



READING HEALTH AND WELLBEING BOARD

Date of Meeting	14 July 2023
Title	Health and Wellbeing Strategy Quarterly Implementation Plan Narrative and Dashboard Report
Purpose of the report	To note the report for information
Report author	Amanda Nyeke
Job title	Public Health and Wellbeing Manager
Organisation	Reading Borough Council
Recommendations	<p>1. That the Health and Wellbeing Board notes the following updates contained in the report:</p> <p>Priority 1 – Tasks supporting Actions 1 - 8 within this priority area including partnership working, proposing projects to support provision of a range of services to support people to be healthy, reduce health inequalities.</p> <p>Priority 2 – Tasks supporting Actions 1 - 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.</p> <p>Priority 3 – Tasks supporting Actions 1 - 7 have been updated, focusing on the development of evidence-based parenting programmes, multi-agency working and rolling out a revised parenting offer including fathers and parents to be. There continues to be progress in all priorities.</p> <p>Priority 4 – Tasks supporting Actions 1 - 7 have been updated with a focus on addressing inequalities in mental health, training, the work of the Mental Health Support Teams (MHSTs) and Primary Mental Health Team (PMHT).</p> <p>Priority 5 – Tasks supporting Actions 1 - 8 have been updated with progress in awareness raising of local mental health support, strengthening partnership working and training.</p>

1. 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. Policy Context

- 2.1. 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.

- 2.2. 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

- 2.3. 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.

- 2.4. 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.

- 2.5. 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.

- 2.6. 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 2023/24 is therefore as follows:

Health and Wellbeing Board	Narrative updates - selected tasks and priorities	Data refresh
July 2023	✓	✓
October 2023	✓	✗
January 2024	✓	✓
March 2024	✓	✗

3. The Proposal

3.1. Overview

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

The Reading Integration Board (RIB) continue to work with our partners in health and the voluntary sector to ensure that a good range of services are provided to support people to stay healthy and well, and that these are communicated to people who may be more at risk of experiencing poor health or long-term health conditions. Members of the Integration Board are involved with community groups and services and can propose projects that support these groups that are culturally sensitive.

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

The Dementia Friendly Reading Steering Group have submitted a funding application to resource a Dementia Friendly Reading Coordinator post who can support with developing a training programme to support organisations.

There are several groups for gentle exercise and health awareness, mini health MOTs being run within our community by voluntary sector organisations.

Work to develop a Joint All Ages Unpaid Carer Strategy for Reading are underway with a Carers Survey launching during Carers Week in early June. This process will enable us to build a picture of the needs of carers in Reading and inform a strategy and action plan to improve the experience of carers in Reading.

We have invested in Technology Enabled Care (TEC) to support people to remain safe and well in their home and to live as independently as possible.

Our Multi-Disciplinary Team meetings that are operated through three clusters of our Primary Care Network, covering all Reading areas, are continuing and have been successful in supporting people with complex needs and long-term conditions to effectively manage these and to improve health outcomes.

Priority 3 – Help families and children in early years

The under 5s workstream of the One Reading partnership continue to lead 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. Universal and targeted health services have returned to face-to-face delivery at Children Centres improving accessibility and enabling families to connect with a wider range of services. The multi-agency work focused on speech, language and communication has made significant progress against the agreed aims including increasing early years practitioner confidence and reducing referrals to specialist speech and language therapy. A revised parenting offer has been established and is now being provided on a rolling programme. This includes parents to be and fathers.

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

The Consistent Approaches to the Mental Health and Emotional Wellbeing for Children and Young People Group has focused on the following: inequalities in mental health, whole school approaches to emotional wellbeing, provision of the Mental Health Support Teams, Primary Mental Health Team and Educational Psychology Service in schools, support and interventions for children and young people, and training for professionals and parent/carers.

We have a good mental health and emotional wellbeing offer for children and young people in Reading, from getting advice through to specialist services. The BfC school based mental health support offer is provided by two Mental Health Support Teams, the Primary Mental Health Team, the Emotionally Based School Avoidance Service, and the Educational Psychology Service. These services offer a range of interventions for mild to moderate mental health needs, working with schools, families, and practitioners across Early Help and Social Care. The work of these mental

health services sits in the context of our Therapeutic Thinking Schools and our Autism Growth Approach, both of which offer tools for understanding and implementing the trauma informed approach. We work systemically with partners using the THRIVE model, a stepped-care needs led approach that encourages partnership working

Priority 5 – Promote good mental health for all adults

This quarter saw the Annual Mental Health Inequalities Conference take place, led by Berkshire Healthcare Foundation Trust and the Community Wellbeing Hub, with presentations from health partners, voluntary sector organisations and the sharing of lived experiences from service users. This conference was well attended and supported the implementation plan action around raising awareness of mental health in a culturally competent way with some of our communities where there is a real presence of stigma around mental health.

May was also Mental Health Month and a full communications campaign took place on RBC social media channels including video content capturing some of the mental health and wellbeing support available across the borough. The campaign focused on highlighting the importance of physical activity and green spaces; the link between debt or money with anxiety; and crisis support. Local support was highlighted through this campaign and local organisations were able to raise awareness for the support they offer residents.

In April, the Mental Wellbeing Group heard from the Adult Social Care team leading the Mental Health Reablement programme which has been very successful. This led to forging more links with the voluntary sector, including social prescribers and wider voluntary sector groups who can support the people under the reablement programme.

There continues to be a focus on training including a team member training to deliver the Suicide First Aid Lite sessions, with an initial trial session running with RBC staff this month. Work on the Mental Health Needs Assessment for Adults in Reading continues, with focus groups booked in over the summer.

4. Contribution to Reading’s Health and Wellbeing Strategic Aims

4.1. 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. It contributes to all the [Berkshire West Joint Health & Wellbeing Strategy 2021-30](#) priorities.

5. Environmental and Climate Implications

5.1. The recommended action will have no impact on the Council’s ability to respond to the Climate Emergency.

6. Community Engagement

6.1. 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. Key engage will continue to be a part of the process of implementing, reviewing and updating actions within the strategy to ensure it continues to address local need.

7. Equality Implications

7.1. Not applicable - an Equality Impact Assessment is not required in relation to the specific proposal to present an update to the Board in this format.

8. Other Relevant Considerations

8.1. Not applicable.

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. Timetable for Implementation

- 11.1. The Berkshire West Health and Wellbeing Strategy is a 10-year strategy (2021-2030). Implementation plans are for three years however will continue to be reviewed on an annual basis.

12. Background Papers

- 12.1. There are none

Appendices

- 1. Health & Wellbeing Implementation Plans and Dashboard Report Update**
- 2. Health & Wellbeing Dashboard Report**



APPENDIX 1 - HEALTH AND WELLBEING IMPLEMENTATION PLANS NARRATIVE AND DASHBOARD REPORT UPDATE

PRIORITY 1: Reduce the differences in health between different groups of people, 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	All policy reviews and development of new policies are assessed to ensure there is a reflection of the health and wellbeing of our residents and staff where appropriate.
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 Better Care Fund supports delivery of Adult Social Care services and projects to address health and social care concerns that are aligned with the Better Care Fund objectives: BCF Objective 1: Enable people to stay well, safe and independent at home for longer BCF Objective 2: Provide the right care in the right place at the right time
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	An annual inequalities report has been developed that looks into the impact on life expectancy of people from different backgrounds and compares across deprivation deciles. Where specific inequalities in health outcomes are identified we will work with our system partners to identify appropriate measures to address these inequalities. We have worked with partners to build a Hoarding Protocol and pathway, installed Technology Enabled Care devices and equipment to reduce risk of falls and are developing a Falls service, and we are developing a bariatric support pathway to enable timely discharges from hospital and to enable respite care, as well as developing dementia friendly 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 appropriate communication and engagement methods that are culturally sensitive.	Amber	The Integration Board membership includes representatives from Primary Networks - GPs, and the national Health Checks are promoted through their practices and information campaigns within surgeries, as well as being promoted through community groups. Mini health checks that include blood pressure checks, are methods used to encourage people to contact their GPs where necessary. Translation of materials to support awareness is available. Monitoring data shows an increase in the percentage of people having completed Health Checks who have cardiovascular diseases, diabetes asthma and other long-term conditions.
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	We have good connections with our voluntary care sector and representatives that attend the Reading Integration Board as members. We have active participation within ethnically diverse communities such as supporting digital literacy and health and wellbeing activities.
6. Ensure fairer access to services and support for	Green	One of our voluntary care sector partners has implemented a referral platform to enable effective social prescribing (i.e. referral to support services in voluntary sector, such as bereavement or walking groups, as well as mental health services, such as talking therapies). Residents are also able to self-refer

<p>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>through this route, and there were in excess of 400 effective referrals within the first two months of operation. The platform enables people to reach the right support for them at the time they need it and residents also have the opportunity to self-refer. A full report on the effectiveness of this platform is to be presented to the Integration Board in July 2023.</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>A number of voluntary sector and faith-based services are funded to deliver key information and advice services for Reading residents, as well as offering local exercise groups in church halls and other activities that promote wellbeing in the community, such as a Parish Nurse funded through a small grant from the Better Care Fund, who runs exercise and awareness sessions and actively engages with their community, signposting people to services where needed.</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>Our primary care networks and voluntary care sectors continue to be key participants in identifying any health inequalities exacerbated by COVID-19 and referring to appropriate support services.</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	Most recent Q1 June 23	Reading overall relative risk compared to ICS - this quarter	Narrative
<i>Cancer</i>	0.76	0.76	0.73	1.01	Above target (greater risk)	Relative risk in Reading is has increased since September 2022
<i>Cardiovascular</i>	0.85	0.85	0.84	0.80	Below target (lower risk)	Relative risk is below the target
<i>Diabetes</i>	0.95	0.95	0.94	0.95	Choose an item.	Relative risk has remained at the same level
<i>Mental Health</i>	1.05	0.95	1.01	1.24	Above target (greater risk)	The relative risk in Reading is higher compared to the ICS/target and has increased since September 2022
<i>Obesity</i>	0.87	0.87	0.88	0.95	Above target (greater risk)	Above target, increase since September 2022
<i>Respiratory</i>	0.97	0.97	0.95	0.93	Below target (lower risk)	Below target - slight decrease since September 2022

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	Level at end date MOST RECENT COMPLETE MONTH (09/06/2023)	Change	Narrative
Cardiovascular					
<i>Hypertension</i>	43.44%	80%	57.0%	13.6	There has been a significant improvement in the uptake
<i>Heart failure</i>	42.71%	80%	47.0%	4.3	There has been some improvement in the uptake
<i>Stroke/TIA</i>	66.02%	80%	77.65	11.6	There has been a significant improvement in the uptake
<i>Coronary Heart Disease</i>	72.31%	80%	80.0%	7.7	There has been a significant improvement in the uptake
<i>Peripheral artery disease</i>	62.13%	80%	66.5%	4.4	There has been some improvement in the uptake
<i>Atrial fibrillation</i>	16.54%	80%	18.5%	2.0	There has been an increase in prevalence
Dementia	41.13%	70%	64.9%	23.8	There has been a significant improvement in the uptake
Mental Health	54.50%	80%	63.5%	9.0	There has been a significant improvement in the uptake
Asthma	58.20%	80%	57.1%	-1.1	There has been a small decrease in the uptake
Learning disability	43.23%	80%	60.0%	16.8	There has been a significant improvement in the uptake
Cervical screening	58.40%	80%	62.0%	3.6	There has been some improvement in the uptake
Diabetes	62.37%	80%	65.9%	3.5	There has been some improvement in the uptake
TOTAL	54.46%	79%	57.2%	2.7	Overall, there has been some improvement in the uptake

PRIORITY 2: Support individuals at high risk of bad health outcomes to live healthy lives, 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	There are a number of activities that support the identification of people at risk of poor health outcomes that are active within the borough; NHS health checks through GPs, mini health checks in community settings, complex and long-term condition multi-disciplinary teams to review cases and ensure there are care plans in place, community exercise and information groups as well as advice and wellbeing services.
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 Dementia Friendly Reading Steering Group is currently undertaking a self-assessment exercise ahead of applying for Dementia Friendly Community status with Alzheimer's Society before the national closure of this scheme in December. The group have also submitted a funding application to resource a Dementia Friendly Reading Coordinator post who can support with this work, including coordinating a borough wide Dementia Friends training programme and supporting organisations (including RBC) with Dementia queries and advice.
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	Work to develop a Joint All Ages Unpaid Carer Strategy for Reading are underway with a Carers Survey launching during Carers Week in early June. The engagement period runs until the end of June including focus groups with different groups of unpaid carers. This work is driven by the Carers Steering Group, with active membership from the Reading & West Berkshire Carers Partnership, the Carer Leads for Royal Berkshire Healthcare Foundation Trust and Berkshire Healthcare Foundation Trust, Brighter Futures for Children, wider voluntary sector partners and unpaid carers themselves. This process will enable us to build a picture of the needs of carers in Reading and inform a strategy and action plan to improve the experience of carers in Reading.
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	We have commissioned a joint review across our six local authority areas using Rough Sleeping Initiative (RSI) grant funding to strategically look at prison releases, hospital discharges and issues/disputes around local connection and rough sleeping. Where there are, for example, several prisons that serve the six authorities. They are working on a pilot with HMP Bullingdon re: pre-work in, and a protocol with, prisons so that people are identified and referred to the local authority prior to release, so that the most suitable accommodation can be explored. Across Berkshire West we are keen for this scope to cover Prospect Park, Royal Berkshire Foundation Hospital, and other hospitals across the region, which ties into the work that is underway with our Housing team. A proposal has been put forward to develop a Homelessness Pathway for Reading that is aligned with other neighbouring local authorities and supported by Housing.
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 and implemented.
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. We also have the Compass Recovery College which provided free training and information for people with both low-level mental illness and long-term conditions affecting their mental health.

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)	1/12/2022	36
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)	1/12/2022	5.6%

PRIORITY 3: Help families and children in early years, 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>Health Visiting service lead Well Baby Clinics are back being delivered face to face in Children's Centres.</p> <p>Drop-in clinics have been re-introduced for breastfeeding support and BHCFT are in the process of commissioning peer support.</p> <p>A multi-disciplinary approach at Whitley Children's Centre is up and running supporting families.</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>Evidence based, trauma informed, parenting programmes (Mellow Parenting) are now established and being delivered on a rolling programme for families. This includes Mellow Bumps, Babies and Toddlers.</p> <p>The fathers to be support is also now established, good links through the infant hub established with maternity services that is seeing consistent signposting of father and now self-referrals.</p>
<p>3. Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading</p>	Green	<p>Whilst the number of 2yrs olds accessing funded nursery places dipped in Spring term 2023 (65%) it remains above our target baseline. Work to promote the scheme continues with the Family Information Service (FIS) providing childcare brokerage support to 358 Reading families eligible for a 2-year funded place between 1 Jan 2023 and 3 July 2023.</p> <p>The 2-year funding page on the FIS directory is in the top 10 most visited between 1 January 2023 - 8 July 2023 with 4,161 page views and 2,908 unique page views.</p> <p>Parent Champions have been recruited and visiting community venues to promote take up to parents/carers.</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>	Green	<p>Early years settings continue to have access to level 1 trauma informed, and level 2 trauma skilled training provided online.</p> <p>The Brighter Futures for Children (BFfC) Early Years team offer 'Child at the Heart - A Trauma Informed Approach' which is delivered face to face in two parts. It incorporates the videos from Level 1, guided discussion, ACEs, healthy brain development, self/co - regulation, attachment, communication styles/behaviour. This will be repeated in September 2023.</p> <p>In addition, 12 practitioners (9 settings) have benefited from therapeutic play session and 53 practitioners (30 settings) have benefited from guided discussions to implement learning.</p>
<p>5. We will publish clear guidelines on how to</p>	Green	<p>The Reading Job Centre Employment Advisor, co-located with BFfC, works closely with Children's Centre to provide parents/carers with informal opportunities to discuss benefits and work. This includes one off benefit checks and 1-2-1 tailored support. 16 families have been provided with tailored</p>

Action name	Status	Commentary (100 word max)
access financial help; tackle stigma around this issue where it occurs.		support with two parents being supported to return to work. The Employment Advisor also acts as a link with Job Coaches ensuring they are up to date with information on funded childcare provision. FIS has dedicated sections for childcare and family money. These sections include information on funded childcare, debt management and universal credit.
6. Develop a speech, language, and communication pathway to support the early identification and low-level intervention to prevent later higher cost services	Green	There has been an overall 38% reduction in referral to speech and language therapy, contributing to a reduced waiting list and time for children. The Speech and Language Champions scheme is now in its second year with 43 champions enrolled in the programme. There has been an overall improvement in champions confidence levels including 90% reporting an increase in confidence in creating communication friendly environments. The Wellcomm speech and language tool has been piloted and reviewed by the Best Start for Speech, Language, and Communication multiagency working group. 45% of children who had a review using the Wellcomm tool made progress.
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	BFFC Children's Social Care and Health completed joint work on pre-birth assessments for those children where there are safeguarding concerns. In addition, the work completed by BWSCP. There is close working established with Children's Centres, maternity services, and health visiting. BFFC has two staff focused on supporting families pre-and post-birth (Infant Coordinator and Infant Family Support Worker). They work closely with midwifery both in the hospital and the community.

Priority 3 - Key indicators (No new updates)

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)
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

Indicator name	Source	Published/Local	Frequency	Baseline	Target	Most recent	Date reported	Benchmark
% 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 <i>(No new updates)</i>	NA
Uptake of trauma-informed training by Early Years practitioners in quarter	Brighter Futures for Children	Local	Quarterly		100	204	16/06/2023	NA

PRIORITY 4: Promote good mental health and wellbeing for all children and young people, 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	Whole School approach, provided by the following teams: 2 Mental Health Support Teams offering early intervention and training for mild to moderate needs. Primary Mental Health Team offers consultation, training and more intense therapeutic work with CYP with mild to moderate needs.
2. Support settings and communities in being trauma informed and using a restorative approach	Green	Reading schools are supported in using the Therapeutic Thinking Schools approach. Regular network meetings are held to help support trauma informed and Therapeutic Thinking in practice.
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	Amber	<p>Inequalities in mental health work is continuing, with focus groups with CYP and meetings with community and faith leaders.</p> <p>We have explored how racially diverse communities may experience barriers to accessing mental health services. Through participatory research over the past year, we have been able to identify some areas for improvement, and provide advisory documents to BFFC partners, schools and the wider community about how to support individuals from racially diverse backgrounds within their organisations/the community. There are also several projects that are being developed to help address health inequalities. For example, a Racial Equity Agreement that schools in Reading can sign up to, and a centralised area of on the BFFC website, designed to support racially diverse families and CYP.</p> <p>Over the coming year, this work will extend to focus on school exclusions as this has been identified as a key area disproportionately impacting on CYP from an ethnically diverse background. CYP who identify as LGBTQ+ are also at increased risk of a wide range of mental health challenges, including depression and anxiety (Just Like Us, 2021). Work is also planned to explore how organisations and services (such as the MHST) can develop to further support the LGBTQ+ community and to develop and create similar resources and links with the LGBTQ+ community to those developed for CYP from a racially diverse background and help to provide clarity for those supporting vulnerable groups such as these.</p>
4. Develop an easy to navigate local mental health and emotional wellbeing offer for children, young people, parents, carers and professionals/practitioners.	Amber	Berkshire West/ BOB project feedback is being analysed.
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	Reading is an Autism Education Trust training hub, and the training is being rolled out across schools. See inequalities project above.
6. Recovery after Covid-19/ adolescent mental health	Green	The Emotionally Based School Avoidance (EBSA) project is being well received by schools and families, with some data on progress indicating the success of CYP and families in using this support.
7. Local transformation plan	Green	Priorities in place and monitored.

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)	3.5% (2022)	April 2022	3.0% (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)	64 per 10,000 (2021)	April 2022	70 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, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Raise mental health awareness and promote wellbeing	Amber	May is Mental Health Awareness Week, we ran a month long communications campaign focusing on local support available to residents across a range of different themes including: physical activity, green spaces, debt, anxiety, mental health crisis support. The crisis support content in particular, saw good engagement, highlighting the need for this provision. The Annual Mental Health Inequalities Conference hosted by the Community Wellbeing Hub and Berkshire Healthcare Foundation Trust was well attended and featured stories of lived experience as well as the promotion of available support.
2. Address social factors that create risks to mental health and wellbeing, including social isolation and loneliness	Amber	Some key needs have been identified by members of the Mental Wellbeing Group that are relevant for this action, including a gap in provision around targeted support for adult males at risk of offending who may also have mental health conditions, substance misuse, multiple disadvantage and trauma. The mental health need for refugees and asylum seekers is also an area that has become increasingly prevalent with a business case proposal for a targeted mental health specialist team developed by Berkshire Healthcare Foundation Trust, but funding is yet to be identified. The refugee and asylum seeker housing support team at RBC have also now coordinated a regular refugee support panel meeting for partners working with this cohort (including voluntary sector) to work together at casework level to ensure individuals are accessing necessary and appropriate support, including mental health support.
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	Amber	Work continues in supporting groups identified as at greater risk of experiencing mental health challenges and inequalities with voluntary sector groups offering more support around early identification and intervention including the Community Wellbeing Hub (CWH) launching a new weekly support session for women to support with wellbeing which is largely attended by women from ethnically diverse backgrounds and with refugee or asylum seeker status. Reading Community Outreach Service has also launched their mental health support offer which now includes group support sessions and referral pathways have improved, with the services manager connecting with groups such as the one at the CWH, raising awareness of this service.
4. Foster more collaborative working across health, care and third sector services to recognise and address mental health support needs	Green	The Social Prescribing Forum continues to be delivered by Reading Voluntary Action with the next event in July. This is an opportunity for health, adult social care, wider local authority departments and voluntary sector colleagues to come together, including a 'speed networking' style event which will foster new relationships. The Adult Social Care Mental Health Reablement team presented at the last Mental Wellbeing Group and were well received with lots of interest and support from members of the group, and this has led to new partnerships and links forming.
5. Develop and support peer support initiatives, befriending and volunteer schemes, particularly recognising the impact of Covid-19 on smaller voluntary sector groups	Amber	Reading Voluntary Action continue to deliver their Chat, Connect Befriend programme promoting volunteering and befriending across the borough. They also continue to lead the Befriending Forum which most recently had presentations from NHS Check In and Chat service which offers one- off and short term telephone befriending.
6. Build the capacity and capability across the health and social care workforce to prevent mental health problems and promote good mental health	Amber	Mental Health First Aider training and broader Mental Health Awareness training was completed by a range of partners including internal RBC colleagues and broader voluntary and community sector partners as part of the Physical Activity for Mental Health (PAMH) Partnership project. This funding has now finished and new funding must be sought to continue this training programme. A team member is gaining accreditation to deliver the Suicide First Aid Lite training with the first trial session taking place this month with internal RBC colleagues. Making Every Contact Count training continues to be delivered in partnership with BOB ICB colleagues with recent sessions delivered to Cancer Champions and RBC colleagues.

Action name	Status	Commentary (100 word max)
7. Support people affected by Covid-19 with their mental wellbeing and associated loneliness and isolation	Amber	This priority continues to be delivered through training programmes delivered by members of the Mental Wellbeing Group including Berkshire Healthcare Foundation Trust, Wellbeing Matters team (NHS), Reading Voluntary Action, Community Wellbeing Hub and the Public Health and Wellbeing Team.
8. Develop local metrics to measure progress linked to Reading Mental Health Needs Assessment	Amber	The Mental Health Needs Assessment continues to develop, a data report has recently been drafted and focus groups will take place in the next 6 weeks alongside 3 surveys for people with lived experience of mental health problem(s), people caring for someone with mental health problem(s) and professionals supporting people with mental health problem(s).

Priority 5 - Key indicators

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	0.9%	June 2023	
% people in Reading diagnosed with depression	Connected Care (via ICS Insights Evaluation Dashboard)	Local	Quarterly	9.8% (5 th May 2022)	NA	10.1%	June 2023	
Drug and alcohol outreach performance - % accessing treatment	Public Health	Local	Quarterly	Q1 - 75.00%	To be agreed (higher is better)	64%	15/6/2023	
Drug and alcohol outreach performance - % retained in treatment	Public Health	Local	Quarterly	Q1 - 83.00%	To be agreed (higher is better)	86%	15/6/2023	
Drug and alcohol outreach performance - % receiving a health intervention	Public Health	Local	Quarterly	Q1 - 83.00%	To be agreed (higher is better)	86%	15/6/2023	

Indicator name	Source	Published/Local	Frequency	Baseline	Target	Most recent	Date reported	Benchmark
Self-reported wellbeing - % people with high anxiety	OHID	Published	Annual	24.49% (20/21)	24.15% by 22/23 (lower is better)	22.6% (21/22)	1/12/2022	22.6% (21/22) 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)	4.2% (21/22)	1/12/2022	8.4% (21/22) England
Self-reported wellbeing - % people with low satisfaction	OHID	Published	Annual	5.3% (21/22)	Review when updated by OHID (lower is better)	5.3% (21/22)	1/12/2022	5.0% (21/22) England
Self-reported wellbeing - % people with low worthwhile	OHID	Published	Annual	5.3% (21/22)	Review when updated by OHID (lower is better)	5.3% (21/22)	1/12/2022	4.0% (21/22) 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