such as smoking, or eating a healthy diet), but also by their living and working conditions and the community that surrounds them.

We know that people who experience health inequalities may often be those who are at high risk of bad health outcomes and so there is overlap between the groups identified above within this priority, and those who are also identified within Priority 2 of this Strategy: *Support Individuals at High Risk of Bad Health Outcomes to Live Healthy Lives*

Local efforts to reduce health inequalities means focussing on reducing gaps in healthy life expectancy amongst those who have the worst outcomes. Building fairer areas will ensure everyone has the best opportunity to live a long life in good health.

There are 3 key issues:

i.   Inequities in opportunity and / or outcome: some people don't get a good start in life, have fewer social opportunities, live shorter lives or have longer periods of ill health;

ii. Inequities and lack of access – some people cannot access services, don't know about them can't use them or need support to use them (for example, due to learning disability or sensory impairment).

iii. Covid-19 – its impact has exacerbated existing health inequities

WHAT YOU TOLD US:

Residents across Reading, West Berkshire and Wokingham considered reducing the differences in health to be an "extremely important" issue.

"Lack of income should not mean poor health

"Make (health and social care) services available to everyone"
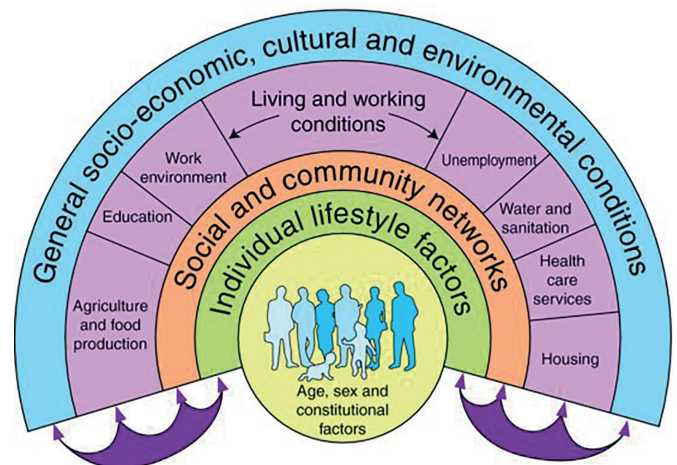
Model of social determinants of health [9]

REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE

WHAT ARE WE ALREADY DOING?

Reading, West Berkshire and Wokingham HWBs have all made significant efforts to reduce health inequalities. All three areas have worked with their residents, statutory organisations and voluntary groups to make sure that residents are empowered to decide where actions should be taken and in what manner to achieve fairness in their community. The three areas have also begun to use a Population Health Management approach; this makes use of rich local population health data to complement and inform these discussions and actions.

SPOTLIGHT

The Alliance for Cohesion and Racial Equality (ACRE)[10] in Reading, is a voluntary organisation that hosts an annual health inequalities conference.

They work to promote equality across nine strands including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation, all in order to build an increased sense of community in Reading.

Alafia, the ACRE Family Support Team, also works to support families caring for a child or young people between the age of 0-25 from all backgrounds.

TO MAKE A DIFFERENCE, WE WILL:

- Take a Health in All Policies approach[11] that embeds health across policies and various services. The aim of this approach is that the impact on health will be considered for all of the work that the council does, encouraging closer working relationships between statutory bodies and the voluntary and community sectors.

- Use information and intelligence to identify the communities and groups who experience poorer outcomes and ensure the right services and support are available to them while measuring the impact of our work.

- Continue to develop the ways we work with ethnically diverse communities, voluntary sector, unpaid carers and self-help groups that sit within Reading, West Berkshire and Wokingham.

- Ensure services and support are accessible to those most in need through effective signposting, targeted health education, promoting digital inclusion and in particular addressing sensory and communication needs. All in a way that empowers communities to take ownership of their own health.

- Assess how Covid-19 has differentially impacted our local populations, including through the displacement or disruption of usual services. We have to ensure access to these services are available to all during Covid-19 recovery. The implementation of this Strategy needs to work to mitigate the long term impact of Covid-19 on existing health and social inequities

2

SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES

WHY IS IT IMPORTANT?

Differences in health status between groups of people can be due to a number of factors[12], such as income, geography (e.g. urban or rural) and disabilities. The health needs of those groups at high-risk for bad health outcomes could place heavy and unpredictable demands on health services[13], and must therefore proactively be identified and addressed. The broad issues impacting groups at high risk are:

i. Lack of easy access to healthy activities and food;
ii. Limited availability of information about health and wellbeing services;
iii. Increased loneliness and isolation (exacerbated by COVID-19).
iv. Barriers to accessing GPs and primary health services;

People may experience different barriers to accessing services or support. Examples of these include physical barriers such as lack of transportation or barriers due to sensory or communication needs.

HOW DOES THIS IMPACT HEALTH INEQUITIES?

In order to close the gap between groups with existing health inequities, it is important to adopt a "proportionate universalism" approach[14]. This means allowing some form of effective targeting or tailoring of services to different groups that are at greater risk of bad health. This should take place within a broader universal framework, i.e. where the general services or provision is already available for all.

WHAT YOU TOLD US:

Supporting people facing higher risk to live healthy lives is a very important priority across Reading, West Berkshire and Wokingham. 35% of all survey respondents agreed that significant change is required within this priority area. People facing higher risk of bad health outcomes were identified as having a continuing or new need for support (including before and during Covid-19).

Our engagement with the public identified the following groups as being at high risk of bad health outcomes. We will prioritise supporting these groups to live healthy lives, depending on local context and need for each of the three local authorities:

- Those living with dementia
- People with learning disabilities
- Unpaid carers
- Rough sleepers
- People who have experienced domestic abuse

This is our Strategy for the next ten years and we recognise that the groups who are at higher risk may change over this time. We will actively engage with our communities during the life of this strategy, continuously learning and understanding the needs of our population in order to ensure that we are supporting those at highest risk, even if they are different to those groups that we are starting with.

SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES

WHAT ARE WE ALREADY DOING?

Although different groups may be targeted in Reading, West Berkshire and Wokingham, considerable steps have been taken in each area to ensure nobody falls between the cracks through ways that are most suited to local needs as well as joint working to meet common needs.

SPOTLIGHT

In Wokingham, provisions are in place to identify and effectively support those with Special Education Needs and Disabilities (SEND); a co-produced 2020-2023 SEND strategy is being executed to support CYP aged 0-25 years, their parents and carers. SEND Voices Wokingham is an example of a successful parent-carer forum which promotes participation and co-production in local governance by regularly representing or advocating for service users to service planners, commissioners and providers to design and deliver better services.

West Berkshire has recently refreshed its Domestic Abuse Strategy (2020-2023) to provide high-quality, evidence-based interventions for survivors of abuse and their families as well as training for local practitioners and communities to support those currently at risk. A2Dominion is the local Domestic Abuse Service provider that offers emotional and practical support through phone helplines, places of safety and independent domestic violence advisor support.

TO MAKE A DIFFERENCE WE WILL:

- Raise awareness and understanding of dementia, and ensure support for people for who have dementia is accessible and in place for them and their unpaid carers. We will work together to ensure the Dementia Pathway is robust, including pre-diagnosis support, improving early diagnosis rates, rehabilitation and ongoing support.

- Improve identification and support for unpaid carers of all ages. Work with unpaid carers and partner agencies to promote the health and wellbeing of unpaid carers.

- Work together to reduce the number of rough sleepers and improve the mental and physical health of rough sleepers and those who are homeless, through improved access to local services

- Prevent, promote awareness and provide support to victims of domestic abuse in line with proposals outlined in the Domestic Abuse Bill.

- Support people with learning disabilities, engaging with and listening to them, through working with voluntary organisations, in order to concentrate on issues that matter most to them.

- We need to increase the visibility of existing services and signposting to them, as well as improving access for people at higher risk of bad health outcomes, working with and alongside voluntary and community organisations who are supporting these groups.

3

HELP FAMILIES AND CHILDREN IN EARLY YEARS

WHY IS IT IMPORTANT?

Prevention and early actions are key to positive health outcomes. Setting the foundations for health and wellbeing for families and children in early years is crucial to ensure the best start in life for every child[15]. The first 1001 days[16] - from pregnancy to the first two years of a child's life - are critical ages for development. This sensitive window sets the foundations for virtually every aspect of human development – physical, intellectual and emotional[17].

Key improvements need to be made in:
i. Supporting new parents, including single parents, in the transition to parenthood;
ii. Ensuring access to effective interventions throughout the first 2 years of a child's life;
iii. Guaranteeing affordability and timeliness of services during and after COVID-19.

HOW DOES THIS IMPACT HEALTH INEQUITIES?

Inequities in child health and development start early; they exist at pregnancy, birth and during the early years. Not all children and families have the support they need for their children to be physically healthy, emotionally secure and ready to learn. Reasons for this are often social, including income and poor housing quality, and these factors can often accumulate over the lifecourse[18], having long term consequences on not only health, but also social outcomes such as educational attainment and employment. This is why it is so important to ensure we support families to provide as best a start as possible for their children, helping to break the cycle of reproducing health and social inequalities in the next generations and so building the foundations for a more equal society in the future.

WHAT YOU TOLD US:

Around 40% of all survey respondents across the three areas consider this priority to be an "extremely important" issue.

> "I would like to have help with childcare".
>
> "It's unclear what support is available."

WHAT ARE WE ALREADY DOING?

It is evident that children and young people (CYP) are our asset and a very cherished part of Berkshire West from the sheer number of partnerships, actions and advocacy at different levels surrounding "children, young people and their families locally.

In addition to the spotlight below, the three areas have committed to align the delivery of local health visiting and school nursing services (Healthy Child Programme), promoting a whole systems approach* to make it easier for children, young people and families to receive the care and advice they need.

*A whole systems approach is when partners and stakeholders, including communities themselves, are brought together to develop a shared understanding of the challenges they face, particularly looking at how different factors are interlinked. By taking the whole picture into account, actions and solutions are developed together, aiming to bring about sustainable, long term change.

HELP FAMILIES AND CHILDREN IN EARLY YEARS

West Berkshire Children Delivery Group and the ONE Reading CYP Partnership are working towards system change in their respective areas. This includes coordinating the contribution of partner agencies to shared visions, principles and priorities, promoting shared workforce development and information sharing. These organisations have also pushed to embed trauma-informed approaches* to CYP services and in school education programmes.

At the community level, different groups have also been providing training sessions and guidance to help practitioners to meet the diverse, complex needs of families. Areas of work which harness the expertise of voluntary groups range from mentoring to the provision of essential needs. The increase in voluntary sector capacity has increased community resilience and has helped to reduce pressures on specialist services.

* This approach assumes that an individual is more likely than not to have a history of trauma. It recognises the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life. A trauma-informed approach aims to provide an environment where a person who has experienced trauma feels safe and can develop trust.

TO MAKE A DIFFERENCE WE WILL:

- Work to provide support for parents and carers, during pregnancy and the early years, to improve personal and collective resilience using research and good practice.

- Ensure families and parents have access to right and timely information and support for early years health. Working with midwifery, Family Hubs, healthy visiting and school nursing to improve the health, wellbeing, developmental and educational outcomes for all children.

- Increase the number of two-year olds (who experience disadvantage) accessing nursery places.

- Ensure that our early years settings staff are trained in trauma-informed* practice and care, know where to find information or help, and can signpost families properly.

- Publish clear guidelines on how families can access financial help, including for childcare costs; tackling stigma around this issue where it occurs

*The King's Fund describes a trauma informed approach as aiming to provide an environment where a person who has experienced trauma feels safe and can develop trust. Individual trauma results from an event, series of events or set of circumstances that is experienced as an individual as physically or emotionally harmful or life threatening and has lasting adverse effects on the individual's functioning and mental. physical, social, emotional or spiritual wellbeing[19].

4

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE

WHY IS IT IMPORTANT?

The mental and emotional health of CYP is as important as their physical health and wellbeing. Mental health problems are a leading cause of disability in children and young people, and can have long-lasting effects; 50% of those with lifetime mental illness experience symptoms by age 14[20]. The three key issues affecting the mental and emotional welfare for local CYP are[21]

i. Limited access to mental health education and services to support children and young people and prevention services;
ii. Limited resources, service cuts and the impact of Covid-19 and the lockdowns on the ability to access service;
iii. The waiting time to access Child and Adolescent Mental Health Services (CAMHS).

HOW DOES THIS IMPACT HEALTH INEQUITIES?

Children from households in the poorest areas of Berkshire West are four times more likely to experience severe mental health problems than those from the richest areas[22]. Besides social factors, other important contributors to mental health and wellbeing amongst CYP include general health and physical activity. Inequalities in the rates of mental illness observed across ethnicities and sexual orientations of CYP also warrant urgent attention[23]. As stated, we know that mental health conditions that start at a young age often persist into later life and limit CYP's opportunities to thrive in both education and in the job market. Closing the gap in CYP mental health and wellbeing in Reading, West Berkshire and Wokingham will therefore be key to ensuring all CYP have the best chance of making the most of the opportunities available to them and fulfilling their potential.

WHAT YOU TOLD US:

Over 70% of people 45 years or younger and about 50% of all survey respondents considered good mental health and wellbeing for all children and young people to be an extremely important issue.

> "Not enough support in schools (for mental health)."
>
> "Many families struggle to support their children (with mental health issues)".

WHAT ARE WE ALREADY DOING?

The Berkshire West Future in Mind Plan, a Local Transformation Plan for CYP Mental Health and Wellbeing in Reading, West Berkshire and Wokingham. Its priorities are to:

● Raise awareness amongst children and young people, families / carers and services to improve confidence in providing informal emotional wellbeing support, as well as better identification and early intervention for children and young people needing additional support for their mental wellbeing.

● Improve waiting times and access to support, including developing support to bridge the gap for those on waiting lists for a mental health assessment or intervention.

● Recognise the diversity of the youth population across Berkshire West and improve both equality of access across all services and reduce stigma attached to mental health.

Page 82

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG

- Develop a systematic approach to hearing the voices of children and young people.

- Strengthen joint working to plan, commission, deliver and promote services which focus on the priority issues for children and young people across Berkshire West.

- Build Berkshire West 0–25-year-old comprehensive mental health offer and review transition arrangements for services offered.

TO MAKE A DIFFERENCE WE WILL:

- Aim to enable all our young people to thrive by helping them to build their resilience and have the skills to overcome normal life challenges and stresses without long term harm.

- Aim for early identification of those young people in greatest need, or at risk of developing a mental health condition, in order to intervene early to support them with their emotional wellbeing, build self-confidence and so prevent worsening mental health.

- Use evidence to support interventions at the individual, family and community levels to prevent and reduce the risk of poor mental health. We will also improve the equality of access across all services by recognising the diversity of our youth population

- Engage with staff, students, parents, the community and mental health support teams to inform interventions for emotional health and wellbeing, supporting a Whole School Approach to Mental Health[24] and embedding wellbeing as a priority across the school environment.

- Each local authority will proactively support the mental health and wellbeing of their looked after children and care leavers, adopting behaviours and attitudes, acting as any good parent would do by supporting, encouraging and guiding their children to lead healthy, holistic and fulfilled lives (Corporate Parenting Principles (ref 25)).

- Expand our trauma-informed approach among formal and informal service providers, including charities and voluntary organisations, supporting recovery and resilience in our children and young people.

- Improve the process for transition to adult mental health services for our young people, starting the planning early and including the young person themselves in order to provide the support to ensure that the process is as smooth as possible.

5

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS

WHY IS IT IMPORTANT?

Mental health problems in adults represent the largest single cause of disability in the UK[26]. Adults could be affected by mental health issues at any time. It impacts all aspects of our lives, and both influences and is influenced by physical health. Adult mental illnesses also have a ripple effect on their family, unpaid carers and wider society. In 2019/20, an estimated 17.9 million working days were lost due to work-related stress, depression or anxiety in Great Britain[27]. The key issues are[28]:

i. Lack of early identification of and intervention with mental health problems;
ii. Limited social networks have a significant impact on the health and wellbeing of people, and are a powerful predictor of death with evidence that adequate social relationships can help improve life expectancy;
iii. Improving the access, quality and efficiency of current services, including post Covid-19 mental health support.

HOW DOES THIS IMPACT HEALTH INEQUITIES?

Inequalities also exist in adult mental ill-health across protected characteristics, including sexual orientation, sex, ethnicity, and whether they belong in socially excluded groups (e.g. people experiencing homelessness, asylum and refugees). People with severe mental illness (SMI), such as psychosis and bipolar disorder, have a life expectancy of up to 20 years shorter than the general population[29].

Much like inequalities in physical health, mental illness is also closely linked to broader social inequalities which are complex and interrelated, such as unemployment, discrimination and social exclusion. Therefore, tackling mental health inequalities also requires addressing these broader social inequalities.

WHAT YOU TOLD US:

Over 70% of people of 35 years of age or older and about 50% of all survey respondents considered good mental health and wellbeing for all adults an "extremely important" issue, while more than 40% believe that significant further change is required.

> **"Ethnically diverse communities find it difficult to access mental health resources".**
>
> **"(physical health is) linked to mental health"**

WHAT ARE WE ALREADY DOING?

In times of a global pandemic, the lockdown social distancing and shielding measures meant that people had less opportunity to spend time with loved ones as before. Understanding their impact on mental health and wellbeing, voluntary and service sectors alike have prioritised combating loneliness and social isolation and expanded efforts to address mental health crises and suicide prevention as part of the Covid-19 response.

Across Berkshire West, during this time, our local services have proactively reached out to existing users for wellbeing checks. There has been an overwhelming and heartening response from volunteers in expanding the capacity of charities for befriending support. As we move forward, partner organisations of the three HWBs will remain vigilant and provide enhanced mental health and suicide prevention support around areas of heightened risk.

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS

Wokingham's Link Visiting Scheme is a charity dedicated to reducing loneliness through enabling friendships. Thanks to the immense support from local communities, the charity has seen an 80% spike in growth and has managed to respond to the quadrupled demand in services during the pandemic. From one-to-one phone calls that match volunteers to older people based on personality and interests, to online Friendship Cafes and craft sessions, the charity has seen many friendships blossom during the pandemic.

West Berkshire have signed up to the Prevention Concordat for Better Mental Health[30], working with different organisations to take a prevention focused approach to public mental health. A new Surviving to Thriving fund has also been set up in partnership with Greenham Trust to support projects that will help to reduce the impact of Covid-19 on mental health.

TO MAKE A DIFFERENCE WE WILL:

- Tackle the social factors that create risks to mental health and wellbeing, such as social stressors related to debt, unemployment, insecure housing, trauma, discrimination, as well as social isolation and loneliness, especially among the elderly.[31]

- Work with local communities, voluntary sectors and diverse groups to re-build mental resilience and tackle stigma of mental health; all in order to promote an informed, tolerant and supportive culture.

- Continue to recognise the importance of social connection, green spaces and understanding of different cultural contexts for mental wellbeing. We will increase social prescribing[32] by promoting access and signpost to activities that promote wellbeing, such as physical activity and stronger social networking to improve health.

- Improve access to, quality and efficiency of services available to all who need them, including improved digital offerings for those who can and prefer to use them.

- Work with professionals in workplaces and other settings; using a preventative approach to break down the barriers between physical and mental health, and ensure both are treated equally.

- Improve access to support for mental health crises and develop alternative models which offer sustainable solutions, such as peer mentoring or trauma-based approaches.

NEXT STEPS

THE ROAD AHEAD

As we transition into the post-pandemic era, we now need to look forward to the recovery of population health, rebuilding livelihoods and adapting to a new normal, whilst levelling health inequities across Reading, West Berkshire and Wokingham. In order to do this, each Health and Wellbeing Board will develop their own local delivery plans to implement this Strategy. These plans will be specific to each area, understanding how the five priorities fit in their communities and what local actions need to be taken. This will include the governance and accountability arrangements that will oversee the work.

This Strategy will actively engage with stakeholders to refresh itself on a cycle during its ten-year lifespan. This will ensure that the Strategy is able to meet the needs of our communities as they grow and change during this time.

STRENGTHENING PARTNERSHIPS AND COMMUNITY ENGAGEMENT AS A PLACE-BASED APPROACH

Improving the health and wellbeing of Reading, West Berkshire and Wokingham will always rely on local assets; it is not a task that can be achieved by the Health and Wellbeing Board alone. Faced with these challenges before us, now more than ever is the time to come together to work towards our common goals and recover from the pandemic. We want to strengthen existing partnerships, increase collective action, coordinate the management of common resources, share data and best practices and stimulate innovation at the local level.

We also want to build upon the many conversations we have had with local people and continue directly engaging and involving residents as a way of empowering communities to have a say, take control of their health, find solutions that work for everyone and support one another in this time of crisis. By adopting this place-based approach to health, we can maximise our resources, skills and expertise to increase the pace and scale of change required.
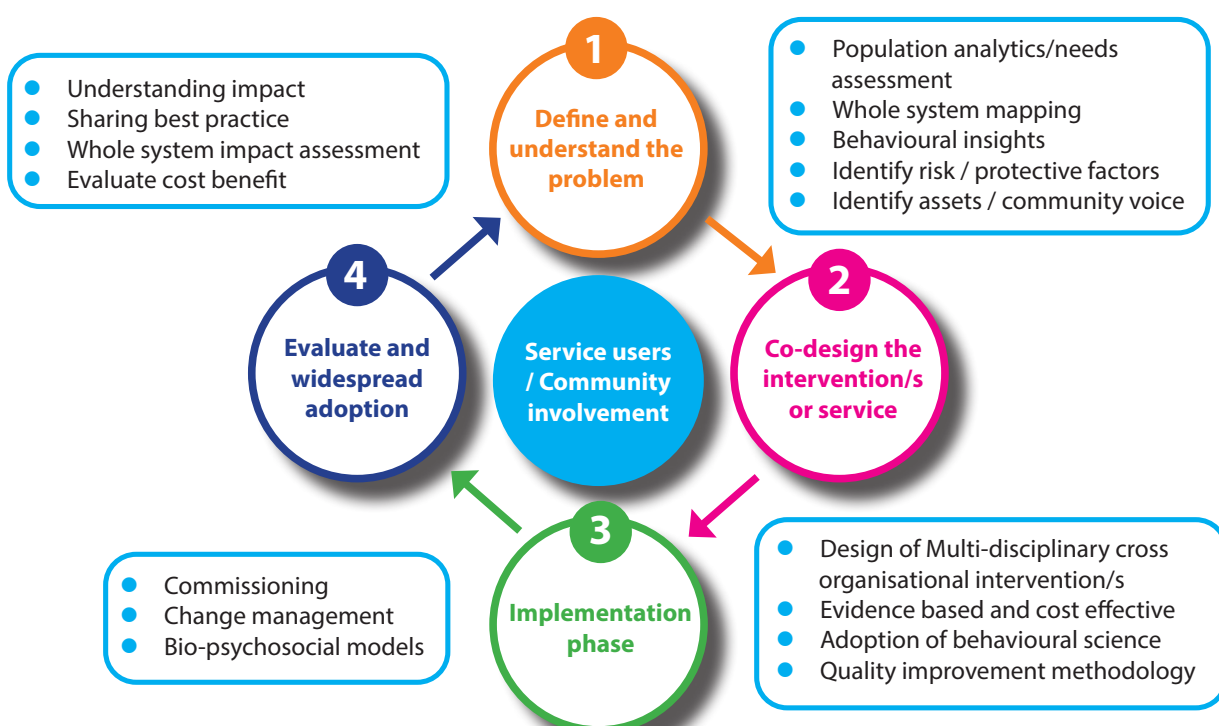
NEXT STEPS

HEALTH AND WELLBEING BOARD COMMITMENTS

Each Health and Wellbeing Board will work towards the five priorities in different approaches to adapt to their local context and reflect on local issues and concerns. Whilst there are specific priorities contained within this Strategy, our ambition is to embed prevention in all that we do. We will achieve this by adopting a public health approach, for each of the five identified priorities, the three HWBs will:

- Assess the current provision and gaps in services compared to national guidance or best practices ensuring that this Strategy coordinates with other strategies across the system and is complementary to those, rather than a duplication of them.

- Define how success may be measured by developing a robust outcomes and indicators framework. This will be presented as outcomes when measuring progress (including the direction of travel and targets), to enable sharper focus and opportunities for the three Boards to discuss progress in their local areas.

- Review the evidence on what works to get us to where we want to be.

- Identify opportunities for improvement.

- Consult the stakeholders for input on the draft implementation plan.

- Identify resources for implementation.

- Coordinate actions at the whole systems level in Berkshire West.

The diagram below represents a framework that will guide the work in delivering the Health and Wellbeing Strategy

1 Define and understand the problem

- Understanding impact
- Sharing best practice
- Whole system impact assessment
- Evaluate cost benefit

- Population analytics/needs assessment
- Whole system mapping
- Behavioural insights
- Identify risk / protective factors
- Identify assets / community voice

4 Evaluate and widespread adoption

Service users / Community involvement

2 Co-design the intervention/s or service

3 Implementation phase

- Commissioning
- Change management
- Bio-psychosocial models

- Design of Multi-disciplinary cross organisational intervention/s
- Evidence based and cost effective
- Adoption of behavioural science
- Quality improvement methodology

Page 87

REFERENCES

1.   https://www.who.int/news-room/fact-sheets/detail/mental-health-strength
        ing-our-response
2.   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6827626/
3.   https://fingertips.phe.org.uk/profile/health-profiles
4.   https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019
5.   https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-re view
6.   https://www.opml.co.uk/blog/five-lessons-for-local-governments-during-covid-19
7.   https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attac
        ment_data/file/960548/integration-and-innovation-working-together-to-im prove
        health-and-social-care-for-all-web-version.pdf
8.   https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives
        the-marmot-review
9.   https://esrc.ukri.org/about-us/50-years-of-esrc/50-achievements/the-dahlgren-whit
        head-rainbow/
10.   https://rva.org.uk/organisation/readingcre/
11.   https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attac
        ment_data/file/560598/Health_in_All_Policies_overview_paper.pdf
12.   https://www.kingsfund.org.uk/publications/what-are-health-inequalities
13.   https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH
        eng.pdf
14.   https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-015-0207-6
15.   https://heckmanequation.org/resource/invest-in-early-childhood-development-r
        duce-deficits-strengthen-the-economy/
16.   https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attac
        ment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days
        pdf
17.   https://www.gov.uk/government/publications/health-profile-for-england-2018/cha
        ter-4-health-of-children-in-the-early-years
18.   https://www.who.int/life-course/publications/life-course-approach-to-health.pdf
19.   https://www.kingsfund.org.uk/blog/2019/11/trauma-informed-care
20.   https://pubmed.ncbi.nlm.nih.gov/15939837/
21.   https://files.digital.nhs.uk/AF/AECD6B/mhcyp_2020_rep_v2.pdf
22.   https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/newcentury.pdf
23.   https://www.mentalhealth.org.uk/sites/default/files/MHF-tackling-inequalities-report
        WEB.pdf
24.   https://www.mentallyhealthyschools.org.uk/whole-school-approach/
25.   https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attac
        ment_data/file/683698/Applying_corporate_parenting_principles_to_looked-after
        children_and_care_leavers.pdf

REFERENCES

26.   https://www.england.nhs.uk/mental-health/adults/
27.   https://www.hse.gov.uk/statistics/causdis/stress.pdf
28.   https://www.gov.uk/government/publications/wellbeing-in-mental-health-applying all-our-health
29.   https://publichealthmatters.blog.gov.uk/2018/12/18/health-matters-redu ing-health-inequalities-in-mental-illness/
30.   https://www.gov.uk/government/publications/prevention-concordat-for-better-me tal-health-consensus-statement/prevention-concordat-for-better-mental-health
31.   https://focus.psychiatryonline.org/doi/10.1176/appi.focus.20150017
32.   https://www.england.nhs.uk/personalisedcare/social-prescribing/

APPENDIX

APPENDIX A

MEASURE	SOURCE
Total Resident Population	Office for National Statistics (2019)
Urban Population: *The percentage of people living in an urban area, based on the Rural-Urban Classification. The Classification defines areas as rural if they are outside settlements with more than 10,000 resident population, and as urban if inside such settlements.*	Department for Environment, Food and Rural Affairs (2011) https:¬/¬/www.gov.uk¬/government¬/collections-/rural-urban-classification Data
Population Aged 65+	Office for National Statistics (2019)
Ethnically Diverse Population	Office for National Statistics, Census (2011)
Children achieving a good level of development at early years	Department for Education (2019)- Statistics: Early Years Foundation Stage Profile https:¬/¬/www.gov.uk¬/government¬/collections-/statistics-early-years-foundation-stage-profile
Full time students age 18+	Office for National Statistics, Census (2011)
Total number of businesses	Office for National Statistics (2019)
Unemployment Rate	Office for National Statistics (2019)
Percentage of unpaid carers (1-50+ hours of unpaid care per week)	Office for National Statistics, Census (2011)
People with very good health	Office for National Statistics, Census (2011)

Berkshire West Health & Wellbeing Strategy 2021-2030
Reading Implementation Plans (2022 -2025)

Health and Wellbeing Board Priority 1	Reduce the differences in health between different groups of people			
Priority item description	What will be done – the task	Who will do it	By when	Data Source, indicator/ measure
1. Take a 'Health in All Policies' approach that embeds health and wellbeing across policies and services.	1.1 Develop a "Healthy Policies" working group to identify key factors that should be included in all service delivery policies to ensure equity of access and consistency of approach.	Lead: Public Health & Wellbeing Team supported by sub-groups: • Social Inclusion Steering Group • The Alliance for Cohesion and Racial Equality • Reading Voluntary Action • Healthwatch Reading • Reading Refugee Support Group • Community Participatory Action Research Project Team • Service User representatives	31st March 2023	No Measure

A Healthier and Happier Berkshire
Reading West Berkshire Wokingham

Reading Borough Council
Working better with you

		Lead: Reading Integration Board	31st March 2022	Equality Impact Reviews developed
2. Address the challenge of funding in all areas and ensure that decisions on changing services, to improve outcomes, does not adversely affect people with poorer health.	2.1 Work towards jointly funded and integrated services, engaging Voluntary Care Sector and other system partners to collaborate on solutions focussed outcomes.	Lead: Reading Integration Board • Integration Programme Managers • Reading Voluntary Action • Public Health & Wellbeing Team • Social Inclusion Steering Group • Social Impact and Voluntary Care Sector Board • The Alliance for Cohesion and Racial Equality • NHS and Local Authority Commissioning teams	31st March 2022	Equality Impact Reviews developed Evidence of joint funding Stakeholder engagement
	2.2 Stakeholder equality impact reviews to be undertaken when there are proposed changes to ensure anyone likely to be affected adversely has the opportunity to access appropriate support services.			
	2.3 Review Better Care Fund and Joint Funding arrangements on a regular basis to ensure clarity around the funding streams and availability.			
	2.4 Design services around the needs of those most at need drawing on the local Joint Strategic Needs Assessment			
3. Use information and intelligence to identify the communities and groups who experience poorer outcomes and ensure the right services and support are available to them while measuring the impact of our work.	3.1 Use a Population Health Management approach to identify people at risk of poorer outcomes (see Priority 2), sharing information with system partners to enable risk stratification and identify service gaps.	Lead: Reading Integration Board • Integrated Care Services at Berkshire West, Oxfordshire and Buckinghamshire [System level] • Health Inequalities Board • Integrated Care Partnership Berkshire West [Place level] • Reading Integration Board – Health Inequalities programme • Public Health & Public Health Management Analysts Sub-Group • Reading Community Learning Centre	30th September 2023	Dashboard Developed ONS Health Index (Healthy People, Healthy Lives, Healthy Places) Reading Adoption of standard policies working together across system partners to ensure consistent data categorisation and taxonomy to enhance data sharing. Accessible communication policy developed
	3.2 Develop services to meet the needs of the local populations to support health and wellbeing, ensuring these are accessible and well communicated within all communities and groups.			

A Healthier and Happier Berkshire
Reading West Berkshire Wokingham

Reading Borough Council
Working better with you

	3.3 Identify effective and General Data Protection Regulations (GDPR) compliant methods of cascading information to community services/groups to inform service delivery and development.	• The Alliance for Cohesion and Racial Equality • Community Participatory Action Research Project Team • NHS and Local Authority Commissioning Teams • Healthwatch Reading		
	3.4 An accessible information and communication policy developed, aligned with the NHS accessible information standard, to incorporate other indicators e.g., language, ethnicity), to ensure that we communicate with people in a way that meets their specific needs).			
	3.5 Engage Employment Services throughout the region through existing networks and collaboration to develop "Healthy People" frameworks to support people from a range of communities to identify their health and social care needs and engage with support networks and provide focused activities and opportunities for diverse ethnic communities and people from disadvantaged backgrounds.			
	3.6 Providing Population Health Management data to Primary Care Networks/GPs to enable a risk stratification approach to support people in accessing health services.			
4. Ensure an effective programme of NHS Health Checks and follow up support services that are designed to meet the needs of all people in the community, ensuring	4.1 Effective access to Health Check programmes for these groups of people: • Learning Disabilities (extended support for Carer time and transport where needed) • Dementia	Lead: Public Health & Wellbeing Team – Linking with: • Primary Care Networks • General Practitioners • The Alliance for Cohesion and Racial Equality	31st March 2023	Number of Annual Health Checks

appropriate communication and engagement methods that are culturally sensitive.	• Asylum Seekers / Refugees • Rough Sleepers • Minority ethnic groups	• Community Participatory Action Research Project Team • Mental Wellbeing Hubs within Primary Care Networks • Commissioning Teams • Project team for "Reading on the Move" vehicle		
	4.2 Identification of Barriers to accessing Health Checks (e.g., language, culture) (e.g., through community settings / Pop-ups at appropriate locations) to address priority areas of Dental health, Musculo-Skeletal Conditions, and offering ongoing "face to face" healthcare.			
	4.3 Health checks for people living with Dementia – annual NHS			
	4.4 Delivery of The NHS Cardiovascular Disease Health Check programme for those aged 40-74 years old, enabling appropriate lifestyle changes and referral to health improvement services and/or treatment plans to be put in place.			
	4.5 Health Equity audit to help inform service delivery, including the prioritisation of certain high-risk groups, likely to be most at risk of developing Coronary Vascular Disease – which also shares many common risk factors with Covid-19.			
	4.6 Development of risk stratification approaches to Coronary Vascular Disease which will also inform how we prioritise delivery of NHS Health Checks whilst continuing to offer a service to all adults aged 40 – 74.			

	4.7 Link into Mental Health workstream (Priority 5) to address common mental disorders (e.g., Anxiety, Depression, Post Traumatic Syndrome Disorder).			
	4.8 Supporting people to access NHS led health checks where this might be difficult for them.			
5. Continue to develop the ways we work with ethnically diverse community leaders, voluntary sector, unpaid carers, and self-help groups that sit within Local Authorities.	5.1 Develop an "Inequalities Working Group" to focus on engagement with our communities in respect of both Health and Social inequalities	Lead: Reading Integration Board supported by Public Health & Wellbeing Team – linking with: • Reading Voluntary Action • Reading Integration Board • Integration Programme Leads • Voluntary Sector Partners • Community Participatory Action Research Project Team • Carers Steering Group • Service User Representatives (tba)	31st March 2022	Number of Forums Number of Workshops Number of attendees Outcomes of Service User / Provider Assessments (see High Impact Change Model Statements* (see last page) **Full set of measures to be agreed**
	5.2 Working with the Voluntary Care Sector to hold 4 engagement forums (one per quarter) using a range of "I" and "We" statements* to assess effectiveness of an integrated service delivery and referencing the High Impact Change Model			
	5.3 Develop a range of "Information and Knowledge Sharing" workshops delivered by Voluntary Care Sector specialists to system partners.			
6. Ensure fairer access to services and support for those in most need through effective signposting, targeted health education and promoting digital inclusion, all in a way that empowers communities to take ownership of their own health.	6.1 Identify methods of accessing services for those who do not have access to digital platforms / are not digitally literate.	Lead: Public Health & Wellbeing Team – linking with: • Reading Borough Council's Digital Inclusion Group • Making Every Contact Count programme • Social Inclusion Group • Communications Team • End of Life Group • Ageing Well Steering Group • Hospital Navigators (Pilot programme commissioned by the	30th September 2022	Measures to be identified to demonstrate Improved outcomes for people in areas of high deprivation (Local Super Output Areas 1 – 3) Number of 4-week quitters Uptake of the Ageing well programme
	6.2 Provide support and education for those who are not digitally literate to enable access to services through this route.			
	6.3 Work with communities to develop services and resources that meet their needs			

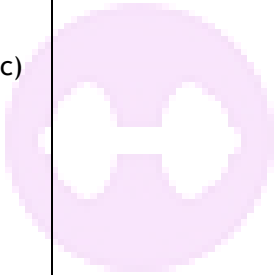|				
	6.4 Provide health education information in different languages and mediums in order to reach different communities	VRU) – links into mentoring programmes. • Social Impact & Voluntary Care Sector Board • Berkshire, Oxfordshire & Buckinghamshire – Digital Health Champions • Reading Voluntary Action • Social Prescribing Link Workers		
	6.5 Engage Community Advocates / Influencers to share "bite size" messaging about key health factors that impact our locality, including information on how to get help to address them.			
	6.6 Provide information and support to enable respectful conversations around end-of-life care. Effective links into the Ageing Well programme to offer a range of activities to support people to live well and Crisis support that facilitates access.			
	6.7 Embed and promote the newly commissioned "Stop Smoking" Service as smoking is a key driver of health inequalities.			
7. Increase the visibility and signposting of existing services and improve access to services for people at higher risk of bad health outcomes, whilst also providing pastoral support through faith-based organisations linked to health and social care services.	7.1 Social prescribers actively engaged in signposting to support services 7.2 Hospital navigators supporting people into long-term mentoring. 7.3 Promote and embed the Reading Services Guide into practice across the statutory and voluntary sector for people to access to either self-refer or ask for a referral via GP/Health & Social Care Professionals.	Lead: Public Health & Wellbeing Team - Linking with: • Commissioning Teams • Primary Care Networks • Community and Voluntary Sector partners • Hospital Navigators • Communications Team • Social Prescribing Link Workers • Community Participatory Action Research Project Team • Adult Social Care Wellbeing Hub	31st March 2023	Measures to be agreed Numbers of Social Prescribers in operation Google analytics monitoring of RSG Establishment of Community Advocates network Number of pop ups held Proposal for Reading Health on the Move vehicle produced

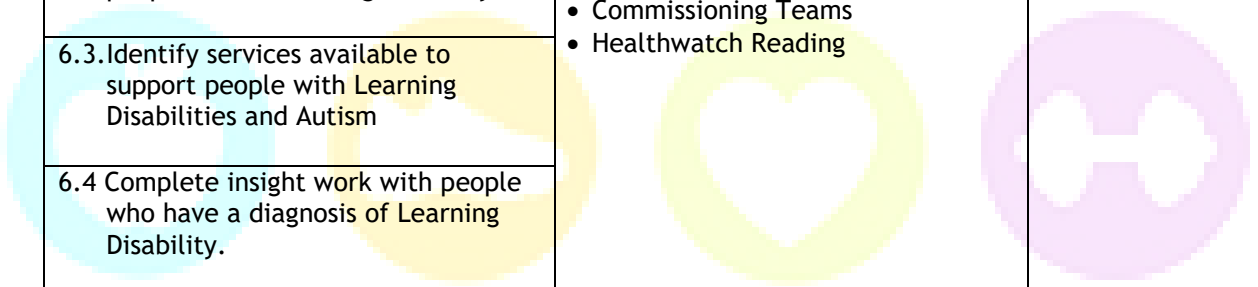|	7.4 Outreach to faith-based organisations to build a network of 'Community Advocates,' providing pastoral support to local communities.			
	7.5 Explore the provision of at "Reading Health on the Move" vehicle to provide "Pop-up" treatment and advice in areas of need.			
8. Monitor and assess how Covid-19 has differentially impacted our local populations, including through the displacement or disruption of usual services. Ensure health inequalities exacerbated by COVID-19 are addressed as we recover and ensure access to services.	8.1 Identify those groups who have been most disadvantaged as a result of the pandemic.	Lead: Reading Integration Board – supported and informed by: • Population Health Management - Health Inequalities Subgroup • Public Health & Wellbeing Team • Voluntary Sector Partners • Community Participatory Action Research Project Team • Communications • MENCAP (Learning Disabilities Assessments) • Long COVID Service– Multi-Disciplinary Team (Referrals from GPs)	31st March 2022	Public Health England WICH indicators – need to identify key indicators
	8.2 Prepare a delivery plan with a defined timeline to mitigate the long-term impact of Covid-19 on existing health and social inequities.			
	8.3 information available in accessible formats to share with system partners and people in the community.			

Health and Wellbeing Board Priority 2	Support individuals at high risk of bad health outcomes to live healthy lives			
Priority item description	What will be done – the task	Who will do it	By when	Data Source, indicator/ measure
1. Identify people at risk of poor health outcomes, using Population Health Management data and local data sources, as well as increase visibility of existing services, and signposting to those services, as well as improving access for people at risk of poor health outcomes.	1.1 Develop a data set and performance dashboards, using local and national data sources, to identify people who are at high risk of poor health outcomes.	Lead: Reading Integration Board – Supported by: • Public Health & Wellbeing Team • Population Health Management Subgroup • Performance & Analytics Teams • Integrated Care Partnership Long Term Conditions Programme Board • Multi-Disciplinary Team Project Team (through Reading Integrated Board Programme Plan) • Social Inclusion Steering Group • NHS Commissioned Health Outreach Liaison Team • Berkshire West Cancer Steering Group • Reading Cancer Champions Network • Healthwatch Reading Long Term Conditions Board	31st March 2023	Number of people reviewed through MDTs Number of Avoidable Admissions per 100k population. Healthy life expectancy Public Health Outcomes Framework – Slope Index
2. To raise awareness and understanding of dementia. Working in partnership with other sectors, we can introduce an integrated programme ensuring the Dementia Pathway is robust and extended to include pre diagnosis support,	2.1 Providing opportunity for Multi-Disciplinary Team (MDT) discussions within the Primary Care Networks in Reading, for complex cases, to make best use of resources. The MDT is made up of GPs, Mental Health Professionals, Social Care and Community Nursing staff as well as other professionals involved with primary care services.	Lead: Dementia Friendly Reading Steering Group – Linking with: • Dementia Champions (at Royal Berkshire Foundation Trust) • Dementia Partnership Group • Berkshire West Integrated Care Partnership – Dementia Programme Carer's Steering Group • Social Inclusion Steering Group • Tuvida Carers Hub	31st May 2022	60+ Diagnosis rate (available monthly - Statutory National dataset) Proportion of people with a Dementia Diagnosis who have had a Dementia Review Proportion of people with a Dementia Diagnosis who have had an NHS Health Check Under 65 Prevalence of Dementia (Fingertips – annual)

	2.2 Agree a clear process and pathway for stored/shared data with system partners to enable effective identification of those most at risk	• Age UK Berkshire • Age UK Reading • Alzheimer's Society • Memory Clinic (Berkshire Healthcare NHS Foundation Trust) • Healthwatch Reading • Older People Mental Health Team (Berkshire Healthcare NHS Foundation Trust)		
and improve early diagnosis rates, rehabilitation and support for people affected by dementia and their unpaid carers.	2.3 Address underlying risk factors by promoting opportunities (Reading Services Guide) and targeting interventions (e.g., obesity, smoking, cardiovascular diseases, cancer, and diabetes services)			
	2.4. Provide advice and support for people experiencing poverty or crisis, through online resources and already established services and community networks.			
	2.5 Identify non-clinical dementia pathway, to include rehabilitation and ongoing support.			
3. Improve identification and support for unpaid carers of all ages. Work with unpaid carers and partner agencies to promote the health and wellbeing of unpaid carers by giving them a break from their caring responsibilities, whilst allowing them to fulfil their caring role.	3.1 Develop a method of identifying and engaging with unpaid carers in the community who may benefit from support	Lead: Carer's Steering Group – Linking with: • Tuvida Carer's Hub • Narrowing the Gap Services • Social Inclusion Steering Group	31st March 2023	Number of carers registered with Carer's Hub Percentage of Carers who are Satisfied with services offered to carers. Number of respite care packages offered.
	3.2 Develop a range of engagement forums for Unpaid Carers			
	3.3 Provide Carer Respite programmes (incl. Learning Disability carers)			
	3.4 Ensure engagement and alignment across the system with the Charter for supporting Carers and the Care Pathway developed by Royal Berkshire Foundation Trust			
	3.5 Partner agencies to promote the health and wellbeing of unpaid carers.			
4. We will work together to reduce the	4.1 Work with voluntary sector, Police, and local services to identify rough sleepers in the locality,	Lead: Public Health commissioned Assertive Drug and Alcohol support service – Linking with:	31st March 2022 -	Statutory Homelessness rate per 1000 households Rough Sleeper count (Snapshot)

number of rough sleepers and improve their mental and physical health through improved access to local services.	4.2 Engage with rough sleepers through Outreach, to find out what their needs are and what support they would like.	• LaunchPad • NHS Commissioned Health Outreach Liaison Team • Reading Borough Council Housing Services • Voluntary Care Sector • Thames Valley Police • Service User representatives (tbc) • Healthwatch Reading		Number of people with a housing need referred to Mental Health Services or Change Grow Learn outreach team.
	4.3 Offer and promote education and support to rough sleepers to support their mental and physical health, including substance misuse services.			
	4.4 Identify opportunities for housing/ accommodation and employment.			
	4.5 Develop a plan to address the causes of homelessness to provide sustainable change – alignment with Govt. Funded Homelessness Pathway			
5 Prevent, promote awareness, and provide support to people affected by domestic abuse in line with proposals outlined in the Domestic Abuse Bill.	5.1 Provision of appropriate safe environments to support people affected by domestic abuse	Lead: Domestic Abuse Partnership Board Linking with: • Thames Valley Police • Berkshire Women's Aid • Alana House – Vulnerable women • Public Health Team • Reading Community Learning Centre • The Alliance for Cohesion and Racial Equality • RBC Communications • Social Prescribing Link Workers • Support You – LGBTQ+ • Healthwatch Reading • Talking Therapies • No5 Counselling		Number of Media Campaigns focussed on support for people affected by Domestic Abuse Level of engagement with media campaigns
	5.2 Local media campaigns to advertise the range of Domestic Abuse support available to both men and women using online resources such as the Reading Services Guide, local newspapers, Reading Borough Council's Facebook, and Twitter networks			
6 Support people with learning disabilities through working with voluntary organisations in order to	6.1.Run training sessions for all health and, council staff, voluntary sector, and business partners to understand and respond to the needs of people with learning disabilities, and their Carers *(Oliver McGowan Training*	Lead: The Autism Partnership Board – supported by: • Access & Disabilities Working Group Learning Disability Nurses • Learning Disability Partners Group	30th September 2022	Number of courses run. Number of participants and organisations who have taken part in training. Percentage of people with Learning Disabilities having a

concentrate on issues that matter most to them.	*roll-out for all Health and Care Staff).* 6.2. Work closely with the Voluntary Sector to improve outcomes for people with a learning disability. 6.3. Identify services available to support people with Learning Disabilities and Autism 6.4 Complete insight work with people who have a diagnosis of Learning Disability.	• Social Care Learning Disability Services • Reading Mencap • Talkback • Autism Berkshire • Commissioning Teams • Healthwatch Reading		Learning Disability Health Check. Percentage of people with Learning Disability in paid employment Percentage of people in settled accommodation.

Health and Wellbeing Board Priority 3	Help Families and Children in Early Years			
Priority item description	**What will be done – the task**	**Who will do it**	**By when**	**Data Source, indicator/ measure**
1. Explore a more integrated universal approach that combines children's centres, midwifery, health visiting as outlined in the Best Start for Life report. This will aim to improve the health, wellbeing, development, and educational outcomes of children in Reading	1.1 Exploration of family hubs incorporating Best Start for Life core principles to align with partnership priorities for under 5s in Reading including lessons learned during the COVID 19 pandemic	One Reading partnership will drive the strategy and involve wider agencies • Social Care • Education • Health • Public Health • Integrated Care Board • Reading Borough Council • Police • Voluntary Sector • Parents	Implementation plan by April 2022 subject to national funding Rollout dates will be incorporated into plan	National/population data Health and Wellbeing Dashboard: • Early Years Foundation Stage Profile Using identified Key Performance Indicators – from 2023/2024 data School Readiness, Take-up for 2-year-old funding.
2. Work to provide evidence-based support for mothers, fathers, and other carers to help prepare them for parenthood and improve their personal and collective resilience during pregnancy and throughout the early years.	2.1 Deliver National Childbirth Trust classes. Content reviewed by Royal Berkshire Hospital team and include feedback from mothers, fathers, and carers to develop classes. Deliver formal and informal support groups for new parents in Children's Centres including baby massage.	Royal Berkshire Foundation Trust Maternity services (Director of Maternity Services) Brighter Futures for Children (Under 5s Service Manager)	March 2023 March 2023	Health and Wellbeing Dashboard: • Royal Berkshire Foundation Trust data sources
	2.2 Deliver evidence-based parenting programmes • Mellow Bumps • Mellow Babies • Mellow Dads • Webster Stratton Incredible Years	Brighter Futures for Children (Under 5s Service Manager)	March 2023	Feedback from parents attending programme measuring confidence levels, knowledge, skills – pre and post intervention
	2.3 Deliver antenatal Young Mums to Be qualification to	Brighter Futures for Children/ Royal Berkshire Foundation Trust Maternity services	March 2023	Brighter Futures for Children

			help young parents prepare for parenthood	(Infant Co-ordinator/Specialist Midwife)		
	2.4	Deliver Easy English Classes for pregnant women from the Black Asian Minority Ethnic community	Reading Borough Council	March 2023	Reading Borough Council Attendance/completion data
	2.5	Signpost new parents to specialist maternity services including: • Chaplaincy • Smoking cessation • Kick Clinic for substance use • Specialist Rainbow service- preparing parents who have undergone previous loss. • Neonatal Consultants and Foetal Medicine team- preparing families for complications. • Deliver Parent classes/Resuscitation on the - Neonatal ward • Provide Neonatal- flats so parents can stay with baby for additional support before going home	Reading Borough Council / Royal Berkshire Foundation Trust Maternity services (Director of Maternity Services)	March 2023	Progress updates
	2.6	Provide advice to new parents on evidence-based ICON safe sleeping programme	Reading Borough Council / Royal Berkshire Foundation Trust Maternity services (Director of Maternity Services)	March 2023	Public Health England Child and Maternal Health data
	2.7	Safe sleeping campaign- targeting new Dads.	Reading Borough Council / Royal Berkshire Foundation Trust Maternity services (Infant Co-ordinator)	March 2023	Public Health England Child and Maternal Health data
	2.8	Develop additional Midwifery care teams- enables relationship building, trust	Reading Borough Council / Royal Berkshire Foundation Trust Maternity services (Director of Maternity Services)	March 2024	Connected Care Metrics

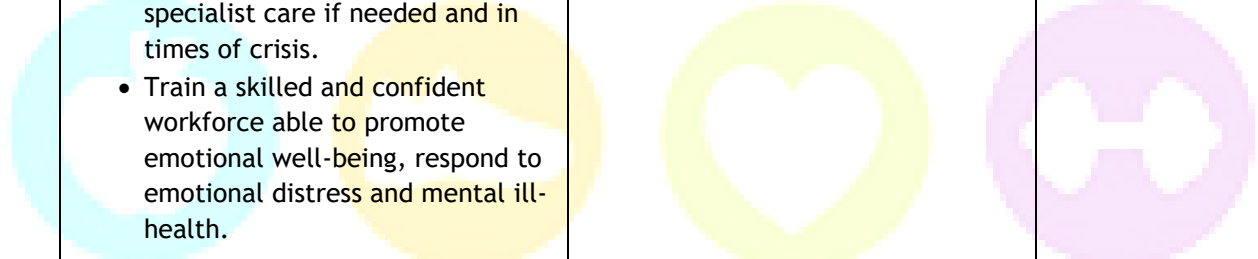|					
		and recognition of support needs for pregnant women			
	2.9	Provide additional Maternity Care Assistant support in community for parenting support.	Reading Borough Council / Royal Berkshire Foundation Trust Maternity services (Director of Maternity Services)	March 2023	Progress updates
3. Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading	3.1	Promote offer through Health Visiting contacts with parents especially 2-2.5-year-old Ages and Stages Questionnaires	Berkshire Health Foundation Trust (Children's Community Lead)	March 2023	Brighter Futures for Children 2-year-old take up data (termly) Department for Education take up data (termly)
	3.2	Develop Parent champion volunteer scheme in partnership with national charity CORAM to reach more families with 2-year-olds focusing on Black Asian Minority Ethnic communities.	Brighter Futures for Children (Under 5s Service Manager)	March 2022	Increase take up of entitlement specifically among BAME community
	3.3	Maintain high profile of two year offer through Family Information service and the Local Offer Family Information Service encouraging parents to secure alternative places where 1st choice settings lack capacity. A brokerage service to support parents to complete applications and locate provision.	Family Information Service/Brighter Futures for Children (Under 5s Service Manager)	March 2023	Brighter Futures for Children 2-year-old % take up data (termly)
	3.4	Two-year-old leaflets have been translated into most commonly used 11 languages including English, Arabic, Bengali, Chinese, Nepalese, Polish, Portuguese, Punjabi,	Brighter Futures for Children (Under 5s Service Manager)	March 2023	Brighter Futures for Children 2-year-old % take up data (termly

		Romanian, Spanish and Urdu. These will be used to promote the offer to local BAME community			
	3.5	Working with National Endowment for Science Technology and the Arts (NESTA) on a research project on 2-year-old funding entitlement	Brighter Futures for Children (Under 5s Service Manager)	March 2022	Brighter Futures for Children % take up 2-year-old entitlement
4. We will ensure that early year's settings staff are trained in trauma-informed practice and care, know where to find information or help, and can signpost families	4.1	Training action plan developed and implemented across all early year's settings and Childminders	Brighter Futures for Children (Under 5s Service Manager)	March 2022	Percentage of early years workforce who completed training
5. We will publish clear guidelines on how to access financial help; tackle stigma around this issue where it occurs.	5.1	Support families in financial difficulties via 1-1 family support	Brighter Futures for Children (Under 5s Service Manager)	March 2023	Parental feedback
	5.2	Family Information Service to signpost families to accessible financial support and guidance	Brighter Futures for Children (Under 5s Service Manager)	March 2023	Numbers referred and numbers accessing support-FIS data
	5.3	Incorporate financial support within the family hub/children's centre as part of the Best Start for Life strategy	One Reading Partnership (Under 5s Service Manager)	March 2024	Parental feedback and progress updates
	5.4	Poppy team – to provide information to families from numerous sources Allocate Continuity of care teams based in postcode areas with highest BAME and social and financial deprivation to provide	Royal Berkshire Foundation Trust Maternity services (Specialist Midwife)	March 2023	Parental feedback

	signposting information to women and families.			
6. Develop a speech, language, and communication pathway to support the early identification and low-level intervention to prevent later higher cost services	6.1 Action plans developed to address speech, language and communication needs in the early years through prevention and early intervention. 6.1.1 Develop a local multi-agency early years strategy which includes a focus on speech, language and communication.	One Reading Partnership Under 5s workstream (Under 5s Service Manager)	March 2023 March 2023	Health and Wellbeing Dashboard: Early Years Foundation Stage Profile data for speech, language and communication score
	6.2 Multi-agency workforce needs are being mapped across the early years, and specifically on speech, language and communication. 6.2.1 Carry out capacity and skills audits or training reviews with a focus on the role of health visitors, early years practitioners and teachers, family support in children's centres, Portage workers as well as specialist speech & language therapists.	One Reading Partnership Under 5s workstream (Under 5s Service Manager)	2023	Health and Wellbeing Dashboard: Early Years Foundation Stage Profile data for speech, language and communication score
	6.3 An identified partnership group has lead responsibility for developing the speech, language and communication pathway that will result in an overall multi-agency strategy, and this links to the work of the local authority and Clinical Commissioning Groups in relation to Children with SEND	One Reading Partnership Under 5s workstream (Under 5s Service Manager)	2025	Health and Wellbeing Dashboard: Early Years Foundation Stage Profile data for speech, language and communication score

7. Explore the systems for identification of need for ante natal and post-natal care of pregnant women and unborn/new-born babies to reduce non-accidental injuries	7.1	Exploration and analysis of current services and multi-agency working to understand gaps/duplication of services. Incorporate learning from "Myth of the invisible men" to develop integrated care planning across all agencies and thresholds	One Reading Partnership Under 5s workstream/Berkshire West Safeguarding Children's Board (Under 5s Service Manager)	March 2022	Progress updates
	7.2	Provide centralised information for expectant/new parents on Brighter Futures for Children website including links to partners and external sources of information	Brighter Futures for Children (Infant Co-ordinator)	September 2022	Progress updates
	7.3	Link with Maternity voices forum to understand the views of expectant/new parents to help shape future delivery of services where appropriate	Brighter Futures for Children (Infant Co-ordinator)	March 2022	Insight work report – progress updates and summary

Health and Wellbeing Board Priority 4	Promote Good Mental health and Wellbeing for All Children and Young People			
Priority item description	What will be done – the task	Who will do it	By when	Data Source, indicator/ measure
1. Provide early intervention for children and young people with the right help and support at the right time	1.1. Continue to develop and set up trailblazer Mental Health Support Teams that covers schools in West Reading, South & East of Reading to: • Develop a whole school or college approach to mental health Focus on prevention and early action to promote resilience among children, young people, families and carers. • Promotion of resilience: supporting children to support themselves with healthy coping strategies such as exercise, peer support, relationships, mindfulness. • Provide timely advice to school and college staff to help children and young people to get the right support and stay in education • Deliver evidence-based interventions for mild to moderate mental health issues • Provide training and workshops to schools, children, young people and parents. • Use the THRIVE model of Getting Support, Advice, and Getting Help in THRIVE model. • Proactive Prevention and Promotion. Needs are met early.	Brighter Futures for Children	July 2023	Number of schools Number of referrals in quarter Average waiting in quarter Number of outcomes recorded in quarter Average outcome score in quarter Total referrals to all Mental Health Support Teams

	• Focus on prevention and early action to promote resilience among children, young people, families and carers, whilst ensuring access to appropriate specialist care if needed and in times of crisis. • Train a skilled and confident workforce able to promote emotional well-being, respond to emotional distress and mental ill-health.			
	1.2 Parent workshops and signposting to mental health resources and self-care / self-help resources (as part of Schools Link Mental Health Project) • Parents that attend workshops feel more confident in understanding and supporting their child's emotional wellbeing needs • Parent carers have a publicised offer of mental health and emotional wellbeing modules to attend • Overcoming your child's anxiety workshops for parents.	Brighter Futures for Children	2023	Quarterly reports
2. Support settings and communities in being trauma informed and using a restorative approach.	2.1 Continue to work with schools and partners (formal and informal service providers, charities and voluntary organisations) to ensure trauma informed approach becomes better understood and embedded in thinking and responses through the following: • Embed trauma informed and restorative approach across Reading	One Reading Partnership Supported by S3 group	July 2023	Progress update

A Healthier and Happier Berkshire
Reading West Berkshire Wokingham

Reading
Borough Council
Working better with you
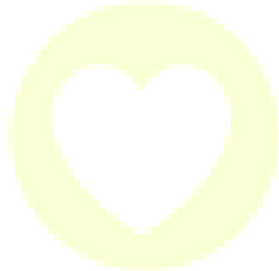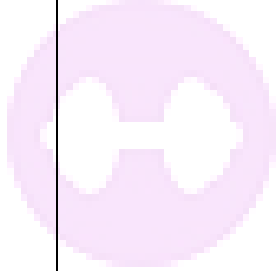
	• An accessible and well communicated trauma informed EWB and mental health offer for children and young people and families that is responsive to need.			
3. Coproduction and collaboration with Children and Young People, families, communities and faith groups to shape future mental health services & in delivering transformation of mental health and emotional wellbeing services	3.1.1 We will work with children, young people, and families in developing our responsive offer and empower them in taking control of their emotional wellbeing and growing resilience. 3.1.2 Work with Berkshire MIND to set up separate Parent and children/ young people's advisory groups to help us develop our approaches and services. 3.1.3 We will run parent workshops to provide information, peer support, access to specialists and promotion of resilient families, parents, carers and siblings. 3.1.4 Build on community strengths and assets, 'It takes a village to grow a child'. 3.1.5 We need a partnership and systems approach to mental health and emotional wellbeing. Advice, support and help need to be in place across Reading, in the community, in school, families, friendship groups, faith and community groups. 3.1.6 Purchase the OxWell mental health survey for 2021. Put in place OxWell 2020 report recommendations (received Jan 2021) 3.1.7 Provide mental health support that children and young people and their families want to access where and when they want it,	Brighter Futures for Children	August 2023	Progress update

	i.e., options for within schools and colleges, community, online, at home. 3.1.7 Community engagement – learning from communities and engaging them in everything from strategy development to service delivery. Scoping exercise to find out where they currently get information and support from; What information and support do they want/need about mental health; how can the wider community support Children and Young People's mental health?			
4. Develop an easy to navigate local mental health and emotional wellbeing offer for children, young people, parents, carers and professionals/practitioners.	4.1. Develop an accessible and well communicated trauma informed emotional wellbeing and mental health offer for children and young people and families that is responsive to need • Easy access to advice, guidance, self-help, and responsive services. • Support is offered at the earliest opportunity • Include information on transition to adult services.	Brighter Futures for Children	August 2023	Progress update
5. Identify & provide services for targeted populations i.e., the most vulnerable children & young people to ensure equality of access to support and services	5.1.Learning Disabilities with/without autism Learning Disabilities Children and young people with a learning disability are three times more likely than average to have a mental health problem. • Gap analysis: scope level of need not currently being met through existing services • Review examples of targeted support this cohort of Children	Brighter Futures for Children	August 2023	Progress updates Unplanned placement changes 3+ placement changes

		and Young People and working with the LDA initiatives (e.g., key workers and an intensive support service) propose the service offers we need to augment or set up fresh to meet this need e.g., East Berkshire. • Work with partners including the NHS in development of Learning Disability and Autism service. • Work with The Avenue School and parents through appreciative enquiry. • Using evidence to support interventions: Specialist schools have monitoring measures in place to measure change in wellbeing.			
	5.2.	Autism 70% of children with autism and 80% of adults with autism have at least one mental health condition. The Autism Growth Project will enable schools to recognise the strengths and needs of Children and Young People with autism, resulting in a more positive experience for them. • Contribute to the Autism strategy • Focus on the Autism Growth project with lead schools in 21.22 • Universities contacted. Reading University have expressed interest in possibly offering	Brighter Futures for Children	August 2023	

	awards (modular Masters degrees). • Promote the voices of Children and Young People with neurodiversity • Support Special United with their blog/ Vlog on being autistic.			
	5.3. LGBTQ+ With growing numbers of Children and Young People in the LGBTQ+ community we need to work with the relevant organisations and leaders co-produce an action plan to raise the profile and access arrangements for these Children and Young people P and their families to help and support. • We will work with local groups, national representatives of LGBT+ groups, and service users to understand views of how MHEW services can be tailored to be more accessible and user friendly. • Co-produce action plan to raise profile and access arrangements to help and support. • Models of interventions are compared, and local data analysed in order to make strategic decisions.	Brighter Futures for Children	August 2023	
	5.4 Ethnic minority groups • Review current access • Co-produce action plan to raise profile and access arrangements to help and support.	Brighter Futures for Children	August 2023	

	• Contact Alafia (ACRE) and faith group leaders; Close contacts within the Black Asian and Minority Ethnic communities are made and training and workshops are agreed. • Commission local voluntary, faith and community groups to enable us to work with our local diverse groups in facilitating a non-judgemental acceptance of MHEW needs, a greater understanding of recognition and strategies, and enabling access to resources.			
	5.5 Young men's group • Restart Young Men's groups at Reading College in Autumn term 2021. • Reduce stigma around young men accessing MHEW support services and talking about MHEW. • Dad's Adverse Childhood Experiences workshop delivered to 6 dads in 2 groups.			
	5.6. Develop the new Children Looked After mental health & emotional wellbeing service - A new joint funded Children Looked After Mental health service for Reading is being set up to go live April 2022 as a system wide joint transformation programme, the Children Looked After service offer has been co-produced with Children and Young People, Local Authorities and Berkshire Health Foundation Trust, the offer is agreed and jointly			Reduction in unplanned placement changes/Reduction in 3+ placement changes.

	funded by Clinical Commissioning Group/NHS and Local Authorities.			
6. Recovery after Covid-19 / Adolescent mental health	6.1. Adolescent mental health The mental health & emotional wellbeing of children and young people has been significantly impacted by the COVID-19 crisis, many of whom are now not engaged in education Set up an Emotionally Based School Avoidance service for adolescents not attending school, due to emotional wellbeing or existing mental health concerns.	Brighter Futures for Children	July 2023	No of children worked with who aren't attending school Percentage (%) re-engaged into education
7. Local Transformation Plan	7.1 Ensure achievement of Berkshire West multiagency shared mental health action plan. • A significant system review of the emotional wellbeing and mental health offer has been completed that significantly impacting on the forming of the 9 transformation priorities. • Create a single access and decision-making partnership arrangement • Tackling the waiting times in both specialist/ Core Child and Adolescence Mental Health Services • Meeting the Eating Disorder waiting times for response to referrals • Mobilising a Community Home treatment offer 24/7 access standard for Crisis cases • Mobilising 2 further Mental Health Support Teams • Meeting the COVID surge demand as it arises (tied to 3 &5)	Brighter Futures for Children	July 2023	Progress update

	• Addressing gaps in access and service offer due to inequalities • Strengthening our adolescent to young adulthood offer (16 – 25)			

Health and Wellbeing Board Priority 5	**Promote good mental health and wellbeing for all adults**			
Priority item description	What will be done – the task	Who will do it	By when	Data Source, indicator/ measure
1. Raise mental health awareness and promote wellbeing	1.1 Further develop local accessible, culturally appropriate and practical resources, including lessons learned during the COVID-19 pandemic and guidance on what works and what is available to Reading residents, including: 1.1.1 Ongoing development of the Reading Services Guide for promotion and signposting 1.1.2 Guidance on how to access mental health support, including paper Z card. 1.1.3 A refreshed ReadyFriends Toolkit, developed by Reading Voluntary Action 1.1.4 Wellbeing toolkits and resources, such as Sport in Mind's journals, No5 Mental Health Workshops. Psychological First Aid, Mental Health First Aid and Mental Health Awareness courses for target groups.	Lead: Mental Wellbeing Group Reading Borough Council Mustard Tree RVA Sport in Mind, No5 Young People, Reading Community Learning Centre, Alliance for Cohesion and Racial Equality, Compass Recovery College	Twice a year	RSG: Distribution and coverage (Google analytics) Number of courses Action plan updates from partners
	1.2 Recognise the importance of social connection, green spaces	Lead: Mental Wellbeing Group • Public Health and Wellbeing team, Reading Borough Council	Twice a year	Number of people engaging in relevant activity with Reading Green Wellbeing Network,

	and arts and cultural activities for mental wellbeing. 1.2.1 Promote access and signpost to activities that promote wellbeing, such as physical activity and stronger social networking 1.2.2 Develop and increase use of community and green spaces for wellbeing 1.2.3 Improve the availability and promotion of arts and cultural activities for wellbeing	• Reading Green Wellbeing Network • Libraries • Berkshire West Integrated Care Partnership • Compass Recovery College • Age UK Berkshire • Enrych Berkshire • Engage • The MERL • No5 Young People		Sport in Mind, Age UK Berkshire, Engage and Compass Recovery College Action plan updates from partners
	1.3 Break down the barriers between mental and physical health 1.3.1 Promote access and signpost to physical activity that promotes wellbeing (including Reading Borough Council's physical activity and adult Weight Management Programme) Increase uptake of annual health checks for people with serious mental illness and ensure appropriate behavioural support is available e.g., smoking cessation.	Lead: Mental Wellbeing Group • Public Health and Wellbeing team, Reading Borough Council • Sport in Mind • Get Berkshire Active • Reading Green Wellbeing Network • Berkshire West Integrated Care Partnership		Health and Wellbeing Dashboard: • Tier 2 weight management performance indicators Annual health checks for people with serious mental illness using Connected Care data from the Integrated Care System
	1.4 Reduce mental health stigma 1.4.1 Develop culturally tailored mental health awareness through new campaigns and resources 1.4.2 Support and enhance a preventative approach in workplaces. Engage local businesses in training offers and raise the profile of healthy work environments as a way of	Lead: Mental Wellbeing Group • Reading Borough Council • Alliance for Cohesion and Racial Equality • Reading Community Learning Centre • Compass Recovery College • Berkshire Healthcare Foundation Trust • Talking Therapies	Twice a year	Action plan update from partners, including: • Number of campaigns held • Number of resources developed • Be Well Engagement levels • Number of people trained for mental health first aid

		addressing loneliness and social isolation, including access to employment for all, adapting to virtual or remote working, and drawing on best practice to find new ways to support employee wellbeing which build on lessons learned during the COVID-19 pandemic. Link to new mental wellbeing campaign (Be Well) to connect people from all backgrounds with local support and reduce stigma.	• Loneliness and social isolation steering group • Sport in Mind (Red January) • Job centre plus • No5 Young People		• Updates from Loneliness and social isolation steering group Health and Wellbeing Dashboard: • Narrowing the gap indicators
	1.5	Support the development of a new Berkshire West Mental Health Needs Assessment, to be published on the Reading Joint Strategic Needs Assessment and review and update the Reading Joint Strategic Needs Assessment content on Loneliness and Social Isolation, including local research.	Lead: Reading Borough Council Loneliness and Social Isolation Group	September 2022	Completed Berkshire West Mental Health Needs Assessment on the Reading Joint Strategic Needs Assessment Contributing data: No5 Young People, Citizens Advice Bureau, Launchpad, Reading Refugee Support Group
2. Address social factors that create risks to mental health and wellbeing, including social isolation and loneliness	2.1 2.1.1	Ensure residents have access to financial support and advice (e.g., benefit entitlement, debt advice, unemployment) Explore how more in-depth information could be collected around mental health referrals via Reading Borough Council Debt Advice Team.	Lead: Reading Borough Council Debt Advice Team • Citizens Advice • Communicare • Compass Recovery College • Reading Refugee Support group	Twice a year	Action plan update from partners Developed indicators/ referral pathways RRSG metrics - WEMWBS
	2.2	Work with Reading Borough Council Housing Needs support and advice service and partners to understand gaps	Lead: Reading Borough Council Housing Needs support and advice service	Twice a year	Action plan update from partners Referrals to Change Grow Learn outreach team

A Healthier and Happier Berkshire
Reading West Berkshire Wokingham

Reading Borough Council
Working better with you

		and links to poor mental health and wellbeing (e.g., reason for eviction) Explore and develop the pathway between homelessness, referrals to Change Grow Learn, diagnosis, and use of mental health services.			Developed indicators/ referral pathways Berkshire Healthcare Foundation Trust Housing indicators and linking to Learning Disability Partner metrics: Launchpad, Citizens Advice Bureau
	2.3	Work with Brighter Futures for Children in coordination with the action plan for Priority 4: "Promote good mental health and wellbeing for all children and young people" to ensure adult mental health support services engage with transitions, trauma and adverse early life experiences. Brighter Futures for Children representative will feed into the Mental Wellbeing Group, to collaboratively identify next steps for transition arrangements, pathways and offers.	Lead: Brighter Futures for Children Mustard Tree No5 Young People	Twice a year	Action plan update from partners Brighter Futures for Children indicators Developed referral pathways
	2.4	Work with the Voluntary and Community Sector and diverse groups to rebuild mental resilience and tackle racial discrimination and social exclusion. Including via funding such as Narrowing the Gap, Community Participatory Action Research and associated actions, Wellbeing champions, mental health awareness courses, CEV mental health training offer and small grants from Compass Recovery	Lead: Mental Wellbeing Group • Reading Borough Council • Reading Community Learning Centre • Alliance for Cohesion and Racial Equality • Reading Refugee Support Group • Narrowing the Gap III • Community Participatory Action Research • Compass Recovery College • No5 Young People	Twice a year	Action plan updates from partners Health and Wellbeing Dashboard: • Narrowing the Gap III indicators

		College, No5 Young People Covid Conversations.			
	2.5	Raise awareness of interventions that address Loneliness and Social Isolation using various platforms to raise awareness of Loneliness and Social Isolation, including professionals' meetings, engagement events, training, awareness days.	Loneliness and Social Isolation Steering Group		Updates from Loneliness and Social Isolation Group.
3. Focus targeted support on groups at greater risk of experiencing mental health challenges, loneliness and social isolation and health inequalities in order to support early identification and intervention	3.1.1	Use the new Reading mental health needs assessment and Narrowing the Gap priorities to determine priority of at-risk groups and further actions/indicators.	Lead: Mental Wellbeing Group • Community Participatory Action Research • Compass Recovery College	December 2022	Needs assessment used to review commissioned services that target support to the listed priority groups
	3.1.2	Develop a framework for how priority groups are identified, to align the Health and Wellbeing Strategy, Reading Mental Health Needs Assessment and Mental Wellbeing group's strategic priorities.			Framework completed and published (To include Reading Refugee Support Group, No5 Young People, Citizens Advice Bureau, Launchpad, and other local metrics)
	3.1.3	Review research from Community Participatory Action Research project with ethnic minority groups			Review completed
	3.1.4	Use framework to identify targeted support and priority groups, including but not limited to, with the aim of influencing commissioning and funding of targeted services. • Rough sleepers • People who are not literate • People who speak little or no English • People whose first language is British sign language			Priority at risk groups identified

Interventions adapted to engage high risk groups

Action plan updates from partners on framework and priority groups |

|					
		• People providing unpaid care to adults or children with additional needs • People who have experienced domestic abuse • People with a physical, sensory or learning disability • People with Severe Mental Illness • People with eating disorders • Areas of high economic disadvantaged • Perinatal mental health • Older People • Isolated women from South Asia • Working age men of African heritage • Women at risk of offending • Nepali men and women with diabetes			
	3.2.	Link into the Berkshire Suicide Prevention strategy to reduce risk in groups identified as being at high risk of death by suicide and tailor mental health support to meet the specific needs of different sections of the community. Completed through attendance at Berkshire Suicide Prevention group meetings (quarterly) to ascertain how the Mental Wellbeing Group can implement elements of the Suicide Prevention strategy in Reading and what support and signposting can be offered.	Berkshire Suicide Prevention group	Twice a year	Action plan update Berkshire suicide Prevention indicators

4. Foster more collaborative working across health, care and third sector services to recognise and address mental health support needs	4.1.	Develop the Social Prescribing Forum to share information and resources across social prescribing link workers and the Primary Care Networks to raise awareness of the social prescribing ethos.	Lead: Reading Voluntary Action • Thriving Communities • Age UK Berkshire	Twice a year	Number of referrals made to social prescribers and then out into local mental health and wellbeing support (Reading Voluntary Action /Age UK Berkshire
	4.2.	Continue to develop joint working between the Adult Social care "front door" (first point of entry) service into mental health teams.	Leads: Adult Care and Community Mental Health Teams, Reading Borough Council	Twice a year	Representatives from relevant teams attend Mental Wellbeing Group and feed in their indicators
	4.3.	Develop how service users are referred from Adult Social Care to the Voluntary Community sector for preventative and maintenance support.	Leads: Adult Care and Community Mental Health Teams, Reading Borough Council Mental Wellbeing group	Twice a year	Representatives from relevant teams attend Mental Wellbeing Group and feed in their indicators
	4.4.	Develop joint working between healthcare and the voluntary sector through networking opportunities, engaging with decision making, and awareness raising of voluntary sector services	Lead: Berkshire Healthcare Foundation Trust, Royal Berkshire Foundation Trust	Twice a year	Voluntary sector is enabled to network, engage with decision making and raise awareness
	4.5.	Increase access to support for mental health crises by linking into Berkshire West Integrated Care Partnership mental health crisis support and promoting NHS111 and Breathing Space.	Leads: Berkshire West Integrated Care Partnership and Together UK Berkshire Healthcare Foundation Trust	Sept 2022	Action plan updates Reported growth of NHS111 and Breathing Space
	4.6.	Representative from mental wellbeing group to collaborate with Berkshire Healthcare Foundation Trust partnerships group to deliver a new comprehensive community based mental health model.	Lead: Community Mental Health Programme Manager, Berkshire Healthcare Foundation Trust	Jan 2024	Progress reports, annually Community based model delivered
5. Develop and support peer support initiatives, befriending and volunteer	5.1	Raise awareness amongst existing and emerging groups offering peer support and befriending	Lead: Mental Wellbeing Group • Ready Friends and Advice Service at Reading Voluntary Action	Twice a year	Action plan updates

schemes, recognising the impact of COVID-19 on smaller Voluntary Community Sector groups in particular	schemes of opportunities to access: • Funding • Information • Advice / Support • Training Non-accredited learning opportunities (e.g., peer mentoring, acquisition of language and practical skills to increase confidence)	• Age UK Berkshire • Engage • Starting Point • Reading Borough Council • Reading Voluntary Action, Social prescribing • Thriving Communities • Reading Community Learning Centre • Alliance for Cohesion and Racial Equality		Narrowing the Gap service indicators
6. Build the capacity and capability across the health and social care workforce to prevent mental health problems and promote good mental health	6.1 Raise awareness of existing training and set up a task and finish group to share resources: • South Central Ambulance Service training • Suicide prevention training • Making Every Contact Count • Primary Care Network standardised training offer • Mental Health and Wellbeing i-Act training that has been delivered to Local Authority staff. • Berkshire West Integrated Care Partnership training for Severe Mental Illness Physical Health Checks for primary care staff Berkshire Healthcare Foundation Trust Severe Mental Illness health education events and bite sized training.	Lead: Reading Borough Council • Berkshire West Integrated Care Partnership	Twice a year	Number of training programmes delivered Number of staff trained in each programme each quarter Development of a task and finish group
	6.2 Stay up to date with the mental health expert reference task and finish from the group Berkshire Universal Training offer.	Lead: Reading Borough Council Berkshire West Integrated Care Partnership	Twice a year	Number of training programmes delivered Number of staff trained in each programme each quarter
	6.3 Stay up to date with Buckinghamshire,	Lead: Reading Borough Council	Twice a year	Number of training programmes delivered

		Oxfordshire and Berkshire West Wave 4 monthly meetings regarding mental health education and training via attendance representation	Berkshire West Integrated Care Partnership		Number of staff trained in each programme each quarter
	6.4	Mental Wellbeing Representative to stay up to date with Berkshire Healthcare Foundation Trust React Mental Health conversation training and staff health and wellbeing network. Representative to feedback involvement avenues to partnership (e.g., Presenting at Continued Professional Development sessions)	Lead: Reading Borough Council Berkshire West Integrated Care Partnership	Twice a year	Number of training programmes delivered Number of staff trained in each programme each quarter
7. Support people affected by COVID19 with their Mental Wellbeing and associated loneliness and isolation.	7.1	Continue to sign post people to and support people through available courses, workshops and support services	Lead: Mental Wellbeing Group • Compass Recovery College • Reading Borough Council • Reading Borough Council Clinically Extremely Vulnerable funded organisations • Berkshire Healthcare Foundation Trust (Mental Health First Aid - both Adult & Youth) • Reading Voluntary Action, Social prescribing • Thriving Communities • No5 Counselling	Twice a year	Action Plan update Clinically Extremely Vulnerable funded organisations reporting (if available) Results from resident's survey – to suggest building community feedback to ensure what services are available and that adequate support and services are available How many people are being supported through community support courses and engagement activities (E.g., via Place survey from neighbourhoods' team or citizens panel)
	7.2	Develop support to address social anxiety in people who have isolated for lengthy periods as a result of COVID-19			
	7.3	Explore and resource options for more front-line training for Voluntary and community sector staff, in order to build resilience, improve the quality of supervision provided to frontline staff and volunteers and ensure sector are equipped to have conversations around anxiety, mental health and wellbeing.			
8. Develop local metrics to measure progress which are linked to Reading Mental Health Needs Analysis	8.1.	Consider and share how different organisations collate measures of mental health and wellbeing, including the impact of local interventions to increase knowledge and consistency around impact measurement. To	Lead: Mental Wellbeing Group • Thriving Communities • Berkshire Healthcare Foundation Trust	Twice a year	Partners have greater awareness of available tools and outcome measurement. Identifying what is being collected by whom.

	encourage organisations that don't collate measures of mental health and wellbeing to start using appropriate tools.			Partners able to contribute data to the Needs Analysis. Weight management services
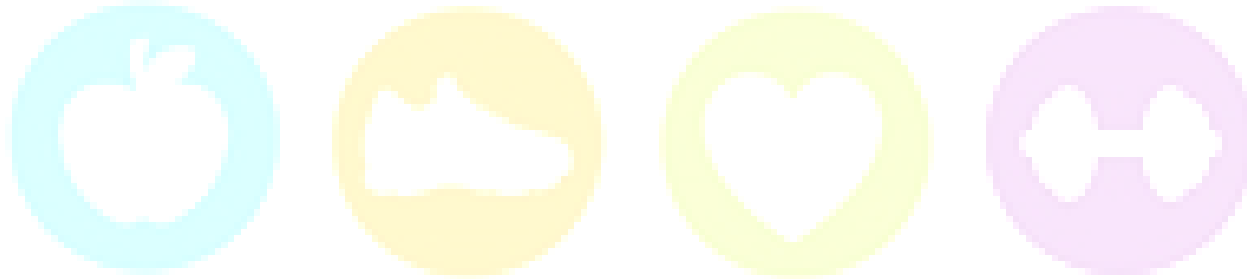
This page is intentionally left blank

Equality Impact Assessment (EIA)

For advice on this document please contact Clare Muir on 72119 or email Claire.Muir@reading.gov.uk.

Please contact the Project Management Office at pmo@reading.gov.uk for advice and/or support to complete this form from a project perspective.

Name of proposal/activity/policy to be assessed:

Adoption of the Berkshire West Health and Wellbeing Strategy 2021-2030

Directorate:

Directorates of Adult Care and Health Services and Council wide services

Service: Public Health and Wellbeing Team

Name: Nina Crispin
Job Title: Information and Engagement Officer
Date of assessment:19/08/2021

Version History

Version	Reason	Author	Date	Approved By
1.0	Creation	Nina Crispin	19/08/2021	
2.0	Review	Nina Crispin	01/09/2021	
2.3	Review	Nina Crispin	16/09/2021	

1

Scope your proposal

- **What is the aim of your policy or new service/what changes are you proposing?**

The proposal is to adopt a Health and Wellbeing (HWB) Strategy for the period 2021-2030 in accordance with the duties to publish strategic plans to promote and protect health and wellbeing as set out in both the Health and Social Care Act 2012 and in the Care Act 2014.

The Reading HWB Strategy 2021-2030 sets out agreed priorities across Berkshire West and the clinical commissioning groups which serve the Reading, West Berkshire and Wokingham localities. In Reading, the Strategy will underpin commissioning plans across Reading Borough Council, South Reading CCG and North & West Reading CCG (insofar as this CCG covers the Reading locality).

The 2021-2030 Berkshire West HWB Strategy is based on 8 core principles. These are intended to underpin all of the strategic priorities and be considered as part of all implementation plans. The core principles are:

- Recovery from Covid-19
- Engagement
- Prevention and early intervention
- Empowerment and self-care
- Digital enablement
- Social cohesion
- Integration
- Continuous learning.

The Strategy goes on to identify 5 priorities. These are:

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help children and families in early years
- Promote good mental health and wellbeing for all children and young people
- Promote good mental health and wellbeing for all adults

2

- **Who will benefit from this proposal and how?**
- It is intended to be an important tool in:
- - Improving the health and wellbeing of Reading residents;
- - Reducing health inequalities; and
- - Promoting the integration of services.

- **What outcomes does the change aim to achieve and for whom?**

Adopting the 2021-2030 Berkshire West HWB Strategy will give the Health and Wellbeing Board a focus on the 5 identified priorities (see above), and set a framework for ensuring that plans to address these are based on the three underpinning issues ('building bocks') of carer recognition and support, co-ordinated information to support wellbeing, and safeguarding. In turn, the commissioning plans of individual HWB Board members over the next ten years should also be driven by and reflect HWB Strategy 2021-2030 priorities.

The Strategy is aimed at the entire population and adopting it should co-ordinate efforts to improve health and wellbeing for any resident potentially affected by the priority issues.

The HWB Board will drive performance forward in its chosen priority areas as set out in the Strategy. In addition, the HWB Board will continue to receive reports and requests from other local strategic partnerships involved in promoting health and wellbeing, e.g. the Reading Integration Board, the One Reading Partnership, the Mental Wellbeing Forum, the Loneliness and Social Isolation Steering Group, etc.

The Health and Wellbeing Strategy 2021-2030 acknowledges the risks related to climate change but is not designed to address those risks at this point in time. However, the implementation plans will endeavour to include detailed actions wherever relevant to address those risks and the health implications of climate risks.

- **Who are the main stakeholders and what do they want?**

- Current users of care and support services

- Carers and family of people with care and support needs

- Reading residents, as potential future users of care and support services

- Staff and volunteers across care and support providers in the statutory, private and voluntary sectors

3

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; advancing equality of opportunity; promoting good community relations?

- **Do you have evidence or reason to believe that some (racial, disability, sex, gender, sexuality, age and religious belief) groups may be affected differently than others?**
- **Make reference to the known demographic profile of the service user group, your monitoring information, research, national data/reports etc.**

EIA has been core to the development of the health and wellbeing strategy, and priority 1 and 2 specifically address reducing the health differences between groups based on the data analysis and consultation we have undergone to ensure all in the population benefit from the strategic aims.

- **Is there already public concern about potentially discriminatory practices/impact or could there be? Make reference to your complaints, consultation, feedback, media reports locally/nationally.**

No

If the answer is **Yes** to any of the above, you need to do an Equality Impact Assessment.

If **No** you **MUST** complete this statement.

An Equality Impact Assessment is not relevant because:

4

X
_____

Completing Officer

X
_____

Lead Officer

5

Assess the Impact of the Proposal

Your assessment must include:

- **Consultation**

- **Collection and Assessment of Data**

- **Judgement about whether the impact is negative or positive**

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

6

Consultation

How have you consulted with or do you plan to consult with relevant groups and experts. If you haven't already completed a Consultation form do it now. The checklist helps you make sure you follow good consultation practice.

Consultation manager form - Reading Borough Council Dash

Relevant groups/experts	How were/will the views of these groups be obtained	Date when contacted
Reading residents, including but not confined to those with care and support needs Organisations across all sectors involving in promoting or protecting health and wellbeing	The Strategy has been informed through the engagement of stakeholders to develop an approach and a strategy, and then a formal 12-week public consultation. 3967 consultation responses were received, and verbal feedback was obtained via 246 meeting attendances.	7 December 2020-28 February 2021
Reading residents, including but not confined to those with care and support needs Organisations across all sectors involving in promoting or protecting health and wellbeing	A second consultation on the strategy was carried out to ascertain if the aims and priorities set out in the strategy met people's expectations. A total of 162 people responded to the online consultation.	24th July 2021-4th August 2021

7

Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group. Include both positive and negative impacts.

(Please delete relevant ticks)

- **Describe how this proposal could impact on racial groups**
- **Is there a negative impact?**   No

No negative impact in terms of different racial groups has been identified.

Where take up of other services is disproportionately low for some racial groups which may face particular barriers to access, there will be a focusing of resources on those communities as part of the drive to reduce health inequalities.

There is an ongoing need to recognise that cultural norms and barriers such as language may impact on access to health and wellbeing support, and the Health and Wellbeing Strategy should be a tool to address this.

Responses to the consultation raised the importance of ensuring that information and advice about health and wellbeing is accessible to all groups.

- **Describe how this proposal could impact on Sex and Gender identity (include pregnancy and maternity, marriage, gender re-assignment)**
- **Is there a negative impact?** No

No negative impact in terms of gender has been identified.

- **Describe how this proposal could impact on Disability**
- **Is there a negative impact?** No

No negative impact in terms of disability has been identified.

8

- **Describe how this proposal could impact on Sexual orientation (cover civil partnership)**
- **Is there a negative impact?** No

No negative impacts on the grounds of sexual orientation have been identified.

- **Describe how this proposal could impact on age**
- **Is there a negative impact?** No

No negative impacts on the grounds of age have been identified

---

- **Describe how this proposal could impact on Religious belief**
- **Is there a negative impact?** No

No negative impact in terms of religion or belief has been identified.

9

Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you MUST assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

No negative impact identified – Go to sign off

- **How will you monitor for adverse impact in the future?**

The long-term impact of adopting the Berkshire West Health and Wellbeing Strategy 2021-2030 should be a reduction in health inequalities. In order to track progress towards this goal, a dashboard of key performance indicators will be developed. This, alongside regular Health and Wellbeing Action Plan progress reports to the Board, will highlight any widening of health inequalities in future.

X_____   X_____

Completing Officer   Lead Officer

10

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	18 March 2022		
REPORT TITLE:	Update on Joint Strategic Needs Assessment (JSNA)		
REPORT AUTHOR:	Sarah Shildrick	TEL:	0118 937 6083
JOB TITLE:	Public Health Intelligence Manager	E-MAIL:	Sarah.shildrick@reading.gov.uk
ORGANISATION:	Berkshire West Public Health		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1   This report provides the Health and Wellbeing Board with an update on the Joint Strategic Needs Assessment (JSNA) model, as agreed in Health and Wellbeing Board in October 2018.

1.2   The report provides the Board with an overview of enhancements that have been made to the Reading Observatory site since its launch in 2019

1.3   The report outlines a model of promotion and engagement using nominated Reading Observatory Super Users

1.4   Appendix 1 shows the new Reading Observatory site features in a series of screen shots

2. RECOMMENDED ACTION

2.1   For the Health and Wellbeing Board to note the progress made on the JSNA and the Reading Observatory to date

2.2   For the Health and Wellbeing Board members to nominate Observatory Super Users representing their organisations

2.3   For members of the Board to actively promote awareness, and use of the Reading Observatory; to provide any feedback on the contents of the website including recommendations for additional content

3. POLICY CONTEXT

3.1   In October 2018, the Health and Wellbeing Board agreed to progress the JSNA in line with a new model which provided a more cohesive and efficient approach to assessing the needs of the local population. The approach was built upon a new vision for the Reading JSNA. This views JSNA as an overarching process, incorporating the wide range of local population needs analysis undertaken by Health and Wellbeing Board member organisations as part of their duties. The new JSNA model was implemented throughout 2019/20 and consisted of three strands:

1) A digital resource of data to describe the demography and wider determinants of health of the Reading population in a way that is user-friendly and configurable;

2) A repository for detailed, service specific needs assessments carried out by internal and external partners with support from Public Health and Wellbeing officers;

3) Improved engagement with local research groups, focusing on qualitative and participatory research.

3.2 In September 2021, a process began to draw JSNA strands 1 and 2 into a single online space. The Reading Observatory had already been established as the home of a digital data resource (strand 1). The Observatory was, therefore, chosen as the logical place to host the outputs of service specific needs assessments (strand 2). This was to be further enhanced with additional site content and improvements.

4. CURRENT POSITION

4.1 The Reading Observatory

4.1.1 Since it's soft launch in 2019, The Reading Public Health and Wellbeing Team have promoted the use of the Reading Observatory internally, and to external partners. As a result of this, The Reading Observatory is already an established and valued data resource. During January 2022, there were 500 users who visited the Observatory site and over 1,500-page views.

4.1.2 The Observatory is a single website that consists of two elements:

1) Reports, maps, and data visualisations that are built from a comprehensive and fully automated National Data Service. This element is developed, managed, and provided by ESRI UK using Instant Atlas technology

2) Site content developed locally by, and on behalf of, Reading Health and Wellbeing Board member organisations

4.1.3 The first element of the site has become well established since the launch in 2019. The current stage of JSNA focusses attention on the second element: the locally developed content. This began with a re-brand of the site, away from generic colour scheme and logos, to reflect the Reading branding and colour scheme. This can be seen on the live site today [Berkshire Observatory – Reading – Welcome to the Reading Observatory](#)

4.1.3 The following have been added to the site in order to improve the user experience;

1) Support: incorporating 'Frequently Asked Questions', Video guides, and contact details;

2) Site news: to announce any new content that has been added to the site;

3) Site survey: to gain insight into users' purposes for visiting the site and for users to feedback suggestions for further improvements.

In addition to the above, the site menu has been re-orientated to help users navigate the site.

4.1.4 The following additional content has been created in order to draw together the JSNA strands 1 and 2 (as described under 3.1):

1) Needs Assessments and Data Resources: linking to service specific needs assessments and other local data and intelligence;

2) Covid-19 recovery report: this is the first of a series of locally produced custom reports built from the ESRI National Data Service. It includes key indicators for monitoring the local populations recovery from the Covid-19 pandemic;

3) JSNA Summary Report: brings together the data from the ESRI National Data Service and places it in the context of local assessments and plans such as the Local Plan and Health and Wellbeing Strategy.

4.1.6 The outputs of the work described under 4.1.4 and 4.1.5 are currently within a demo site with the 'go-live' date aimed for April 2022.

4.1.7 Appendix 1 provides screen shots of the new features

4.2 Promotion and engagement

4.2.1 The original Reading Observatory was soft launched in 2019 with promotion work beginning shortly afterwards. The Covid-19 pandemic interrupted further progress on promotion of The Health and Wellbeing Board's vision for JSNA and the full launch of the site. Therefore, a key aim of the continued development of JSNA on the Reading Observatory centres on promotion and engagement.

4.2.2 The overall aim is to ensure that the Reading vision for JSNA is shared widely, and to support others to use the Observatory site. Where possible, partners will be encouraged and guided to contribute to the library of resources contained within the site. This shall be done through nominated Super Users who are representative of the Health and Wellbeing Board member organisations and their departments.

4.2.3 Super Users will be guided to become expert users of the Observatory site in order that they can help others to use the site for their purposes. They will promote the JSNA vision within their own department, ensuring that any needs assessments are included as part of the JSNA library of resources. This is in order that such needs assessments can be used for wider purposes, and by wider audiences, and to further evidence the assessment of need which is been conducted on behalf of the local population. Super Users will act as a feedback mechanism for wider users to suggest further site improvements.

4.2.4 Public Health and Wellbeing officers can further support development of needs analyses that enable commissioning activity and consider vulnerabilities and inequalities.

4.2.5 The first in a series of webinars was delivered by Public Health on the 31st January. This series will continue, showcasing the Observatory to a wider range of audiences.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 The JSNA contributes to the Health and Wellbeing Strategy by providing a basis on which to identify the health and wellbeing needs of the population.

5.2 The enhancements to the Reading Observatory site allow us to monitor progress against the strategy with the JSNA summary report specifically designed around the five strategic aims. Key needs assessments are included within the site that support specific aims. Namely, Berkshire West Children and Young People's Mental Health, Berkshire Suicide Prevention, Berkshire West Assessment of Children and Young people aged 0-19.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 There are no environment and climate implications arising from the contents of this report.

7.   COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1   Consultation and engagement has previously taken place between Public Health and Wellbeing officers and internal teams and external organisations to promote the usage of the Reading Observatory data tool within Reading. This engagement will continue during, and after the launch of the refreshed site. Engagement activities will include a series of webinars and workshops. Users are encouraged to comment on the site by using the site feedback form.

7.2   A demonstration version of the site will be made available to named individuals for comment prior to go-live.

7.3   In addition, there is ongoing communication with partner organisations and with the community during the production of Needs Assessments that contribute to the library of resources that will be housed on the Reading Observatory site. This includes public consultation.

8.   EQUALITY IMPACT ASSESSMENT

8.1   An Equality Impact Assessment is not required for this report as no groups will be disproportionately affected by the JSNA model. Through improved engagement with local research groups, the JSNA will incorporate viewpoints of under-represented groups.

9.   LEGAL IMPLICATIONS

9.1   Preparing a JSNA, in partnership with local CCGs, is a legal requirement for local authorities. Under the Local Government and Public Involvement in Health Act (2007) and the Health and Social Care Act (2012), Reading Borough Council has a legal duty to prepare a JSNA and a strategy for meeting the needs described in the assessment (the Health and Wellbeing Strategy) in partnership with its partner CCG.

10.   FINANCIAL IMPLICATIONS

10.1   There are no financial implications related to this report as the procurement of the Reading Observatory tool has been funded by the existing flat rate contribution Reading Borough Council make to the Public Health Hub on an annual basis.

11.   BACKGROUND PAPERS

11.1   There are no background papers attached to this report.

Old versus new look site

Needs assessments and data resources

Support: About and FAQ

Site news

Reading Borough Council
Working better with you

Search...

HOME Data Toolbox Needs Assessments and Data Resources JSNA Summary Report Covid-19 Recovery Report Support **Site News** Site Survey Berkshire Site

Current News

NEW REPORT Covid-19 recovery report

Our new Covid-19 recovery report provides an overview of indicators specifically chosen to monitor the wider impacts of Covid-19 as we move through the pandemic. The report is structured around the life course to show impacts on different age groups.

January 18, 2022

New look Observatory launched

Welcome to the new look observatory. For help in navigating the site, please see the Support section

January 17, 2022

News archive

- January 2022

Edit

Covid-19 recovery report

JSNA summary report

The Local Environment

Reading's Carbon Footprint

Climate change is one of the greatest challenges we face globally and locally. Reading Borough Council has a long track record on climate change both to reduce Reading's emissions of the greenhouse gases which are causing climate change, and to prepare for the potential impacts. As our understanding of the potential impacts has improved, the urgency of the need to act has become apparent. As a result Council declared a 'climate emergency' in February 2019.

Reading produces over 500 kilo-tonnes of carbon dioxide emissions annually. Around 36% of this 'carbon footprint' arises from commercial activity, 40% from domestic sources (heating, lighting and appliances) and 21% from transport. Reading's per capita have fallen significantly since 2005 – by around 52%. Around 17% of this reduction has been due to more low carbon energy generation nationally in the national grid. While the trend is positive, the way that emissions are measured hides the fact that many of the emissions for which we are ultimately responsibly are accounted for elsewhere – in the places where the goods we buy are made and the food we consume is produced. As such, our 'real' carbon footprint is substantially larger than the official figures suggest.

Total CO2 Emissions - Reading 2019

Total CO2 emissions from Industry and Commercial sectors (kt) = 140.4
Total CO2 emissions from the domestic sector (kt) = 204.1
Total CO2 emissions from transport (kt) = 128.4
Total CO2 emissions from public sectors (kt) = 41
Total CO2 emissions from all = 510.2

Trend in total CO2 Emissions - Reading

— Total CO2 emissions from Industry and Commercial sectors (kt) — Total CO2 emissions from the domestic sector (kt)
— Total CO2 emissions from transport (kt) — Total CO2 emissions from public sectors (kt)

Renewable Electricity - Reading 2020

Renewable Electricity - Number of sites - Total = 1,670

The vast majority of building emissions come from electricity (where they are typically generated at power stations) and gas (which is piped to homes and businesses directly). Reducing emissions from buildings requires insulating homes and businesses, using energy efficient devices and appliances and generating more renewable energy.

DOMESTIC WASTE RECYCLING

A key Action in Reading Borough Council's plan to tackle the climate emergency is to limit waste generation and in increase recycling. Despite facilities for the recycling plastic, paper and glass. Recycling in Reading is well below the national and too many recycling bins are diverted to general waste contamination.

Percentage of household waste sent for reuse, recycling or composting (NI192) 2019-2020

Transport

The town's location on both the Great Western Main Line and the M4 motorway makes Reading a major hub. Reading Railway Station is one of the busiest railway stations outside London and marks the western terminus of the line. Also has excellent connections to the international transport hubs at Heathrow and Gatwick Airports. In addition, the Kennet & Avon Canal and River Thames and at the meeting point of several national cycle routes, gives it significant modes of travel. Such connectivity is represented by Reading's status as a regional transport hub, international gateway, interchange.

The local road network within the area includes the A33, A4 and A329(M) which form part of the national Major Road. Are important in Reading, as they provide links to the wider strategic network. In particular, the A33 provides a link between to routes north of Reading that connect to the M40 and is therefore used heavily by vehicles travelling through Reading.

Whilst this excellent access to wider strategic networks provides many advantages to Reading and local residents, demand for travel in to and through the Borough. Despite having the third highest bus use in the country Reading is one of the most congested towns in the UK, with car congestion in the area causing the third highest levels of delays in any local area. (*Department for Transport Statistics, Road Congestion Statistics Table CGN0502B, February 2018*)

Average journey time to reach 8 key services by mode of transport - Reading 2019	
Travelling by car	9.2
Public transport or walking	14.5
Cycling	11.3
Walking	18.3

The average minimum journey time to reach 8 sized centres of employment (500-4999 jobs), ondary schools, further education, GPs, hospitals, town centres) are shown by mode of transport. Tive of journeys made during peak morning time. Atively low travel times in Reading when using than car. Cycling takes little longer than a journey, just double that of going by car.

Exposure to noise can cause disturbance and leading to annoyance and increased stress. Furthermore creasing evidence that long term exposure to noise cause direct health effects such as heart attack issues. A higher percentage of Reading residents rail and air transport noise than the averages south and England. This applies to both daytime and

The percentage of the population exposed to road, rail and air transport noise, 2016

■ Reading ■ South East ■ England

Crime and safety

Every top-tier local authority in England has a Community Safety Partnership (CSP). Reading Borough Council is joined in partnership with Thames Valley Police, NHS Berkshire West Clinical Commissioning Group (CCG), Brighter Futures for Children, Thames Valley Community Rehabilitation, The National Probabtion Service, and Royal Berkshire Fire and Rescue Service, with the mission of making Reading a safer place for those who live, work, and visit here.

Following the analysis of crime in Reading, the Community Safety Partnership priorities for 2019 to 2022 were:
1. Exploitation (Incorporating both Adult Exploitation and Modern Slavery)
2. Violent Crime and Serious Anti-Social Behaviour (Incorporating increasing violence against the person, knife possession and high level anti-social behaviour that have significant impact on communities)
3. Class A Drugs (Incorporating drug visibility, drugs dealers from within and outside Reading, and drug related anti-social behaviour)

The leading theme throughout all three priorities is drugs, which overlaps with criminal exploitation, anti-social behaviour and violent crime.

In addition to these priorities the CSP will continue to monitor acquisitive crime and domestic abuse.

All Crime Rate Reading

— Reading — South East — England
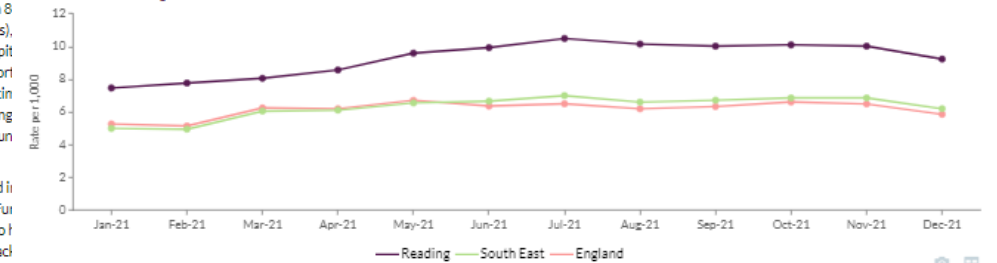
The monthly number of police-recorded crimes in Reading is shown in the chart above as a rate per 1,000 population. When compared to the aveage for England, and the South East, the crime rate in Reading is higher.

Crime rates for specific offences over a rolling 12-month period are shown to the right. Again, the rates for Reading are compared to the averages for England and the South East.

Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve. The more we can focus in on interventions that are effective, the more we can

Crime rates for selected offences rolling 12month average, Jan-21 - Dec-21

Anti-social behaviour Rate, Drugs Rate, Violence and sexual offences Rate, Violent crime Rate

■ Reading ■ South East ■ England

Domestic abuse-related incidents and crimes - Persons - 16+ yrs Reading

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**18 March 2022**		
REPORT TITLE:	**Berkshire Healthcare NHS Foundation Trust – Mental Health Strategy 2016-21 – Progress Update**		
REPORT AUTHOR:	**Kathryn MacDermott**	**TEL:**	**07769363626**
JOB TITLE:	**Director of Strategic Planning**	**E-MAIL:**	**Kathryn.macdermott@berkshire.nhs.uk**
ORGANISATION:	**Berkshire Healthcare Foundation Trust**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The attached report sets out the Mental Health strategy for Berkshire for the period 2016 to 2021. The report focusses on what has been achieved against the outcomes we set in the strategy in 2016 with the vision of "Safer, improved services with better outcomes, supported by technology" with six key priority areas of:

- Effective and compassionate help
- Working with service users and carers
- Straightforward access to services
- Supporting our staff
- Good experience of treatment and care
- Working with partners and communities

The NHS Long Term Plan set out an ongoing commitment to investment in Mental Health services and new models of care, including: a new service model with development of out of hospital care through a new urgent care offer, Primary Care Networks, support to people in care homes and supporting people to age well – all of which are relevant to mental health and the design of mental health services; more action on prevention and health inequalities is highlighted – including the higher risk of poor health experienced by people with severe mental illness; further progress on care quality and outcomes – including children and young people's mental health services as well as adult mental health services; NHS Staff will get the backing they need – including reference to increasing recruitment and retention in medical staff and development of new roles; Digitally enabled care will go mainstream across the NHS – includes the mental health GDE programme, digitally enabled therapy in IAPT services, and children's mental health services. Development of Population Health Management will be underpinned by development in capture/use of mental health data.

Progress on the urgent community response has been accelerated as part of the response to COVID-19. Berks West is part of the BOB Ageing Well accelerator site which delivers a 2-hour urgent community response and 2-day reablement standards, both of which have implications for mental health services.

Mental health transformation investment has been made available to Integrated Care Systems and Berks West has benefitted from investment in Integrated Community Mental Health services and additional Mental Health practitioners based within Primary Care Networks.

The impact of COVID has been real in our communities for over two years and our mental health services are reflecting that pressure. Whilst our inpatient and community mental health services are under significant pressure, we have continued to be able to provide a service to those in need.

Key messages:
- Referrals to Common Point of Entry (CPE) have seen the greatest movement
- Crisis Home Treatment Team and Psychological Medicine show the next level of movement
- Referrals to adult and older adults MH services have increased
- Level of acuity has also increased
- Face to Face for crisis MH contacts continued throughout the pandemic with a spike in Q3 21/22
- Telephone contacts have decreased significantly
- Online consultants continue but at a slightly lower rate than seen in 2021

BHFT has a Reducing Health Inequalities strategy that includes priorities on providing support to people with serious mental illness and mental health act detentions. The operational plan for BOB ICS for 2022/23 includes explicit commitments on mental health services.

Accelerated progress has been made on Digitally enabled care with a blended model of face to face and remote consultations.

Good progress has been made with the New Models of Care for adult secure, tier four CAMHS and Eating Disorder Services, which included the establishment of provider collaboratives taking responsibility for provision of care closer to home and effective management of resources across the whole care pathway.

1.2   Appendix 1 – BHFT Mental Health Strategy 2016-21 - Progress Update February 2022

---

2.   RECOMMENDED ACTION

2.1   The report is for information only.

---

3.   POLICY CONTEXT

3.1   The Mental Health Strategy exists within the context of the NHS Long Term Plan and the BOB ICS operational plan.

4.   THE PROPOSAL

4.1   Not applicable

5.   CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1   The BHFT Mental Health Strategy contributes to all five of the Reading Health and Wellbeing priorities:

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help children and families in early years
4. Promote good mental health and wellbeing for all children and young people
5. Promote good mental health and wellbeing for all adults

5.2   The BHFT Mental Health strategy supports all five priorities in the Reading's Health and Wellbeing Strategy.

6.   ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1   Not applicable

7.   COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1   Not applicable

8.   EQUALITY IMPACT ASSESSMENT

8.1   Not applicable

9.   LEGAL IMPLICATIONS

9.1   Not applicable

10.   FINANCIAL IMPLICATIONS

10.1   Not applicable

11.   BACKGROUND PAPERS

11.1   None

This page is intentionally left blank

Mental Health Strategy 2016 – 21

Progress Update

February 2022

Berkshire Healthcare NHS Foundation Trust

Kathryn MacDermott
Director of Strategic Planning

Key messages

- Significant progress on integrating mental health and physical health services with Primary Care Networks
- Dedicated work on reducing variations in outcomes for people with serious mental illness
- Extended the wellbeing service for staff in BHFT and Royal Berkshire
- Significant extension in the digital service offer extending accessibility
- Inclusion of 'Lived Experience' in designing and delivering services
- Building key relationships with the voluntary and community sector
- Improved inpatient experience
- COVID has impacted on referrals, numbers and level of acuity

Mental Health Strategy Summary 2016 - 2021

Berkshire Healthcare NHS
NHS Foundation Trust

Effective and compassionate help

- Evidence-based pathways
- Safe, effective services achieving outcomes which are meaningful to service users
- Inpatient services represent a "centre of excellence"
- Suicide Prevention.

Supporting our staff

- Recruiting and retaining skilled, compassionate staff
- Developing new roles
- Enabling creativity, innovation and effective delivery
- Building strong clinical and managerial leadership, a quality improvement and research culture.

Working with service users and carers

- Guiding development of our services
- Supporting self management.

Safer, improved services with better outcomes, supported by technology

Good experience of treatment and care

- Personalised care supporting recovery and quality of life
- Meeting both physical and mental health needs.

Straightforward access to services

- Meeting national targets
- Effective and integrated urgent care
- Expanding online and telehealth services
- Tackling discrimination and stigma.

Working with partners and communities

- Partnerships with primary care, social care and voluntary sector organisations
- Integrating mental health within locality services, and system sustainability and transformation plans
- Supporting prevention, early intervention and peer support.

2

Mental Health Strategy
Implementation roadmap December 2016

Berkshire Healthcare NHS
NHS Foundation Trust

	2016 - 18	**2018 - 19**	**2019 - 21**
PPH Development	Staffing, bed optimisation and centre of excellence projects established and meeting targets	Medium –term actions delivered, pathways and patient/carer engagement well established	Long term actions delivered. Strategy reviewed and future priorities confirmed
Pathways	Implementation of priority pathways – initial focus on people with personality disorder	All evidence based pathways established and tariff implications confirmed with commissioners	Outcomes reviewed and benchmarked to inform further work required
Zero suicide	Completion and implementation of strategy linked to system suicide prevention plan	Medium –term actions delivered	Long term actions delivered. Strategy reviewed and future priorities confirmed
Urgent Care	System reviewed including PMS, PoS, CRHTT and CMHT pathways	Alternatives to admission reviewed and priority actions confirmed and implemented	Long term actions delivered. Strategy reviewed and future priorities confirmed
IAPT	Early implementer programme: increasing access and delivering for priority long term conditions	Plans for future sustainability completed and agreed with commissioners	Services covering wide range of long term conditions and delivering positive outcomes
Longer term care	Priority actions for Out of Area Placement reduction confirmed and implemented	Partnership actions with UAs, Vol. sector & housing providers confirmed and implemented	Long term actions delivered. Strategy reviewed and future priorities confirmed

Technology enabled service delivery: online programmes, skype and SHaRON expansion. Informatics development.

Quality Improvement methodology enabling safer, evidence-based services with better outcomes

We said: we did

Integrated services West	West Berks as part of BOB ICS has and continues to increase access to Mental Health expertise in the community, through **expansion of Mental Health Integrated Community Services (MHICS)** to all Berkshire West GP surgeries. We are **working with PCNs supporting the ARRS (additional roles reimbursement scheme) Mental Health practitioner roles** embedded in practices/PCNs
Integrated services East	East Berkshire as part of Frimley ICS, has been part of an **early implementation pilot to develop and 'transform'** community mental health services, working closely with our counterparts in Surrey. This includes **funding to create MH Integrated Community Services (MHICS)** - in Primary Care Networks (clusters of GP surgeries) in East Berkshire.

We said: we did

Reducing health inequalities and focussing on equality of access

- Focus on reducing **physical health inequalities** for people with SMI (serious mental illness)
- **EUPD (emotionally unstable personality disorder) pathway** – implemented final elements and monitor overall effectiveness
- **Suicide prevention** - a new project linked to PMS to **improve follow up**
- CMHT (community MH teams) and OPMH (older people) – **interface with primary care**; clarity of offer including pathways for working age adults and OPMH
- Strengthening our specialist teams
- The interface with Gateway and our Treatment Services
- IAPT surge planning (improving access to psychological therapies)

Safe and compassionate services

Funding has been awarded for a partnership with the voluntary sector, to **improve safety planning and follow up from A&E** for people who have self-harmed.

We said: we did

Crisis transformation	We have received funding to extend and develop Crisis services, including a **Safe Haven**, in partnership with voluntary sector.
Suicide prevention	Dedicated **suicide prevention** approach for people identified as vulnerable.

We said: we did

Improving Service user experience

- Provide **clearer, consistent offer** of which interventions service users can receive through community MH services
- Developed opportunities for **'Lived Experience' roles**, increased **co production** and engagement
- Improved our **integrated, holistic** offer, considering social determinants, physical and psychological needs and actions to reach 'under-served' communities.

Listening and taking care of staff

- **We have worked with staff to** develop **new ways of working** which are **healthy, balanced, promote team working** and support the **best outcomes** for teams and patients
- We have taken actions to improve **recruitment, retention** and developing **new roles**
- Use team building, appraisal /PDP and 1-1 processes for meaningful conversations including consideration of **safety culture** and **equalities and diversity**
- Digest the **staff survey and C-19 feedback** for our division, and identify **meaningful actions** to address the key themes raised

We said: we did

Service Transformation

- Build on our relationships with **Primary Care Networks** (PCNs) and **community partners**, developing the new Primary Mental Healthcare Teams (ARRS), **and primary care MH roles**
- Reviewed the **Community Mental Health Framework 2019**, and implications for our service configuration and partnerships
- Review of our community pathways using a data driven approach (benchmarking, NCISH and population health management)
- Transformation developments for **rehabilitation**, **long term Out of Area Placements (OAPS)** and **Eating disorders**
- Achieve a safe and effective service and work on **crisis transformation** priorities – including **safe haven** for Berks West

Key MH Service priorities

- Focus on reducing **physical health inequalities** for people with SMI
- **Emotionally Unstable Personality Disorder (EUPD) pathway** – implemented final elements and monitor overall effectiveness
- **Suicide prevention** - a new project linked to PMS to **improve follow up**
- CMHT and OPMH – **interface with primary care**; clarity of offer including pathways for working age adults and OPMH
- Strengthening our specialist teams
- The interface with Gateway and our Treatment Services
- IAPT surge planning

What we have done in Prospect Park

- Reduced prone restraint so that we are now in the lower quartile of the National Benchmarking numbers.

- Ongoing QI work addressing staff assaults on three of our inpatient wards who are the highest contributor to staff assaults in the hospital.

- PMVA training that includes an introduction to Safewards and trauma informed care, human rights act and videos with service user views of restraint , staff views of restraint and a role play of a restraint from a service user perspective. De-escalation emphasis in training (use of iPads to record themselves).

- Feedback gathered from staff and service users about what they understand about restrictive practices.

- Reviewed feedback gathered and identified what are restrictive practices against the DoH and CQC standards. Providing a clear definition of what we mean by restrictive practices.

Priorities for 2022-25

NHS
Berkshire Healthcare
NHS Foundation Trust

Our 3-year priorities closely align with key elements of the BHFT Trust Strategy and the NHS Long Term Plan:

- **Crisis Transformation** – embed alternatives to admission / safe haven, 111 and ambulance partnerships

- **Dementia care** – improve access, post diagnostic support and care home provision

- **Improve Access - r**oll out of MHICS to all our PCNs, recruit additional MH workers in primary care roles

- Focus on **Equalities** –to support our division to embrace and address diversity issues for staff and patients

- Increase and tailor support to **Carers**

- Support into employment - **expanding IPS**

- Strengthen **Liaison, Core 24 and Suicide Prevention** & Support initiatives

- Continued focus on reducing **Out of Area Placements**

- Community MH transformation - implement the CMH Framework including the **key changes for secondary community mental health care**

- Address **Physical Health inequality**

- Embed and develop our **EUPD offer**, and implement improved pathways for all patients

---

- **Staff wellbeing and retention,** promote working arrangements which are healthy, balanced, promote team working and deliver best outcomes

- Develop our **Lived Experience workforce -** establish the infrastructure and grow the workforce

- Improve opportunities for **co-production** as we develop services

- **Work in Partnership** – with VCSE, social care, Primary Care, Family Safeguarding, and acute colleagues

Giving mental and physical health EQUAL priority in Mental Health

A key target is improving access to physical health checks for people with Serious Mental Illness, to address health inequalities

Public Health England — Health Matters

Premature mortality is higher for people with severe mental illness (SMI)

Population aged under 75 in contact with secondary mental health services face a

3.7 **times higher mortality rate** than the general population*

Data source from NHS digital publications

HEART OR CIRCULATORY CONDITIONS:

16% general population

27% among people with PSYCHOSIS

6% general population have DIABETES

21% people with PSYCHOSIS have DIABETES

HALF of people with psychosis have METABOLIC SYNDROME

1/3 are at risk of a CARDIOVASCULAR EVENT in five years

Physical Health of people with Severe Mental Illness

Inequality Descriptor:
People with Severe Mental Illness (SMI) have a significantly lower life expectancy than those without.

Expected outcomes:
1) 60% of patients with SMI on caseload less than a year to have all seven parameters completed
2) 60% of patients to have smoking status and intervention recorded

Expected benefit:
Increased life expectancy

Wins:

- March 2022 target achieved by September 2021
- 78% compliance Trust wide
- Significant progress in Slough now over 50%. Slough was less than 2% in June.
- Support from NHSE/I to pilot point of care for blood test parameters in Slough making this a 'one stop shop'

Work in progress/planned, and challenges

- Slough started with significantly lower Physical Health Checks completed where premature mortality in SMI patients is the 2nd highest in South East.
- Current eLearning package is no longer fit for purpose and needs review.

HOWEVER following the pandemic:

NHS
Berkshire Healthcare
NHS Foundation Trust

- The new national model predicts up to 20% of the population will need new or additional MH support (Centre for mental health- Oct 2020).

- An increase in anxiety, depression, trauma, complex grief.

- The impact is likely to be unequal – higher risk groups will include care home residents, disabled people, people from a BAME heritage, front line staff and unemployed people.

The effects of Covid and the way that we work will be with us for a long time to come yet to come.

13

Impact on referrals

Mental Health Specialist Teams West monthly referrals
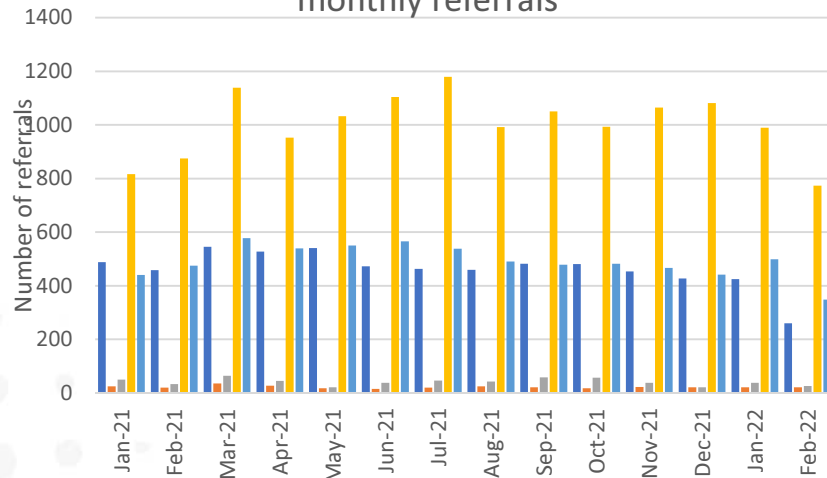
Legend:
- Regional Director West Crisis HTT
- Mental Health West SS_Trauma
- Mental Health West Clinical Health Psychology
- Mental Health West Common Point Entry
- Mental Health West Psychological Medicine Service

Key messages:
Referrals to CPE have seen the greatest movement
Crisis Home Treatment Team and Psychological Medicine next level of movement

Adult and older adult monthly referrals
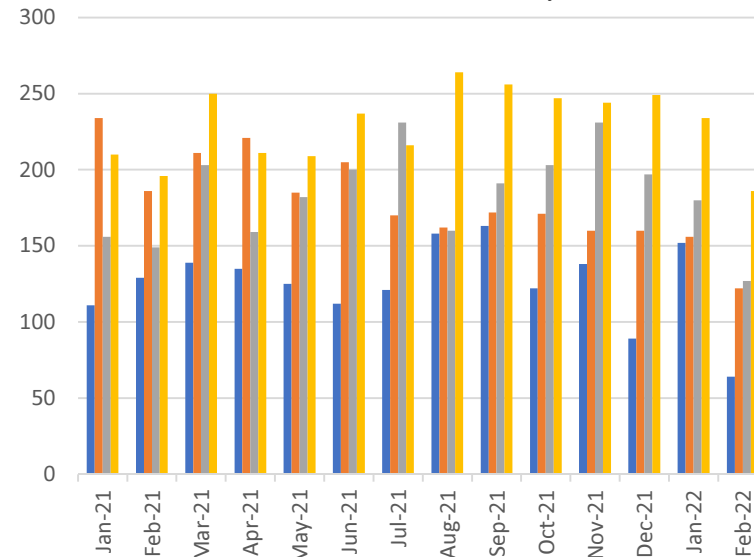
Legend:
- Mental Health East Adult MH
- Mental Health West Adult MH
- Mental Health East Older Adult MH
- Mental Health West Older Adult MH

Key messages:
Referrals to adult and older adults MH services have increased
Level of acuity has also increased

Appointment **types**

Adult Mental Health West appt contact method
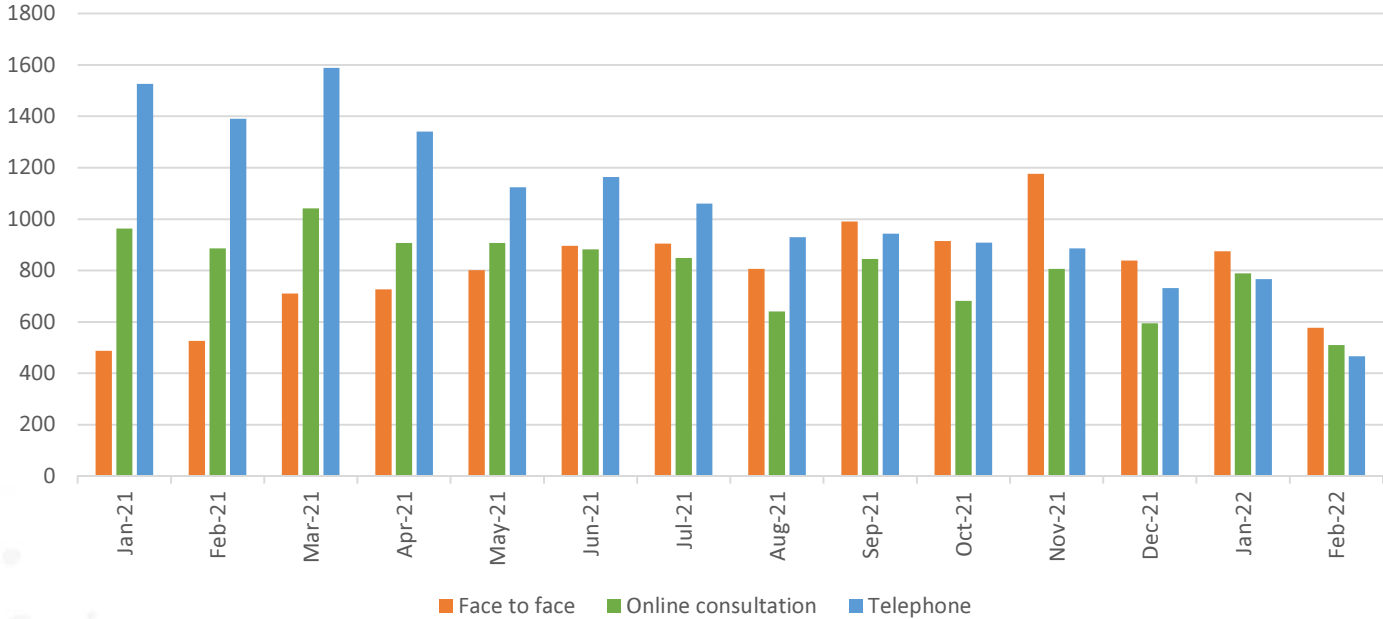
Key messages:
Face to Face for crisis MH contacts continued throughout the pandemic with a spike in Q3 21/22
Telephone contacts have decreased significantly
Online consultants continue but at a slightly lower rate than seen in 2021

Working in partnership
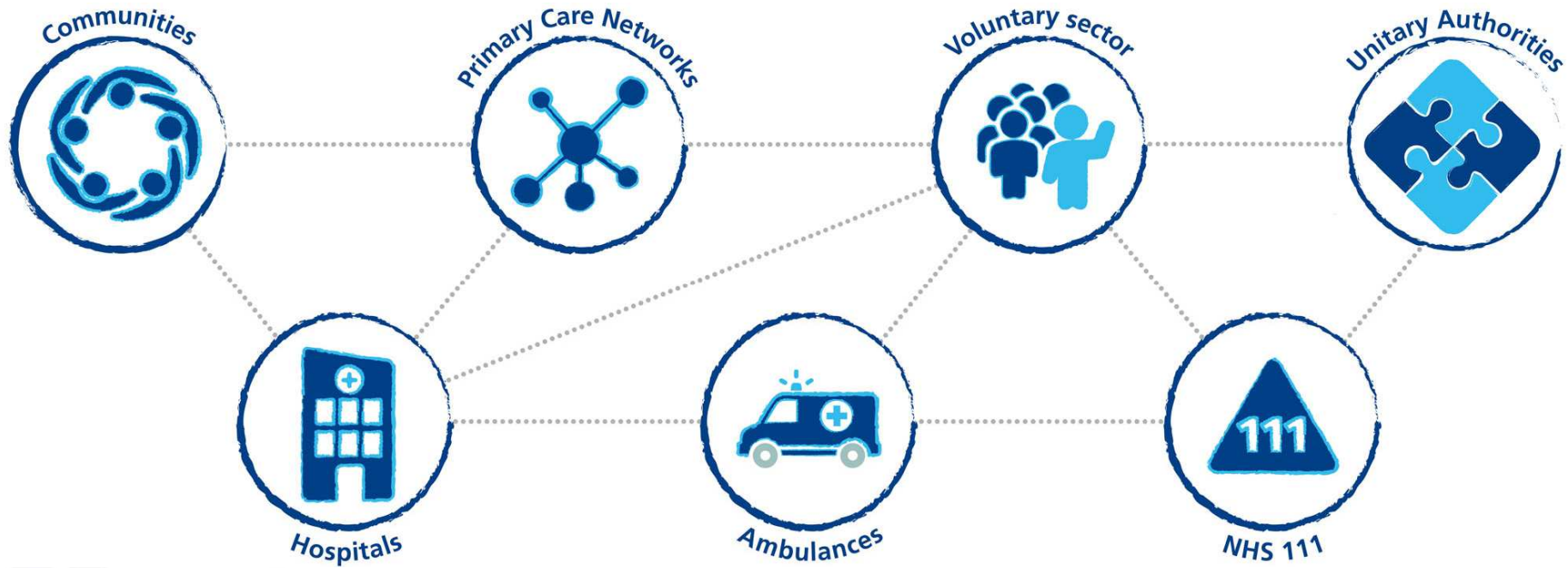
Thank you

Kathryn.Macdermott@berkshire.nhs.uk

Berkshirehealthcare.nhs.uk

Meeting: Buckinghamshire, Oxfordshire, and Berkshire CCGs Governing Bodies meetings in common (Workshop)

Date of Meeting	10 March 2022
Title of Paper	Defining the BOB ICS Development Roadmap
Lead Director	Dr James Kent, Accountable Officer
Author(s)	ICS Development Board and Amanda Lyons, Interim Director of Strategy and Partnerships
Paper Type	Information / Assurance
Action Required	The Governing Body Members are asked to note the ICS Roadmap update

Executive Summary

- The transition to an ICB statutory organisation, with existing CCG people and functions aligned to the new operating structure, is on track for delivery by 1 July 2022.

- The transition activity is supported by a detailed System Delivery Plan (SDP), which will be updated by the 31 March 22 to reflect the 3 month extension to the original ICB statutory operating date.

- Additionally:
    - We have a high-level ICS development roadmap which outlines the key activity and outcomes through to 1 April 23
    - We have outlined a set of risks, with mitigating actions

- Our focus to date has been laying the groundwork for the ICB ("the architecture") including the safe transition of the CCG functions into the ICB, shaping the ICS Strategy development effort and capturing early activity to support the development of Place-based Partnerships and Provider Collaboratives.

- In the coming month will work with each of our Places to broaden our thinking on the Place-based Partnership Development with each partnership working on their local development plans. We will also focus on ICS Strategy Development including agreeing Executive leadership (where required) and how we harness the thinking now to accelerate our ICS priorities, to provide a level of confidence and detail well ahead of the formation of the ICB.

- Our aim is to use this as the basis for the updated System Development Plan (SDP) due to NHS England & Improvement by 31 March 2022. Furthermore, we will submit an updated Readiness to Operate Statement (ROS) on the 31 March 2022, which will complement the SDP, ahead of the legal ICB establishment on 1 July 2022.

Buckinghamshire
Clinical Commissioning Group

Oxfordshire
Clinical Commissioning Group

Berkshire West
Clinical Commissioning Group

This page is intentionally left blank

Defining the BOB ICS Development Roadmap

07 March 2022

Defining the BOB ICS Development Roadmap
Aims and underpinning principles

The **aims** of the roadmap are:

- To set out, through a number of integrated workstreams, the key *ICS development changes* and associated outcomes we are aiming to deliver over the next 18 months, giving greater line of sight on the required work to support more detailed planning;
- To highlight the key interdependencies and areas of risk across the plan and also with other key stakeholder activities (e.g. local elections);
- To provide the continuum of the current System Delivery Plan i.e. the foundations around which to write the next SDP due by the end of March 2022.
- To create the baseline to manage delivery against.

The **scope** of the roadmap includes:

- Establishing the building blocks of the BOB ICS over the next 18 months (including the ICB architecture, Place-based Partnerships, Provider Collaboratives, new/strengthened ICB capabilities to support the ICS);
- Defining the ICS strategy over that period.

The roadmap **does not include**:

- Delivery of the strategy (it only includes the development phase of the strategy);
- Delivery of all the service and system changes underway (apart from the agreed ICS priorities);
- Delivery of operational plans;
- Details of "cross cutting" workstreams (yet to be completed)

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Aims and underpinning principles

Ultimately, our changes should be focused on **enabling the ICS to deliver it's purpose:**

To improve population health and healthcare

Tackle inequalities in outcomes, experience and access

Enhance productivity and value for money

Help the NHS to support broader social and economic development

Page 173

Defining the BOB ICS Development Roadmap

Key streams of work

NHS

ICB Architecture
- ICB People & Operating Model
- System Governance
- ICB Technical / Function Integration
- System Communication & Engagement

ICS Development
- Provider Collaboratives
- Place-based Partnerships Development & Delegation
- ICS Strategy Development & Public Engagement
- System Financial Framework

- Digital, Data and BI
- Clinical & Professional Leadership
- Diversity & Inclusivity
- Tackling Inequalities
- Assurance

Operational Planning & Delivery
- Operational and BAU activity
- Delivering our existing priorities and change programmes

Out of Scope

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Defining the BOB ICS Development Roadmap

Key outcomes over time

NHS

ICB Architecture

All ICB Executives and ICB Board members have been identified with onboarding plans in place

The ICB has been formally established as a statutory body and is equipped to discharge Day 1 responsibilities

A formative ICP has been established and three PBPs have been established as sub-committees of the ICB

The ICB Board has all members in place and is working effectively

The H&W Boards have enhanced their role, remit and composition to work effectively in conjunction with the ICP and PBPs

CCG staff have been mapped to a single structure ahead of transition to ICB

The safe transfer of functions from CCGs to ICB has been completed

New ICB capabilities and functions have been identified

The ICB website is operational with messaging in place on both a System and Place level

The future ICB Operating Model has been defined, in support of the ICS and a focus on Clinical Leadership

The transition to the future ICB Operating Model is complete

Timeline
Jan 22 — Apr 22 — Jul 22 — Oct 22 — Jan 23 — Apr 23 — Jul 23

ICS Development

A Memorandum of Understanding has been agreed in principle to progress emerging Provider Collaboratives

The Provider Collaborative model (including future structures, resource allocation and operating framework) has been outlined

A Provider Collaborative has been established using the model, with scope of agreements agreed

"Place" Executive Directors have been appointed

PBPs have all members in place, with further delegated responsibility, and are working effectively

PBPs are operating with agreed delegated responsibility for 23/24, with PCN development plans outlined

The Strategy Development steering group is established with initial information and data gathering underway

Newly formed ICB receives strategy approach for approval

The ICS Strategy has been collaboratively developed and agreed in principle by the ICP and H&W Boards

ICB 5 year strategy has been developed and agreed

The system financial framework has been agreed for 22/23

The system financial framework has been revised ahead of FY 23/24

Defining the BOB ICS Development Roadmap
ICS Development - Progress so far

NHS

Whilst the focus has been on establishing the ICB architecture, progress has been made on key elements of ICS development activity. This activity will continue to "ramp up" as the statutory commitments are met and Executive leadership roles are established and filled.

Provider Collaboratives	Place-based Partnerships Development & Delegation	ICS Strategy Development & Public Engagement

• Our purpose is to **create a number of provider collaboratives across the system to facilitate delivery of higher quality, more efficient and more integrated care** for our patients and residents.
 	
 • We are **early in this journey and continue to work with our System Partners** to help:
   • build out an overarching framework which will inform a position on the level of delegated authority, leadership, oversight, funding allocation and associated risk management, for each collaborative
   • Understand the broader impact of Provider Collaboratives on the end to end patient pathways, ensuring the collaborative ultimately enables more integrated, effective care
   • Identify areas of health and care suitable for provider collaboration.
 	
 • Building off the existing Provider Collaboratives*, **the three acute providers will start to formalise a provider collaborative through the current BOB ICS Elective Care** Programme.
 	
 • The three providers are in the process of **agreeing a Memorandum of Understanding to support this ambition** and to drive the Elective Care agenda forward.
	• **"Places" will play a vital role going forward** in:
	   • Supporting and developing primary care networks
	   • Simplifying, modernising, and joining up health and care
	   • Using population health management tools and other intelligence
	   • Coordinating the local contribution to health, social and economic development to prevent future risks to ill health
	   • Identifying and addressing health inequalities for population.
	
	 • The **formation of Place-based Partnerships (PBPs) is being driven through the System Governance activity**, where PBPs will be formally established, as committees of the Integrated Care Board, with initial delegated authority, by 1 July 2022.
	
	 • Establishing the governance groups is important but it's the **first step in mapping out how these groups will operate and importantly, what the role, remit and scope of PBP activities will cover**, from the 1 July, and then as the PBPs mature.
	
	 • There is **system leadership recognition that the Place-based development is key to making the ICS successful**, and the **ICB Chief Executive is working directly with place-based leadership to drive this work forward**.
		• The **ICS 5 year strategy will be built with our partners and in full, open dialogue with the our citizens.** This is due by 31 Dec 2022.
		
		 • The ICS **strategy development approach will be data and fact driven,** it will build upon each **local authorities Joint Strategic Needs Assessment** and **we will work with our clinical leaders through the design of a clinical framework** before entering into a phase of **citizen and stakeholder engagement and deliberation to refine our strategic proposals.**
		
		 • The ICS approach to developing the strategy is in progress, with a view **to have a sound data and information platform in place in order to work with the Integrated Care Partnership** (ICP) when they are formally established from 1 July 2022.
		
		 • **Input and engagement on the strategy development approach will be sought from all partners** and where viable, **resources from our partners will be mapped to the team to support on a regular and ongoing basis.**

* Including Thames Valley in Mental Health (CAMHS Tier 4; Adult Secure provision; Adult Eating Disorder); pathology networks and the Thames Valley Cancer Alliance.

Defining the BOB ICS Development Roadmap
Key Risks and Mitigations

NHS

Risks	Mitigations

1 Balancing our change agenda and service responsibilities

- Recognise the right capacity level required to deliver
- Ensure rigour in planning
- Maintain the right oversight capability to mitigate against service failure

2 Balancing the effort to set up PBPs and provider collaboratives with operational pressures

- Ensure that the development of provider collaboratives and PBPs is anchored in enabling and accelerating delivery of ICS priorities

3 Level of effort required to establish the ICB and required capabilities

- Establish interim ICB operating model quickly (ahead of 1 July), bringing three CCGs into working as one
- Identifying and prioritising new ICB capabilities where required

4 Securing the right level of engagement on the ICS Strategy and forward looking SDP

- Ensure approach to developing the strategy and forward looking System Delivery Plan is shaped and owned by partners and stakeholders, with relevant early engagement

5 Supporting the "Cultural Shift" required

- Ensure OD and culture is prioritised as part of the ICS development roadmap activity
- Ensure that suitable and specific activities are executed in line with the ICB launch on 1 July 2022

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Developing the BOB ICS Development Roadmap
Next steps ahead of the System Delivery Plan submission

- Continue to work with the assigned ICS development leads to **process any feedback received and refine the System Delivery Plan (SDP) through March, ahead of final submission** due to NHS England & Improvement by 31 March 2022

- Confirm **SDP submission requirements and delivery plan.**

- Define the **mechanisms to manage and deliver the ICS Development roadmap going forward**, including how best to report on progress against specific workstreams.

- Accelerating **work with key individuals to develop thinking on critical areas ahead of the SDP submission** including Place-based Partnerships and Provider Collaboratives.

Page 178

ICP Unified Executive Chair's Report – January 2022

Title:	ICP Unified Executive update
Programme / Project Sponsor (SRO):	Julian Emms, Chief Executive, Berkshire Healthcare NHS Foundation Trust
Author(s):	Emma Gaudreau, ICP Programme Team Officer
Purpose:	*To brief the Health and Wellbeing Boards on key issues discussed at the Berkshire West ICP Unified Executive on 13th January 2022.*
Previously considered by:	N/A

The key points to note from the ICP Unified Executive on 13th January 2022 are as follows:

Update from BOB System Leaders Group

The Board was informed the predominant discussion was on the Winter pressures of Omicron. It was discussed on how together we can support the ongoing patient flow into the right location with the right support. The pressures and role of local authorities in the discharge process was also noted.

It was confirmed James Kent is near finalising his structure which will be shared. James will be recruiting for key positions imminently.

The Board was advised the statutory go live for the ICB has been put back to July 2022.

Connected Care

The Board received a presentation on Connected Care from the CIO Frimley Health & Care ICS, Programme Director Connected Care & TVS LHCR. The presentation was circulated to Unified Executive members beforehand.

Connected Care was introduced as one of the biggest transformational levers we have across Berkshire West, including detailing the efficiency Connected Care brings by removing duplication of effort. It was confirmed that Connected Care is the partnership health and care shared record.

Connected Care was brought to the Unified Executive to discuss where it can sit with the Health & Wellbeing Strategy.

It was confirmed Connected Care is funded by the Better Care Fund.

The Board were advised Connected Care has been running for 4 years. The ED are using Connected Care and are seeing some good usage by Local Authorities. It was noted that the big areas for opportunity include SCAS and Primary Care.

The Programme Director of Connected Care informed the Board of great work happening within Berkshire West. One being the BP at Home, led under the Long-Term Conditions Programme. Adding that there is a lot of interest nationally from the work that is happening within Berkshire West.

In terms of ambition the Board were advised Connected Care is looking to rollout and take the support and learning to BOB and to engage a massive push for integrated working, for BHFT, RBH and Primary Care. They are also having multiple conversations with MDT through BCF channels and Ageing Well. And in addition, the Board were advised Connected Care is also looking to progress Population Health and Remote Monitoring.

Futher conversations will take place between the Programme Director of Connected Care and individual members of the Unified Executive to progress discussion.

Health and Wellbeing Strategy

The Director of Public Health, Berkshire West led the discussion on the Health and Wellbeing Strategy (HWB). The HWB strategy paper was distributed to members beforehand.

It was described to the Board how the HWB strategy sets out a clear ambition and that the areas chosen are both relevant and crucial for the time we are in.

The Board was informed of the importance of the strategy in terms of children having the right start, how we live well, how we age well, how we prevent and how we can build this in to the Public Health approach across the system around demand management.

It was detailed that the crucial element of how we bring this paper to life is how we move forward with an implementation plan.

The Director of Public Health confirmed the implementation plan cycle is starting now and conversations will start to be had with each HWB Board.

The Health and Wellbeing Strategy Implementation Plan will come back to a future Unified Executive meeting.

Better Care Fund

The Better Care Fund (BCF) discussion was led by the Berkshire West Vaccination Lead and Director of Place Partnerships. The BCF paper was distributed to members beforehand.

The Board were advised that the BCF is thinking about the prevention, the avoidance and supporting the UEC agenda. Work with the UEC is being undertaken to make a clearer link of governance and accountable people.

The Director of Place Partnerships made reference to the links of the BCF to other ICP programmes and that we need to make sure there is a clearer line of sight through the Integration Boards to the other programmes, priorities and projects.

The BCF will come back to a future Unified Executive with a high level paper setting out current delivery of the services, details of the investment and the outcomes delivered and their connectivity to current priorities.

Recommendation

The Health and Wellbeing Boards to note feedback from ICP Unified Executive Group in January 2022.

This page is intentionally left blank

ICP Unified Executive Chair's Report – February 2022

Title:	ICP Unified Executive update
Programme / Project Sponsor (SRO):	Julian Emms, Chief Executive, Berkshire Healthcare NHS Foundation Trust
Author(s):	Emma Gaudreau, ICP Programme Team Officer
Purpose:	*To brief the Health and Wellbeing Boards on key issues discussed at the Berkshire West ICP Unified Executive on 10th February 2022.*
Previously considered by:	N/A

The key points to note from the ICP Unified Executive on 10th February 2022 are as follows:

Update from BOB System Leaders Group

The Board was informed the System Leads Group discussed the following items:
- McKinsey work
- Elective work and joint work across the 3 acutes, that led into a paper around provider collaboratives about how we may do things differently in the future
- The recruitment now live for the 2x Non-Exec Director posts
- Consultations with affected CCG staff who at the most senior level is currently happening
- Discussion on the Long-term Strategies. James Kent (BOB Accountable Officer) put together a paper on the unified voice around BOB. The strategy aims to be inclusive in terms of stakeholder engagement
- A discussion on finances from meeting with the Finance Directors to start to look at the next phase of planning.

GP Representation in Berkshire West

Amit Sharma (GP, Primary Care Network Chair) presented the paper to the Unified Executive members which detailed what the GP Representation structure currently looked like and how it may shape with governance and terms of reference beyond July in terms of the ICS change.

Amit explained that they would like to bring back some of the engagement at the more local level with the individual practices. This then will feed up to the Berkshire West GP Liaison Committee,

which is essentially Berkshire West's PCN's. Amit added he would like to bring the LMC (Local Medical Committee) who are the general practice trade union, in as an advisor.

Amit confirmed they have worked closely with Bucks and Oxford to make sure plans align and are currently strengthening this process to get a clearer mandate to ensure this is the voice of general practice going forward.

Amit advised they need to find a sustainable way for the resourcing and are currently working on a costing proposal which James Kent (ICB AO) is aware of.

McKinsey discharge and flow project update

James Kent (ICB AO) led the McKinsey update. James confirmed the McKinsey work was concluding WC: 7th February. The output was not available on this Unified Executive meeting.

James advised that they were trying to work through the activity and flows that have changed during the pandemic. More importantly, doing a comparison across BOB noting that we have ended up with very different models and shifts in activity which have had economic implications.

James highlighted to the Unified Executive members that the Hospital Discharge Service (HDS) is not in the ICB budget for 2022/23 and was aware the Local Authorities too, did not have the HDS in their budgets. James advised the important work taking place now was to work out that if we are to continue the funding in any form that the value on that and the model it's supporting is sufficient to displace other activities as effectively.

James asked for some patience noting it is important we have the facts and data which the McKinsey work will help with.

Better Care Fund update

Katie Summers (Berkshire West Vaccination Lead and Director of Place Partnerships) led the update on the Better Care Fund to the Unified Executive members.

The DASS' confirmed high level evaluations detailing their schemes were available. Julian Emms (Chair of the Unified Executive) agreed to discuss further. The Better Care Fund will be brought to a future Unified Executive.

Joint health and social care funding and nursing bed strategy

Niki Cartwright (Director of Joint Commissioning, Berkshire West ICP) presented to the Unified Executive members.

The meeting heard how the latest Covid wave caused some loss of momentum due to redeployment but with a new Programme Chair; the programme is re-energised with a pilot being planned and a future return to the Unified Executive with the evaluation on improvements.

Recommendation

The Health and Wellbeing Boards to note feedback from ICP Unified Executive Group in February 2022.

This page is intentionally left blank

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**18th MARCH 2022**
REPORT TITLE:	**INTEGRATION PROGRAMME UPDATE**
REPORT AUTHOR:	**BEV NICHOLSON** **TEL:** **07812 461464**
JOB TITLE:	**INTEGRATION PROJECT MANAGER** **E-MAIL:** Beverley.nicholson@reading.gov.uk
ORGANISATION:	**READING BOROUGH COUNCIL / BERKSHIRE WEST CCG**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide an update on the Integration Programme and performance against the national Better Care Fund (BCF) targets as at the end of December 2021 (Quarter 3).

1.2 The BCF metrics were updated in the planning guidance for 2021/22 and adopted for Quarters 3 and 4 reporting (i.e. October 2021 to March 2022). We had achieved 3 of the 5 metrics as at the end of December 2021 (Q3), as outlined below:

   a) The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions). **(Achieved)**
   b) Reduction in length of stay of inpatients who have been in hospital for longer than, 14 days and 21 days. **(Not Achieved)**
   c) An increase in the proportion of people discharged home using data on discharge to their usual place of residence. **(Achieved)**
   d) The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population. **(Achieved)**
   e) The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation). **(Not achieved)**

   There is an 8 week delay with the data as it is published from national data sources. Further details are provided in Section 4 of this report.

1.3 Health Inequalities focused projects, identified in the Reading Integration Board (RIB) Programme Plan, are being reviewed to ensure alignment with the Health and Wellbeing Board Strategy Action Plans, as well as with our system partners Integrated Care Services (ICS) levels to support the wider priorities.

2. RECOMMENDED ACTION

2.1 The Health and Wellbeing Board note the progress made in respect of the Better Care Fund (BCF) schemes and the Reading Integration Board's Programme of Work.

3. POLICY CONTEXT

3.1 The Reading Integration Board (RIB) is responsible for engaging in system working with Local Authority Adult Social Care and Housing, Acute and Community health providers, Primary Care, Commissioning, Voluntary Sector partners and Healthwatch, across Reading and the Berkshire West area. The aim of the board is to enable partners and other interested stakeholders to agree a programme of work that facilitates integrated working to achieve the national Better Care Fund (BCF) performance targets, as set out in sections 1.2 and 4.0 of this paper and local priorities.

4. PERFORMANCE UPDATE FOR BETTER CARE FUND AND INTEGRATION PROGRAMME (*aligned with metrics set out in planning guidance 2021/22)*

4.1 Reduction in avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions), no more than 635 per 100,000 for the year. Our current performance is positive, remaining below the maximum target but we recognise that the trajectory, based on performance to date, indicates that we could be up to 10% above the maximum number at the end of the financial year. We are looking at options to reduce the likelihood of admission, such as recruiting a Social Worker to provide support at the point of arrival at A&E to identify alternatives to hospital admission where appropriate however this is dependent on available funding.

Number of Unplanned hospitalisations for chronic ambulatory care sensitive conditions per 100,000 population - 18+, Acute hospitals, per quarter	
Target performance for quarter 3 (no more than)	635
Actual performance for quarter 3	484
Average performance to date	703
Projected Status based on average performance to date	Amber
Status change since last quarter	↑

Cumulative number of Avoidable admissions to Acute Hospitals per 100,000 population - 18+
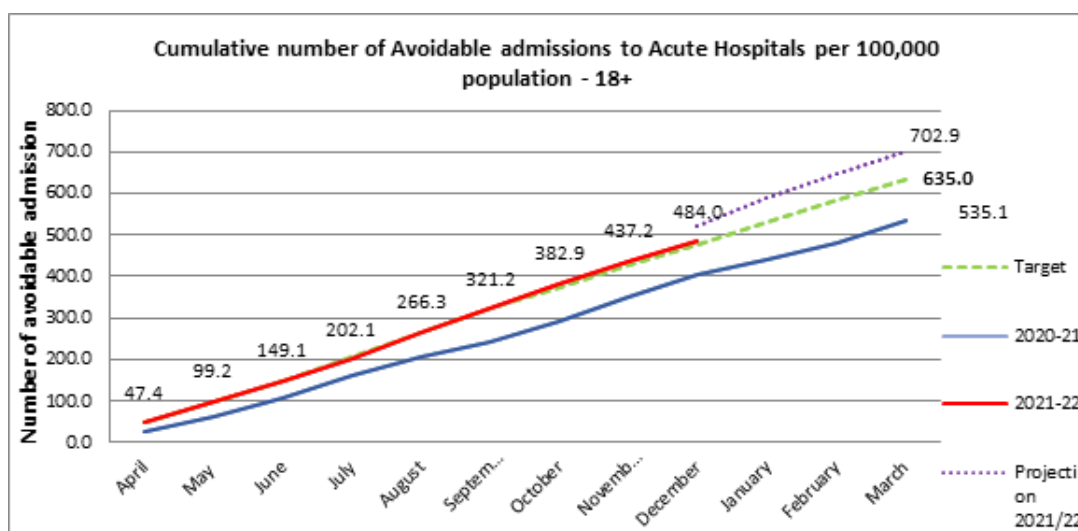
4.2 Reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days. The National Health England ambition for reducing Length of Stay is to have no more than 12% of people with a length of stay over 14 days. Reading are performing well compared to this National ambition, at 10.7%, however we are not achieving our local planned stretch target for Quarter 3 (Oct-Dec), with performance at 2.2% above the maximum of 8.5%.

Proportion of inpatients resident for 14 days or more, per month	
Target performance per month (no more than)	8.5%
Actual performance this month	10.7%
Average performance for the current period	10.0%
Status	Red

Proportion of discharges with length of stay 14 Days or + in Acute Hospitals 18+
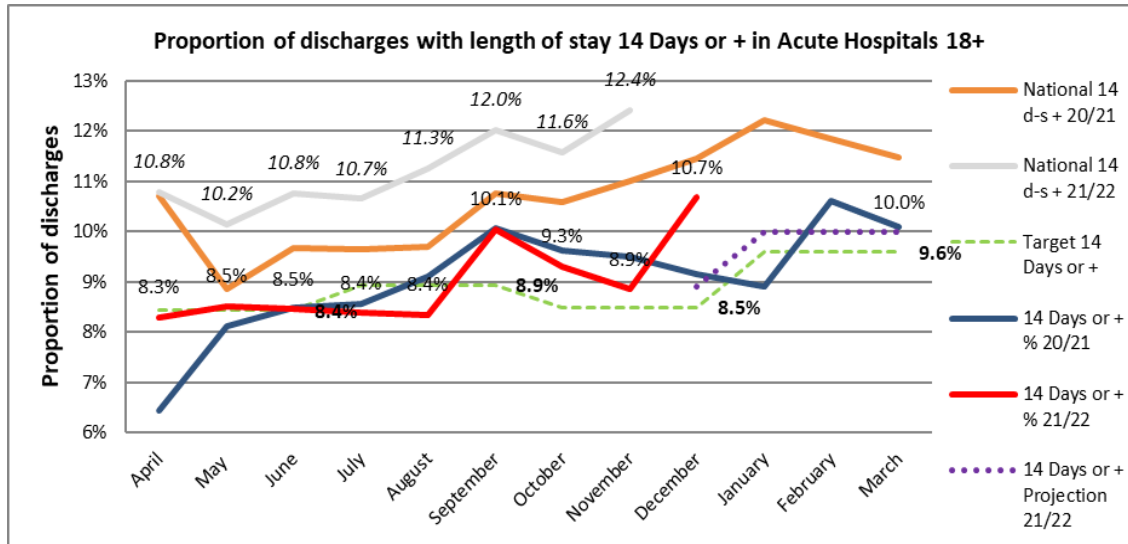
Performance declined against the 21 day Length of Stay (LoS) stretch targets at the end of Q3 (Oct to Dec), as a result of the complexity of cases, and limited appropriate care capacity within the provider market for Reading. We have opened an Extra Care, Discharge to Assess facility at Huntley Place in January 2022 to provide additional capacity over the winter period.

Proportion of inpatients resident for 21 days or more, per month	
Target performance per month (no more than)	4.5%
Actual performance this month	5.6%
Average performance for the current period	5.4%
Status	Red

Proportion of discharges with length of stay 21 Days or + in Acute Hospitals 18+
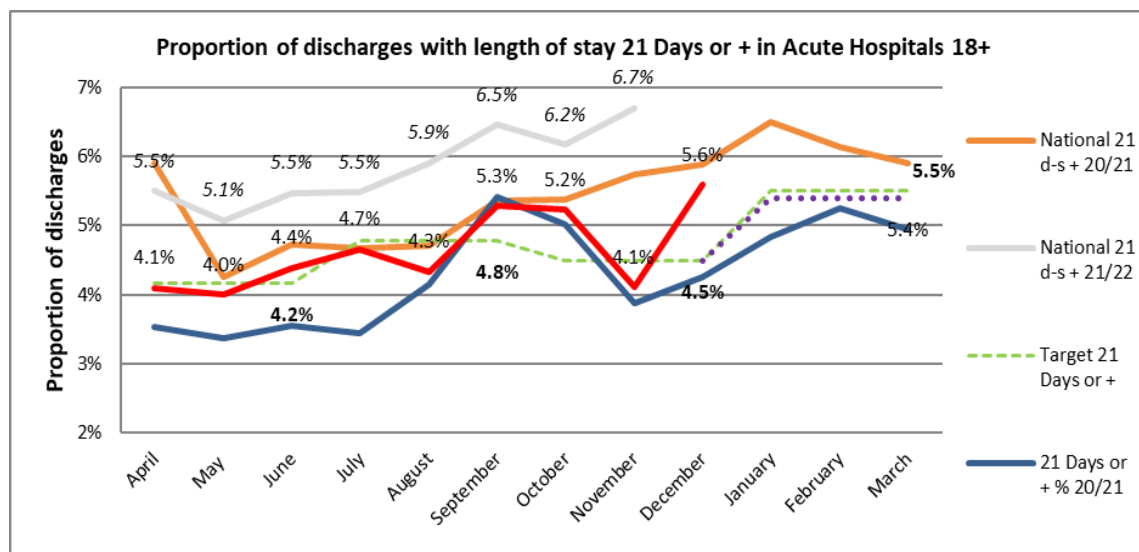
4.3 An increase in the proportion of people who are discharged directly home, from acute hospitals is the aim of this measure, with a target of not less than 91%. This is based on hospital data for people "discharged to their normal place of residence". This target has been achieved, with performance slightly above the minimum target per month, and an improvement compared to the previous year which is a positive trend, and remains on target for the year.

Proportion of discharges to Normal Place of Residence in Acute Hospitals 18+, per month	
Target performance per month (not less than)	91.0%
Actual performance this month	91.4%
Average performance for the current period	91.2%
Status	Green

Proportion of discharges to Normal Place of Residence in Acute Hospitals 18+
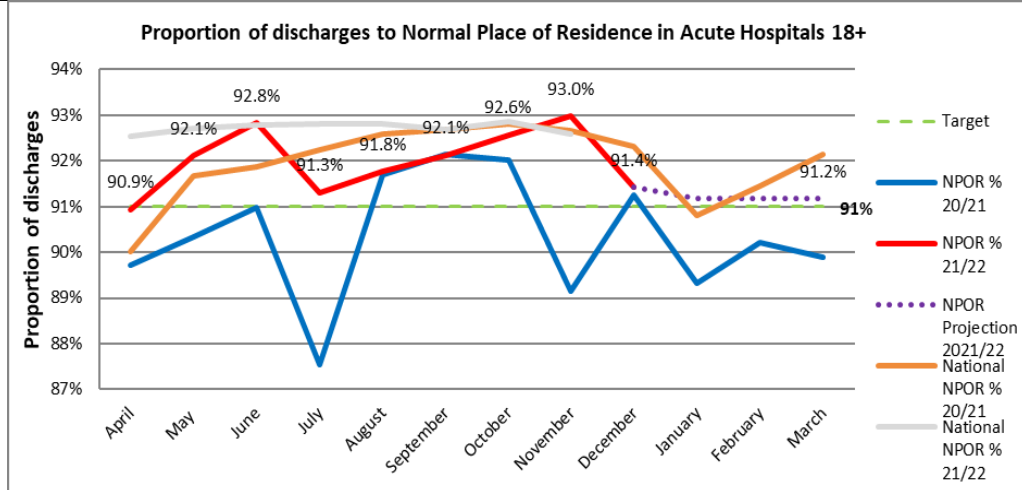
4.4 The number of older adults (65+) whose long-term care needs are met by admission to residential or nursing care per 100,000 population remains below the target currently for the year but it is noted that the projected performance is 7% above the target for this year.

Cumulative number of permanent admissions to residential and nursing care homes per 100,000 population - Older People	
Target performance per annum (no more than)	439
Actual performance to date	334
Projected performance based on the average performance to date	446
Status	Amber

Cumulative number of permanent admissions to residential and nursing care homes per 100,000 population - Older People
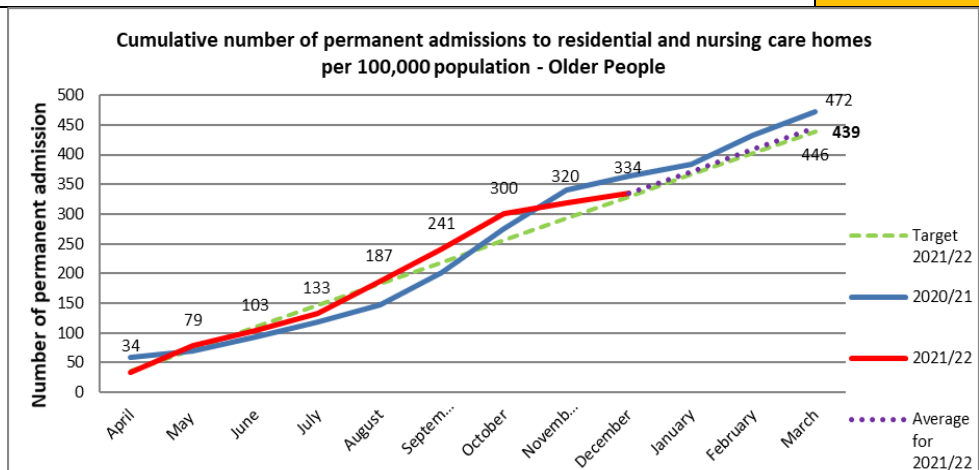
Current performance remains positive, below the overall cumulative target, which was significantly reduced from 571 to 439 and agreed as realistic stretch with system partners in line with BCF planning requirements. However, the projection to the end of the year is in excess of the stretch target currently.

4.5   The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation).

| Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	
Target performance (not less than)	87%
Total number of people departing reablement 91 days ago (numerical)	33
Of those at home 91 days later (numerical) at end of December 2021	27
Actual performance (%) for the month	82%
Average annual performance (based on performance to date)	79%
Status of Average performance	Amber
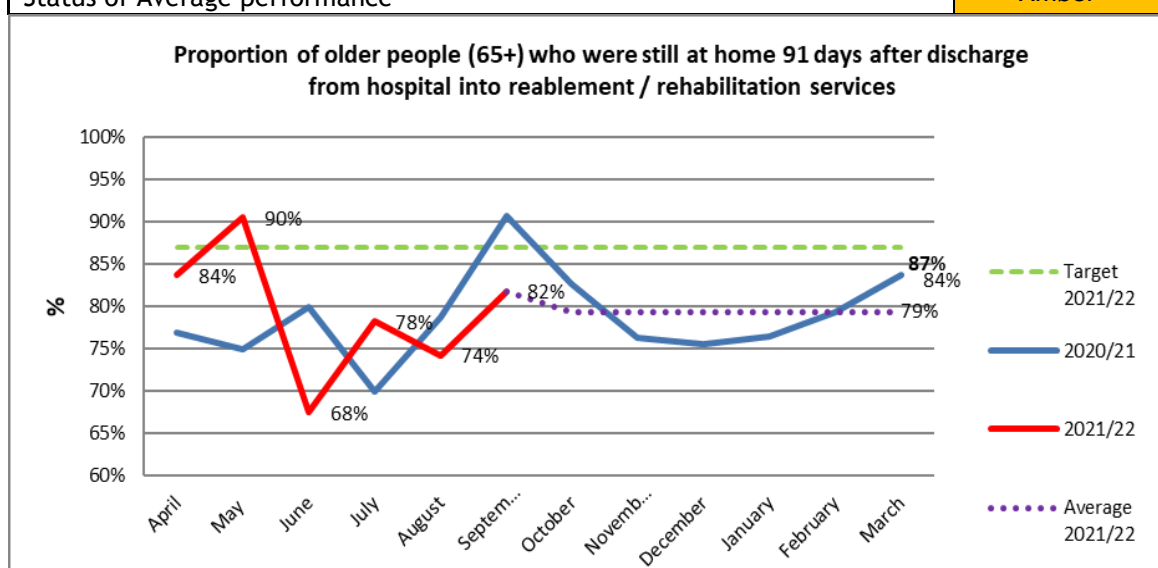
(based on people discharged in September, who were still at home in December 2021 – the September cohort)

Performance against this target continues to be challenging, at 5% below the target of 87%.   Sadly 5 of the 6 people, who did not remain at home, had passed away. Performance rates without those service users being included would have been 96% and exceeded the 87% target per month. We continue to work with system partners to try and ensure those people who are at end of life are referred into appropriate end of life care pathways.

4.6   Local Schemes funded through BCF

4.6.1 Discharge to Assess (D2A) Step-down/step-up beds at Charles Clore Court. There are four independent living flats with carer support for people who are not able to return directly home after a period in hospital (Step down), or for people who require some additional support to avoid a hospital admission (Step up). The minimum number of people placed in the commissioned Discharge to Assess beds at Charles Clore Court has not been met, due to the continued impact of some long stayers, which are complex cases. The service manager is working with Adult Social Care colleagues to resolve complex issues.

Cumulative number of Step up / Step down beds Throughput	
Target performance per year (not less than)	18
Actual performance this month	1
Status of Monthly performance	Red
Cumulative number of cases FY to date	7

Cumulative number of Step up / Step down beds Service Throughput
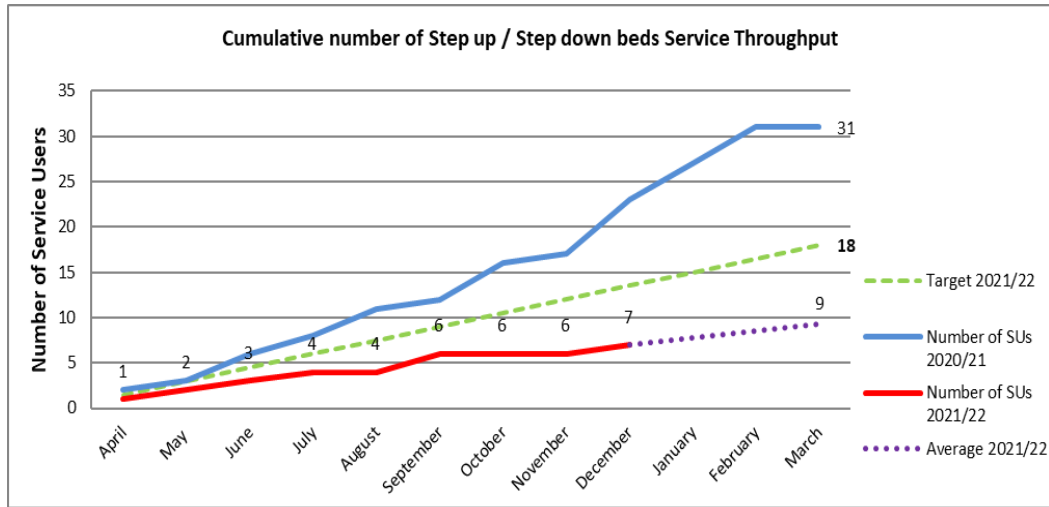
4.6.2 Impact of Community Reablement Service

The number of people accessing support through the Community Reablement Team (CRT) service is currently significantly below the expected level of not less than 1,200 per year, with projections showing an intake of 858. The review of the CRT service capacity is underway, this will include an assessment as to whether the target should be adjusted to show service hours capacity and service hours delivered, which would give a clearer picture of how effectively the service is utilised

Cumulative number of cases accessing CRT service	
Target performance per year (not less than)	1200
Actual performance this month	61
Status of Monthly performance	Red
Cumulative number of cases FY to date	633

Cumulative number of cases accessing CRT service
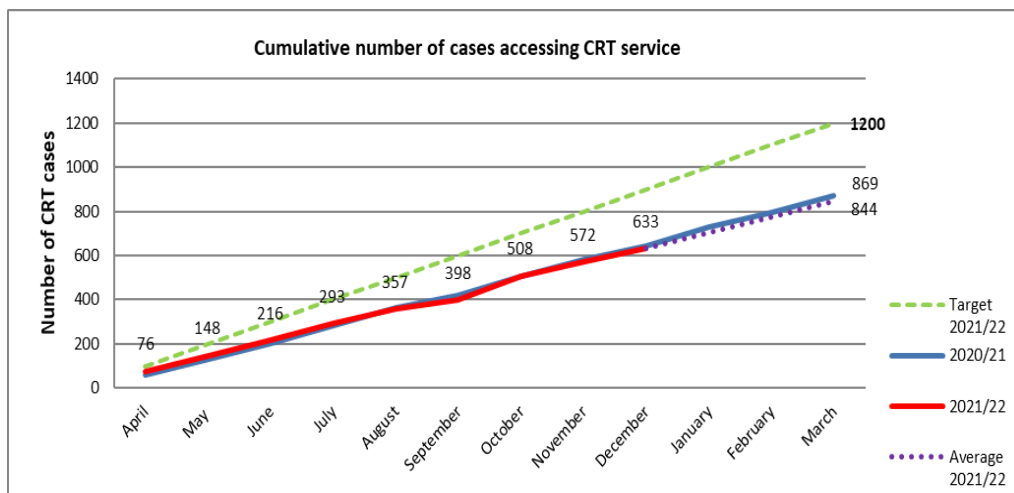
The average length of stay with the reablement service continues to be well below the 6 week maximum target, at 3.25 weeks, as at 31st December 2021. This indicates that people receiving reablement services are being effectively supported and enabled to quickly regain their independence.

Average service user length of stay with CRT service in weeks	
Target performance per month (no more than)	6.00
Actual performance this month	3.25
Status of Monthly performance	Green
Projected average performance (based on performance to date)	3.40
Status of Projected performance	Green
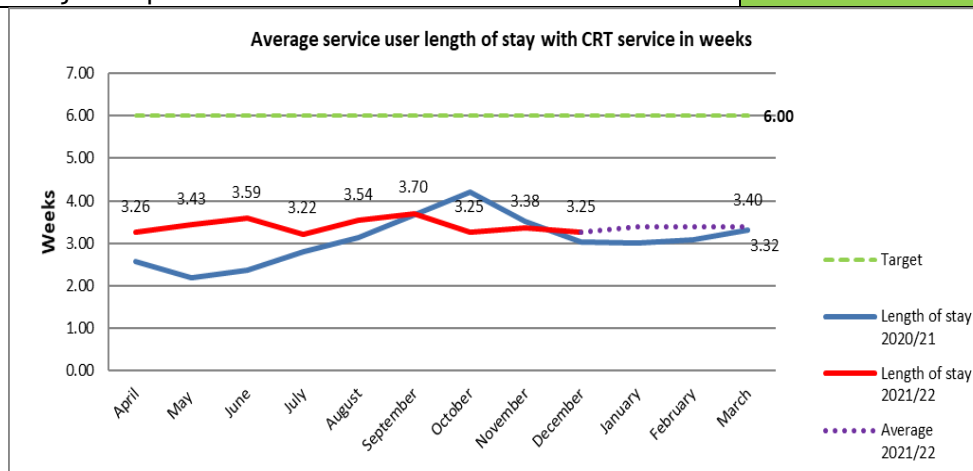
The satisfaction levels of service users with the reablement service has remained strong, with service users invited to complete a feedback form at the point of leaving the service. We have achieved response rates of 43% for feedback forms, and an overall satisfaction rate of 100%, against a target of 90%.

Average user satisfaction survey upon exit ("Satisfied" or "Very Satisfied")	
Target performance (not less than)	90%
Actual performance for the quarter (based on surveys submitted)	100%
Status of Monthly performance	Green
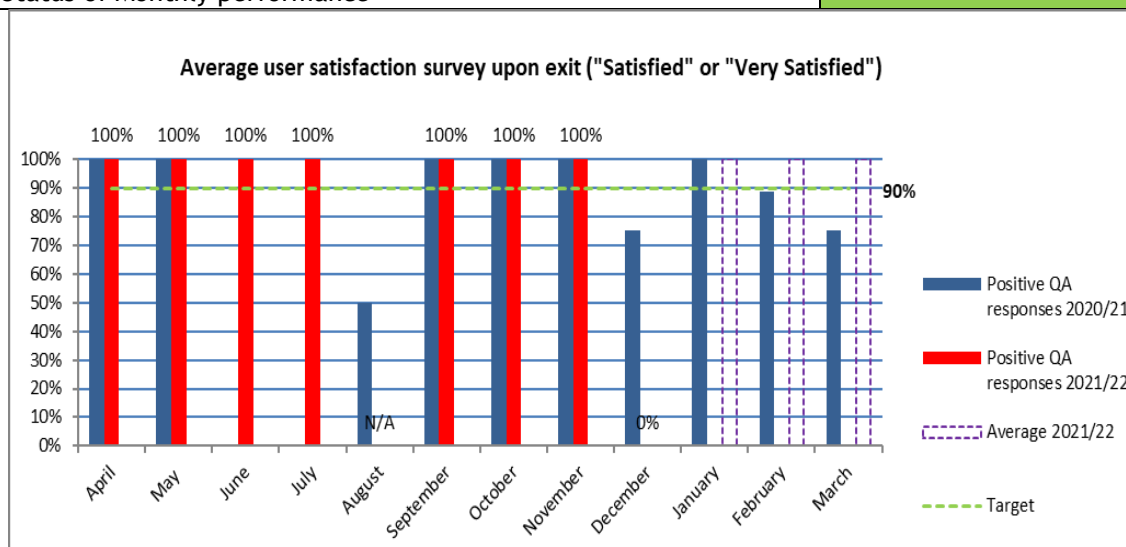
4.7   <u>Additional BCF Funding for accelerated Integration (iBCF)</u>

The targets were designed to reflect the impact of the iBCF funding's investment in reablement services. The position at the end of Q3 (*October to December*) has shown continued growth in the number of people receiving home care support, and shows improvement compared to the previous year.

Marginal increase in home care packages	
Target performance per month for this quarter (not less than)	597
Actual performance this month	599
Status of Monthly performance	Green

Average number of people receiving homecare, All Ages
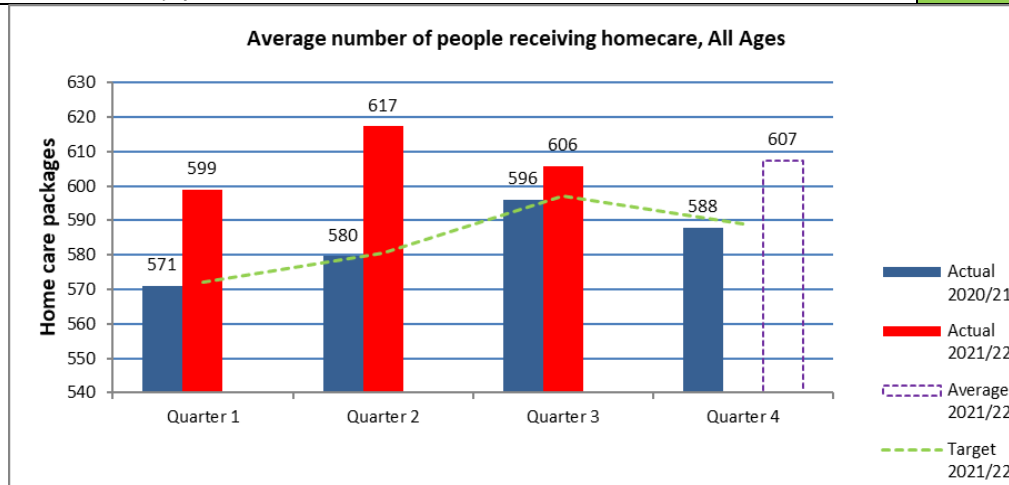
4.8   <u>Reading Integration Board (RIB) – Programme Update</u>
The Reading Integration Board Programme Plan was developed in collaboration with system partners from Health, Social Care and Voluntary Care Sectors. The programme encompasses three key priorities:

4.8.1   Multi-Disciplinary Teams (MDT)
An MDT is a meeting that is held within the Primary Care Networks (PCNs) -a group of GP surgeries comprise a PCN. There are several members of the care services in attendance at a Multi-Disciplinary Team meeting that can review cases from all aspects of the care required to support that person to stay well.

Meetings were held with Primary Care Network (PCN) representatives in November and December to agree the clusters and themes for the MDT meetings that were scheduled for January 2022. There are three MDT Clusters established and there will be a theme for each meeting that will address high areas of need based on population health management data through the shared care records system, Connected Care. Cases are submitted for MDT review where there is a high risk of poor health outcomes.

Cluster	PCN	Date of MDT	Theme
1	Tilehurst	WB 24/1/22	High Users/Complex pts
	Reading West		
2	Caversham	18/1/22	Diabetes
	Whitley		
3	Reading Central	13/1/22	Diabetes
	University		

Regular outcome reports will be submitted monthly to the Reading Locality Manager, with updates to the Integration Board.

4.8.2   Discharge to Assess future model for Reading

Detailed process maps and Standard Operating Procedures are being developed that will link into the Royal Berkshire Foundation Trust (Acute Hospital) processes. to ensure a smooth flow between the acute hospital and the community to support people on discharge from hospital who require additional care. Additional funding was secured which has enabled 10 Extra Care Flats to be commissioned from Huntley Place, in Reading, from 24th January 2022, with a focus on admission avoidance and supported discharge (see fig1). These flats are supported by a dedicated team, providing a 'strengths-based' approach. Occupation levels have been positive as well as turnaround times. This will enable us to trial the preferred model for Reading. Within the first two weeks of the service being in operation, 10 people were referred into the service and the average length of stay was 10 days, with the quickest turnaround being 3 days. The service will also work with the urgent and emergency rapid response services to support the aims of admission avoidance.
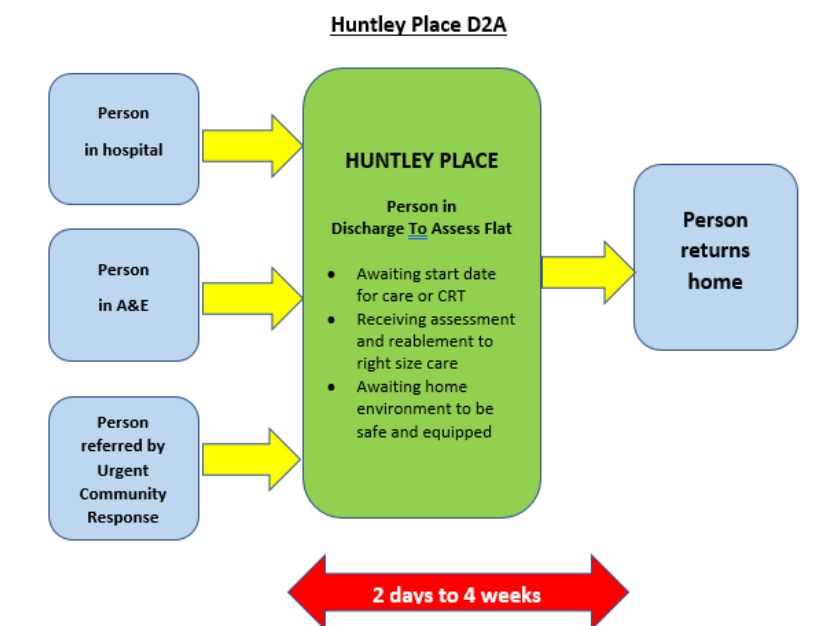
Fig.1

We continue to maintain links with the voluntary care sector to provide settling in services from hospital which enable people, who live alone, to return home safely and have any immediate needs met such as some basic shopping and checking that utilities are functioning, with referral onto other services where appropriate.

4.8.3   Nepalese Diabetes project

The South East Asian population is well known to have a higher prevalence of diabetes. This was a major cause of hospital admission as well as requirement of medical services across primary and secondary care due to the systemic effects and potential complications of diabetes. The subsequent effects on Social Care provision was also a challenge. Interventions through this project gave the community better insight into personal management of their condition resulting in better health outcomes. The project focused on the Nepalese community and started in July 2021. There have been three group consultations with Nepalese patients - two virtual and one face to face, supporting. The programme has now been extended to two further GP practices, in line with the aims of

the initial trial, following confirmation of further funding from the Oxford Academic Health Science Network (AHSN).

Connected Care, the shared care records system, is being used to identify appropriate cohorts of patients to be referred into the programme. Feedback from the patients who have participated in the project so far has been positive, indicating improved awareness and knowledge of managing their condition. We have not been able to provide the update against the metrics due to resources being diverted to manage the Covid vaccination and booster programmes as a priority. However, the follow-ups will now be prioritised, and outcomes reported to the Integration Board at the earliest opportunity.

4.8.4 Health Inequalities

The Board will maintain a focus on reducing health inequalities, particularly within areas of deprivation, using a Population Heath Management approach, which provides insights on the health of Reading residents from a variety of data sources. These insights will enable effective planning and commissioning of appropriate services. Representatives from RIB are also engaged with the Integrated Care Service Health Inequalities Board, covering Berkshire, Oxfordshire and Buckinghamshire (BOB) region, which ensures alignment with the wider health and inequalities priorities and programmes of work

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1   The purpose of this section is to ensure that proposals contained in reports are in line with the overall direction of the Berkshire West Health and Wellbeing Strategy by contributing to at least one of the Strategy's five priorities, listed below.

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help children and families in early years
4. Promote good mental health and wellbeing for all children and young people
5. Promote good mental health and wellbeing for all adults

The Reading Integration Board (RIB) are leading on delivery against priorities 1 and 2 for Reading and draft action plans have been developed in collaboration with the members of RIB, which involves representation from system partners, including Acute hospital, Community care providers, Primary Care and Voluntary Care Sector. RIB will be supported by a number of groups, such as the Long-Term Conditions Board and Voluntary Care Sector groups, in order to achieve the expected outcomes of the delivery plans.

5.2   While the Better Care Fund (BCF) does not in itself and in its entirety directly relate to the Health & Wellbeing Board's strategic aims, Operating Guidance for the BCF published by NHS England states that: *The expectation is that HWBs will continue to oversee the strategic direction of the BCF and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners […] HWBs also have their own statutory duty to help commissioners provide integrated care that must be complied with.*

The Reading Integration Board (RIB) Programme Plan objectives are mapped to both the Health and Wellbeing Board strategic priorities, as listed in 5.1 above, and the Berkshire West Integrated Care Partnership (ICP) priorities, listed below, to ensure alignment and effective reporting:

Berkshire West Integrated Care Partnership (ICP) Strategic Objectives
- Promote and improve health and wellbeing for Berkshire West residents
- Create a financially sustainable health and social care system

- Create partnerships and integrate services that deliver high quality and accessible Health and Social Care
- Create a sustainable workforce that supports new ways of working

Planning for 2022/23 has commenced and system partners have been invited to submit their respective priorities, in order to discuss and agree the top 3 or 4 priorities for the Programme Plan.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS
6.1 The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers).

6.2 Not applicable as this report summarises the performance of the Better Care Fund and Integration Programme. No new services are being proposed or implemented that would impact on the climate or environment, however climate implications are being considered in relation to the Health and Wellbeing Board Strategic Priority Action Plans.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT
7.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

7.2 In accordance with this duty the Reading Integration Board intends to engage with stakeholders to ensure they are included in guiding integration in the locality, through feedback surveys and through the local and national voluntary sector organisations with which we work. Stakeholder engagement continues to be a key factor to effective integrated models of care, and engagement with all system partners is important to the Reading Integration Board. Bids for small projects have been requested from System partners to support this wider engagement initiative, alongside hospital admission avoidance and discharge to assess support.

7.3 Healthwatch are undertaking a review focussed on people being discharged from hospital on pathways 0 to 3. This review was due to start in June 2021 but was delayed due to the requirement for additional data sharing agreements to be processed. A report will be submitted to the Integration Board in due course. The Integration Board will incorporate the service user feedback in the design of the future discharge to assess and admission avoidance service model that is being developed.

8. EQUALITY IMPACT ASSESSMENT
8.1 Not applicable as there are no new proposals or services recommended or requested.

9. LEGAL IMPLICATIONS
9.1 A Section 75 document will be signed off by Reading Borough Council and Berkshire West Clinical Commissioning Group, which sets out an agreement for the management of the Better Care Fund pooled and non-pooled funds.

10. FINANCIAL IMPLICATIONS
10.1 The Better Care Fund (BCF) plan for 2021/22 was approved by NHS England on 11th January 2022. This was late due to the delayed release of the BCF policy and guidance. A review of BCF schemes is underway in preparation for the End of Year report and to inform future planning. Any changes to the current contracts and schemes funded through BCF will be considered in the planning process for 2022/23 and onwards, and service leads engaged in the review.

11.   BACKGROUND PAPERS

11.1   The BCF performance data included in this report is drawn from the *Reading Integration Board Dashboard -January 2021(Reporting up to 31 December 2021)*

11.2   Reading Integration Board (RIB) Programme Plan (Feb) 2021-22 (Q4)

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	18th March 2022
REPORT TITLE:	Health and Wellbeing Dashboard – March 2022
REPORT AUTHOR:	Kim McCall **TEL:** 0118 937 3245
JOB TITLE:	Health and Wellbeing Intelligence Officer **E-MAIL:** kim.mccall@reading.gov.uk
ORGANISATION:	Reading Borough Council

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report presents an update on the Health and Wellbeing Dashboard (Appendix A), which sets out local trends in a format previously agreed by the Board to provide the Board with an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy for Reading. This strategy has now been superseded by the Berkshire West Health and Wellbeing Strategy 2021-2030 and a new dashboard report reflecting new priorities and actions has been developed to support them and will shortly replace this standing report.

1.2 The appended document gives the Board a context for determining which parts of the Health and Wellbeing Strategy it wishes to review in more depth, such as by requesting separate reports. Identifying priorities from the Health and Wellbeing Strategy to provide themes for Health and Wellbeing Board meetings is in line with the 2016 Peer Review recommendation that the Health and Wellbeing Strategy should be used to drive the agenda of the Health and Wellbeing Board.

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board notes the following performance updates contained in the dashboard:

- **Estimated dementia diagnosis rate (aged 65+) has been updated with monthly snapshots.**
- **The following NHS Healthcheck indicators are updated each quarter**
  - **People invited for a healthcheck**
  - **People taking up a healthcheck**
  - **People receiving a healthcheck**
- **Smoking status at the time of delivery**
- **Cancer screening – bowel cancer**
- **Cancer screening – breast cancer**

2.2 That the Health and Wellbeing Board notes the updates that have been included in this report.

2.3 That the Health and Wellbeing Board notes that this HWB dashboard will be reviewed to reflect the priorities in the 2021-2030 Health and Wellbeing Strategy and replaced by a new dashboard report.

3. POLICY CONTEXT

3.1 The Health and Social Care Act 2012 sets out the requirement on Health and Wellbeing Boards to use a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) to develop plans which:
- improve the health and wellbeing of the people in their area;
- reduce health inequalities; and
- promote the integration of services.

3.2 Reading's 2017-20 Health and Wellbeing Strategy sets out local plans as required under the Health and Social Care Act, and also addresses the local authority's obligations under the Care Act 2014 to promote the wellbeing of individuals and to provide or arrange services that reduce needs for support among people and their (unpaid/family) carers in the local area.

3.3 The outgoing strategy is founded on three 'building blocks' – issues which underpin and are expected to be considered as part of the implementation plans to achieve all of the strategic priorities. These are:
- Developing an integrated approach to recognising and supporting all carers
- High quality co-ordinated information to support wellbeing
- Safeguarding vulnerable adults and children

3.4 The Strategy then sets out eight priorities:
- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity and physical activity)
- 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 breast and bowel screening and prevention services
- Reducing the number of people with tuberculosis

3.5 In July 2016, Reading's Health and Wellbeing Board agreed to introduce a regular Health and Wellbeing Dashboard report – at each meeting - to ensure that members of the board are kept informed about the Partnership's performance in its priority areas, compared to the national average and other similar local authority areas. During the lifetime of the strategy, the updated Health and Wellbeing Action Plan was presented to the Board in full twice a year.

3.6 The new Berkshire West Health and Wellbeing Strategy has now been agreed and the Health and Wellbeing Dashboard will be revised to reflect the updated strategy.

4. CURRENT POSITION

The Health and Wellbeing Dashboard provides the latest published and validated data available to support the Board to scrutinise and evaluate the performance of the Partnership against the agreed priorities set out in the Health and Wellbeing Strategy. Some of the data used to measure public health outcomes, particularly for those indicators based on annual national survey and hospital data, goes through a process of checking and validation before publication, which can mean that it is published some time after it was collected. As changes to population health usually happen gradually this is usually adequate and appropriate, but in 2020 and 2021 in the

wake of the COVID-19 pandemic and lockdown has been rapid and it is possible that the outcomes reflected in the most recent data do not reflect the current picture.

[Public Health England's 'Wider Impacts of Coronavirus' tool (WICH)](#) is a collection of metrics that measure changes over time in key areas of health and wellbeing that may have been affected by the pandemic.

Priority 1

4.1   The percentage of adults in Reading who are overweight or obese increased in 2019 and 2020 and is now similar to the national average. In 2019, the percentage of adults who meet criteria for being physically active remains similar to the England average. Smoking increased slightly in both the general population and amongst those in routine and maintenance professions, although the year-on-year change was too small to be considered reliable. In 2020/21 the smoking status of pregnant women at the time of delivery increased slightly. The increase was not significant and the overall prevalence remains well below the England average.

4.2   As in previous periods, Reading is unlikely to meet local or national targets for the delivering NHS health checks to eligible residents (those aged 40-74 without certain specified diagnoses). The NHS health check assesses people's risk of stroke, heart disease, kidney disease, diabetes and dementia, and leads to targeted advice. The position is of particular concern given the emerging evidence that those who have diabetes and contracted COVID19 appear to have worse clinical outcomes. The NHS Health Check programme is thus an invaluable way to identify people across Reading at increased risk of having undiagnosed comorbidities, and further benefiting from a conversation with a healthcare professional about healthy weight, physical activity and smoking cessation to reduce the impacts of COVID19. The immediate impacts of national lockdown that programmes such as NHS Health Checks were paused, further hampering efforts to reach national targets. Arrangements to reinstate NHS Checks and improve take up are now in place and increases in the number of health checks will be monitored through Reading Borough Council's Corporate Plan from 2022/23.

Priority 2

4.3   As described in previous reports, the results from the 2018/19 Adult Social Care survey were published in November 2019 and tell us that a higher proportion of respondents to the survey than previously have reported that they have as much social contact than they would like (47.1% compared to 41.4% the previous year). Furthermore, a larger proportion of respondents in Reading reported as much social contact as they would like compared with elsewhere in England.

Priority 3

4.4   The number and proportion of school children with social, emotional or mental health need increased in 2019 and 2020, with Reading now significantly above the England average. The increase appears to be concentrated in primary school children, while the proportion of secondary school children with social, emotional or mental health needs fell during the same period and is now it in line with the national average.

Priority 4

4.5   While the mortality rate for suicide and undetermined intent in Reading continues to be in line with the national average and average for local authority areas with similar levels of deprivation there have now been non-significant increases in the last two periods. The

rate is now above the national average, although the difference is not statistically significant. 45 deaths were recorded between 2018 and 2020, compared to 38 between 2017 and 2019 and 28 between 2016 and 2018.

Priority 5

4.6   The proportion of people receiving alcohol treatment who successfully completed treatment began to decrease rapidly in the second half of 2019 and throughout 2020. Although the rate continues to be well below the England average there was an increase in successful completions in the most recent reported two quarters, with more than 20% of those in treatment becoming free of dependence during Q2 of 2021/22. The rate of hospital admissions where the primary diagnosis is an alcohol-related condition increased slightly in 2018/19, both in Reading and in England. The rate in Reading continues to be below the English average.

4.7   Reading's commissioned drug and alcohol treatment provider, Change Grow Live (CGL), has seen an increase in referrals and people starting treatment. Work with is ongoing with CGL to address low numbers of successful completions, which have not returned to previous levels following the end of Covid-19 lockdown and manage increased demand for support from both new and existing service users.

Priority 6

4.8   The rate of diagnosis of dementia amongst those aged 65 and older has remained in line with the England average. Both rates fell slightly during the second quarter of 2020 and have not yet returned to the previous level. This seems likely to be related to the COVID-19 lockdown.

Priority 7

4.9   Locally set targets for bowel cancer screening, which were been set at minimum coverage standards, have been met. Coverage of breast cancer screening fell in Reading and nationally in 2021. Although Reading's performance is now below the target agreed, performance is now above the national average.

Priority 8

4.10   Although incidence of tuberculosis (TB) continues to be higher in Reading than elsewhere, the latest published data confirms further improvement in line with targets. As a result, cases of TB in Reading have reduced significantly since reaching a peak in 2008-10 of 38.4 cases per 100,000 population (176 cases) to 15.4 cases per 100,000 in 2018-20 (75 cases).

5.   CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1   This proposal supports Corporate Plan priorities by ensuring that Health and Wellbeing Board members are kept informed of performance and progress against key indicators, including those that support corporate strategies.

6.   ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1   The recommended action will have no impact on the Council's ability to respond to the Climate Emergency.

7.   COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1   A wide range of voluntary and public sector partners and members of the public were encouraged to participate in the development of the Health and Wellbeing Strategy and, as described above, a draft of the proposed Strategy was made available for consultation

between 10th October and 11th December 2016. The indicators included in this report reflect those areas highlighted during the development of the strategy and included in the final version.

8.   EQUALITY IMPACT ASSESSMENT

8.1   An Equality Impact Assessment is not required in relation to the specific proposal to present the dashboard in this format. However, it is anticipated that this will be one of the tools which Board members can use to monitor the success of the Health and Wellbeing strategy as a vehicle for tackling inequalities.

9.   LEGAL IMPLICATIONS

9.1   There are no legal implications.

10.   FINANCIAL IMPLICATIONS

10.1   The proposal to note the report in Appendix A offers value for money by ensuring that Board members are better able to determine how effort and resources are most likely to be invested beneficially in advance of the full Health and Wellbeing Dashboard.

11.   BACKGROUND PAPERS

APPENDIX A – Health and Wellbeing Dashboard – January 2022

This page is intentionally left blank

Priority	Indicator	Target Met/Not Met	Direction of Travel
1. Supporting people to make healthy lifestyle choices	% adults overweight or obese	Met	Worse
	% of adults physically active	Met	No change
	% 4-5 year olds classified as overweight/obese	Met	No change
	% 10-11 year olds classified as overweight/obese	Not Met	No change
	Smoking status at the time of delivery	Met	No change
	Age 15 smoking prevalence placeholder	NA	NA
	Smoking prevalence - all adults - current smokers	Met	No change
	Smoking prevalance - routine and manual - current smokers	Not Met	No change
	People invited for an NHS Healthcheck	Not Met	No change
	People taking up an NHS Healthcheck invite	Met	No change
	People receiving an NHS Healthcheck	Not Met	No change
2. Reducing loneliness and social isolation	% of adult social care users with as much social contact as they would like	Met	No change
	% of adult carers with as much social contact as they would like	Not Met	No change
	Placeholder - Loneliness and Social Isolation	NA	NA
3.Promoting positive mental health and wellbeing in children and young people	Pupils with social, emotional and mental health needs (primary school age)	Not Met	No change
	Pupils with social, emotional and mental health needs (secondary school age)	Met	No change
	Pupils with social, emotional and mental health needs (all school age)	Not Met	No change
4. Reducing deaths by suicide	Age-standardised mortality rate from suicide and injury of undetermined intent	Not met	No change
5.Reducing the amount of alcohol people drink to safer levels	Successful treatment of alcohol treatment	Not Met	Better
	Admission episodes for alcohol related conditions (DSR per 100,000)	Met	No change
6.Living well with dementia	Estimated diagnosis rate for people with dementia	Not Met	No change
	No. Dementia Friends (Local Indicator)	NA	NA
	Placeholder - ASCOF measure of post-diagnosis care	NA	NA
7.Increasing take up of breast and bowel screening and prevention services	Cancer screening coverage - bowel cancer	Met	Better
	Cancer screening coverage - breast cancer	Not met	No change
8.Reducing the number of people with tuberculosis	Incidence of TB (three year average)	Met	No change

PRIORITY 1: Supporting people to make healthy lifestyle choices

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2019 Deprivation Decile Average
% adults overweight or obese	Public Health Outcomes Framework	Active Lives Survey	Annual	Low	2019-20	62.0	63.4	Met	Worse	62.8	Not available
% of adults physically active	Public Health Outcomes Framework	Active Lives Survey	Annual	High	2019-20	66.6	64.0	Met	No change	66.4	Not available
% 4-5 year olds classified as overweight/obese	Public Health Outcomes Framework	National Child Measurement Programme	Annual	Low	2019-20	21.7	22.0	Met	No change	23.0	Not available
% 10-11 year olds classified as overweight/obese	Public Health Outcomes Framework	National Child Measurement Programme	Annual	Low	2019-20	36.4	36	Not Met	No change	35.2	Not available
Smoking status at the time of delivery	Public Health Outcomes Framework	Smoking Status At Time of Delivery (SSATOD) HSCIC	Annual	Low	2020/21	6.2	8.0	Met	No change	9.6	11.0
Smoking prevalence - all adults - current smokers	Public Health Outcomes Framework	Annual Population Survey	Annual	Low	2019	13.9	14.8	Met	No change	13.9	Not available
Age 15 smoking prevalence placeholder	Public Health Outcomes Framework										
Smoking prevalance - routine and manual - current smokers	Public Health Outcomes Framework	Annual Population Survey	Annual	Low	2019	29.3	28.9	Not Met	No change	23.2	Not available
People invited for an NHS Healthcheck	NHS Healthcheck - Fingertips dashboard	https://fingertips.phe.org	Quarterly	High	2017/18 Q1 - 2021/22 Q2	27.7%	90%	Not Met	No change	58.4%	63.2%
People taking up an NHS Healthcheck	NHS Healthcheck - Fingertips dashboard	https://fingertips.phe.org	Quarterly	High	2017/18 Q1 - 2021/22 Q2	56.2%	50%	Met	No change	45.1%	43.9%
People receiving an NHS Healthcheck	NHS Healthcheck - Fingertips dashboard	https://fingertips.phe.org	Quarterly	High	2017/18 Q1 - 2021/22 Q2	15.2%	43%	Not Met	No change	26.3%	27.8%

Back to HWB Dashboard

PRIORITY 2: Reducing Loneliness and Social Isolation

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2019 Deprivation Decile Average
% of adult social care users with as much social contact as they would like	Public Health Outcomes Framework/Adult Social Care Outcomes Framework	Adult Social Care Survey - England	Annual	High	2019-20	48.6	45.4	Met	No change	45.9	46.1
% of adult carers with as much social contact as they would like	Public Health Outcomes Framework/Adult Social Care Outcomes Framework	Carers Survey	Bi-Annual	High	2018-19	32.0	38.5	Not Met	No change	32.5	29.9
Placeholder - Loneliness and Social Isolation	NA	TBC	Annual							NA	NA

Back to HWB Dashboard

Priority 3: Promoting positive mental health and wellbeing in children and young people

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2019 Deprivation Decile Average
Pupils with social, emotional and mental health needs (primary school age)	Children and Young People's Mental Health and Wellbeing	DFE Special Needs Education Statistics	Annual	Low	2020	2.9%	2.3%	Not Met	No change	2.5%	
Pupils with social, emotional and mental health needs (secondary school age)	Children and Young People's Mental Health and Wellbeing	DFE Special Needs Education Statistics	Annual	Low	2020	2.9%	3.3%	Met	No change	2.3%	
Pupils with social, emotional and mental health needs (all school age)	Children and Young People's Mental Health and Wellbeing	DFE Special Needs Education Statistics	Annual	Low	2020	3.1%	3.0%	Not Met	No change	2.7%	

Back to HWB Dashboard

Priority 4: Reducing deaths by suicide

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2019 Deprivation Decile Average
Age-standardised mortality rate from suicide and injury of undetermined intent	Public Health Outcomes Framework	Public Health England (based on ONS)	Annual	Low	2018-20	11.5	8.25	Not met	No change	10.4	Not available

Back to HWB Dashboard

PRIORITY 5:Reducing the amount of alcohol people drink to safer levels

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2019 Deprivation Decile Average
Successful treatment of alcohol treatment	Public Health Outcomes Framework	National Drug Treatment Monitoring System	Quarterly	High	Q1 2021-22	19.3%	38.3%	Not Met	Better	35.3%	Not available
Admission episodes for alcohol related conditions (DSR per 100,000)	Public Health Outcomes Framework	Local Alcohol Profiles for England (based on HSCIC HES)	Annual	Low	2018-2019	567	599	Met	Worse	664	Not available

Back to HWB Dashboard

Priority 6: Living well with dementia

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2019 Deprivation Decile Average
Estimated diagnosis rate for people with dementia	Public Health Outcomes Framework/NHS Outcomes Framework	NHS Digital	Monthly	High	Oct-21	62.1	66.7	Not Met	No change	61.9	
No. of Dementia friends	NA (Local only)	Local Report	Quarterly	High				NA	NA	Not available	Not available

PLACEHOLDER - Post diagnosis care

Back to HWB Dashboard

Priority 7: Increasing take up of breast and bowel screening and prevention services

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2019 Deprivation Decile Average
Cancer screening coverage - bowel cancer	Public Health Outcomes Framework	Health and Social Care Information Centre (HSCIC)	Annual	High	2021	61.6%	52.0%	Met	Better	65.2%	Not available
Cancer screening coverage - breast cancer	Public Health Outcomes Framework	Health and Social Care Information Centre (HSCIC)	Annual	High	2019	68.1%	70.0%	Not met	No change	64.1%	NA

Back to HWB Dashboard

Page 212

Priority 8: Reducing the number of people with tuberculosis

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2019 Deprivation Decile Average
Incidence of TB (three year average)	Public Health Outcomes Framework	Public Health England.	Annual	Low	2018-20	15.4	30	Met	No change	8.6	6.0

Back to HWB Dashboard

Indicator number	93088
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Excess weight in adults

Period	Reading	Fourth less deprived (IMD2015)	England
2012-14	61		64.6
2013-15	63.4	65.4	64.8
2015-16	55.3	61.7	61.3
2016-17	59.2	61.8	61.3
2017-18	55.7	63.5	62
2018-19	58.6		62.3
2019-20	62		62.8

Back to Priority 1
Back to HWB Dashboard

Data source	Active Lives Survey (previously Active People Survey) Sport England
	* Note change in methodology in 2015-16

Denominator	Number of adults with valid height and weight recorded. Active lives Survey. Historical (before 2015-16) Number of adults with valid height and weight recorded. Data are from APS year 1, quarter 2 to APS year 3, quarter 1

Numerator	Number of adults with a BMI classified as overweight (including obese), calculated from the adjusted height and weight variables. Active Lives Survey. Previously (before 2015-16) from Active People survey. Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m2.

Indicator number	93014
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**% Physically Active Adults**

Data source	Until 2015 - Active People Survey, Sport England
	2015-16 onwards - Active Lives, Sport England
	* Note change in methodology in 2015-16
Denominator	Weighted number of respondents aged 19 and older with valid responses to questions on physical activity
Numerator	Weighted number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 MIE minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days.

Period	Reading	Fourth less deprived (IMD2015)	England
2012	59.7		56
2013	56.6		56
2014	54.7		57
2015	59.3	*58.5*	57
2015-16*	64.8	*66.4*	66.1
2016-17	68.7	*67.2*	66
2017-18	68.8	*67*	66.3
2018-19	63.9		67.2
2019-20	66.6		66.4
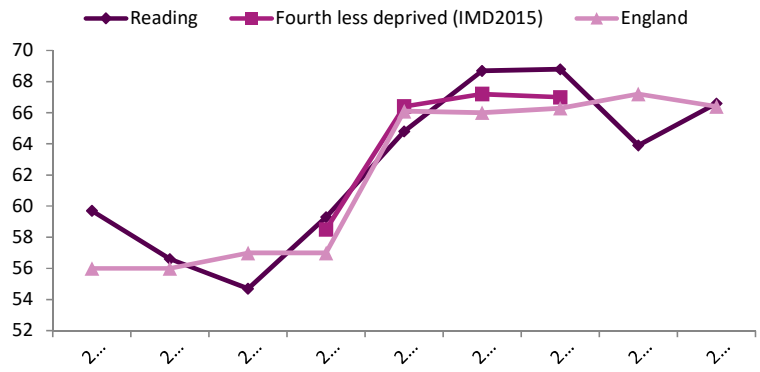
Indicator number	20601
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Child excess weight in 4-5 year olds

Data source	National Child Measurement Programme

Denominator	Number of children in Reception (aged 4-5 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.
Numerator	Number of children in Reception (aged 4-5 years) classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

Period	Reading	Fourth less deprived (IMD2015)	England
2007/08	20.6	20.7	22.6
2008/09	22.5	21.6	22.8
2009/10	25.7	22.8	23.1
2010/11	25.7	22.2	22.6
2011/12	24.1	22	22.6
2012/13	21.8	21.6	22.2
2013/14	23.3	21.4	22.5
2014/15	22.6	21.3	21.9
2015/16	21.8		22
2016/17	22.9	22.6	22.6
2017/18	22.3		22.4
2018/19	22.5		22.6
2019/20	21.7		23
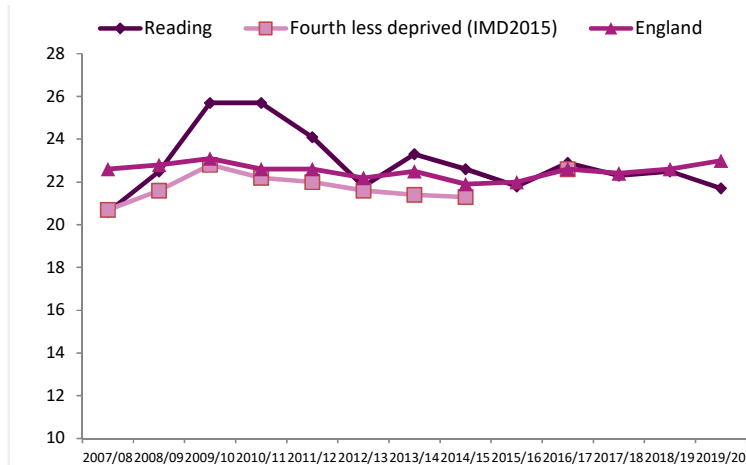
Indicator number	20602
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Child excess weight in 10-11 year olds

Back to Priority 1
Back to HWB Dashboard

Data source	National Child Measurement Programme

Denominator	Number of children in Year 6 (aged 10-11 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.

Numerator	Number of children in Year 6 (aged 10-11 years) classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

Period	Reading	Fourth less deprived (IMD2015)	England
2007/08	33.6	30.8	32.6
2008/09	33.1	31.3	32.6
2009/10	36.2	32.5	33.4
2010/11	34.4	32.7	33.4
2011/12	35.4	32.6	33.9
2012/13	34	32	33.3
2013/14	34	32.1	33.5
2014/15	35.6	32	33.2
2015/16	37.4	-	34.2
2016/17	32.9	32.6	34.2
2017/18	34.3		34.3
2018/19	34		34.3
2019/20	36.4		35.2
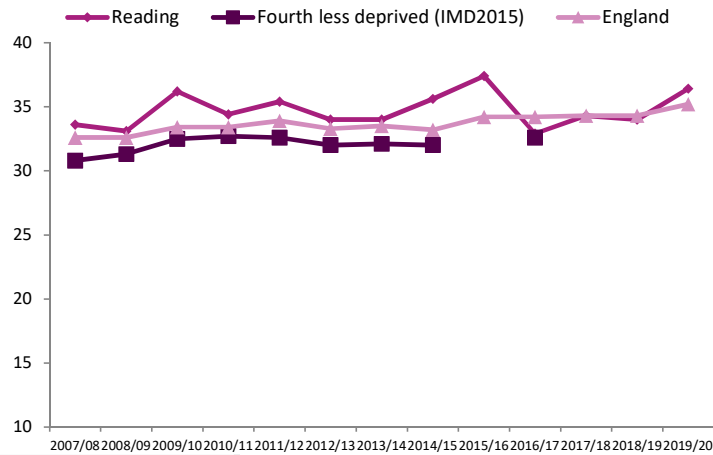
Indicator number	93085
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	% of women who smoke at the time of delivery

Data source	Calculated by KIT East from the Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD)
Denominator	Number of maternities (estimated based on counts for CCGs)
Numerator	Number of women known to smoke at time of delivery (estimated based on counts for CCGs)

Period	Reading	Fourth less deprived (IMD2015)	England
2010/11	7.2	14.4	13.5
2011/12	8.4	13.8	13.2
2012/13	7.4	13.2	12.7
2013/14	8.5	13	12
2014/15	7.4	12	11.4
2015/16	8	11.9	10.6
2016/17	6.8	12	10.7
2017/18	6.3	12	10.8
2018/19	5.6	10.6	10.6
2019/20	5.6	11.2	10.4
2020/21	6.2	11	9.6
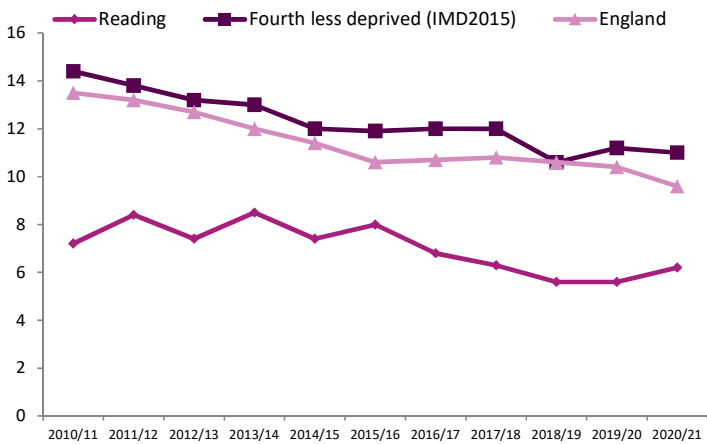
Indicator number	92443
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Smoking Prevalence in Adults - Current Smokers

Back to Priority 1
Back to HWB Dashboard

Data source	Annual Population Survey

Period	Reading	Fourth less deprived (IMD2015)	England
2012	20.6	18.7	19.3
2013	20.4	17.7	18.4
2014	18.7	17.9	17.8
2015	17.6	16.7	16.9
2016	15.8	13.8	15.5
2017	13.6	13.2	14.9
2018	13		14.4
2019	13.9		13.9

Denominator	Total number of respondents (with valid recorded smoking status) aged 18+ from the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.
Numerator	The number of persons aged 18 + who are self-reported smokers in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.
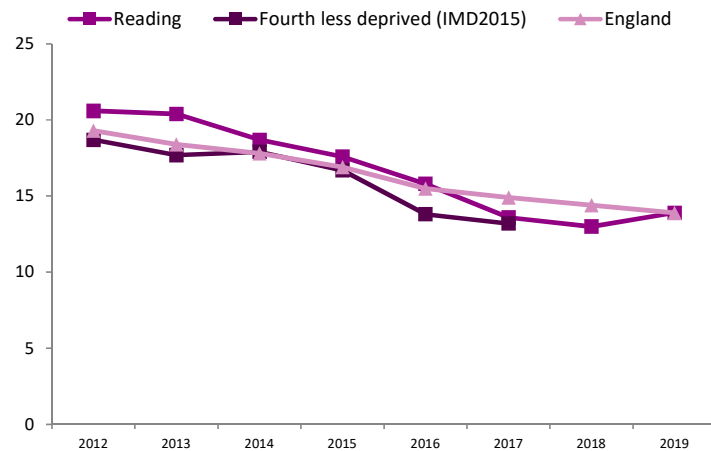
Indicator number		92445			
Outcomes Framework	Local Tobacco Control Profiles				
Indicator full name	Smoking prevalence in routine and manual occupations - Current smokers	**Period**	**Reading**	**Fourth less deprived (IMD2015)**	**England**
Back to Priority 1		2012	32.1		31.1
Back to HWB Dashboard		2013	36.1		30.1
		2014	26.6		29.6
		2015	26.7		28.1
		2016	30.4	26	26.5
		2017	27.6	23.7	25.7
		2018	28.3		25.4
Data source	Annual Population Survey	2019	29.3		23.2

Denominator	Total respondents with a self-reported smoking status aged 18-64 in the R&M group. Weighted to improve representativeness.
Numerator	Respondents who are self-reported smokers in the R&M group. Weighted to improve representativeness
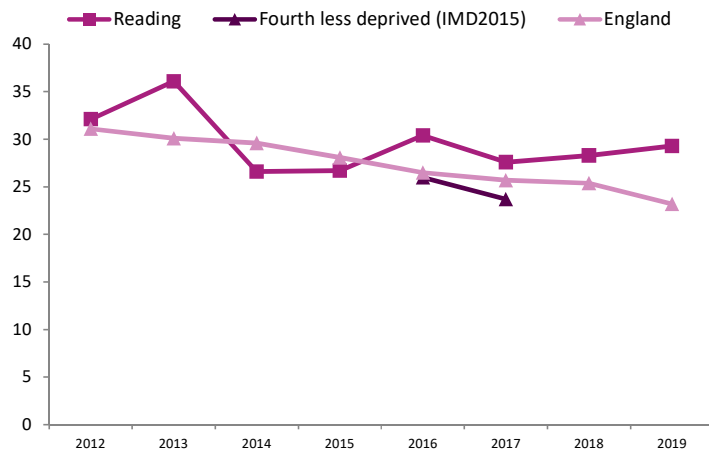
Indicator number	91111
Outcomes Framework	
Indicator full name	People invited for an NHS Healthcheck

Back to Priority 1
Back to HWB Dashboard

Data source	PHE Fingertips - NHS Healthchecks
Denominator	Number of people aged 40-74 eligible for an NHS Health Check in the financial year.
Numerator	Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check up to the current quarter from quarter 1 2015

| Period	Reading	Fourth less deprived (IMD2015)	England	Target
2017/18 Q1	2.39	5.50	4.35	5.00
2017/18 Q1 - 2017/18 Q2	4.77	10.50	8.68	10.00
2017/18 Q1 - 2017/18 Q3	6.41	14.20	12.42	15.00
2017/18 Q1 - 2017/18 Q4	7.84	18.00	16.91	20.00
2017/18 Q1 - 2018/19 Q1	9.55	22.30	21.23	25.00
2017/18 Q1 - 2018/19 Q2	10.65	27.00	25.58	30.00
2017/18 Q1 - 2018/19 Q3	11.42	30.90	29.53	35.00
2017/18 Q1 - 2018/19 Q4	12.67	35.50	34.20	40.00
2017/18 Q1 - 2019/20 Q1	13.99	40.70	38.82	45.00
2017/18 Q1 - 2019/20 Q2	16.26	46.00	43.50	50.00
2017/18 Q1 - 2019/20 Q3	17.69	50.20	47.72	55.00
2017/18 Q1 - 2019/20 Q4	21.00	54.50	51.67	60.00
2017/18 Q1 - 2020/21 Q1	21.01	54.60	51.87	65.00
2017/18 Q1 - 2020/21 Q2	21.01	55.40	52.63	70.00
2017/18 Q1 - 2020/21 Q3	22.40	57.20	53.87	75.00
2017/18 Q1 - 2020/21 Q4	24.63	58.40	54.75	80.00
2017/18 Q1 - 2021/22 Q1	24.89	60.70	56.26	85.00
2017/18 Q1 - 2021/22 Q2	27.70	63.20	58.40	90.00
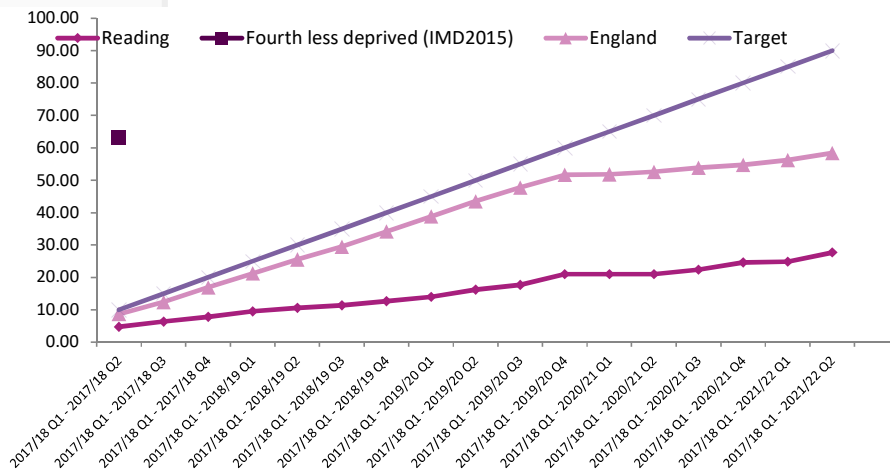
Indicator number	91735
Outcomes Framework	
Indicator full name	**People taking up an NHS Healthcheck**

Data source	PHE Fingertips - NHS Healthchecks
Denominator	Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check up to the current quarter from quarter 1 2013
Numerator	Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check up to the current quarter from quarter 1 2015.

Period	Reading	Fourth less deprived (IMD2015)	England
2017/18 Q1	55.16	37.00	43.37
2017/18 Q1 - 2017/18 Q2	48.98	42.40	44.78
2017/18 Q1 - 2017/18 Q3	50.53	45.90	46.71
2017/18 Q1 - 2017/18 Q4	56.99	48.20	47.94
2017/18 Q1 - 2018/19 Q1	59.25	47.00	46.89
2017/18 Q1 - 2018/19 Q2	62.50	46.10	46.37
2017/18 Q1 - 2018/19 Q3	62.53	47.10	46.57
2017/18 Q1 - 2018/19 Q4	63.65	47.60	46.92
2017/18 Q1 - 2019/20 Q1	66.11	47.20	46.55
2017/18 Q1 - 2019/20 Q2	66.11	46.70	46.21
2017/18 Q1 - 2019/20 Q3	68.29	46.80	46.03
2017/18 Q1 - 2019/20 Q4	63.18	46.20	45.84
2017/18 Q1 - 2020/21 Q1	63.19	46.20	45.78
2017/18 Q1 - 2020/21 Q2	63.20	45.90	45.64
2017/18 Q1 - 2020/21 Q3	60.41	45.20	45.42
2017/18 Q1 - 2020/21 Q4	57.56	44.90	45.46
2017/18 Q1 - 2021/22 Q1	57.55	44.20	45.27
2017/18 Q1 - 2021/22 Q2	56.20	43.90	45.10

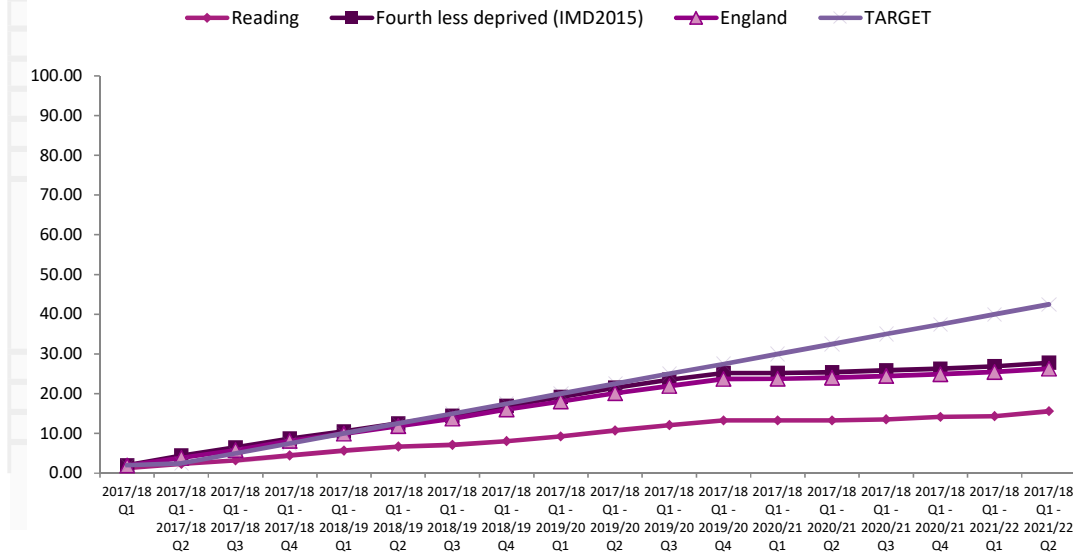| Indicator number	91112
Outcomes Framework	
Indicator full name	People receiving an NHS Healthcheck

Data source	PHE Fingertips - NHS Healthchecks
Denominator	Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check up to the current quarter from quarter 1 2013
Numerator	Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check up to the current quarter from quarter 1 2015.

Period	Reading	Fourth less deprived (IMD2015)	England	TARGET
2017/18 Q1	1.32	2.00	1.89	2.00
2017/18 Q1 - 2017/18 Q2	2.33	4.40	3.89	2.50
2017/18 Q1 - 2017/18 Q3	3.24	6.50	5.80	5.00
2017/18 Q1 - 2017/18 Q4	4.47	8.70	8.10	7.50
2017/18 Q1 - 2018/19 Q1	5.66	10.50	9.96	10.00
2017/18 Q1 - 2018/19 Q2	6.65	12.50	11.86	12.50
2017/18 Q1 - 2018/19 Q3	7.14	14.50	13.75	15.00
2017/18 Q1 - 2018/19 Q4	8.07	16.90	16.05	17.50
2017/18 Q1 - 2019/20 Q1	9.25	19.20	18.07	20.00
2017/18 Q1 - 2019/20 Q2	10.75	21.50	20.10	22.50
2017/18 Q1 - 2019/20 Q3	12.08	23.50	21.97	25.00
2017/18 Q1 - 2019/20 Q4	13.27	25.20	23.68	27.50
2017/18 Q1 - 2020/21 Q1	13.28	25.20	23.74	30.00
2017/18 Q1 - 2020/21 Q2	13.28	25.40	24.02	32.50
2017/18 Q1 - 2020/21 Q3	13.53	25.90	24.47	35.00
2017/18 Q1 - 2020/21 Q4	14.18	26.30	24.89	37.50
2017/18 Q1 - 2021/22 Q1	14.32	26.90	25.47	40.00
2017/18 Q1 - 2021/22 Q2	15.60	27.80	26.30	42.50

Indicator number	90280
Outcomes Framework	Public Health Outcomes Framework/Adult Social Care Outcome Framework
Indicator full name	% of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey

Back to Priority 2
Back to HWB Dashboard

Data source	Adult Social Care Survey - England
	http://content.digital.nhs.uk/catalogue/PUB21630 - Annex Tables
Denominator	The number of people responding to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?"
Numerator	All survey respondents who responded to the question (adult social care users identified by LA) NHS Digital - Personal Social Services Adult Social Care Survey England

Period	Reading	Fourth less deprived (IMD2015)	England
2010/11	41.4	-	41.9
2011/12	45.4	-	42.3
2012/13	43.9	-	43.2
2013/14	44.9	-	44.5
2014/15	41.5	-	44.8
2015/16	43.2	-	45.4
2016/17	45.2	-	45.4
2017/18	41.4		46
2018/19	47.1	*46.9*	45.9
2019/20	48.6	*46.1*	45.9

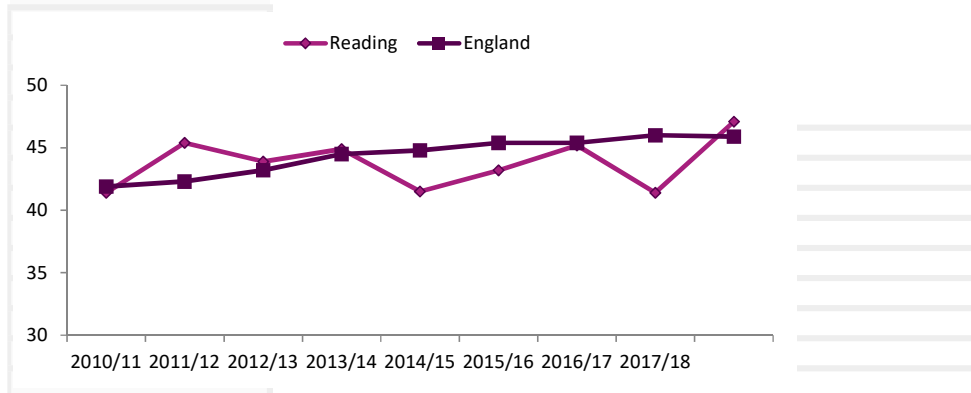| Indicator number	90638
Outcomes Framework	Public Health Outcomes Framework/Adult Social Care Outcome Framework
Indicator full name	% of adult carers who have as much social contact as they would like according to the Adult Social Care Users Survey

Period	Reading	Fourth less deprived (IMD2015)	England
2012/13	52.2		41.3
2014/15	36.6		38.5
2016/17	36.2	32.4	35.5
2018/19	32		32.5

Data source	Carers Survey

Denominator	The number of people responding to the question "Thinking about how much contact you've had with people that you like, which of the following statements best describes your social situation?", with the answer "I have as much social contact as I want with people I like" divided by the total number of responses to the same question.
Numerator	All survey respondents who responded to the question (adult social care users identified by LA) NHS Digital - Personal Social Services Adult Social Care Survey England

Indicator number	91871
Outcomes Framework	Children and Young People's Mental Health and Wellbeing
Indicator full name	Pupils with social, emotional and mental health needs (primary school age)

Period	Reading	IMD 4th less deprived decile	England
2016	2.2%	2.0%	2.1%
2017	2.3%	2.0%	2.1%
2018	2.4%	2.0%	2.2%
2019	2.6%		2.3%
2020	2.9%		2.5%

Data Source	DFE Special Needs Education Statistics
Denominator	Total pupils (LA tabulations)
	https://www.gov.uk/government/collections/statistics-special-educational-needs-sen
Numerator	Number of pupils with statements of SEN where primary need is social, emotional and mental health

Indicator number	91871
Outcomes Framework	Children and Young People's Mental Health and Wellbeing
Indicator full name	Pupils with social, emotional and mental health needs (secondary school age)

Period	Reading	IMD 4th less deprived decile	England
2016	3.0%	2.2%	2.4%
2017	3.3%	2.0%	2.3%
2018	3.2%	2.1%	2.3%
2019	3.2%		2.4%
2020	2.9%		2.7%

Data Source	DFE Special Needs Education Statistics
Denominator	Total pupils (LA tabulations)
	https://www.gov.uk/government/collections/statistics-special-educational-needs-sen
Numerator	Number of pupils with statements of SEN where primary need is social, emotional and mental health

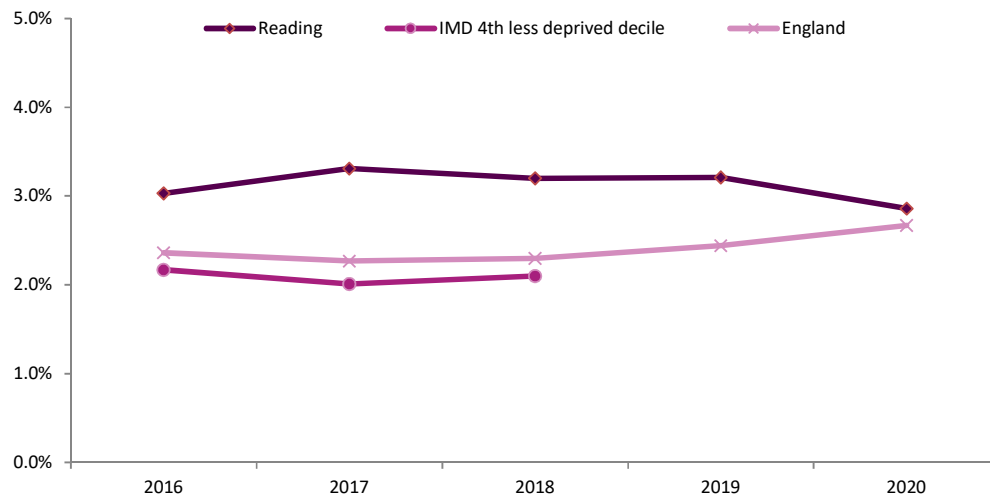| Indicator number	91871
Outcomes Framework	Children and Young People's Mental Health and Wellbeing
Indicator full name	Pupils with social, emotional and mental health needs (all school age)

Back to Priority 3
Back to HWB Dashboard

Period	Reading	IMD 4th less deprived decile	England
2015	3.0%	2.0%	2.0%
2016	2.9%	2.2%	2.3%
2017	3.0%	2.1%	2.3%
2018	3.0%	2.2%	2.4%
2019	3.1%		2.5%
2020	3.1%		2.7%

Data Source	DFE Special Needs Education Statistics
Denominator	Total pupils (LA tabulations)
Numerator	Number of pupils with statements of SEN where primary need is social, emotional and mental health

https://www.gov.uk/government/collections/statistics-special-educational-needs-sen
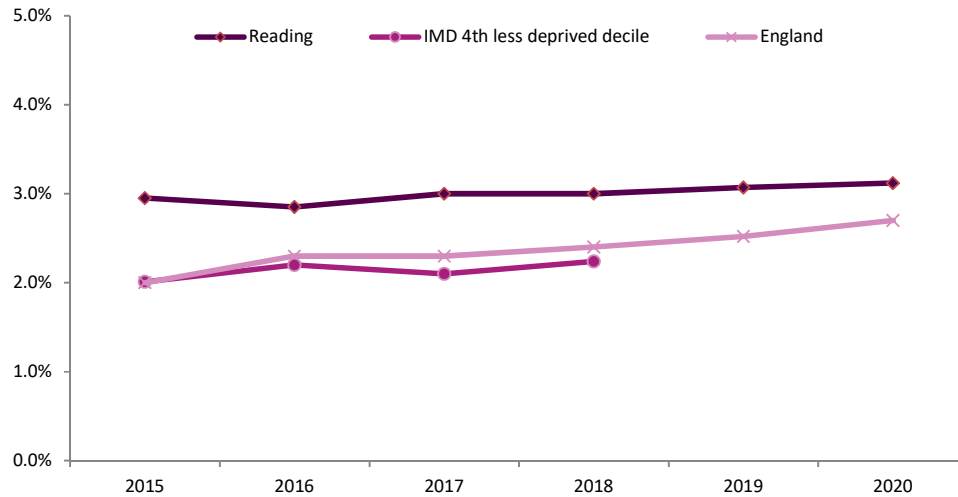
Indicator number	41001.00
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population

Back to Priority 4
Back to HWB Dashboard

Data Source	Public Health England (based on ONS)
Denominator	ONS 2011 census based mid-year population estimates
Numerator	Number of deaths from suicide and injury from undetermined intent ICD10 codes X60-X84 (age 10+), Y10-34 (age 15+).

Period	Reading	4th less deprived IMD 2015	England
2001-03	11.5	-	10.3
2002-04	10.7	-	10.2
2003-05	10.4	-	10.1
2004-06	10	-	9.8
2005-07	9.6	-	9.4
2006-08	11.2	-	9.2
2007-09	10.9	-	9.3
2008-10	8.8	-	9.4
2009-11	7.4	-	9.5
2010-12	7.7	-	9.5
2011-13	9.3	-	9.8
2012-14	9.8	-	10
2013-15	11	10.5	10.1
2014-16	9.9	10.2	9.9
2015-17	8	9.6	9.6
2016-18	7.2		9.6
2017-19	9.9		10.1
2018-20	11.5		10.4
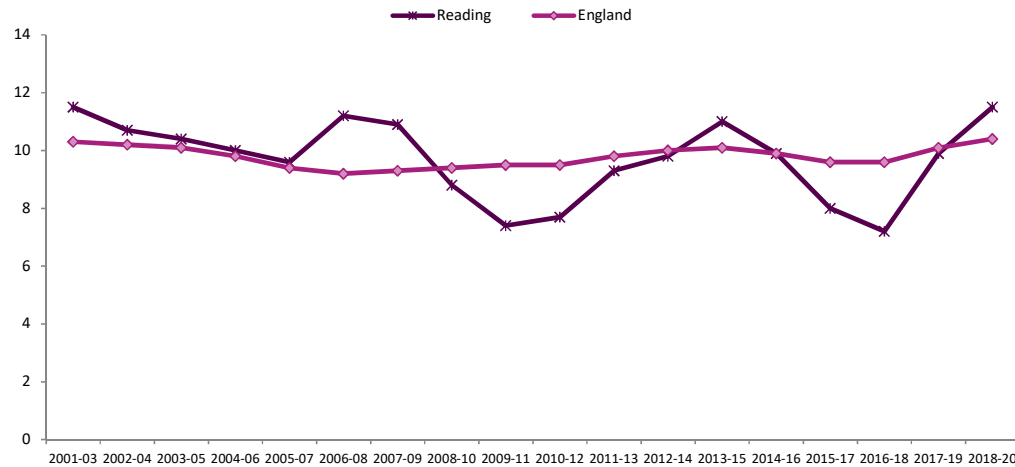
Indicator number	92447
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Successful completion of alcohol treatment

Back to Priority 5
Back to HWB Dashboard

Data Source	National Drug Treatment Monitoring System
Denominator	Total number of adults in structured alcohol treatment in a one year period
Numerator	Adults that complete treatment for alcohol dependence who do not re-present to treatment within six months

Period	Reading	IMD 4th less deprived decile	England
2010	29.30	34.30	31.40
2011	54.30	34.60	34.80
2012	41.70	36.50	37.10
2013	42.50	37.70	37.50
2014	36.00	36.20	38.40
2015	38.30	40.50	38.40
2016	44.70	38.20	38.70
2017	36.40	37.60	38.90
2018 Q1	36.36	37.60	38.92
2018 Q2	35.80		38.90
2018 Q3	36.40		38.50
2018 Q4	44.30		37.80
2019 Q1	45.00		37.80
2019 Q2	43.20		38.20
2019 Q3	38.80		38.00
2019 Q4	39.50		37.90
2020 Q1	31.10		37.80
2020 Q2	24.54		37.30
2020 Q3	17.75		35.29
2020 Q4	15.20		35.30
2021 Q1	19.25		35.33
2021 Q2	22.27		35.85
2021 Q3			
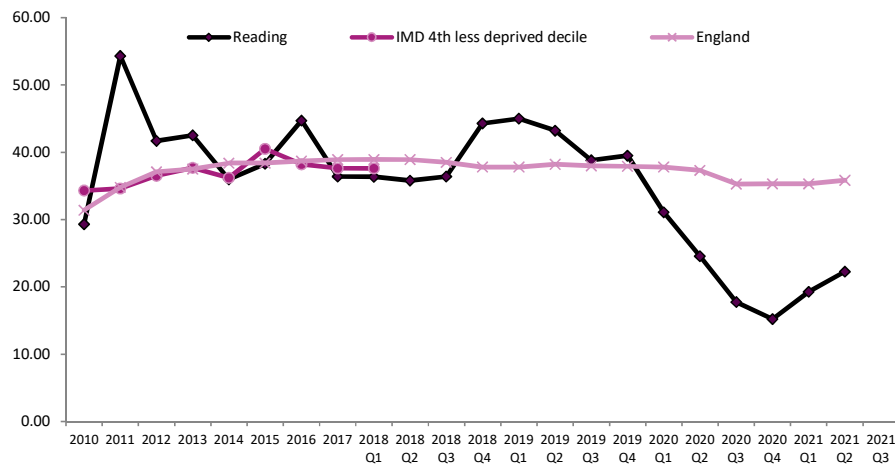
(NDTMS DOMES)

Indicator number	91414
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Admission episodes for alcohol-related conditions per 100,000 people

Data Source	Health and Social Care information Centre - Hospital Episode Statistics. Via Local Alcohol Profiles for England
Denominator	Mid-Year Population Estimates (ONS)
Numerator	

Admissions to hospital where primary diagnosis is an alcohol-related condition or a seconday diagnosis is an alcohol-related external cause. Uses attributable fractions to estimate.

Period	Reading	IMD 4th less deprived decile	England
2008/09	424	565	606
2009/10	442	601	629
2010/11	466	598	643
2011/12	444	601	645
2012/13	511	585	630
2013/14	568	603	640
2014/15	541	597	635
2015/16	599	612	647
2016/17	602	602	636
2017/18	534	632	600
2018/19	567	600	664
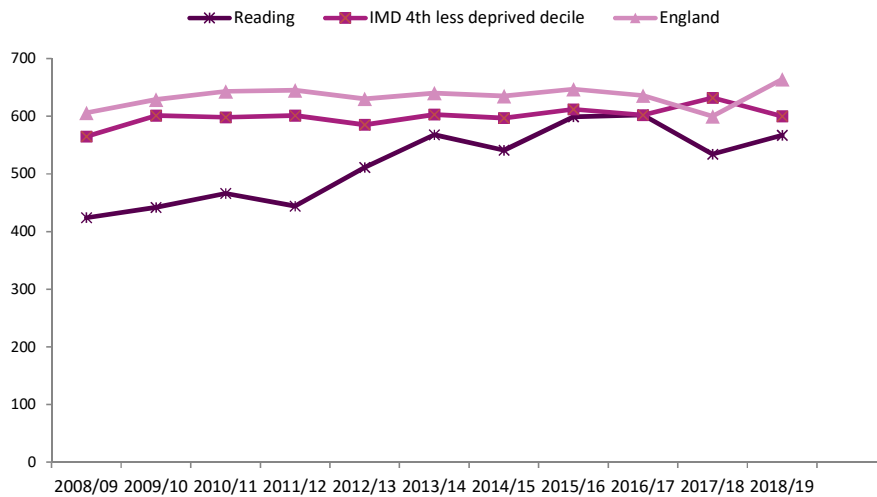
Indicator number	92949
Outcomes Framework	Public Health Outcomes Framework / NHS Outcomes Framework
Indicator full name	Estimated diagnosis rate for people with dementia

Data Source	NHS Digital
Denominator	Applying the reference rates to the registered population yields the number of people aged 65+ one would expect to have dementia within the subject population where:
Numerator	**Registered population** Patients aged 65+ registered for General Medical Services, counts by 5-year age and sex band from the National Health Application and Infrastructure Services (NHAIS / Exeter) system; extracted on the first day of each month following the reporting period end date of the numerator.

Reference rates: sampled dementia prevalence
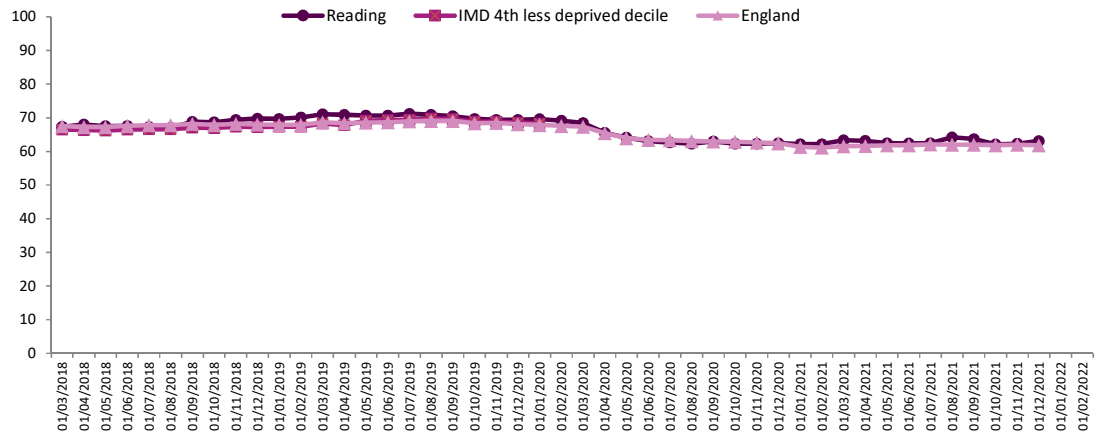
Period	Reading	IMD 4th less deprived decile	England
31/03/2018		67.4	66.5	67.5
30/04/2018		68	66.4	67.3
31/05/2018		67.5	66.2	67.3
30/06/2018		67.6	66.5	67.6
31/07/2018		67.3	66.6	67.8
31/08/2018		67.1	66.6	67.8
30/09/2018		68.8	67.1	68.2
31/10/2018		68.7	67	67.9
30/11/2018		69.4	67.4	68.2
31/12/2018		69.8	67.3	68
31/01/2019		69.7	67.4	67.9
28/02/2019		70.1	67.4	67.9
31/03/2019		71.1	68.3	68.7
30/04/2019		70.9	67.8	68.4
31/05/2019		70.7	69.1	68.6
30/06/2019		70.7	69.3	68.7
31/07/2019		71.2	69.4	69
31/08/2019		70.9	69.8	69.1
30/09/2019		70.5	69.6	69.1
31/10/2019		69.7	68.9	68.4
30/11/2019		69.4	68.9	68.5
31/12/2019		69.4	68.6	68.1
31/01/2020		69.6	68.3	67.9
29/02/2020		69.2		67.6
31/03/2020		68.5		67.4
30/04/2020		65.6		65.4
31/05/2020		64.1		64
30/06/2020		63.1		63.5
31/07/2020		62.7		63.3
31/08/2020		62.3		63.1
30/09/2020		63		63
31/10/2020		62.3		62.9
30/11/2020		62.3		62.7
31/12/2020		62.5		62.5
31/01/2021		62.2		61.4
28/02/2021		62.2		61.2
31/03/2021		63.3		61.6
30/04/2021		63.2		61.7
31/05/2021		62.5		61.8
30/06/2021		62.4		61.9

31/07/2021	62.5	62.1
31/08/2021	64.2	62
30/09/2021	63.7	62
31/10/2021	62.1	61.9
30/11/2021	62.3	62
31/12/2021	63.1	61.8
31/01/2022		
28/02/2022		

Indicator number	NA
Outcomes Framework	NA
Indicator full name	No. of Dementia Friends

Data Source	Locally Recorded
Definition	No. of people who have completed a 45 minute training session and agreed to be a dementia friend
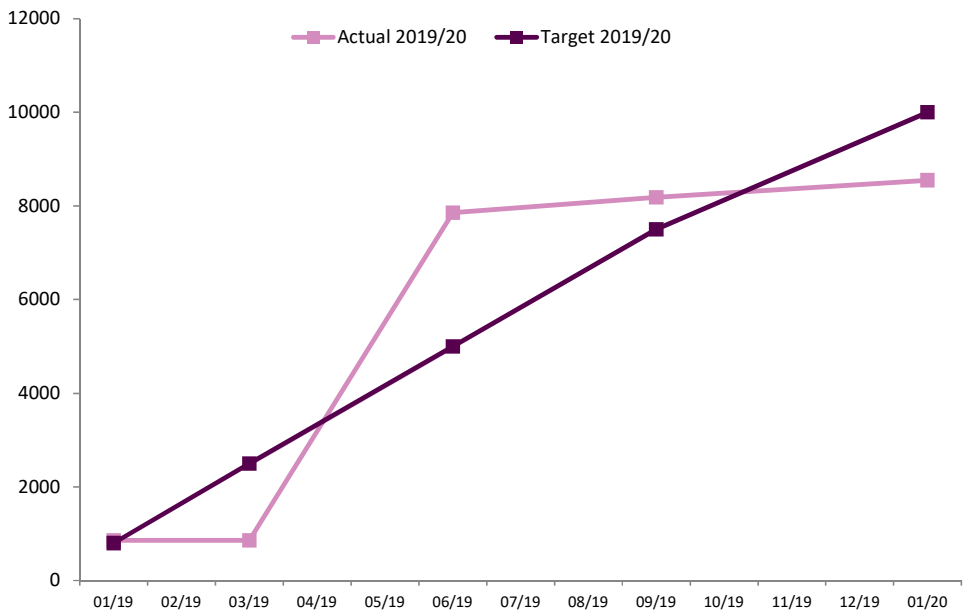
Period	Actual 2019/20	Target 2019/20
Jan-19	857	800
Mar-19	857	2,500
Jun-19	7859	5,000
Sep-19	8,182	7500
Jan-20	8,548	10,000

Indicator number	91720.00
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Cancer screening coverage - bowel cancer

Data Source	Health and Social Care Information Centre (Open Exeter)/Public Health England
Denominator	Number of people aged 60-74 resident in the area (determined by postcode of residence) who are eligible for bowel screening at a given point in time (excluding those with no functioning colon (e,g, after surgery) or have made an informed decision to opt out.
Numerator	Number of people aged 60-74 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous 2½ years

Target is the NHS England minimum coverage standard
https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-26.pdf

Period	Reading	Fourth less deprived	England
2015	55.3	58.4	57.1
2016	55.8	59.5	57.9
2017	56.5	60.6	58.8
2018	56	60.6	59
2019	56.5		60.1
2020	60.5		63.8
2021	61.6		65.2

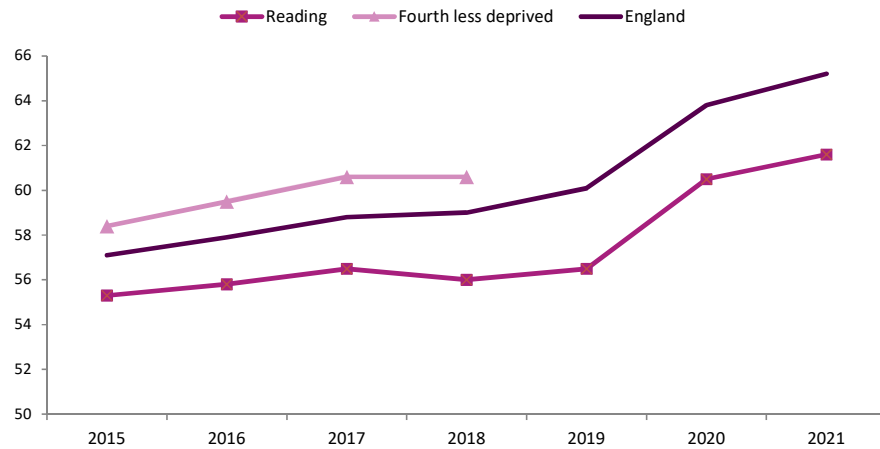| Indicator number	22001
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Cancer screening coverage - breast cancer

Data Source	Health and Social Care Information Centre (Open Exeter)/Public Health England
Denominator	Number of women aged 53-70 resident in the area (determined by postcode of residence) who are eligible for breast screening at a given point in time.
Numerator	Number of women aged 53-70 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous three years
	Target is the NHS England minimum coverage standard https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-24.pdf

Period	Reading	4th less deprived IMD 2015	England
2010	73.6	78.6	76.9
2011	72.5	79.2	77.1
2012	73.6	79	76.9
2013	74.3	78.3	76.3
2014	73.3	78.1	75.9
2015	73.4	77.7	75.4
2016	73.4	77.8	75.5
2017	72.9	77.6	75.4
2018	71.2	77	74.9
2019	70.1		74.5
2020	70.5		74.1
2021	68.1		64.1
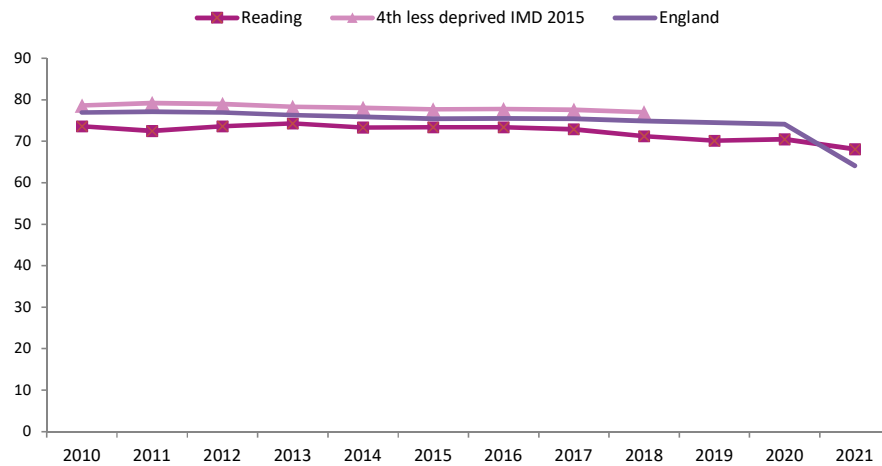
Indicator number	34
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Incidence of TB (three year average)

Data Source	Enhanced Tuberculosis Surveillance system (ETS) and Office for National Statistics (ONS)
Denominator	Sum of the Office for National Statistics (ONS) mid-year population estimates for each year of the three year time period
Numerator	Sum of the number of new TB cases notified to the Enhanced Tuberculosis Surveillance system (ETS) over a three year time period

Period	Reading	4th less deprived IMD 2015	England
2000 - 02	23.1	7.4	12.7
2001 - 03	25.4	7.8	13.1
2002 - 04	26.4	8.2	13.5
2003 - 05	30.3	8.6	14.1
2004 - 06	31.1	8.9	14.7
2005 - 07	35.5	9.4	15
2006 - 08	35.4	9.7	15
2007 - 09	37.9	10	15.1
2008 - 10	38.4	9.8	15.1
2009 - 11	36.4	9.5	15.2
2010 - 12	33	9.5	15.1
2011 - 13	34.1	9.2	14.7
2012 - 14	36.3	8.8	13.5
2013 - 15	34.7	7.7	11.9
2014 - 16	26.4	7.1	10.9
2015-2017	20.9	6.3	9.9
2016-2018	17.8	6	9.2
2017-2019	17.4		8.6
2018-20	15.4		8
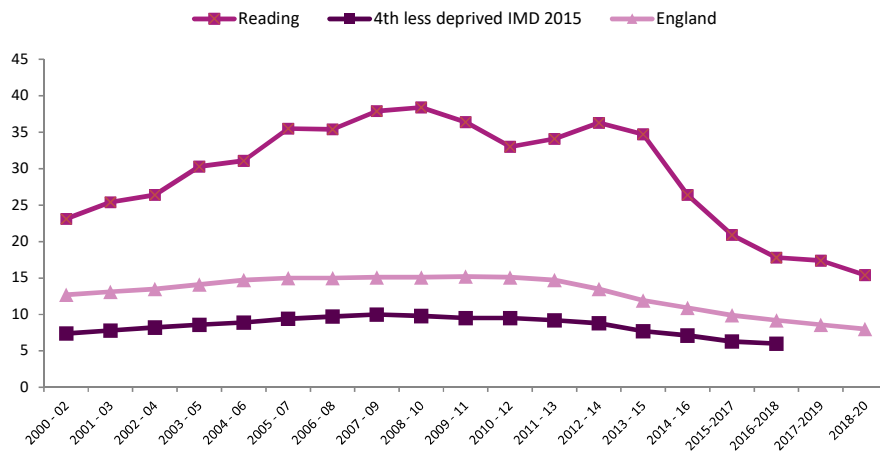
READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	18th March 2022		
REPORT TITLE:	Health and Wellbeing Dashboard – Strategy 2021-2030		
REPORT AUTHOR:	Kim McCall	**TEL:**	0118 937 3245
JOB TITLE:	Health and Wellbeing Intelligence Officer	**E-MAIL:**	kim.mccall@reading.gov.uk
ORGANISATION:	Reading Borough Council		

1. **PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

1.1 This report provides a brief update on the development of a Health and Wellbeing Dashboard to present Reading's progress against achieving local goals as set out in the 2021-2030 Berkshire West Health and Wellbeing Strategy.

2. **RECOMMENDED ACTION**

2.1 **That the Health and Wellbeing Board review the measures and data that we propose to include in the new Health and Wellbeing Dashboard, which will support the implementation of the Berkshire West Health and Wellbeing Strategy and its Reading implementation plans.**

3. **POLICY CONTEXT**

3.1 The Health and Social Care Act 2012 sets out the requirement on Health and Wellbeing Boards to use a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) to develop plans which:
   • improve the health and wellbeing of the people in their area;
   • reduce health inequalities; and
   • promote the integration of services.

3.2 The 2021-2030 Berkshire West Health and Wellbeing Strategy sets out priorities for how Health and Wellbeing Boards will work to plan and deliver local services. The jointly agreed five priorities to bring the most positive impact to health and wellbeing over the lifespan of the strategy are as follows.

   • Reduce the differences in health between different groups of people.
   • Support individuals at high risk of bad health outcomes to live healthy lives.
   • Help children and families in early years.
   • Promote good mental health and wellbeing for all children and young people.
   • Promote good mental health and wellbeing for all adults.

3.3 In 2016, Reading's Health and Wellbeing Board agreed to introduce a regular Health and Wellbeing Dashboard report to ensure that members of the board are kept informed about the partnership's performance in its priority areas. As a Berkshire West Health and Wellbeing Strategy for 2021-2030 has now been agreed and adopted, the Health and

Wellbeing Board agreed that the Health and Wellbeing Dashboard will now be revised to reflect the updated strategy.

3.4   Implementation plans for each of the five priority areas have been developed and the Health and Wellbeing Dashboard will be developed to enable the board to monitor each of the plans.

4.   A NEW HEALTH AND WELLBEING DASHBOARD

The Health and Wellbeing Dashboard will provide the latest data available to support the Board to scrutinise and evaluate the performance of the Partnership against the agreed priorities set out in the Health and Wellbeing Strategy. Some of the data used to measure public health outcomes, particularly for those indicators based on annual national survey and hospital data, goes through a process of checking and validation before publication, which can mean that it is published some time after it was collected. Processes for collecting and sharing other sources data that will be collected locally are being developed. Although not subject to the same processes, this data will provide a more immediate picture of local activity.

Priority 1 – Reduce the differences in health between different groups of people

4.1   Priority 1 of the 2021-2030 Berkshire West Health and Wellbeing Strategy focuses on reducing health inequalities by improving access and take up of health services for people amongst people who currently have fewer opportunities to get the support they need. The implementation plan includes using data and intelligence to identify groups at risk and making sure that a wider range of people receive health screening and statutory health checks.

4.2   Annual published data including the Office for National Statistics (ONS) Health Index and the Office for Health Improvement and Disparities (OHID) estimates of life expectancy, inequality in life expectancy and premature mortality will provide contextual information about inequalities in Reading, including benchmarking against other local authority areas and England.

4.3   Local information about the numbers of smoking cessation and weight management interventions targeted on neighbourhoods with higher levels of deprivation, NHS health checks to screen for common serious health conditions and statutory health checks on those with existing health conditions will provide an overview of local activity.

Priority 2 – Support individuals at high risk of poor health outcomes to live healthy lives

4.3   Priority 2 focuses on targeting those at the greatest risk of poor health outcomes. The implementation plan includes reducing the number of rough sleepers, identifying and supporting unpaid carers, raising awareness and improving understanding of dementia, supporting people with learning disabilities, and preventing domestic abuse and providing support to survivors.

4.4   The Health and Wellbeing dashboard will use some information published annually by OHID to provide contextual information and benchmarking against other areas, including healthy life expectancy, emergency admissions for dementia and the 60+ dementia diagnosis rate and the self-reported satisfaction of carers with the services they receive.

4.5   This will be complemented with a local picture of activity including the annual snapshot of the number of people sleeping rough (published by the Ministry for Housing, Community and Local Government), referrals to homelessness outreach service, number and proportion of people with dementia to have dementia care plans and the proportion of people with learning disabilities to have a health check from their GP.

Priority 3 – Help families and children in early years

4.5   Priority 3 focuses on increasing support to parents and carers during pregnancy and early years. The implementation plan includes plans to improve school readiness by providing evidence-based programmes for families and promoting access to nursery places for the most disadvantaged, supporting access to financial help for those who need it, developing support for speech, language and communication and reducing injuries to pregnant women, unborn and newborn babies and young children.

4.6   The Health and Wellbeing Dashboard will include published, benchmarked data on school readiness and attainment of Early Years Foundation Stage milestones by 2-year olds and rates of hospital admissions in children caused by injuries. This will be supplemented by local information showing performance of Family Hubs and local maternity services.

Priority 4 – Promote good mental health and wellbeing for all children and young people

4.7   Priority 4 highlights the mental and emotional health of children and young people and focuses on the need for early identification of mental health conditions, it recommends providing evidence-based interventions to help to improve mental health, expanding trauma-informed approaches and improving transition between children and young people's services and adults' services.   The implementation plan includes plans to provide early interventions, support settings to be trauma-informed, use co-production to develop and shape mental health services, provide targeted interventions for some of the most vulnerable groups and support adolescent mental health recovery after Covid-19.

4.8   Data published annually by OHID on the proportion of children with social, emotional and mental health needs will be used to understand the contextual picture in Reading. Locally collected information from children and young people's mental health services, including Mental Health Support Teams and school link educational psychologist services, as well as waiting times for critical children's mental health provision, will be used to present and describe the local picture.

Priority 5 – Promote good mental health and wellbeing for all adults

4.9   Priority 5 focuses on the impact of mental health problems in adults, especially following the Covid-19 pandemic and lockdown and social distancing measures. The strategy discusses tackling wider social factors that affect mental health and wellbeing, such as unemployment and insecure housing, social isolation and debt, and rebuilding resilience and social connection in communities. The implementation plan sets out plans to raise mental health awareness and reduce stigma, work with the local community and voluntary sector, promote access to financial support and housing, build capacity in health and social care to prevent mental health problems and support people affected by loneliness during the covid-19 pandemic.

4.10   The Health and Wellbeing Dashboard will compare local and published, statutory data on the number and proportion of people with serious mental illness (SMI) to both understand the local picture and compare with other local authority areas and England. Local data will be used to determine what proportion of people in Reading with SMIs are receiving appropriate health checks. Local activity data on referrals to people with housing needs to mental health and drug and alcohol services and levels of physical activity will be collected from local service providers and will provide a picture of services provided locally.

5.   **CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS**

5.1   This proposal supports Corporate Plan priorities by ensuring that Health and Wellbeing Board members are kept informed of performance and progress against key indicators, including those that support corporate strategies.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1   The recommended action will have no impact on the Council's ability to respond to the Climate Emergency.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1   A Consultation and Engagement Task and Finish Group was created to lead community consultation and engagement on Berkshire West Health and Wellbeing Strategy priorities and included representatives from local communities.

8. EQUALITY IMPACT ASSESSMENT

8.1   Not applicable

9. LEGAL IMPLICATIONS

9.1   Not applicable

10. FINANCIAL IMPLICATIONS

10.1   The Health and Wellbeing Dashboard offers value for money by ensuring that Board members are better able to determine how effort and resources can be invested for the most benefit.

11. BACKGROUND PAPERS

11.1   None.

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**18 March 2022**
REPORT TITLE:	**Royal Berkshire NHS Foundation Trust & Berkshire Healthcare NHS Foundation Trust – Membership of the Health and Wellbeing Board**
REPORT AUTHOR:	**Becky Pollard** **TEL:** **0118 937 4538**
JOB TITLE:	**Interim Consultant in Public Health** **E-MAIL:** Becky.pollard@reading.gov.uk
ORGANISATION:	**Reading Borough Council**

1.   PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1   To agree the following change to the membership and therefore terms of reference and powers and duties of the Reading Health & Wellbeing Board:

1)   To co-opt a representative from Royal Berkshire NHS Foundation Trust (RBFT) as a non-voting additional member of the Health and Wellbeing Board.

2)   To co-opt a representative from Berkshire Healthcare NHS Foundation Trust (BHFT) as a non-voting additional member of the Health and Wellbeing Board

1.2   The terms of reference and powers and duties and operational arrangements of the Board are set out at **Appendix A.** These have been updated in a number of places, to show the changes proposed above – the changed text is shown *in italics and highlighted*. If the changes are agreed, the terms of reference and powers and duties will be amended.

2.   RECOMMENDED ACTION:

2.1   That a representative from Royal Berkshire NHS Foundation Trust be co-opted as a non-voting additional member of the Reading Health and Wellbeing Board;

2.2   That a representative from Berkshire Healthcare NHS Foundation Trust be co-opted as a non-voting additional member of the Reading Health and Wellbeing Board;

2.2   That the relevant amendments to the terms of reference and powers and duties of the Health and Wellbeing Board be agreed.

3.   POLICY CONTEXT

3.1   The Health and Social Care Act 2012 sets out the required membership for Health and Wellbeing Boards. The terms of reference and powers and duties of the Reading Health and Wellbeing Board have been set up since 2014 in line with these requirements and are approved each year at the Annual Council Meeting. They were last amended in July 2019, to co-opt a representative from Royal Berkshire Fire & Rescue Service onto the Board (Minute 13 of the Health and Wellbeing Board on 12 July 2019 refers).

4. CHANGES TO MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

4.1   The Health and Wellbeing Board agreed its membership in 2014, in line with the requirements set out in the Health and Social Care Act 2012 (the Act). Section 194 (2) of the Act says that the Board will consist of, as well as specified representatives of the local authority and the local Healthwatch set out in (a) to (f):

(g)   such other persons, or representatives of such other persons, as the local authority thinks appropriate.

4.2   On 16 March 2018, the Board agreed to co-opt a representative from Reading Voluntary Action and a representative from Thames Valley Police's Reading Local Police Area as non-voting additional members of the Reading Health and Wellbeing Board. On 12 July 2019, the Board agreed to co-opt a representative from Royal Berkshire Fire & Rescue Service as a non-voting additional member of the Reading Health and Wellbeing Board.

4.3   Historically, the Royal Berkshire NHS Foundation Trust (RBFT) and Berkshire Healthcare NHS Foundation Trust (BHFT), as providers, rather than commissioners, of services, have regularly been invited to present appropriate items at the Health & Wellbeing Board meetings, but not to be members of the Board itself, due to the provider/commissioner split. However, as the Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care System (ICS) becomes an Integrated Care Partnership (ICP) at system level from April 2022 and Place-based Partnership planning at the Berkshire West level becomes even more important, it has been suggested that it would now be appropriate for representatives of the Provider Trusts to be members of the Reading Health and Wellbeing Board.

4.4   The Trusts, as key partners in the development and delivery of health and social care services will contribute to planning and delivery of place-based services.

4.5   Following discussions with the Chair and Vice-Chair, it is proposed that the Reading Health and Wellbeing Board co-opt representatives from the Provider Trusts onto the Board membership, as non-voting additional members.

4.6   The Health and Social Care Act 2012 sets out that a Health and Wellbeing Board is a committee of the local authority which established it and, for the purposes of any enactment, is to be treated as if it were a committee appointed by that authority under section 102 of the Local Government Act 1972. It also states that, at any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under subsection (2)(g), consult the Health and Wellbeing Board.

4.7   If the Health and Wellbeing Board agrees the proposed changes, the terms of reference and powers and duties of the Board will be updated and the relevant changes will be made where these are set out in Article 8 of the Constitution – Regulatory and Other Committees.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1   This proposal recommends changes to the membership of the Health and Wellbeing Board to strengthen the Board by allowing the Royal Berkshire NHS Foundation Trust (RBFT) and Berkshire Healthcare NHS Foundation Trust (BHFT) to be more closely involved as part of the Board. This will assist the Board in its role of encouraging all partners in their delivery against the shared priorities set out in the Berkshire West Health and Wellbeing Strategy 2021-30.

The Board's agreed priorities are:

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help children and families in early years
4. Promote good mental health and wellbeing for all children and young people
5. Promote good mental health and wellbeing for all adults

5.2 Having the Trust's voices on the Health and Wellbeing Board will strengthen the Board's ability to engage effectively with all system partners in the delivery of integrated services across Reading.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 None.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 Not applicable.

8. EQUALITY IMPACT ASSESSMENT

8.1 This report has no decisions which require an Equality Impact Assessment.

9. LEGAL IMPLICATIONS

9.1 The Board is set up under Section 194 of the Health & Social Care Act 2012 (the 2012 Act). Under S194(11), the Board must be treated as if it were a committee appointed by the authority under S102 of the Local Government Act 1972. This is subject to the application of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the 2013 Regulations), which have been issued under S114(12) of the 2012 Act.

9.2 The Board's powers and duties are those given to it by statute, primarily SS195-196 of the Health & Social Care Act 2012 and SS116 and 116A of the Local Government & Public Involvement in Health Act 2007 (as amended by the 2012 Act) (the 2007 Act).

10. FINANCIAL IMPLICATIONS

10.1 There are no financial implications arising from this report.

11. BACKGROUND PAPERS

Article 8 of Council Constitution – Para. 4 – Terms of reference and Powers and Duties of Health & Wellbeing Board

HEALTH AND WELLBEING BOARD
TERMS OF RERERENCE AND OPERATIONAL ARRANGEMENTS
READING BOROUGH COUNCIL

This is set up under section 194 of the Health and Social Care Act 2012. Under section 194(11), the Board must be treated as a committee appointed by the authority under Section 102 of the Local Government Act 1972.

The profile of Reading Health Wellbeing Board
The Health and Well-being Board (HWB) aims to improve health and well-being for people in Reading. It is a partnership that brings together the Council, the NHS, the voluntary sector, the local Police, the local Fire & Rescue Service and the local Healthwatch organisation.

By working together on the delivery of national and local priorities, the Board's purpose is to make existing services more effective through influencing future joint commissioning and provision of services. The Board will be responsible for overseeing the production of a Joint Strategic Needs Assessment (JSNA) for Reading, and for developing a Health and Well-being Strategy and Delivery Plan as the basis for achieving these aims. The focus will be on reducing health inequalities, early intervention and prevention of poor health and promotion of health and well-being.

The Board is responsible to the Council and will reflect the need to promote health and well-being across health and Council departments, including housing, social care, schools, community services, environment, transport, planning, licensing, culture and leisure.

The Board will be expected to improve outcomes for residents, carers and the population through closer integration between health services and the Council.   Stronger joint commissioning offers scope for more flexible, preventative and integrated services for children and adults with long-term conditions and those living in vulnerable circumstances.

The Joint Strategic Needs Assessment (JSNA) provides the framework for considering the wider determinants of health, including employment, education, housing and environmental factors that impact on the health and well-being of people in Reading.   The JSNA will inform the development of the Health and Well-Being Strategy and Action Plan and alongside other intelligence, especially the views of local people, help define priorities for the strategy that in turn will influence commissioning priorities.

The powers and duties of the Board are set out in Article 8 of the Council's Constitution, and are attached as an appendix to this Terms of Reference.   The Health & Wellbeing Board is a Committee of Reading Borough Council. It is subject to Article 8, and the Standing Orders for Council and Committees and the Access to Information Procedure Rules in Part 4, of the Council' Constitution.   Subject to Standing Order 23, it has delegated authority from the Council to discharge the functions set out in the Appendix to these terms of reference.

ROLE AND PURPOSE OF THE BOARD:

The Health and Well-Being Board (H&WB) acts as the high-level strategic planning partnership to develop the provision of integrated health and social care services in Reading Borough. The H&WB for Reading is established to oversee the health improvement and well-being of those who live and work in the Borough.

1.   To identify key priorities for health and local government commissioning and develop clear plans for how commissioners can make best use of their combined resources to improve local health and well-being outcomes

2. To provide the collective leadership to improve health and well being across the local authority area, enable shared decision making and ownership of decisions in an open and transparent way
3. To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making
4. To address health inequalities by ensuring quality, consistency and comprehensive health and local government services are commissioned and delivered in the local area.

KEY FUNCTIONS

1. Ensure the preparation and publication of a JSNA for the area.

2. Develop an action plan to deliver the health and well-being strategy with clear priorities, objectives for delivery and measurable milestones.

3. Support the participation of the community and voluntary sectors, and other non-statutory agencies in the delivery of health and social care outcomes as a shared endeavour.

4. Ensure health & social care improvement in Reading is developed within the context of Best Practice and Clinical Governance.

5. Establish time limited working groups to assist it to deliver any of its key responsibilities.

6. Work with key providers to provide strategic 'problem solving' to unlock potential, resources or improved practice

7. Co-ordinate work with neighbouring H&WBs where appropriate to ensure effective commissioning decisions that deliver value for money in support of improved outcomes.

TIMING AND MEETINGS

The Board will, as a minimum, meet four times a year and may meet more often if the Board so decides.

The Board is subject to the access to information provisions of Section 100A of the Local Government Act 1972. It is committed to the principles of transparency and all meetings will be open to the public.

In order to accommodate confidential and exempt matters, particularly regarding commercially sensitive issues linked to commissioning and providers, the Board will hold two-part meetings with such matters being considered in Part 2 (without the press and public present) as necessary. The Council's Access to Information Procedure Rules will apply, to ensure that the principles of transparency remain central to these arrangements.

Agendas and papers for Board meetings will be made public no less than 5 working days prior to the date of the meeting.

Quorum

The quorum of the board will be no fewer than three of its voting membership; if fewer voting Members than this attend, then the meeting will be deemed inquorate.

Decision Making

Decisions at meetings will be achieved by consensus of those present. If a vote is required then, if there is an equal number of votes for than against the proposal, the Chair will have a second, casting vote.

MEMBERSHIP

The Council may co-opt additional persons or representatives to be members of the Board as it thinks appropriate, either as voting or non-voting Members, subject to the Council consulting beforehand with the Board.

The membership of the Board, under Section194(2) of the Health & Social Care Act 2012, is as follows:

- 4 Councillors – ie the Leader of the Council, and the Lead Councillors for Health, Wellbeing & Sport, Adult Social Care, and Children (the Act requires at least 1 Councillor to be on the Board)
- The Director of Adult Social Care & Health *
- The Director of Children's Services *
- Director of Public Health for the Local Authority or his/her representative *
- Two representatives from the Berkshire West Clinical Commissioning Group (CCG) (the Act requires a representative of each relevant CCG)
- A representative from the Local Healthwatch organisation

(* the Members asterisked will not have voting rights, as explained below)

Voting rights

Under the provision of Regulations 6 and 7 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013, the Council, following consultation with the shadow Health & Wellbeing Board, has decided as follows:

- To disapply the duty to allocate seats to political groups under Sections 15 and 16 of the Local Government & Housing Act 1989

- To treat the following as non-voting members of the Board:
  - The Director of Adult Social Care & Health (or his/her representative)
  - The Director of Children's Services (or his/her representative)
  - The Director of Public Health (or his/her representative)

The voting membership of the Board must be named by the body they are representing. It will therefore be as follows:

- 4 Councillors by relevant office, ie the Leader of the Council, and the Lead Councillors for Health, Wellbeing & Sport, Adult Social Care, and Children
- 1 named Local Healthwatch representative
- 2 named local CCG representatives

The bodies appointing voting Members to the Board may, in addition, appoint named substitute Members who may attend as voting Members in the place of their named Member.

Voting Members will be subject to the Council's local Member Code of Conduct, and will be required, under the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 to register with the Monitoring Officer, and to declare at meetings, any disclosable pecuniary interest that both they and/or their spouse/partner has in the business of the Board.

Co-opted Members

The following will be co-opted as non-voting additional members:

- The Chief Executive of Reading Borough Council (or his/her representative)
- A representative from Reading Voluntary Action
- A representative from Thames Valley Police's Reading Local Police Area
- A representative from Royal Berkshire Fire & Rescue Service
- *A representative from the Royal Berkshire NHS Foundation Trust*

- *A representative from the Berkshire Healthcare NHS Foundation Trust*

Observers

The following observers may attend and participate but not vote at Board meetings:

Chair - Local Safeguarding Adults Board
Chair - Local Safeguarding Children Board

One relevant shadow Lead Councillor for each opposition group on the Council (up to three in total).

A named representative of NHS England will join the Board to help in the preparation of the Joint Strategic Needs Assessment or Joint Health and Well-being Strategy.

CHAIR

The Lead Councillor for Health, Wellbeing & Sport will chair the Board.

VICE-CHAIR

A Clinical Commissioning Group member of the Health and Wellbeing Board will be Vice-Chair.

ACTIONS TO BE TAKEN BY MEMBERS OF THE BOARD

The Board is a decision-making body of the Council. Therefore the voting Members from other organisations must have authority from the bodies that they represent to make decisions at Board meetings. Accountability should be clear, without superseding the responsibilities of any participating agency. Board Members attending any working group should have the delegated authority to commit the body they represent to specific courses of action, including committing resources.

As a Statutory Board of Reading Borough Council the H&WB may report to Council as appropriate including recommending the Health and Wellbeing Strategy for approval and support the alignment of the Council's plans with the priorities identified in the Health and Well-being Strategy and Action Plan.

GP Clinical Commissioning Groups will consult with the H&WB when drawing up their own annual plans.

The H&WB will include a statement in CCG's plans confirming whether or not the plans align with the JSNA and the priorities identified in the Health and Well-being Strategy and Action Plan.

The Board should receive the input and information it needs from partner bodies to support effective prioritisation and strategic decision making.

Members of the Board will hold themselves and partners to account for the delivery of agreed outcomes as set out in the action plan.

The Board will inform local commissioners of key decisions that may impact on the provision of services.

Appendix

The Powers and Duties of the Health and Wellbeing Board were agreed at the Council's meeting on 26 May 2021 <mark>*(without the highlighted & italicised amendment now proposed)*</mark>.

Powers and duties of the Health and Well Being Board

This is set up under Section 194 of the Health & Social Care Act 2012. Under Section 194(11), the Board must be treated as a committee appointed by the authority under Section 102 of the Local Government Act 1972.

(1)   To discharge the functions of the Health & Wellbeing Boards as set out in Sections 195-196 of the 2012 Act, ie:

- Duty to encourage integrated working in health and social care under the National Health Service Act 2006
- Power to encourage closer working in relation to wider determinants of health
- Power to give its opinion to the authority on whether the authority is discharging its duty to have regard to the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy for its area
- Duty to provide an opinion – to its partner clinical commissioning groups CCGs and/or the NHS Commissioning Board - about whether the local commissioning plans have taken proper regard of the Joint Health & Wellbeing Strategy

(2)   To discharge any other health functions delegated to it by the authority.

(3)   To ensure that the authority meets its duties as a relevant authority, under Section 116 of the Local Government & Public Involvement in Health Act 2007 ("the 2007 Act"), as amended by Sections 192 and 193 of the Health & Social Care Act 2012:

(a) to prepare, with its partner CCGs, and publish a Joint Strategic Needs Assessment for the area, involving the local Healthwatch and local people living or working in the area;

(b) to prepare, with its partner CCGs, and publish a Joint Health & Wellbeing Strategy to meet the health needs of the area included in the Joint Strategic Needs assessment, relating to the exercise of public health functions by the authority, the NHS Commissioning Board or the CCGs, involving the local Healthwatch and local people living or working in the area;

(c) to ensure that the local authority, and its partner CCGs, have regard to these documents.

(4)   To promote health care, health improvement and the reduction of health inequalities for all local people, including children and vulnerable adults, and to exercise the following statutory duties on behalf of the authority:

(a) To improve the health of people in its area under Section 28 of the National Health Service Act 2006, including:

- any public health functions of the Secretary of State which s/he requires local authorities to discharge on his/her behalf
- dental health functions of the Council
- the duty to co-operate with the prison service to secure and maintain the health of prisoners

- the Council's duties set out in Schedule 1 of the National Health Service Act 2006, which include medical inspection of pupils, the weighing and measuring of children and sexual health services
- arrangements for assessing the risks posed by violent and sexual offenders

(b) To improve public health under Sections 2B and 111 of the National Health Act 2006 (as amended by Section 12 of the Health & Social Care Act 2012), including:

(i) under Section 2B(3):
- Providing information and advice
- Providing services or facilities designed to promote healthy living (including helping individuals address behaviour that is detrimental to health or in any other way)
- Providing services for the prevention, diagnosis or treatment of illness
- Providing financial incentives to encourage individuals to adopt healthier lifestyles
- Providing assistance (including financial) to help individuals minimise any risks to health arising from their accommodation or environment
- Providing or participating in the provision of training for persons working or seeking to work in the field of health improvement
- Making available the services of any person or any facilities

(ii) Under Section 2B(4), providing grants or loans on such terms as the local authority considers appropriate.

(iii) Under Section 111 and Schedule 1:
- Dental public health (S111)
- Medical inspection of pupils (Paras 1-7B)
- Research for any purpose connected with the exercise of the authority's health functions (Para 13)

(5) To discharge health and social care functions identified by the Government and/or the National Health Service for exercise by the Board, including the integration of health and social care functions within Reading;

(6) To approve and publish a Pharmaceutical Needs Assessment for Reading

(7) To oversee and implement the following joint arrangement and partnerships in which the authority is involved:
- Berkshire Public Health Joint Arrangement
- Berkshire Public Health Joint Advisory Board

(8) To make representations to the Adult Social Care, Children's Services and Education Committee as the authority's health scrutiny committee.

(9) Climate Change Strategy - To contribute to and adopt the relevant parts of the Climate Change action plan

Membership

The Council may co-opt additional persons or representatives to be members of the Board as it thinks appropriate, either as voting or non-voting Members, subject to the Council consulting beforehand with the Board.

The membership of the Board, under Section194(2) of the Health & Social Care Act 2012, is as follows:

- 4 Councillors – ie the Leader of the Council, and the Lead Councillors for Health, Wellbeing & Sport, Adult Social Care and Children(the Act requires at least 1 Councillor to be on the Board)
- The Director of Adult Social Care & Health *
- The Director of Children's Services *
- Director of Public Health for the Local Authority or his/her representative *
- Two representatives from the Berkshire West Clinical Commissioning Group (CCG) (the Act requires a representative of each relevant CCG)
- A representative from the Local Healthwatch organisation

(* the Members asterisked will not have voting rights, as explained below)

Voting rights

Under the provision of Regulations 6 and 7 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013, the Council, following consultation with the shadow Health & Wellbeing Board, has decided as follows:

- To disapply the duty to allocate seats to political groups under Sections 15 and 16 of the Local Government & Housing Act 1989

- To treat the following as non-voting members of the Board:
  - The Director of Adult Social Care & Health (or his/her representative)
  - The Director of Children's Services (or his/her representative)
  - The Director of Public Health (or his/her representative)

The voting membership of the Board must be named by the body they are representing. It will therefore be as follows:

- 4 Councillors by relevant office, ie the Leader of the Council, and the Lead Councillors for Health, Wellbeing & Sport, Adult Social Care, and Children
- 1 named Local Healthwatch representative
- 2 named local CCG representatives

The bodies appointing voting Members to the Board may, in addition, appoint named substitute Members who may attend as voting Members in the place of their named Member.

Voting Members will be subject to the Council's local Member Code of Conduct, and will be required, under the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 to register with the Monitoring Officer, and to declare at meetings, any disclosable pecuniary interest that both they and/or their spouse/partner has in the business of the Board.

Co-opted Members

The following will be co-opted as non-voting additional members:

- The Chief Executive of Reading Borough Council (or his/her representative)
- A representative of Reading Voluntary Action
- A representative from Thames Valley Police's Reading Local Police Area
- A representative from Royal Berkshire Fire & Rescue Service
- *A representative from the Royal Berkshire NHS Foundation Trust*
- *A representative from the Berkshire Healthcare NHS Foundation Trust*

Observers

The following observers may attend and participate but not vote at Board meetings:

Chair - Local Safeguarding Adults Board
Chair - Local Safeguarding Children Board

One relevant shadow Lead Councillor for each opposition group on the Council (up to three in total).

A named representative of NHS England will join the Board to help in the preparation of the Joint Strategic Needs Assessment or Joint Health and Well-being Strategy.

This page is intentionally left blank