

READING HEALTH AND WELLBEING BOARD

Date of Meeting	11 October 2024
Title	Health and Wellbeing Strategy Quarterly Implementation Plan Narrative and Dashboard Report
Purpose of the report	To note the report for information
Report author	Mary Maimo
Job title	Public Health and Wellbeing Manager
Organisation	Reading Borough Council
Recommendations	<p>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 Appendix 1, 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 1) contain a detailed update on actions agreed for each implementation plan and the most recent update of key indicators in each priority area.

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 2024/25 is therefore as follows:

Health and Wellbeing Board	Narrative updates - selected tasks and priorities	Data refresh
October 2024	✓	✗
January 2025	✓	✓
March 2025	✓	✗

3 The Proposal

3.1 Overview

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

This priority is being led through the Reading Integration Board (RIB), which has a programme of projects which are focused on ensuring people get the right care at the right time and in the right place. A Population Health Management approach is used to identify areas/groups of people where

there are differences, e.g., life expectancy and disease prevalence. The Programme of work includes a range of projects to support people who may find it more difficult to access services, and as a result there is a difference in their expected health outcomes. Through the Better Care Fund we commission services to support people who are experiencing Dementia, Young Onset Dementia and Stroke recovery. This is alongside a range of community-based projects that support us in addressing these gaps and reaching into communities to reduce the impact of difference and support positive outcomes in addressing health and wellbeing needs. Grants provided in 2023/24 covered a range of community-based services to address inequalities:

- **ACRE** – Providing Light Exercises, Cultural Storytelling, Cooking and sharing meals, Sewing & Dressmaking, Community Garden, Day trip to a place of Interest.
- **Coffee & Chat** - Providing Baking sessions for diabetic widower's and single men, Men's Evenings, Baking club for young/new mothers, Baking club for adults
- **Daybreak Family Group Conferences** - A 12-month pilot programme of Family Group Conferences to support an individual's Care Plan and to form part of the wider package of care delivered by existing multi-disciplinary teams
- **Get Berkshire Active** - A reconditioning programme which aims to improve the fitness and strength of older people identified by Age UK Berkshire and Social Prescribers and referred to Get Berkshire Active.
- **Reading Mencap Family Health advisor** - To help clients maintain and improve their physical and mental health through the provision of information, advice, casework and practical support.
- **Mustard Tree** - Support for rising numbers of young people aged 11-25 admitted to A&E at the Royal Berkshire Hospital who are clearly identified and admitted due to violence, substance abuse or misuse, mental health, or risk-taking behaviour.
- **Parents & Children Together** – Supporting victims of domestic abuse through expanding a pilot project with the Royal Berkshire Hospital (RBH).
- **Reading Gateway Church - Parish Nurse** - combats loneliness, by improving the health and wellbeing of individuals, supporting those with mental health issues, by providing health advice, signposting to additional assistance and combatting hoarding
- **RVA** - deliver an 18-month programme of 12 face to face training and awareness sessions (comprising 240 places) to wellbeing practitioners across Reading's voluntary and community sector (VCS), delivered by trusted trainers commissioned by RVA.
- **Together for Mental Wellbeing** - A community project providing drop-in sessions in community halls in deprived areas in the borough as well as in the Reading Walk-in clinic.

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

Our Community Wellness Outreach project continues and operates on both a drop in and appointment basis. In Reading we know we have large cohorts of people that have not had an NHS Health Check and who are at higher risk of poor health outcomes. ONS Census (2021) shows that there is a larger proportion of people from an Indian, Pakistani, Asian or African ethnicity in Reading, compared to the ratios for England, and 49% of people seen are from these ethnic groups, which will enable preventative support to be provided and reduce likelihood of developing more serious conditions. There has been a strong uptake of the offer, in July 64% of people attended after receiving the referral message from their GP, out of a total of 266 people seen in July. The data as at the end of July indicates that there have been 1084 Health Checks. Of the cohorts seen 68% of people were found to have very high/high body mass index (BMI) scores, 23% had high or very high blood pressure and 25% with high blood glucose levels, a pre-indicator of diabetes. The usual age range for the NHS Health checks is from 40 years to 74 years. This project has delivered the checks to everyone over 18 years of age in Reading in order to take an early detection and prevention approach. So far 28% of people have been below age 40. The service has received a lot of positive feedback on the impact in communities and this statement demonstrates how important the project is: *“Thank you so much for your help with our Ukrainian client who came in for a health check with you. The lady saw her doctor that same day, they took her blood pressure and arranged for her to have a phone translator and explained the risk of elevated blood pressure again. She was given a prescription for some tablets and a follow up appointment was arranged for her, too. I saw her again a few times and she was so grateful for your help and concern. She would never have gone to see her doctor about it without your advice. (Resettlement/Outreach worker - Ukraine).”*

Priority 3 – Help families and children in early years

Priority 3 has three renewed strands following a review of the implementation plan in Spring 2024; developmental work has been underway around the identified areas for some time however these have now become priority areas. There is a current refresh of the early help strategy and imminently there will be a tactical group created that will seek to further drive and develop the strands alongside the One Reading Partnership under this priority area.

Dedicated activity remains underway to increase the number of 2 year olds (who experience disadvantage) accessing Nursery places across Reading.

There is a commitment across the partnership to increase and develop the support available for children with SEND needs in early years (at home and those accessing early years provision). There is a focus on developing and shaping services to meet emerging SEND needs early to enable children to access mainstream provision with the right support and to equip staff to support children and their family in the best way. We see the number of requests for Education Health and Care Plans continue to rise and demand for statutory and specialist services increase. The actions identified seek to support emerging needs with a view to meet need, minimise problems escalating and reduce the demand for high cost interventions as children grow.

The third main strand of priority 3 is a focus on the availability of and access to information for vulnerable families in regards to community based, targeted and statutory services. Reading Borough Council is a Council of Sanctuary and information needs to be freely available on what support and services are available for families with young children across all demographic groups and immigration status, including those who have no recourse to public funds. Reading serves a richly diverse community with nearly 60% (57.8%) of children of Global Majority heritage of which the largest groups are those from White Other (10.3%) and Asian Indian (12.9%). Nearly 40% of children in primary schools speak English as an additional language (22.8% nationally) whilst at secondary level around 32.3% (18.6%) do so. There are more than 150 different languages spoken throughout the reading community; information needs to be accessible and available to all on the help and support available to improve health outcomes.

Furthermore oral health in early years has been identified as an area which would benefit from targeted focus and activity across the partnership. The 2024 Public Health report and Dashboard indicate tooth decay rates for children in Reading are higher than across the England average. Steps are being made to consider what focused activity should be undertaken, when, where and how; and how this will be measured across the One Reading Partnership to align with other activity already in place.

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

We have Task & Finish groups in place for the following priorities: (i) Suicide Awareness and Prevention (in partnership with Public Health). (ii) School attendance and mental health. (iii) Inequalities in Mental Health relating to global majorities and heritages. (iv) Inequalities in Mental Health in relation to Neurodiversity. (v) Trauma informed approaches and Therapeutic Thinking Schools. (vi) Supporting parents and carers and community groups for children and young people's mental health. (vii) Supporting Head Teacher and school staff mental health and emotional wellbeing (viii) partnership working for children and young people's mental health including digital counselling offer.

The Consistent Approaches to the Mental Health and Emotional Wellbeing for Children and Young People Group has focused on the following: inequalities in emotional health and well-being. 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. Following the previous report to the Health & Wellbeing Board, the Board is asked to note that the Emotionally Based School Avoidance service has finished its period of dedicated funding has come to an end.

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 BfFC school based mental health support offer is provided by two Mental Health Support Teams, the Primary Mental Health Team 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.

Particular attention has been given to the experience of children and young people receiving these support and impact on outcomes. The impact and effectiveness of the Mental Health Support Teams is notable. For example, the experience of working with MHST colleagues demonstrates that the majority of respondents (61%) rated their experience of working with MHST staff as 'excellent'; 24% rated their experience as 'very good' and 14% gave a rating of 'good'. The feedback collected demonstrates that the service provided by the MHST has been overwhelmingly positive and effective in meeting the needs of users. Many children and young people highlighted the usefulness of practical strategies, particularly around managing anxiety, stress, and emotional wellbeing. Techniques such as hand breathing, grounding exercises, and specific workshops on topics like self-esteem and separation were frequently mentioned as valuable. Similarly, impact on outcome data demonstrates a marked emotional health improvement for children and young people receiving MHST support. For example, the trailblazer MHST, 96% of children reported progress towards meeting their goals and 78% of children and young people showed an improvement in at least 1 RCADS subscale and were also below clinical threshold at the point of closure. 88% of children/young people report at least one RCADS subscale below clinical threshold at the end of the intervention. Similarly in the Wave 5 MHST, 100% of children/young people reported progress to their goals and 83% of children and young people showed an improvement in at least 1 RCADS subscale and were also below clinical threshold at the point of closure and the end of the support. 83% of children/young people report at least one RCADS subscale below clinical threshold at the end of the intervention.

In partnership with Berkshire, Oxfordshire and Buckinghamshire (BOB) ICB and through the development work associated with SEND (Special Education Needs and Disabilities), we have identified that there is opportunity to reconsider the emotional and mental health system, moving from a traditional medical model of diagnosis and treatment to a more preventative model of whole system support, which is well developed in Reading schools as outlined above. There is also commitment to begin a more strategic conversation about the approach to commissioning across the system (BfFC, RBC and ICB).

Priority 5 – Promote good mental health for all adults

All action areas under Priority 5 are progressing well and much of the work has become part of business as usual, delivered through the activities of the partner agencies of the Mental Health and Wellbeing Network. One of the two areas that were previously amber has changed to green as the Community Health Champions develop further their collaborative work with local community groups and organisations. Unfortunately, the final drafting of the Mental Health Needs Assessment has been delayed again due to capacity issues, but it is anticipated that the recommendations from this will be summarised and shared with the network's next meeting in October.

The past quarter has been busy with responding to the outputs of the workshop sessions at the Health and Wellbeing Strategy Annual Conference in July and the facilitation of two task and finish groups which were requested by the network at their April meeting. These have been focused on two central themes: Mental Health Literacy and a Primary Prevention Approach to loneliness and physical activity. The work has concluded now but may resume after the commissioning of Closing the Gap 2 which involves the commissioning of local voluntary community organisations to achieve public mental health outcomes in Reading and represents the largest grant investment to support the aims of Priority 5.

The Reading Suicide Prevention Action Planning group has continued to meet quarterly. The group contributes to the promotion of good mental health for adults through its collaborative efforts that

have led to the production of the Suicide First Aid Toolkit for frontline workers, delivery of Suicide First Aid training and support for the installation of additional barriers on high rise carpark in Reading.

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

Health & Wellbeing Implementation Plans Narrative Update



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	Ensure Service Policy reviews and proposals for new services and policies undertake Equality Impact Assessments, which also consider the impact on Climate.
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	Ensure Services are delivered as far as possible, close to the communities that they are designed to serve, and are accessible via public transport, and also consider the impact on Climate. The Better Care Fund will offer Grants for Community based projects to meet the Health and Wellbeing needs of the localities, taking a Population Health Management (PHM) approach.
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	We use a Population Health Management approach to identify people at risk of poorer outcomes, sharing information with system partners to enable risk stratification and identify service gaps. We continue to use the JOY App and Market-Place for referrals and signposting and use Connected Care and the Berkshire West Inequalities Dashboard to identify groups of people who may be at risk of poor health outcomes.
4. Ensure an effective programme of NHS Health Checks and follow up support services that are designed to meet the needs of all people in the community, ensuring appropriate communication and engagement methods that are culturally sensitive.	Green	We are running a Community Wellness Outreach service which provides NHS Health Checks in community settings where uptake has been previously low. The focus is on 'place based' support services, where possible, including those offered by RBC, particularly those 'free at the point of use' - green spaces, libraries, some leisure facilities, Reading Green Wellbeing Network programmes. Hospital navigators supporting people into long-term mentoring. Outreach to faith-based organisations to build a network of 'Community Advocates', providing pastoral support to local communities.
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 work closely with Voluntary and Community sector partners in this area such as Association for Cohesion and Racial Equality (ACRE) and Reading Community Learning Centre, as well as Whitley Community Development Association and other community groups based within and reaching into communities to build trust and enable access to appropriate services to meet their needs. The JOY platform is used across Reading to enable easy referral to services and to identify gaps in the marketplace that can be highlighted together with the data that identifies a need. Our Place Based Partnerships team, New Directions College and Compass Recovery College also work in partnership with these organisations and communities to provide an integrated and collaborative approach to addressing challenges.
6. Ensure fairer access to services and support for those in most need through effective signposting, targeted health	Green	The Social Prescribers and Community Health Champions are key to building relationships with people in our communities, and in particular within our ethnically diverse populations to support and enable education about health and wellbeing and to promote screening programmes and health checks that are being delivered locally in communities - providing the information and encouraging engagement in the areas where people are most in need. These health and education programmes, and screening programmes are being well attended and feedback from community members has been very positive as being

<p>education and promoting digital inclusion, all in a way that empowers communities to take ownership of their own health.</p>		<p>located within the community has made them more easily accessible. People are encouraged and supported to use the NHS App, and to find information and advice about what they can do to maintain or improve health and fitness. Information can be provided in different languages and mediums in order to reach different communities based on their 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>There are a number of organisations supported through commissioned contracts, and smaller community grants for faith based and community organisations that specifically support people at higher risk of bad health outcomes. Pastoral support is provided alongside education about health risks and what opportunities there are to reduce risk and improve outcomes. The Parish Nurse project through Reading Gateway Church is a great example of community focused activities and provision of pastoral support. Communicare provide information and advice on benefits and other financial welfare issues, and we work with community leaders in our faith-based settings to ensure there are opportunities for people to access these services in a way that best meets their needs.</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>People who were at higher risk of poor outcomes due to contracting Covid-19, and leading to Long Covid or other complications are supported through the Long Covid programme being delivered by Primary Care. Our primary care and voluntary and community sector providers continue to be key participants in identifying health inequalities, especially those that were exacerbated by COVID-19, and enable onward referrals to appropriate support services. The JOY App is being used extensively across Primary Care and Social Prescribing services enabling people to access the right activities and information for them and a programme of delivering Health Checks in community settings to reach into communities is being delivered.</p>

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	The Community Wellness Outreach project of delivering NHS Health Checks in ethnically diverse communities, where there are higher levels of deprivation, are a key aspect of the work being undertaken to support people at higher risk. We are working with Primary Care services who sending messages to people in the target groups, who have never had a health check, as we know that if conditions go undetected then there is a higher risk of developing long term conditions such as diabetes and heart disease. Once someone has attended one of the Community Wellness Outreach sessions, they can be supported by the Social Prescribers for referral to other services to support their wellbeing.
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 has undertaken a self-assessment exercise ahead of applying for Dementia Friendly Community status with Alzheimer's Society and the data from the self-assessment is currently being processed. The steering group are exploring opportunities to develop a borough wide Dementia Friends training programme and supporting organisations (including RBC) with Dementia queries and advice. Our Community Health Champions are working with our Voluntary and Community Sector partners to build relationships and confidence with people to know what support and information is available to them, and we fund Young People with Dementia services to provide activities, advice and information for people with early onset dementia to enable them to remain active and engaged within their communities.
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	The Unpaid Carer's Strategy has been implemented and we have funding through the Accelerating Reform Fund to develop pilot projects for Carer's Breaks and Identification of Unpaid Carers. We have a co-production group of people with lived experience and who are currently Carers, to support the development of the proposals for Carer's Breaks and the service scope is in the process of being completed.
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	At Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System level, a joint review has been commissioned and is ongoing across our five 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. The team are continuing work 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. Rough sleepers will also be able to access the NHS Health Checks being delivered through the Community Wellness Outreach sessions in a variety of locations across Reading. We work with voluntary and community sector, Police and local services to identify rough sleepers in the locality and engage with them through Outreach, to identify and provide appropriate support for their wellbeing.
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 continue to work closely with our Voluntary and Community 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. Provision of appropriate safe environments to support people affected by domestic abuse. Local media campaigns to advertise the range of Domestic Abuse support available to both men and women using online resources such as the Reading Services Guide, local newspapers, Reading Borough Council's Facebook and Twitter networks.
6. Support people with learning disabilities through working with	Green	Reading are currently performing better than the England average for supporting people with a Learning Disability into employment. We continue to work closely with our Voluntary and Community Sector partners, some of whom are specialists in supporting people with Learning Disabilities, who are

voluntary organisations in order to concentrate on issues that matter most to them.		involved in a range of forums to enable engagement and feedback. We have continued to fund a part-time Outreach worker post and have contributed to the Autism Strategy for Berkshire West. We also have the Compass Recovery College which provides free training and information for people with both low-level mental illness and long-term conditions affecting their mental health, including Learning Disabilities.
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PRIORITY 3: Help families and children in early years, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading	Amber	<p>As of April 2024, the first cohort of eligible 2-years-old children have been able to access the expanded Working Parent Entitlement (WPE) of 15 hours a week. The Early Years team are monitoring the impact this may have on take up of the eligible Targeted 2-year-old children.</p> <p>In July 2024, a survey was sent to families of eligible Targeted 2-year-olds who were <u>not</u> registered with a Reading provider for Summer 2024; responses to the survey were largely positive, and for 78% of children not registered in Summer 2024, families confirmed these children would be starting a place from September 2024.</p> <p>Take up of the Targeted 2-year-old funding for Summer 2024 was at 60%, however, 5 eligible Targeted children ‘switched’ and were instead claimed as a WPE child; therefore potential take up would have been 61%.</p> <p>Below are some quotes from families whose children were accessing a provider at the time of the survey</p> <ol style="list-style-type: none"> 1. <i>‘My girl has anxiety separation but took her extra two weeks then anyone else to settle but she is now loving nursery best thing we did is the two year funding she is very forward in learning even more help from the nursery it’s been great’</i> 2. <i>‘I’m very happy that our child is eligible, everything with application was easy and fast and this is very big help and support for us.’</i> 3. <i>‘I am very grateful for the 2 year funding as it gives my son an opportunity to experience and explore new activities in a caring and fun environment. The 2 year funding also gives my son an opportunity to make new peers and be able to socialise with other children. Thank you so much for the funding and I appreciate it!’</i> 4. <i>‘I am grateful to Brighter futures for children as my child needed this time out from home and I didn’t know where she can go. Nursery was the best place where I could send her and thanks to God I got the funding and my daughter is having lots of fun and learning in this setting’</i> 5. <i>‘I think the 2 year old funding is great and really helps parents out too.’</i>
2. Increase and develop the support available for children with SEND needs in early years (at home and accessing early years provision)	Amber	<p>In regard to support for families with children with or without a diagnosis of Special Educational Need, support for early years SEND advisors and Portage continues to be needs led. 8 children transitioned from Norcot (acorn room) to mainstream school this July. The speech and language pathway has been clearly communicated to all stakeholders and webpages have been updated with current information for parents and practitioners. There will be a new introduction to SLCN in the early years training running in October 2024 and there is continued access to the individual topics of SLCN through the SALT training workshops. An Inclusion Award has been relaunched and 8 settings have expressed interest in completing their Level 1. Training on early years has been highlighted as needed for early help and community- based professionals. This will be achieved by upskilling staff through early years training courses in SEND and Communications – the whole 0-5 workforce by October 2024 (to also include a service feedback session to share knowledge).</p> <p>All staff are Level 3 and above in Child Development or relevant qualifications. All targeted family help staff have knowledge on where to signpost families internally and externally.</p>

Action name	Status	Commentary (100 word max)
		<p>Tiny Talkers and Time for Twos are SEND specific groups families can access for emerging communication needs and for transitioning to nursery. A target for Quater 2 is to increase attendance at Children’s Centres (transferring from referral to access to service / completion of course). SALT are meeting with Family Help staff (to observe and feedback / upskill).</p> <p>Every activity that is offered within Children’s Centres has been developed in line with the Early Years Foundation Stage Curriculum: this underpins the way in which Family Help 0-5 offer their service to ensure that whether there are emerging, current or no SEND needs, each child and their family get the appropriate support at the right time.</p>
<p>3. Promote availability of information for vulnerable families in Reading, including those with no recourse to public funds</p>	<p>Amber</p>	<p>By December 2024 a Pilot Family Hub in an area of high deprivation will be launched to ensure families have access to a more integrated 0-1 and targeted 0-5 service without stigma (family help).</p> <p>In Summer 2024, Brighter Futures for Children confirmed the timeline for launching the Pilot Family Hub at Ranikhet Children’s Centre from March 2025. BFFC Family Help are already in the process of adapting its offer to families across Reading by ensuring need is viewed through a poverty lense and providing specific support in relation to identified community needs. For example, Breastfeeding support has been launched alongside baby-weighing which can be accessed universally. Health Visiting Services are conducting a review to ensure these are accessible to all.</p> <p>The offer of resources and community groups will be reviewed every 3 months; the Children’s Centres Co-ordinator will discuss as agenda item three monthly. This includes a review of quarterly targets such as; increasing the reach within communities resulting in an increase in attendance at Children’s Centres and groups held within.</p> <p>There is regular liaison with the Family Information Service to ensure information is shared through FIS/SEND Local Offer and BFFC Comms team; and family help will work with partner agencies and RBC regarding any events where information can be shared further and in a community setting. Family Help have requested a list of events by that are taking place over 24/25 and they will attend these events where appropriate, sharing information about services, collecting contact data to evidence uptake.</p> <p>Family Help are planning an under 5s staff workshop to explore the current understanding, gaps in knowledge and seek out relevant training and support to upskill. This could entail the Citizens Advice Bureau/No Recourse to Public Fund Network/Care4Calais charities offering a Lite Bites session to offer some structured training / workshops. We will hold the meeting in September and action from this address by December 2024. In lieu of the workshop not yet being held, information and resources has been shared throughout the workforce to increase understanding of resources and process which underpin support offered to families with NRPF.</p> <p>A joint protocol has been developed between Housing and Family help and Partnerships at Brighter Futures for Children to set out the mutual responsibilities to support families that are at risk of homelessness or have been made homeless.</p> <p>Training needs to be made available to the wider workforce/partnership that provides information on the legal framework, eligibility and support available for families with no recourse by end of 2025. Some of the Brighter Futures for Children workforce have received the training however not all; this is part of the Brighter Futures for Children training programme.</p> <p>An area to explore further is the health literature and information available in terms of access to health services, including dental health where a family has no recourse to public funds.</p> <p>The Children’s Single Point of Access (front door to safeguarding and Family Help at Brighter Futures for Children) are in the process of granting access to and training on using NRPF Connect, a data base which allows checking of an individual’s immigration status. Access should only be granted where necessary, however this will enable an accurate picture of a family’s legal eligibility for front door practitioners to guide the appropriate advice and support offered to them at that time.</p> <p>There is a clear policy and process map for Children’s social care in regards to when S17 (Children Act 1989) can be utilised to support a child’s needs such as that of accommodation.</p> <p>Family help are meeting with the RBC Community and Engagement Officer to explore and understand the gaps of understanding in our pathway and eligibility where English is a second language (for example). From this, we will ensure we work with the community, RBC, and other organisations to update our pathway and eligibility information- by December 2024.</p>

Action name	Status	Commentary (100 word max)
		<p>Following the training / upskilling of the workers and hopefully successful pilot of Family Hub then roll out to area 2, family help will then provide a clear poster / updated information on our BfC website regarding specific support and advice for NRPF families, including this being available in several key BAME languages – By Feb 2025.</p> <p>As above, this is an action that falls into a domino effect of work – in order to update our key information there is some dependency on policies / protocols being updated and the journey of a service user understood, whilst simultaneously considering this within the transformation project of Family Hubs.</p>

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	Our 2 Mental Health Support Teams and our Primary Mental Health Service, alongside our Educational Psychologists, continue to promote whole school approaches to mental health, and offer a range of training and workshops to nursery, school and college staff. Impact on outcome data and the feedback from children and young people demonstrates a positive experience of these services and improved outcomes for the children.
2. Support settings and communities in being trauma informed and using a restorative approach	Green	Through the development of new SEND resources for schools significant guidance on managing social and emotional ill health needs at ordinarily available (OAP at universal level) and in Graduated Responses (GR) to children with more significant needs in partnership between BfFC and ICB leaders, has been developed and will be launched in October.
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	Co-production continues to progress and parents/caregivers and young people have been working closely with BfFC to co-produce the new guidance for schools and the wider system in the OAP and GR resources, which includes emotional health specific guidance for schools staff, early years settings and the wider partnership. Co-production has included senior leaders for children's services in BfFC sitting alongside children, young people and parents/carers to listen to their experiences, an EDI cultural humility approach has been taken to these conversations and associated child level audit activity.
4. Develop an easy to navigate local mental health and emotional wellbeing offer for children, young people, parents, carers and professionals/practitioners	Green	There is current early system consideration of whether a partnership emotional health triage system would be of benefit to Reading's children in line with national best practice, early scoping discussions are underway
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	The targeting of BfFC resources is currently subject to review, following the strategic system analysis associated with SEND developments.
6. Recovery after Covid-19/ adolescent mental health	Green	The initial impact of the EBSA team (funded until March 2024) demonstrates that of 39 young people (aged 11-16y) and 36 have returned to education, at an average cost of £6400 per child. The children's attendance and mental health continues to be tracked for longitudinal impact.
7. Local transformation plan	Green	In place and embedded in BOB ICB strategic planning

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	Green	This action is now business as usual. The Public Health Communications contract with Blue Lozenge continues to have mental health and wellbeing and suicide prevention as priorities for the current year. An upcoming example in the coming quarter will be the launch and promotion of the Staff Suicide Prevention First Aid Toolkit. This supports frontline staff to respond effectively to expressions of suicidal ideation, to effectively support and signpost those in crisis while self-caring.
2. Address social factors that create risks to mental health and wellbeing, including social isolation and loneliness	Green	This action has become part of business as usual through the Reading Community Health Champions network and the Mental Health and Wellbeing Network. Further work on a primary prevention approach to mental health and wellbeing is under consideration following the completion of the two recent task and finish groups. This will be progressed through the development of the commissioning specifications for the mental health components of Closing the Gap 2.
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	Green	This action falls within the scope of the Mental Health and Wellbeing Network's oversight of the implementation of priority 5. It has also become part of business as usual through the Reading Community Health Champions network. See also the comment above about the commissioning of Closing the Gap 2.
4. Foster more collaborative working across health, care and third sector services to recognise and address mental health support needs	Green	Collaboration is the basis of the Mental Health and Wellbeing Network's oversight function for the implementation of Health and Wellbeing Strategy Priority Area 5. The agenda for the quarterly meetings considers and plan effective collaboration between existing and newer partners.
5. Develop and support peer support initiatives, befriending and volunteer schemes, particularly recognising the impact of Covid-19 on smaller voluntary sector groups	Green	Work with smaller voluntary sector groups continues through the Reading Community Health Champions Network. Befriending and Volunteer schemes from part of the offer from partners across the Mental Health and Wellbeing Network.
6. Build the capacity and capability across the health and social care workforce to prevent mental health problems and promote good mental health	Green	This action is business as usual progressed through the Mental Health and Wellbeing Network. Opportunities to invite new partners from the Voluntary Community and Social Enterprise sector are continually under discussion following the annual conference and workshop activities and in advance of the commissioning of Closing the Gap 2.
7. Support people affected by Covid-19 with their mental wellbeing and associated loneliness and isolation	Green	This action has become part of business as usual through the Reading Community Health Champions network and the Mental Health and Wellbeing Network. Loneliness and isolation have been under consideration by a Mental Health and Wellbeing network task and finish group that has now concluded and will be taking findings to the next meeting of the Mental Health and Wellbeing Network.

Action name	Status	Commentary (100 word max)
8. Develop local metrics to measure progress linked to Reading Mental Health Needs Assessment	Amber	The initial draft of the mental health needs assessment is still in the final stages of preparation. The capacity for additional analyst to support this work will be resolved when the new public health and wellbeing team operating model is completed in Q4 2024. The draft is being proofread and recommendations will be shared with the next quarterly meeting of the Mental Health and Wellbeing Network.