



READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	15 July 2022		
REPORT TITLE:	Health and Wellbeing Strategy Quarterly Implementation Plan and Dashboard Report		
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report presents an overview on the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and, in Appendices A and B, detailed information on performance and progress towards achieving the local goals and actions set out in the both the overarching strategy and the locally agreed implementation plans.
- 1.2 The Health and wellbeing implementation plans and dashboard report update (appendix A) contain a detailed update on actions agreed for each of the implementation plans and the most recent update of key indicators in each of the priority areas. Full data for key indicators for each priority is provided in the full Health and Wellbeing Dashboard Report in Appendix B.

2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board notes the following updates contained in the report:

Priority 1 - Tasks supporting Priority Items 2 and 3, developing decision-making processes and use of information and intelligence data, have been updated.

Priority 2 - Tasks supporting Priority Items 1, 2 and 4, focusing on identifying individuals at risk of poor outcomes and actions for developing support to people diagnosed with dementia and people who sleep rough, have been updated.

Priority 3 - Tasks in Priority Items 1-3 have been updated, focusing on the development of evidence-based parenting programmes and increasing uptake of two-year-old funding.

Priority 4 - Update on all Implementation Plan Priority Items, especially focusing on the work of the Mental Health Support Teams (MHSTs) and Primary Mental Health Team.

Priority 5 - Update on all Implementation Plan Priority Items, describing activity carried out in working groups and task and finish groups.

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 In 2021 The Berkshire West Health and Wellbeing Strategy for 2021-2030 was jointly developed and published on behalf of Health and Wellbeing Boards in Reading, West Berkshire and Wokingham. The strategy contains five priority areas:
- Reduce the differences in health between different groups of people
 - Support individuals at high risk of bad health outcomes to live healthy lives
 - Help families and children 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 Reading the strategy was supplemented by the development of implementation plans for each priority area. These were presented to the Health and Wellbeing Board and approved in March 2022.
- 3.4 In 2016 the board had previously agreed to introduce regular performance updates, including a 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. The current Health and Wellbeing Dashboard Report has been developed to reflect the new priorities set out in the Berkshire West Health and Wellbeing Strategy 2021-2030 and the associated implementation plans.
- 3.5 The Health and Wellbeing Dashboard Report provides 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 national 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 sometime after it was collected. Other data contained in this report is reported directly from local health service providers, including primary care providers, and, as these data are not validated or processed before publication, there may therefore be some minor discrepancies and corrections between reports. Within Appendix A withing the progress update tables, the status of progress is rated Red, Amber or Green. Where an updated is not being provided, the status shows as "choose an item."
- 3.6 At each Health and Wellbeing Board meeting Health and Wellbeing Strategy Priority Leads for Reading Borough Council will provide a narrative update against selected tasks and priority items that have been actioned during that period. Statistical data will be refreshed every six months. The schedule for reporting for 2022/23 is therefore as follows:

Health and Wellbeing Board	Narrative updates - selected tasks and priorities	Data refresh
July 2022	✓	✓
October 2022	✓	✗
January 2023	✓	✓
March 2023	✓	✗

4. THE PROPOSAL

4.1 Overview

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

The Reading Integration Board is leading this priority action plan and the board has agreed to report progress in relation to tasks 2.1, 2.3 and 3.1 in the implementation plan for this report. These updates are reported against priority items 2 and 3 at Appendix A. We are focusing on the work funded through the Better Care Fund and through our voluntary care sector partners, to collaborate on integration projects and using a Population Health Management Approach to inform this work. The Better Care Fund supports joint integrated ways of working across systems, and there is representation on the board from system partners, including the voluntary care sector, who contributing to the development of our programme of work for 2022/23, and which is informed by the Joint Health and Wellbeing Strategy.

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

The Reading Integration Board is leading this priority action plan and the board has agreed to report progress actions 1.1, 2.2 and 4.2 in the implementation plan, with a focus on producing appropriate datasets to inform the work we are doing and engaging with 'at risk' groups (e.g. rough sleepers). These updates are reported against priority items 1, 2 and 4 at Appendix A. We are using Connected Care for case finding based on specific conditions that we know are more prevalent, and particularly in areas of deprivation within the Reading area. These cases, with consent of the service user, are then discussed at the Multi-Disciplinary Team review panels to ensure a holistic approach to supporting those individuals to stay well and avoid hospital admissions. All access to data is in line with General Data Protection Regulations (GDPR). In Reading we have a range of services working together to support homeless/rough sleepers, including working with the Voluntary Care Sector.

Priority 3 - Help families and children in early years

This priority is led through the One Reading Partnership Under 5s Workstream including representatives from maternity, health visiting, paediatric services, education and voluntary sector. We are working towards a more integrated offer of services across agencies that is clear, transparent and accessible to local families with young children. Integration will build to a published Best Start for Life offer across maternity, health visiting, children's centres, education and voluntary agencies.

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

Work in this Workstream is focussed on developing and promoting access to mental health services and support for children and young people. This report provides an update on the work of Mental

Health Support Teams (MHSTs) in schools and the Primary Mental Health Team (PMHT) and the continued implementation of trauma-informed practice throughout schools and other services.

Priority 5 - Promote good mental health for all adults

The Mental Wellbeing Group has now formed three task and finish groups and a working group to start actioning some of the key areas for priority 5. Including task and finish groups focusing on the workforce offer, data collection and sharing and raising awareness/developing the local offer. The working group will deliver the Mental Health Needs Assessment. Through the data collection and sharing task and finish group we will assess what local mental health and wellbeing data is held across Reading that isn't already reported via Connected Care or OHID and what that missing data can tell us about the picture locally. This will aid us in developing more reporting tools to show the impact of the Health and Wellbeing Strategy on the mental health of adults in Reading.

Drug and alcohol outreach service now operating in Reading. Initial performance data will be available from September 2022.

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. 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 an update to the Board in this format.

9. LEGAL IMPLICATIONS

9.1 There are no legal implications

10. FINANCIAL IMPLICATIONS

10.1 The proposal to update the board on performance and progress in implementing the Berkshire West Health and Wellbeing Strategy in Reading offers improved efficiency and

value for money by ensuring that Board members are better able to determine how effort and resources are most likely to be invested beneficially on behalf of the local community.

11. BACKGROUND PAPERS

- APPENDIX A HEALTH AND WELLBEING IMPLEMENTATION PLANS AND DASHBOARD REPORT UPDATE
- APPENDIX B HEALTH AND WELLBEING DASHBOARD REPORT



APPENDIX A - HEALTH AND WELLBEING IMPLEMENTATION PLANS AND DASHBOARD REPORT UPDATE

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

Priority 1 - Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Take a 'Health in All Policies' approach that embeds health and wellbeing across policies and services.	Choose an item.	
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.	Green	<p>The Reading Integration Board has a focus on health inequalities, and in particular those affecting people in areas of deprivation within Reading. The programme of work for 2022/23 is in development and projects will focus on groups of people who have been identified as being at a higher risk of poor health outcomes. The board is comprised of system partners from adult social care, voluntary care sector, acute hospital, primary care and community care as well as Healthwatch Reading, who represent the voice of the service users.</p> <p>The Better Care Fund (BCF) is reviewed annually and plans are submitted in line with the Planning Guidance for each year. At the time of writing this update, we await the release of the BCF Planning Guidance for 2022/23.</p>
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.	Green	A Population Health Management Approach is being used to inform priority areas of work. The aim of the Better Care Fund, and as such the board, is to enable integrated working for the best use of resources and to enable care that is tailored to the needs of individuals, that is informed by population health management data. Reducing pressure on acute hospitals by implementing intermediate care to enable people to remain at home, living as independently as possible for healthy and active lives. Data packs at a Primary Care Network (PCN) level have been produced from the Connected Care platform (a shared care records system) that shows the prevalence of conditions in their respective areas and can inform focussed pieces of work with those patients in order to improve outcomes.
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 appropriate communication and engagement methods that are culturally sensitive.	Choose an item.	

Action name	Status	Commentary (100 word max)
<p>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.</p>	<p>Choose an item.</p>	
<p>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.</p>	<p>Choose an item.</p>	
<p>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.</p>	<p>Choose an item.</p>	
<p>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.</p>	<p>Choose an item.</p>	

Priority 1 - Key indicators

Population Health Management (PHM) Dashboard

This table shows the most recent data from the PHM dashboard showing the risk ratio for a range of conditions linked with early mortality and disability. Details about how PCNs (Primary Care Networks) and GP practices in the most deprived communities in Reading are affected are provided in the narrative.

Condition	Reading overall relative risk compared to ICS (Integrated Care Services) - baseline (March 22)	Target	Most recent (June 2022)	Reading overall relative risk compared to ICS - this quarter	Narrative
<i>Cancer</i>	0.76	0.76	0.75	Above target (greater risk)	At baseline, relative risk in deprived areas in Reading is low in comparison to the wider NHS commissioning area. Target set to ensure this remains low.
<i>Cardiovascular</i>	0.85	0.85	0.85	On target	At baseline, relative risk is slightly lower in deprived areas in Reading in comparison to the wider NHS commissioning area
<i>Diabetes</i>	0.95	0.95	0.95	On target	At baseline, relative risk is similar in deprived areas in Reading in comparison to the wider NHS commissioning area
<i>Mental Health</i>	1.05	0.95	1.04	Above target (greater risk)	At baseline, relative risk is slightly higher in deprived areas in Reading in comparison to the wider NHS commissioning area. Target set to reduce in line with the wider area.
<i>Obesity</i>	0.87	0.87	0.88	Below target (lower risk)	At baseline, relative risk is slightly lower in deprived areas in Reading in comparison to the wider NHS commissioning area
<i>Respiratory</i>	0.97	0.97	0.97	On target	At baseline, relative risk is similar in deprived areas in Reading in comparison to the wider NHS commissioning area.

ICS Insights Evaluation Dashboard

This table shows the proportion of people living in Reading with each condition who have received all of the statutory health checks recommended for the condition within the recommended time period.

Condition	Level at start date/ BASELINE (31/03/2021)	Target (higher is better)	Level at end date MOST RECENT COMPLETE MONTH (31 MAY 2022)	Change	Narrative
Cardiovascular					Data for Reading residents indicates some areas of deprivation with higher risk scores for cardiovascular diseases.
<i>Hypertension</i>	43.44%	80%	46.55%	Better	
<i>Heart failure</i>	42.71%	80%	47.32%	Better	
<i>Stroke/TIA</i>	66.02%	80%	72.25%	Better	
<i>Coronary Heart Disease</i>	72.31%	80%	77.17%	Better	
<i>Peripheral artery disease</i>	62.13%	80%	64.00%	Better	
<i>Atrial fibrillation</i>	16.54%	80%	16.59%	Better	
Dementia	41.13%	70%	39.84%	Worse	
Mental Health	54.50%	80%	62.91%	Better	The population health management data shows a high prevalence of low -level mental health issues, particularly in areas of deprivation. Projects to address this will be developed through the Reading Integration Board programme of work for 2022/23.
Asthma	58.20%	80%	53.76%	Worse	
Learning disability	43.23%	80%	50.88%	Better	
Cervical screening	58.40%	80%	61.24%	Better	
Diabetes	62.37%	80%	63.72%	Better	
TOTAL	54.46%	79%	56.91%	Better	

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

Priority 2 - Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
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.	Green	The Reading Integration Board is using a Population Health Management (PHM) approach to identify areas and groups as a focus for activity, producing appropriate datasets to inform the work we are doing and engaging with 'at risk' groups. The shared care records system, Connected Care, is used for case finding based on specific conditions that we know are more prevalent, and particularly in areas of deprivation within the Reading area. These cases, with consent of the service user, are then discussed at the Multi-Disciplinary Team review panels to ensure a holistic approach to supporting those individuals to stay well and avoid hospital admissions. All access to data is in line with General Data Protection Regulations (GDPR).
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, and improve early diagnosis rates, rehabilitation and support for people affected by dementia and their unpaid carers.	Green	The Health Checks programme to increase the number of condition-specific health checks undertaken for vulnerable groups, including those with dementia, is underway and the Dementia Friendly Reading group work with a number of system partners to support people with dementia to maintain and improve their health. Reading Borough Council Public Health and Wellbeing Team are engaged in the wider discussions about dementia pathways with commissioning teams, to ensure alignment of approach and working towards early diagnosis.
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.	Choose an item.	
4. We will work together to reduce the number of rough sleepers and improve their mental and	Green	In Reading we have a range of services working together to support homeless/rough sleepers, such as the Multi-Disciplinary Outreach Team (MDOT) commissioned by the Office for Health Improvement and Disparities (OHID) and a Health Outreach Liaison Team (HOLT) who are commissioned by the NHS. The Voluntary Care Sector provide support for this group of people, who are one of the groups at high risk of poor health outcomes. We are preparing to carry out

Action name	Status	Commentary (100 word max)
physical health through improved access to local services.		a Homeless Health Needs Assessment (HHNA), as an update to the last one which was undertaken in 2017, which will drive further activity to support people who are homeless/rough sleepers.
5. Prevent, promote awareness, and provide support to people affected by domestic abuse in line with proposals outlined in the Domestic Abuse Bill.	Choose an item.	
6. Support people with learning disabilities through working with voluntary organisations in order to concentrate on issues that matter most to them.	Choose an item.	

Priority 2 - Key indicators

Indicator name	Source	Published/Local	Frequency	Baseline	Target	Most recent	Date reported	England
Inequality in life expectancy at birth (male)	OHID Fingertips	Published	Annual	7.0 (2017-19)	7.0 (lower is better)	6.8 (2018-20)	14 th June 2022	9.7 (2018-20)
Inequality in life expectancy at birth (female)	OHID fingertips	Published	Annual	8.3 (2017-19)	8.3 (lower is better)	7.8 (2018-20)	14 th June 2022	7.9 (2018-20)
Rate of diagnosis of dementia in people aged 65+ estimated to have dementia	NHS digital	Published	Monthly	61.5% (February 2022)	66% (higher is better)	62% (March 2022)	21 April 2022	61.5% (March 2022)
Number of people sleeping rough (snapshot)	DLUHC	Published	Annual	22 (November 2021)	NA (lower is better)	22 (November 2021)	February 2022	2,440 (November 2021)
Proportion of working adults with learning disabilities in paid employment	OHID Fingertips	Published	Annual	5.9% (2019/20)	At least in line with national average (higher is better)	5.9% (2019/20)	March 2021	5.6% (2019/20)

PRIORITY 3: Help families and children in early years

Priority 3 - Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
<p>1. Explore a more integrated universal approach that combines children's centres, midwifery, health visiting as outlined in the Best Start for Life report.</p> <p>This will aim to improve the health, wellbeing, development, and educational outcomes of children in Reading</p>	Green	<p>This target will be held by the One Reading Partnership Under 5s workstream who meet on a regular basis to develop the services both strategically and operationally. This work will build towards a published Best Start for Life offer for parents.</p> <p>The Best Start for Life offer combines six priority areas including maternity, health visiting, breastfeeding, safeguarding, SEND (Special Educational Needs and Disabilities), infant and perinatal mental health.</p>
<p>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.</p>	Green	<p>A new suite of parenting support is being rolled out in children's centres providing evidence-based programmes for pregnant women, new parents and parents of toddlers.</p> <p>A newly devised course for expectant dads is being rolled out facilitated jointly by Children's Centres and maternity services.</p>
<p>3. Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading</p>	Green	<p>Work continues to support the increase in uptake of two year old funded entitlement. Parent champion initiative to be expanded over all areas of Reading with a further three champions to be recruited by July 2022</p>
<p>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</p>	Choose an item.	
<p>5. We will publish clear guidelines on how to access financial help; tackle stigma around this issue where it occurs.</p>	Choose an item.	

Action name	Status	Commentary (100 word max)
6. Develop a speech, language, and communication pathway to support the early identification and low-level intervention to prevent later higher cost services	Choose an item.	
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	Choose an item.	

Priority 3 - Key indicators

Indicator name	Source	Published/Local	Frequency	Baseline	Target	Most recent	Date reported	Benchmark
School readiness % <u>not</u> achieving good level of development	OHID Fingertips	Published	Annual	30.8% (2018/19)	Due to covid 19 pandemic expected national % will increase significantly so local target to be set in line with national when released	30.8 (2018/19)	April 2022	28.2% (England)
Hospital admissions caused by deliberate and non-intentional injuries (0-14 years)	OHID Fingertips	Published	Annual	69.74 per 10,000 (2020-21)	Maintain rate below national benchmark	69.74 per 10,000 (2020-21)	April 2022	75.65 per 10,000 (England)
% aged 2-2 ½ receiving ASQ3	OHID Fingertips	Published	Annual	97.4% (2020/21)	Maintain rate above national benchmark	97.4% (2020/21)	April 2022	85.2% (England)

Indicator name	Source	Published/Local	Frequency	Baseline	Target	Most recent	Date reported	Benchmark
% 2-year-olds achieving at least expected in communication and language in the Early Years Foundation Stage Profile	DFE (Department for Education) EY foundation profile	Published	Annual	79.1% (2018/19)	Due to covid 19 pandemic expected national % will increase significantly so local target to be set in line with national when released	79.1% (2018/19)	April 2022	82.2% (England)
Number attending parenting groups in quarter, including NCT (National Childbirth Trust) hospital-based groups and English for pregnant women who do not speak English	Brighter Futures for Children and Maternity Services	Local	Quarterly	new	50	23 completions (Q4 21/22)	April 2022	NA
Uptake of trauma-informed training by Early Years practitioners in quarter	Brighter Futures for Children	Local	Quarterly	new	100	100 (Q4 21/22)	April 2022	NA

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

Priority 4 - Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Provide early intervention for children and young people with the right help and support at the right time	Green	The Mental Health Support Team (MHST) is working with increasing numbers of children. Our second MHST staff are in training and will be live in September 2022. Our Primary Mental Health Team are working with children and young people with more complex needs. The Educational Psychologists continue to support schools with EWB including our trauma informed Therapeutic Thinking Schools and therapeutic interventions in schools. Schools have a range of free mental health training and mental health surgeries from EPs. PMHT (Primary Mental Health Team) and MHST.
2. Support settings and communities in being trauma informed and using a restorative approach	Green	We offer training on being trauma informed. Our Therapeutic Thinking schools' approach has been rolled out to 53 schools with over 300 lead tutors trained. Over 50% trained schools have had further training in TI, TTS behaviour management toolkit, TTS clinics & individual planning sessions. Free support from including reviews, audits & evaluation. Work with school based communities to be developed.
3. Coproduction and collaboration with children and young people, families, communities and faith groups to shape future mental health services and in delivering transformation of mental health and emotional wellbeing services	Choose an item.	This work is taking place in our second MHST. There is more work planned this year.
4. Develop an easy to navigate local mental health and emotional wellbeing offer for children, young people, parents, carers and professionals/practitioners.	Choose an item.	This is part of our Local Transformation Plan and is taking place across Berkshire West.
5. Identify and provide services for targeted populations i.e. the most vulnerable children and young people to ensure equality of access to support and services	Green	We are working with the CCG (Clinical Commissioning Group) across Berkshire West on vulnerable groups of children and young people. Individual teams in Reading are focusing on targeted populations.
6. Recovery after Covid-19/ adolescent mental health	Green	Covid recovery funding allowed the setting up of a new Emotionally Based School Avoidance (EBSA) which will provide training advice and support for schools, parents and children. The service also offers direct work with some secondary aged pupils on roll of a mainstream school. The team is new and will run for 2 years, and is just starting to take referrals.

Action name	Status	Commentary (100 word max)
7. Local transformation plan	Choose an item.	There are 9 priorities across Berkshire West. Update due next quarter.

Priority 4 - Key Indicators

Indicator name	Source	Published/Local	Frequency	Baseline	Target	Most recent	Date reported	Benchmark
% school aged children with social, emotional and mental health needs	OHID Fingertips	Published	Annual	3.24% (2021)	Due to covid 19 pandemic expected national % will increase significantly so local target to be set in line with national when released (Lower is better)	3.24% (2021)	April 2021	2.79% (England)
Children in care	OHID Fingertips	Published	Annual	72 per 10,000 (2021)	Due to covid 19 pandemic expected national % will increase significantly so local target to be set in line with national when released (Lower is better)	72 per 10,000 (2021)	April 2021	67 per 10,000 (England)
% children looked after whose emotional wellbeing is a cause of concern	OHID Fingertips	Published	Annual	40.8% (2021)	Due to covid 19 pandemic expected national % will increase significantly so local target to be set in line with national when released (Lower is better)	40.8%	April 2021	36.8% (England)
Referrals to Mental Health Service Team (MHST) 1 of children and young people and their parents across project schools	Brighter Futures for Children	Local	Quarterly	150 (2021/22 Q4)	80-100 referrals per quarter (higher is better)	150 (2021/22 Q4)	May 2022	NA
% of children and young people engaged with MHST 1 who report they have moved closer to their goals (Goal	Brighter Futures for Children	Local	Quarterly	83% (2021/22 Q4)	80%	83% (2021/22 Q4)	May 2022	NA

Indicator name	Source	Published/Local	Frequency	Baseline	Target	Most recent	Date reported	Benchmark
Based Outcomes) or Outcomes Rating Scale								
% of children and young people working with Primary Mental Health Team who report they have moved closer to their goals (Goal Based Outcomes) or Outcomes Rating Scale	Brighter Futures for Children	Local	Quarterly	90% (2021/22 Q4)	80%	90% (2021/22 Q4)	May 2022	NA

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

Priority 5 - Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Raise mental health awareness and promote wellbeing	Amber	This action will be led by a task and finish group of partners, looking at assessing current resources and provision and whether they are culturally appropriate for the Reading community. The group will work to develop resources where needed and will focus on bringing the different strands of offer together, including health, local authority and the local voluntary sector. This group will also focus on ensuring mental health campaigns are delivered across Reading with involvement from partners at all levels to ensure maximum reach. We are currently at the forming the task and finish group and developing the work plan.
2. Address social factors that create risks to mental health and wellbeing, including social isolation and loneliness	Amber	The Loneliness and Social Isolation Group has relaunched this month, finalising a refreshed action plan which contributes to this action. This action also focuses on improving partnership working across teams including housing needs, debt advice team, adult social care, the voluntary sector and health partners and this will happen in both task and finish groups for raising awareness/developing resources and data collection/sharing. The groups will bring partners together to assess what mental health data they currently collect and how this can be shared or improved. The focus primarily on intersection of mental health with social factors - debt, homelessness, unemployment etc.
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	Not started	This action focuses on developing a framework to identify priority groups for targeted support - this will be informed by the needs assessment which is yet to be carried out. This will also be informed by the priority groups that individual services are already working with and have identified as needing targeted support. Under this action is the review of the CPAR (Community Participatory Action Research) research, the final sharing of the community research will take place on 16 th June where local partners will hear the recommendations made - the regional CPAR showcase took place last month with partners attending.
4. Foster more collaborative working across health, care and third sector services to recognise and address mental health support needs	Amber	The current recommissioning of the voluntary sector will impact the delivery of this action as we await the outcome of contracts awarded. In the meantime, partnership working and raising awareness of local services is key to this action and this will be led by the task and finish group - we are also looking to bring back speed networking between adult social care staff and voluntary sector services which occurred pre-pandemic but stopped during Covid to improve understanding of process and provision of different partners. The development of the Wellbeing Network under BHFT (Berkshire Healthcare Foundation Trust) will also contribute to this.
5. Develop and support peer support initiatives, befriending and volunteer schemes, particularly recognising the impact of Covid-19 on smaller voluntary sector groups	Amber	The Readyfriends Befriending Forum continues to meet to provide support and a promotional platform for the local befriending offer, as mentioned above the Loneliness and Social Isolation Group has also relaunched and will be a key place for this development and support of peer support/befriending schemes to take place. This will also be impacted by the recommissioning of the voluntary sector.
6. Build the capacity and capability across the health and social care workforce to prevent mental health problems and promote good mental health	Not started	The third task and finish group (workforce) will lead on this action, looking at training and learning opportunities for the health and social care workforce, but also the voluntary sector workforce who are supporting people with poor mental health and wellbeing - feeding in to action 7 of the implementation plan.

Action name	Status	Commentary (100 word max)
7. Support people affected by Covid-19 with their mental wellbeing and associated loneliness and isolation	Not started	In line with action 6 this action will be led by the task and finish group focused on workforce and training, with specific focus for this action around the support/training available for the voluntary sector workforce.
8. Develop local metrics to measure progress linked to Reading Mental Health Needs Assessment	Not started	This action will be led by the data collection/sharing task and finish group, conversations around this action have started but no action has been taken yet.

Indicator name	Source	Published/Local	Frequency	Baseline	Target	Most recent	Date reported	Benchmark
% people in Reading diagnosed with a SMI (Serious Mental Illness)	Connected Care (via ICS Insights Evaluation Dashboard)	Local	Quarterly	1.0% (5 th May 2022)	NA	1.0%	14 th June 2022	Not applicable
% people in Reading diagnosed with depression	Connected Care (via ICS Insights Evaluation Dashboard)	Local	Quarterly	9.8% (5 th May 2022)	NA	10.0%	14 th June 2022	Not applicable
Drug and alcohol outreach performance - % accessing treatment	Public Health	Local	Quarterly	TBC	To be agreed (Higher is better)	Available September 2022		Not applicable
Drug and alcohol outreach performance - % retained in treatment	Public Health	Local	Quarterly	TBC	To be agreed (Higher is better)	Available September 2022		
Drug and alcohol outreach performance - % receiving a health intervention	Public Health	Local	Quarterly	TBC	To be agreed (Higher is better)	Available September 2022		
Self-reported wellbeing - % people with high anxiety	OHID	Published	Annual	24.49% (20/21)	(Lower is better) 24.15% by 22/23	24.49% (20/21)	14 th June 2022	24.15% (England)

Indicator name	Source	Published/Local	Frequency	Baseline	Target	Most recent	Date reported	Benchmark
Self-reported wellbeing - % people with low happiness	OHID	Published	Annual	8.47% (20/21)	Maintain current performance level - to be reviewed (Lower is better)	8.47% (20/21)	14 th June 2022	9.21% (England)
Self-reported wellbeing - % people with low satisfaction	OHID	Published	Annual	Not available (20/21)	Review when updated by OHID (Lower is better)	Not available (20/21)	14 th June 2022	6.06% (England)
Self-reported wellbeing - % people with low worthwhile	OHID	Published	Annual	Not available (20/21)	Review when updated by OHID (Lower is better)	Not available (20/21)	14 th June 2022	4.38% (England)
Loneliness - % of people who feel lonely often, always or some of the time	OHID	Published	Annual	20.39% (2019/20)	Maintain current performance level - to be reviewed (lower is better) Maintain	20.39% (2019/20)	14 th June 2022	22.26%