

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	20 January 2023	AGENDA ITEM:	
REPORT TITLE:	Health and Wellbeing Strategy Quarterly Implementation Plan Narrative and Dashboard Report		
REPORT AUTHOR:	Amanda Nyeke	TEL:	01189373139
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 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 & Wellbeing Implementation Plans and dashboard report update (Appendix A) contain a detailed update on actions agreed for each implementation plan and the most recent update of key indicators in each priority area. Full data for key indicators for each priority is provided in the full Health & Wellbeing Dashboard Report (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 Actions 1 to 8 within this priority area including, development of an Inequalities Dashboard, promotion of health checks, partnership working to support higher risk groups to reduce health inequalities.

Priority 2 - Tasks supporting Actions 1 to 6, focusing on identifying health and care needs of individuals at risk of poor outcomes and actions for supporting them. Including engaging with and funding projects that enable people to access information and support at a time and in a way that meets their needs.

Priority 3 - Tasks supporting Actions 1 to 7 have been updated, focusing on the development of evidence-based parenting programmes and increasing uptake of two-year-old funding. There has been significant progress in all priorities.

Priority 4 - Tasks supporting Actions 1 to 7 have been updated on with a focus on the work of the Mental Health Support Teams (MHSTs) and Primary Mental Health Team.

Priority 5 - Tasks supporting Actions 1 to 8 have all been updated with progress particularly in improving partnership working and training.

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 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.
- 3.6 At each Health & Wellbeing Board meeting Health & 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 reporting schedule 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 (RIB) is leading this priority action plan and we are focusing on the work funded through the Better Care Fund and through our voluntary care sector partners, to collaborate on integration projects which support the Integration Board Priorities, which in turn are aligned to support the H&WB Strategic Priority Action Plans. The Berkshire West wide Inequalities Dashboard has been developed to provide data driven insights around need, particularly in areas of deprivation. One of the key Integration Board projects is to promote health checks, working with board membership within Primary Care and Social Care, focussed on groups who may be at higher risk e.g., those with a learning difficulty, homeless, dementia, or their Carers.

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

We continue to use Connected Care, our shared care records system across health and social care, to effectively identify people at higher risk of poor health outcomes and making referrals for a review via the Primary Care Network (PCN) Multi-Disciplinary Teams (MDT) meetings to ensure all care needs are identified and addressed, and thereby reducing pressure on primary and secondary care services by keeping people well at home. We are engaging with projects in other areas, such as Social Inclusion and Digital Inclusion to enable people to access information and support at a time and in a way that meets their needs. Through the 'Closing the Gap' initiative, contracts have been awarded that include Carers Advice and Respite and a range of voluntary care sector services to support the wellbeing of Reading residents, and in particular those at risk of poor health outcomes.

Priority 3 - Help families and children in early years

The under 5s workstream of the One Reading partnership is leading on priority 3 to help families in early years in Reading. There are seven key priority areas and we are working across the partnership including maternity services, health visitors, paediatricians, education and the voluntary sector to drive forward priority areas. There has been significant progress in all priorities. The culturally sensitive approach taken in maternity care is supporting non-English speaking pregnant women to have better access and understanding around maternity care, positive birth experience and post-natal care.

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

The One Reading Partnership and SEND Strategy group on mental health and wellbeing for children and young people addresses Priority 4 of the HWB Strategy. The group has good attendance from across the partnership, including police, CAMHS, voluntary organisations and charities. We are prioritising clarification and mapping of all mental health and emotional wellbeing services that are available for CYP in Reading, to (i) identify gaps; (ii) ensure close parentship and systems working through being aware of what else is available and supporting and signposting that work; (iii) identify opportunities for joint commissioning and joint working. The group is also prioritising inequalities in mental health particularly regarding race and ethnicity. We have worked closely with the BOB ICP to commission local voluntary and community groups in this area and are meeting regularly with community and faith leaders to understand perspectives of how and where support and information can best be accessed by CYP and families. Alongside this, there is lots of work with groups of CYP from vulnerable groups to ensure the views of CYP help us shape services. The Emotionally Based School Avoidance Team is working with YP at secondary schools who are unable to attend due to anxiety. Families are integral to this work. The EBSA team is offering training to all schools in Reading.

Priority 5 - Promote good mental health for all adults

The Mental Wellbeing Group lead priority 5 and work as a partnership with representation from across the system working to promote good mental health and wellbeing for adults in Reading. Work is progressing in all priority areas with particular development around improving partnership working and training. Understanding of the wider system and services is also improving as the group work together and share insights from their services with their teams.

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 *Not applicable*

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 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 & WELLBEING IMPLEMENTATION PLANS AND DASHBOARD REPORT UPDATE

APPENDIX B - HEALTH & WELLBEING DASHBOARD REPORT



APPENDIX A - HEALTH AND WELLBEING IMPLEMENTATION PLANS NARRATIVE 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.	Green	At the time of policy development or review and update, a health and wellbeing approach is taken to assess how the policy will impact on the health and wellbeing of our residents and our staff.
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	The Reading Integration Board 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, and will work together to support a solution focused approach. The Better Care Fund (BCF) is reviewed annually, and plans are submitted in line with the Planning Guidance. The BCF Plan for 2022/23 was approved by NHS England in December 2022. We work closely with our commissioning colleagues to ensure effective services are commissioned to support the needs of our Reading residents in the most effective and efficient way, without adversely affecting those with poorer health.
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. The Multi-Disciplinary Team meetings hosted by the Primary Care Networks across Reading, are effective in reviewing cases identified who are experiencing multiple attendances at hospital and GP surgery, to take a holistic approach to their care planning and these have been effective in reducing the pressure on the system and ensuring the person at the centre of the review has the appropriate level of care.
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.	Amber	The Reading Integration Board (RIB) 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 agreed with four overarching priorities and 9 projects. The new projects include supporting and promoting health checks and developing a Self-Neglect pathway, and we are continuing with our Multi-Disciplinary Team programme within the Primary Care Networks, which has seen significant successes, such as reducing hospital attendances by up to 82%. We recognise that there is more work to be done in respect of supporting people with Learning Disabilities to receive their Health Checks and this has been flagged as a priority area. One of our GP representatives on the board is a co-lead for the project.
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.	Green	The Community Participatory Action Research group created connections within our communities, and this is being built on by the Covid Vaccine Champions programme. There are several forums at which our Voluntary Care Sector are engaged, along with Carers and community service leads. One of the RIB Projects is supporting a local community service, who support high numbers of residents from ethnic minority backgrounds, to provide access to digital devices, training and support in how to use these and in turn digital access to health advice and support, as well as community services to support both mental and physical health.

<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>Green</p>	<p>The social prescriber model that is in place within Reading is working well, ensuring people are referred in a timely way to the most appropriate services to support their health and wellbeing needs. One of the Reading Integration Board (RIB) Priorities is to support effective Care Navigation and Education, to facilitate improved access to information and services for Reading residents that ensures the right support is accessible and resources are used effectively. This will include a focus on digital inclusion, enabling disadvantaged people within our communities to learn how to use digital devices and gain access to them within community settings, with appropriate support and training to enable people to access services to support their health and wellbeing needs.</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>Green</p>	<p>The three main projects within Priority 4: Care Navigation and Education, for the Reading Integration Board are:</p> <ol style="list-style-type: none"> 1. Improve access to and awareness of services available (New) 2. Co-ordinate the Making Every Contact Count (MECC) Programme in Reading (New) 3. Digital Inclusion - Ensuring people are enabled to use digital technologies (New) <p>Reading are investing in voluntary care sector engagement to support their Front Door services to ensure effective referral and signposting to the right support to meet the needs of the individual.</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>Green</p>	<p>There are regular updates on Covid at the Reading Integration Board and the activity in progress to address any areas of low vaccine uptake and support recovery within communities following the impact of Covid, particularly in relation to isolation and 'low level' mental health issues, which are having a significant impact on GP surgeries. The Covid Vaccine Champion programme also supports this work. The Multi-Disciplinary Team meetings that are taking place at Primary Care Network (PCN) level have regular membership from mental health services to ensure appropriate referrals and support for people with low level mental health needs. The Reading Integration Board have funded the Compass Recovery College to expand their Outreach support and we are also engaging with the Social Inclusion Group to ensure there is a raised awareness of schemes and services available.</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 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 - baseline (March 22)	Target	Q2 Sept 22	Q3 Dec 22 Most recent	Reading overall relative risk compared to ICS - this quarter	Narrative
<i>Cancer</i>	0.76	0.76	0.73	0.84	Above target (greater risk)	At quarter 3, relative risk is 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>Cardiovascular</i>	0.85	0.85	0.84	0.84	Below target (lower risk)	At quarter 3, 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	0.94	0.95	Below target (lower risk)	At quarter 3, 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	1.01	1.18	Above target (greater risk)	At quarter 3, relative risk is 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	0.92	Above target (greater risk)	At quarter 3, relative risk is 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>Respiratory</i>	0.97	0.97	0.95	0.99	Above target (greater risk)	At quarter 3, 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.

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)	Level at check point/ Quarter 2 (30/09/2022)	Target	Level at end date MOST RECENT COMPLETE MONTH (31/12/2022) - Q3	Change	Level at end date MOST RECENT COMPLETE MONTH (31/12/2022) - Q3	Change	Narrative
Cardiovascular	Total Reading population						Total Reading population	
<i>Hypertension</i>	43.44%	47.74%	80%	49.46%	Better	47.25%	Better	
<i>Heart failure</i>	42.71%	46.24%	80%	47.30%	Better	47.85%	Better	
<i>Stroke/TIA</i>	66.02%	73.90%	80%	75.55%	Better	73.22%	Better	
<i>Coronary Heart Disease</i>	72.31%	78.26%	80%	79.58%	Better	78.72%	Better	
<i>Peripheral artery disease</i>	62.13%	62.99%	80%	62.95%	Better	60.68%	Better	
<i>Atrial fibrillation</i>	16.54%	16.98%	80%	17.82%	Better	16.91%	Worse	
Dementia	41.13%	48.32%	70%	51.63%	Better	59.15%	Better	
Mental Health	54.50%	64.06%	80%	65.23%	Better	64.81%	Better	
Asthma	58.20%	54.84%	80%	57.44%	Worse	58.62%	Better	
Learning disability	43.23%	55.09%	80%	52.71%	Better	49.07%	Better	
Cervical screening	58.40%	63.08%	80%	63.27%	Better	59.15%	Better	
Diabetes	62.37%	60.99%	80%	63.86%	Better	63.15%	Better	
TOTAL	54.46%	61.19%	79%	63.38%	Better	62.18%	Better	

NB: Reading population in deprivation deciles 1-4 (or quintiles 1 and 2) - with 1 being most deprived areas

Reading population in deciles 1-4 (or quintiles 1&2) - with 1 being most deprived areas

Deciles are calculated by ranking the LSOAs from most deprived to least deprived and dividing them into 10 equal groups. These range from the most deprived 10% (Decile 1) of small areas nationally, to the least deprived 10% (Decile 10) of small areas nationally ([ONS](#))

Overall, the data shows that in comparison to the total Reading population, the population in areas of deprivation who receive all of their statutory health checks recommended for the condition within the recommended time period is lower. This is in particular with Learning disability in quarter 3, although the general trend has shown an improvement from baseline (44.42%). Projects to address this will be developed among other focus areas.

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. A Multi-Disciplinary Team reviews the case to ensure a holistic approach to supporting those individuals to stay well and reduce hospital admissions/GP attendances. A Berkshire West Inequalities report has been developed and is currently in the process of testing. This report will provide a range of data that highlights areas of inequality and will be used to support commissioning and planning of initiatives to address areas of need.
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	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. The Reading Dementia Friendly Group has participating members from voluntary care sector and commissioning services. There is a clinical pathway in place for people with dementia and the non-clinical supporting pathway will be developed with our system partners once resources are in place, together with a programme of awareness and information to support both people with dementia and their Carers. A review of needs for people with dementia, and their Carers, in Reading is currently underway to inform planning and commissioning of services for 2023/24 and beyond.
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.	Green	Our Carer's Information, Advice & Guidance Service is part of a consortium commission with West Berkshire Council, the NHS Integrated Care Board, Adult Social Care and Brighter Futures for Children. The commissioning of this service is in line with our statutory duties under the Care Act 2014.
4. We will work together to reduce the number of rough sleepers and improve their mental and physical health through improved access to local services.	Green	Within Reading Borough Council (RBC), Adult Social Care (ASC) Advice and Wellbeing Hub and Housing are working together to narrow the gap with rough sleepers and create a joint approach to address health, wellbeing and housing needs. Working with the Rough Sleeping Interventions Team a jointly funded post for an experienced social worker to support our residents who have experience of rough sleeping, rough sleeping lifestyles and homelessness, and will enable us to support the government's Rough Sleeping Strategy to end rough sleeping by 2027. There are a range of commissioned services, through the Voluntary Care Sector, to support rough sleepers in the Reading area.
5. Prevent, promote awareness, and provide support to people affected by domestic abuse in line with proposals outlined in the Domestic Abuse Bill.	Green	We work closely with our Voluntary Care Sector Partners, Adult Social Care, Housing and Thames Valley Police to ensure safeguarding concerns are reported to enable action to be taken to support people at risk of domestic abuse, and a Tackling Domestic Abuse Strategy has been developed.
6. Support people with learning disabilities through working with voluntary organisations in order to concentrate on issues that matter most to them.	Green	We are working with our Voluntary Care Sector partners, some of whom are specialists in supporting people with Learning Disabilities, who are involved in a range of forums to enable engagement and feedback to support commissioning and priorities across Reading and the wider Berkshire West "Place". We have funded a part-time Autism Outreach worker post and have contributed to the Autism Strategy for Berkshire West.

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)	1/12/2022	9.7
Inequality in life expectancy at birth (female)	OHID fingertips	Published	Annual	8.3 (2017-19)	8.3 (lower is better)	7.8 (2018-20)	1/12/2022	7.9
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)	63.5% (September 2022)	1/12/2022	62.2%
Number of people sleeping rough (snapshot)	DLUHC	Published	Annual	22 (November 2021)	NA (lower is better)	Data due February 2023 (provisional)	-	-
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) (no update)	-	5.6%

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>Under 5s workstream continue to develop strategies to increase integration of under 5s services. Currently reviewing and analysing communication to and with parents to strengthen the parent voice in coproduction of services.</p> <p>Workstream developed to support breastfeeding support for new mothers including maternity services, health visiting and children's centres.</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 One stop shop has been established to bring together various services that can support pregnant women with refugee status including Ukrainian guests in Reading. This provides an opportunity to bring together midwives, children's centres consultants, perinatal mental health, clinicians and consultants to offer advice, guidance and if required referral to specialist services.</p> <p>Easy English classes focused on better births for women who do not speak English. This is currently being developed into a web-based offer to be available from November 2022</p> <p>New course for dads to be offered by midwives and children's centres. Good take-up and positive feedback from attendees.</p>
<p>3. Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading</p>	Green	<p>The take-up of two year old places has increased term on term for the last 18 months. Integrated communication of offer through health visiting service, early years team and providers and children's centres.</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,</p>	Green	<p>Training has been received positively by settings with over 100 practitioners trained to date. BFfC TI facilitator to support guided conversations to ensure embedding of the approach.</p>

Action name	Status	Commentary (100 word max)
and can signpost families		
5. We will publish clear guidelines on how to access financial help; tackle stigma around this issue where it occurs.	Green	DWP advisors seconded to BFFC to provide individual advice and guidance to parents in a no-judgemental way. Children's centre family workers provide 1-1 support for family budgeting and signpost to CAB.
6. Develop a speech, language, and communication pathway to support the early identification and low-level intervention to prevent later higher cost services	Green	SLC roadmap for professionals and parents now published. Secured national charity ICAN to support with the communication of the SLC pathway to ensure the responsibility for young children's speech development involves all elements of the workforce.
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	Green	Regular meetings held with CSC, Children's centres, Maternity services and health visiting to ensure all vulnerable pregnant women and unborn/newborn babies are known to services and receive the right help at the right time.

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) (no update)	1/12/2022	28.2% (currently)

Indicator name	Source	Published/Local	Frequency	Baseline	Target	Most recent	Date reported	Benchmark
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) (no update)	1/12/2022	75.65
% aged 2-2 ½ receiving ASQ3	OHID Fingertips	Published	Annual	97.4% (2020/21)	Maintain rate above national benchmark	99.2% (2021/22)	30/11/2022	90.3%
% 2-year-olds achieving at least expected in communication and language in the Early Years Foundation Stage Profile	DFE 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	89.7% (2021/22)	30/11/2022	86.2%
Number attending parenting groups in quarter, including NCT hospital-based groups and English for pregnant women who do not speak English	Brighter Futures for Children and Maternity Services	Local	Quarterly		50	50	30/11/2022	NA
Uptake of trauma-informed training by Early Years practitioners in quarter	Brighter Futures for Children	Local	Quarterly		100	100	30/11/2022	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	Our 2nd Mental Health Support Team went live in September, and the official launch is January 2023. We have offered mental health surgeries to schools (that buy in the Educational Psychology Service) for free this year, as part of funding from Health. We offer training and workshops to educational settings and to parents. Our Emotionally Based School Avoidance team is working with secondary aged Children and Young People (CYP) & families who are unable to attend school due to anxiety. They are offering free training to primary and secondary schools. Our Primary Mental Health Team, who usually offer 121 interventions for CYP with more complex or enduring mental health needs, have started to offer a group for parents of children who are autistic and experiencing anxiety.
2. Support settings and communities in being trauma informed and using a restorative approach	Green	Our new Trauma Informed Practitioner has started and has begun to work with settings as well as with our IFA team and social workers.
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	Green	We have worked closely with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership (BOB ICP) to commission local voluntary and community groups in this area and are meeting regularly with community and faith leaders to understand perspectives of how and where support and information can best be accessed by Children and Young People (CYP) and families. Alongside this, there is lots of work with groups of CYP from vulnerable groups to ensure the views of CYP help us shape services.
4. Develop an easy to navigate local mental health and emotional wellbeing offer for children, young people, parents, carers and professionals/practitioners.	Green	This work is ongoing. We are currently mapping services.
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 currently focusing on inequalities in mental health in CYP who are from diverse ethnic or racial backgrounds. Work has begun with CYP who identify as LGBTQI+ We are trying to recruit and Educational Psychologist to work with CYP who are on Child Protection or Child in Need Plans. Our PMHT work closely with the IFA team, Looked After Children's Teams and social workers. The Specialist Child and Adolescent Mental Health Services (CAMHS) Service for Children Looked After is also beginning to be staffed and to work with the 3 Berkshire West Local Authorities. We continue with our Autism Growth Project, Autism Education Trust training, and the Therapeutic Thinking Schools training and ethos.
6. Recovery after Covid-19/ adolescent mental health	Green	The Emotionally Based School Avoidance (EBSA) team is working with YP at secondary schools who are unable to attend due to anxiety. Families are integral to this work. The EBSA team is offering training to all schools in Reading.
7. Local transformation plan	Green	The updated Local Transformation Plan is being published and will be presented to the HWB in January 2023.

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) MHST teams 1 & 2 = 189 referrals (2022/23 Q1)	80-100 referrals per quarter (higher is better)	132 (2022/23 Q2)	September 2022	NA
% of children and young people engaged with MHST 1 who report they have moved closer to their goals (Goal Based Outcomes) or Outcomes Rating Scale	Brighter Futures for Children	Local	Quarterly	83% (2021/22 Q4) Goals = 100%; RCADS = 72% (2022/23 Q1)	80% (higher is better)	Goals = 89%; RCADS = 65% (2022/23 Q2)	September 2022	NA
% 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) 90% (2022/23 Q1)	80% (higher is better)	90% (2022/23 Q2)	September 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)
8. Raise mental health awareness and promote wellbeing	Amber	The Mental Wellbeing Group were successful in securing funding from Sport England to develop a local Physical Activity for Mental Health (PAMH) Partnership which has developed a programme of training which aims to break down the barriers between physical activity and mental health. Partners who deliver physical activity in the borough are completing mental health awareness training (including culturally tailored mental health first aider training) and partners who deliver mental health and wellbeing activities are training to deliver physical activity. The partnership has representation from a range of voluntary sector organisations, multiple council departments, health colleagues at Berkshire Healthcare Foundation Trust, leisure centre colleagues and local sports clubs, working together for this action.
9. Address social factors that create risks to mental health and wellbeing, including social isolation and loneliness	Amber	A pilot for a mental health resource for frontline workers has been launched in Reading Borough Council's debt advice and income recovery teams, Department of Work and Pensions work coaches and Reading Voluntary Action's social prescribers. The pilot looks to support frontline workers to refer service users to the appropriate mental health support. The Mental Wellbeing Group also saw presentations from ChangeGrowLive and Reading Borough Council's Rough Sleeping Initiatives Team Manager giving detailed insight around their service users and the link between mental health need, highlighting the need for tailored support for service users with increased risk factors.
10. 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	Amber	Berkshire Suicide Prevention Group will be presenting the first Suicide Prevention Summit on 12 th December, launching the refreshed Pan Berkshire Suicide Prevention Strategy and developing next steps for the group moving forward. Reading will look to develop a local suicide prevention action plan, taking learning from colleagues and partners. As part of the Closing the Gap commission targeted mental health support started from 1 st November for refugees and asylum seekers, delivered by Reading Your Way, Reading Refugee Support and Reading Community Learning Centre. The Community Participatory Action Research project published the final report with full recommendations and plans are now in place to develop a forum to share the work across the system which implements the recommendations put forward by the community researchers.
11. Foster more collaborative working across health, care and third sector services to recognise and address mental health support needs	Green	Reading Borough Council will be commissioning a new first point of contact service for Adult Social Care which will aim to improve the referral processes between adult social care and the voluntary and community sector. The Berkshire Healthcare Foundation Trust continues to develop the Wellbeing Network as part of the Community Mental Health Transformation work and continues to build relationships across the system The Physical Activity for Mental Health (PAMH) Partnership is also focusing on developing a collaborative approach across the system, looking at a long-term partnership which is enables sustainable partnership working around low level mental health.
12. Develop and support peer support initiatives, befriending and volunteer schemes, particularly recognising the impact of Covid-19 on smaller voluntary sector groups	Amber	The Befriending Forum continues to be successful with the next meeting held on 8 th December. Reading Voluntary Action continues to successfully run the Chat Connect Befriend campaign which promotes the befriending volunteer opportunities across Reading and the support available for volunteers. Work is also ongoing for the Vision for Volunteering programme led by Reading Voluntary Action, Alliance for Cohesion and Racial Equality and Connect Reading.
13. Build the capacity and capability across the health and social care workforce to prevent	Amber	The PAMH Partnership has developed a programme of training looking to support partners to upskill in mental health awareness and support, including suicide first aid.

Action name	Status	Commentary (100 word max)
mental health problems and promote good mental health		<p>Adult social care continue the Mental Health Reablement project, with funding secured for a full-time occupational therapist for the next 12 months to continue to work on this project.</p> <p>Compass Recovery College are delivering training to support the capacity and capability across the system to promote good mental health, for professionals and their service users. This has been funded through the PAMH Partnership.</p> <p>The Berkshire Universal Training offer has also been finalised with input from members of the Mental Wellbeing Group, the group will now assess the best way to utilise this resource across partners.</p>
14. Support people affected by Covid-19 with their mental wellbeing and associated loneliness and isolation	Amber	This priority focuses on upskilling voluntary sector partners to feel confident in supporting members of the community who have had their mental wellbeing affected by Covid-19 - this is being addressed with the training being delivered by Compass Recovery College to understand common mental health and understand professional and emotional boundaries. This is also being looked at as part of the Vision for Volunteering work in terms of the support needed for the volunteer workforce after the impact of the pandemic.
15. Develop local metrics to measure progress linked to Reading Mental Health Needs Assessment	Amber	Partners from across the system including the Berkshire Healthcare Foundation Trust's Liaison and Diversion service, ChangeGrowLive and the Rough Sleeping Initiatives Team within Reading Borough Council have submitted data reports and analysis of data currently collected in their teams and organisations looking at mental health. Local metrics continue to be developed.

Indicator name	Source	Published/Local	Frequency	Baseline	Target	Most recent	Date reported	Benchmark
% people in Reading diagnosed with a SMI	Connected Care (via ICS Insights Evaluation Dashboard)	Local	Quarterly	1.0% (5 th May 2022)	NA	65.23% (Q3 - Dec 2022)	Jan 2023	
% people in Reading diagnosed with depression	Connected Care (via ICS Insights Evaluation Dashboard)	Local	Quarterly	9.8% (5 th May 2022)	NA	10.4% (Q3 - Dec 2022)	Jan 2023	
Drug and alcohol outreach performance - % accessing treatment	Public Health	Local	Quarterly	Q1 - 75.00%	To be agreed (higher is better)	67% (Q2 - Sept 2022)	1/12/2022	
Drug and alcohol outreach performance - % retained in treatment	Public Health	Local	Quarterly	Q1 - 83.00%	To be agreed (higher is better)	89% (Q2 - Sept 2022)	1/12/2022	

Indicator name	Source	Published/Local	Frequency	Baseline	Target	Most recent	Date reported	Benchmark
Drug and alcohol outreach performance - % receiving a health intervention	Public Health	Local	Quarterly	Q1 - 83.00%	To be agreed (higher is better)	89% (Q2 - Sept 2022)	1/12/2022	
Self-reported wellbeing - % people with high anxiety	OHID	Published	Annual	24.49% (20/21)	24.15% by 22/23 (lower is better)	24.49% (20/21) (no update)	1/12/2022	24.15% (20/21) England
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) (no update)	1/12/2022	9.21% (20/21) 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)	1/12/2022	6.06% (20/21) 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)	1/12/2022	4.38% (20/21) 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)	20.39% (2019/20) (no update)	1/12/2022	22.26% (19/20) England