

# Notice of Meeting

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## Health and Wellbeing Board

**Thursday 28 September 2017 at 9.30am**  
in Council Chamber Council Offices  
Market Street Newbury

Date of despatch of Agenda: Wednesday, 20 September 2017

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jo Reeves / Jessica Bailiss on (01635) 519486/503124

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Further information and Minutes are also available on the Council's website at [www.westberks.gov.uk](http://www.westberks.gov.uk)



**Agenda - Health and Wellbeing Board to be held on Thursday, 28 September 2017**  
(continued)

**To:** Neil Carter (Group Manager - RBFRS), Luke Bingham (Divisional Director - Sovereign Housing), Garry Poulson (Volunteer Centre West Berkshire), Dr Bal Bahia (Newbury and District CCG), Dr Barbara Barrie (North and West Reading CCG), Dr Lise Llewellyn (Public Health), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Leader of the Council & Conservative Group Leader), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care), Andrew Sharp (Healthwatch), Councillor Rick Jones (Executive Portfolio: Adult Social Care), Councillor James Fredrickson (Executive Portfolio: Health and Wellbeing), Councillor Marcus Franks (Executive Portfolio: Community Resilience & Partnerships) and Jim Weems (Thames Valley Police)

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# Agenda

## Part I

	<b>Page No.</b>
1 <b>Apologies for Absence</b> To receive apologies for inability to attend the meeting (if any).	
2 <b>Minutes</b> To approve as a correct record the Minutes of the meeting of the Board held on 25 May 2017.	5 - 12
3 <b>Health and Wellbeing Board Forward Plan</b> An opportunity for Board Members to suggest items to go on to the Forward Plan.	13 - 14
4 <b>Actions arising from previous meetings</b> To consider outstanding actions from previous meeting(s).	15 - 16
5 <b>Declarations of Interest</b> To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' <a href="#">Code of Conduct</a> .	



**Agenda - Health and Wellbeing Board to be held on Thursday, 28 September 2017**  
(continued)

- 6 **Public Questions**  
Members of the Executive to answer questions submitted by members of the public in accordance with the Executive Procedure Rules contained in the Council's Constitution.  
*(Note: There were no questions submitted relating to items not included on this Agenda.)*
- 7 **Petitions**  
Councillors or Members of the public may present any petition which they have received. These will normally be referred to the appropriate Committee without discussion.

## Items for discussion

- 8 **Community Conversations Update** 17 - 18  
For the Community Anchor in Hungerford to share with the Board their progress regarding the community conversations which have been held.  
  
*This item will also include an update from the Building Communities Together Partnership on progress against the Board's strategic focus to 'increase the number of communities where community conversations have successfully run and local action plans have been jointly developed'.*
- 9 **Alcohol Harm Reduction Partnership Update** 19 - 22  
For the Alcohol Harm Reduction Partnership to provide an update on progress against the Board's priority to 'reduce alcohol related harm across the district for all age groups'.
- 10 **Delivering the Health and Wellbeing Strategy - Q1 Update** 23 - 40  
To provide a summary of performance to deliver the Health and Wellbeing Strategy, present the new performance dashboard, highlight any emerging issues and initiate discussion regarding priorities for 2018.

## Items for Information

*(Note: the items for information are available in a separate document pack)*

- 11 **Better Care Fund 2017-19**  
For the Board to receive the final submission of the Better Care Fund 2017-19 following approval of the draft version on 4 May 2017.



**Agenda - Health and Wellbeing Board to be held on Thursday, 28 September 2017**  
(continued)

- 12 **Berkshire Flu Update**  
For the Board to receive a review of the Berkshire-wide Flu Plan and agreed the actions recommended in the report.
- 13 **Members' Questions**  
Members of the Executive to answer questions submitted by Councillors in accordance with the Executive Procedure Rules contained in the Council's Constitution. *(Note: There were no questions submitted relating to items not included on this Agenda.)*
- 14 **Future meeting dates**  
19 October 2017 – Problem Solving Session  
23 November 2017 – Development Session  
24 November 2017 – Special Health and Wellbeing Board

Andy Day  
Head of Strategic Support

If you require this information in a different format or translation, please contact Moira Fraser on telephone (01635) 519045.



## DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

### HEALTH AND WELLBEING BOARD

#### MINUTES OF THE MEETING HELD ON THURSDAY, 25 MAY 2017

**Present:** Garry Poulson (Volunteer Centre West Berkshire), Paul Jones (Group Manager (RBFRS)), Dr Bal Bahia (Newbury and District CCG), Tandra Forster (WBC - Adult Social Care), Shairoz Claridge (Newbury and District CCG), Councillor Graham Jones (Leader of the Council & Conservative Group Leader), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care), Andrew Sharp (Healthwatch), Councillor Carol Jackson-Doerge (Council Member), Councillor James Fredrickson (Executive Portfolio: Health and Wellbeing), Councillor Marigold Jaques (Council Member), Susan Powell (Building Communities Together Team Manager), Councillor Jeanette Clifford (Executive Portfolio: Highways and Transport) and Judith Wright (Interim Strategic Director of Public Health & Consultant)

**Also Present:** Nick Carter (WBC – Chief Executive), Anees Pari (Acting Head of Public Health and Wellbeing), Jo Reeves (Principal Policy Officer), Lyndon Mead (ACS Programme Manager) and Deborah Joyce (Senior Programme Officer)

**Apologies for inability to attend the meeting:** Heather Bowman, Dr Barbara Barrie, Dr Lise Llewellyn, Rachael Wardell, Cathy Winfield, Councillor Lynne Doherty, Dr Rupert Woolley, Councillor Rick Jones, Councillor Marcus Franks and Jim Weems

#### PART I

#### 48 Election of the Chairman and Appointment of the Vice Chairman

Councillor James Fredrickson was voted as the Chairman and Dr Bal Bahia was voted as the Vice-Chairman of the Health and Wellbeing Board for the 2017/18 Municipal Year.

Councillor Fredrickson announced that he was looking forward to chairing the Board as there was a fantastic strategy in place and a range of brilliant organisations.

#### 49 Minutes

The Minutes of the meeting held on 30 March 2017 and the Special meeting held on 4 May 2017 were approved as a true and correct record and signed by the Chairman.

#### 50 Health and Wellbeing Board Forward Plan

The Health and Wellbeing Board Forward Plan was noted.

#### 51 Actions arising from previous meetings

The Health and Wellbeing Board noted the actions arising from previous meetings.

#### 52 Declarations of Interest

Dr Bal Bahia declared an interest in all matters pertaining to Primary Care, by virtue of the fact that he was a General Practitioner, but reported that as his interest was personal and not a disclosable pecuniary or other registrable interest, they determined to remain to take part in the debate and vote on the matters where appropriate.

Andrew Sharp declared an interest in any items that might refer to South Central Ambulance Service due to the fact that he was the Chair of Trustees of the West Berks

## HEALTH AND WELLBEING BOARD - 25 MAY 2017 - MINUTES

Rapid Response Cars (WBRRRC), a local charity that supplied blue light cars for ambulance drivers to use in their spare time to help SCAS respond with 999 calls in West Berkshire, and reported that, as his interest was personal and not a disclosable pecuniary or other registrable interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

### 53 Public Questions

There were no public questions submitted.

### 54 Petitions

There were no petitions presented to the Board.

### 55 Annual Report from the Director of Public Health

The Board considered a report (Agenda Item 9) which presented the Annual Report from the Director of Public Health. Judith Wright advised that Dr Lise Llewellyn was on long term sick leave and she would be the Interim Strategic Director of Public Health for the Berkshire Shared Team. The subject of the report was avoidable and preventable mortality and had been written by Dr Lise Llewellyn.

The report outlined that nearly a quarter of all deaths could be deemed to have been preventable. The rate of preventable deaths was lower than the national average, and reducing, in both men and women in West Berkshire, however men were still four times more likely to suffer preventable mortality than women. The reason for this inequality might be because men are more likely to get heart disease and historically have smoked at higher rates than women. Dr Bal Bahia noted that men were also less likely to visit a GP than women.

There was a strong correlation between deprivation and preventable deaths and this was likely to be linked with the prevalence of unhealthy behaviours among people living with deprivation. There were eight commonly agreed risk factors that if addressed would reduce preventable deaths; alcohol use, tobacco use, high blood pressure, high body mass index, high cholesterol, high blood glucose, low fruit and vegetable intake and physical inactivity. Judith Wright explained the impacts and possible interventions for those risk factors.

Garry Poulson asked whether the impact was known of vaping on smoking rates, noting the visibility of vaping retail outlets. Judith Wright advised that there had not yet been a longitudinal study to assess the long term impact on overall rates and it was difficult to examine the short term impact as individuals often made independent decisions to take up vaping rather than going through NHS services.

Tandra Forster asked if the Board should be concerned regarding the numbers of young people smoking (9255 people aged 16-34); Judith Wright advised that the rate was a concern and the best method to reduce the number of people smoking would be to stop people from starting. Paul Jones enquired whether data was collected regarding the number of children aged 11 and older, noting that Royal Berkshire Fire and Rescue Service delivered anti-smoking education to children from the age of 11 as behaviours might be embedded by the age of 15. Judith Wright advised that the data came from school health surveys which were conducted with 15 year olds.

Judith Wright concluded that in West Berkshire smoking cessation services saw people at rates which exceeded the national average but there were further opportunities for the system to reduce the levels of smoking. Councillor James Fredrickson enquired what about West Berkshire's interventions were supporting so many people. Dr Anees Pari advised that there were a number of interventions, including a popular play targeted at

## HEALTH AND WELLBEING BOARD - 25 MAY 2017 - MINUTES

school children called 'Meet the Stinkers'. He also advised that the long term trend was that smoking rates were reducing. Councillor Fredrickson requested a breakdown of the age and gender split of smoking cessation service users so that more information on the reasons for West Berkshire's good performance for smoking cessation rates could be known.

Judith Wright advised that there were similar correlations between smoking and alcohol in regard to the link with deprivation. There were a variety of community and cultural factors which lead to people drinking at harmful levels. Judith Wright recommended that identification and brief advice would be useful to the wider population and the Board might also want to focus on people who had several hospital admissions. Councillor Graham Jones asked about brief advice in non-clinical settings, Judith Wright advised that many professionals were reluctant to talk to their clients about their alcohol consumption as there was a wide cultural acceptance of drinking. Nationally, there would be benefit to considering the accessibility to alcohol including pricing and licensing laws.

Andrew Sharp noted that at a recent meeting of the Alcohol Harm Reduction Partnership, Dr Anees Pari had provided information regarding the saturation of licensed premises among areas of deprivation and expressed the view that there should be a more proactive approach to planning, licensing and public health.

Regarding obesity and physical activity, Judith Wright reported that West Berkshire was below the national average for the number of children classified as obese, however it was higher than national average for the number of children who were overweight; a quarter of West Berkshire's children were overweight or obese. Weight reduction interventions had the most impact when the referral was made by a GP.

Councillor Fredrickson asked how West Berkshire compared overall to national averages. Dr Anees Pari advised that for many indicators such as physical activity West Berkshire was performing better than the national average, although he noted that the Council's website could be amended to raise the profile of the available interventions. There were some indicators which West Berkshire had performance lower than the national average and these would be considered further at a meeting of the Locality Integration Board in June; preventable mortality of people with a serious mental illness and children admitted to hospital as a result of self-injury. Judith Wright commented that while West Berkshire was outperforming the national average on many indicators, in an area of general affluence one might expect even better performance. Dr Pari further noted that inequalities were stark on each indicator, including where performance was better than the national average. Councillor Fredrickson advised that he would look into the profile of available information on the Council's website.

Tandra Forster enquired why West Berkshire was completing fewer NHS Healthchecks than the national average. Dr Bahia advised that in West Berkshire, GPs had been encourage to provide these checks and due to the pressure on primary care they had not been prioritised but that did not stop GPS having conversations with their patients about risk factors. Judith Wright advised that Public Health England were seeking a national review of NHS Healthchecks to examine their success and identify good practice.

### **RESOLVED that**

- **The report be noted.**
- **Information on the breakdown of the age and gender split of smoking cessation service users to be gathered.**

**56 Accountable Care System Update (Cathy Winfield)**

The Board received a presentation (Agenda Item 10) concerning an update on the Accountable Care System (ACS).

Dr Bal Bahia explained that the health service had previously been a monolithic and inefficient system so competition was introduced. However under the competition model there were differences in how different arms of the NHS were funded, for example acute trusts were funded on a tariff basis according to their activity whereas Clinical Commissioning Groups commissioned community trusts on block contracts. As part of the move to reduce costs in the NHS, the ACS sought to abolish misaligned incentives and apply budgets to care pathways without destabilising the whole system. Shairoz Claridge noted that Berkshire West had been chosen as an exemplar area to test and break the rules of how the health system currently operated.

Shairoz Claridge outlined the main care models and business models that would be introduced, including Connected Care which would mean that social workers, GPs, out-of hours staff and hospital staff had access to patient records which would make the patients more streamlined and reduce the likelihood of harm.

Andrew Sharp advised that Healthwatch were concerned about the limited patient and public engagement that had taken place on the ACS. Shairoz Claridge accepted that there was still work to be done regarding communication and engagement for staff, patients and the public and ACS leaders wanted to ensure that they were putting out messages that were relevant to the interested groups.

Lyndon Mead explained that the leadership group was working under a memorandum of understanding and were seeking to include representation from GPs and social care. Councillor Fredrickson asked when the ACS would start buying and forward planning together; Lyndon Mead responded that it would not officially be an ACS until 2018 but would need to demonstrate fast progress.

Dr Anees Pari noted that there were plans to deliver population health management and requested that Public Health be included to avoid duplication.

Councillor Fredrickson asked how the ACS would ensure that it had effective governance. Lyndon Mead noted that the governing bodies would still have their statutory duties and the ACS board itself would only be able to make recommendations.

Andrew Sharp expressed the view that patients were willing to interact with the NHS in different ways but there needed to be better communication regarding how that should be. Lyndon Mead agreed that two types of communication were necessary for the ACS, what it was and what would be changing as a result.

Nick Carter suggested that as chair of the Berkshire West 10 Integration Board he could give the Board a presentation regarding how their workstream fit in with the ACS.

**RESOLVED that the report be noted.**

**57 Delivering the Health and Wellbeing Strategy (Delivery Plans) (Jo Reeves)**

The Board considered a report (Agenda Item 11) concerning the plans for delivering the Health and Wellbeing Strategy. Jo Reeves reported that since the Board's Peer Review in March 2017, the Steering Group had focused on supporting the Board's development by refreshing the strategy and the Board's governance arrangements in line with the recommendations which arose. This culminated in the new HWB strategy being adopted in March 2017. The Steering Group had now turned its attention ensuring the strategy



## HEALTH AND WELLBEING BOARD - 25 MAY 2017 - MINUTES

was being delivered and asked the sub-groups to develop delivery plans to outline what actions they would be completing in support of the strategy.

The Board had two priorities for 2017; reducing alcohol related harm and increasing the number of community conversations which help communities to address issues. The Steering Group was confident that their plans had identified the outputs that they would produce during their year as priorities, but the outcomes for the health, wellbeing and resilience of West Berkshire's residents still need to be specified.

The strategy also outlined five strategic aims with a number of objectives underneath each aim. The level of activity being completed for these aims varied widely and in some cases the Board needed to be concerned. In particular, there was no delivery plan available for the aim to support mental health and wellbeing throughout life.

There was a lot of work being undertaken regarding mental health but progress had been slow. The Board were recommended to investigate what the barriers had been to developing momentum behind the impact the Board could have on mental health. The Board was also invited to consider how it could harness the local and national spike in attention on mental health to delivering better outcomes for West Berkshire's residents.

*(The meeting was adjourned from 11am to 11.01am to hold a minute's silence in remembrance of the victims of the Manchester attack a few days previously.)*

Councillor Fredrickson enquired why there was a disparity between the progress of the Board's sub-groups. Jo Reeves responded that it had not been the aim of the governance review to create more groups and instead they sought to make use of existing groups. Some groups had existed for some time, for example the Ageing Well Task Group was established following a Hot Focus Session in April 2016. The Mental Health Collaborative had been established as a group of interested professionals who thought that working collectively could improve services for West Berkshire's residents. The collaborative had found that attendance at its meetings was not always prioritised or at an appropriate level of seniority from the members organisations. There was no alternative group which the Board could have sought to bring in to deliver the mental health objectives in its strategy.

Nick Carter advised that he had spent some time following the previous meeting of the Board and he had been struck by a lack of a collective vision across Berkshire West for how mental health services should be provided. Different organisations had different views led by their own statutory responsibilities. Nick Carter expressed the view that these organisations needed to prioritise three things to focus on to improve the picture for mental health. It was not uncommon nationally to lack a single group or strategy to cut across the various organisations. A meeting of the Locality Integration Board in June 2017 would be used to establish a shared vision and drive forward improvement.

Shairoz Claridge commented that there had been good work such as the crisis concordat but agreed there was disparity in some elements. Nick Carter highlighted the need to consider the service user's perspective.

Andrew Sharp reiterated that mental health cut across every service and there were no joined up solutions at present.

Councillor Marigold Jacques advised that at the previous meeting she was struck by the duplication of work across the District. From her previous role in a mental health charity, she knew that prevention and education in schools was essential to promoting good mental health.

Councillor Fredrickson explained that the key to the Board ensuring progress on mental health would be the meeting of the Locality Integration Board in June 2017 which he

## HEALTH AND WELLBEING BOARD - 25 MAY 2017 - MINUTES

would like to attend. He wished to make it clear that that the Mental Health Collaborative was a group of volunteers and the Board should harness their goodwill. An agreed hierarchy of priorities and define timescales would be important to drive local improvement.

Councillor Fredrickson noted other objectives defined in the report as 'business as usual' and enquired how Board members would like to see information on these areas. Dr Bal Bahia expressed the view that the Steering Group should receive that information and feed up any concerns to the Board. Nick Carter expressed concern that the Board's agendas might become overloaded if they tried to have oversight of everything in the strategy. Councillor Fredrickson suggested that the Steering Group consider this issue further.

**RESOLVED** that the delivery plans be approved.

### 58 Alcohol Harm Reduction Partnership Update (Debi Joyce)

The Board considered a report (Agenda Item 12) concerning an update from the Alcohol Harm Reduction Partnership regarding the priority for 2017 for 'reduce alcohol related harm for all age groups'. The report outlined the activity of the Partnership, including the 'quick wins' that had already been achieved and the next steps.

Debi Joyce sought support from the Board to ensure that attendance at partnership meetings was maintained, especially now the groups was moving to delivering two key projects. There would also need to be a strategic group established to support the initial establishment of the Blue Light Board. Nick Carter suggested that the matter be raised at the next Health and Wellbeing Steering Group meeting.

Councillor Fredrickson asked Councillor Graham Jones how, in his experience as a community pharmacist, Identification and Brief Advice (IBA) worked. Councillor Jones advised that it was a good hook to have a conversation with somebody about their alcohol consumption.

Councillor Fredrickson asked who would work intensively with Blue Light clients. Debi Joyce explained that as the project would target treatment resistant drinkers it would be whichever organisation that was most suitable in the first instance, until the individual was ready to go into treatment. Andrew Sharp noted the overlap with the Making Every Adult Matter initiative and that the Blue Light project represented a departure from usual service delivery which relied on a service user's willingness to engage.

Councillor Fredrickson noted that the success of the Blue Light Project would depend on the commitment of partner organisations, all of which would benefit. He noted that Debi Joyce was leaving the Council to work elsewhere and commended the legacy that she would be leaving.

**RESOLVED** that the report be noted.

### 59 Community Conversations Update (Susan Powell)

The Board considered a report (Agenda Item 13) concerning an update from the Building Communities Together Team Manager regarding the priority for 2017 to 'increase the number of community conversations through which local issues are identified and addressed'. The report outlined the activity of the Team, including what had already been achieved and the next steps.

Councillor Fredrickson asked how volunteers were encouraged and support to maintain their input in community organisations and voluntary groups over time. Susan Powell advised that she relied on the excellent support offered by Garry Poulson and Sharon

## HEALTH AND WELLBEING BOARD - 25 MAY 2017 - MINUTES

Oliver Volunteer Centre West Berkshire and she would also be developing an online presence to be able to support various types of engagement.

Tandra Forster commented that in Adult Social Care, locality managers would support to run community conversations about the New Ways of Working.

Dr Anees Pari advised that he would be interested to receive information on any health concerns which arose at community conversations.

Councillor Fredrickson expressed the view that the potential of the outputs that community conversations could deliver was brilliant and was pleased to see that each group could develop their own agenda.

**RESOLVED that the report be noted.**

### 60 **Review of the Health and Wellbeing Conference held on 27 April 2017**

The Board considered a report (Agenda Item 14) concerning a review of the Health and Wellbeing Conference held on 27 April 2017. The report outlined that the aim of the conference was for attendees to broaden their understanding of the community conversations approach by applying it to the issue 'How as system leaders do we move from cooperation to transformation?'. The purpose of the report was to summarise the content of the Conference and consider the next steps for the actions that arose.

Councillor Fredrickson noted that although he was not at the Conference, the feedback he had received was that it was an interesting and valuable session.

Dr Bal Bahia commented that the practical experience of being involved in a community conversation was powerful.

Nick Carter expressed the view that the phrase 'soup not a salad' which was used to explain the vision for working together was a useful test to apply and the Board should apply this test regularly.

Councillor Fredrickson agreed that the Steering Group should consider how best to implement the actions arising from the Conference.

**RESOLVED that the report be noted.**

### 61 **Members' Questions**

There were no questions submitted by Members of the Council.

### 62 **Future meeting dates**

The next meetings of the Health and Wellbeing Board would be:

Development Session, 6th July 2017, 9.30am in the Council Chamber

Health and Wellbeing Board, 28th September 2017, 9.30am in the Council Chamber

*(The meeting commenced at 9.30 am and closed at 11.56 am)*

**CHAIRMAN** .....

**Date of Signature** .....

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## Health and Wellbeing Board Forward Plan 2017/18

Item	Purpose	Action required by the H&WB	Deadline date for reports	Lead Officer/s	Those consulted	Is the item Part I or Part II?
<b>19th October 2017- Health and Wellbeing Problem Solving Session, Transport, Planning and Health &amp; Wellbeing (Shaw House)</b>						
<b>23rd November 2017 Development Session</b>						
System Resilience conversation	For members of the Board to share good news and challenges facing their organisations.	For discussion	02 November 2017	All		
Mental Health Action Group	To consider the new governance arrangements and local action on mental health	For information and discussion	02 November 2017	Andrew Sharp/ Tandra Forster	Health and Wellbeing Steering Group	
Delivering the Health and Wellbeing Strategy - Q2	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion	02 November 2017	Jo Reeves	Health and Wellbeing Steering Group	
Alcohol Harm Reduction	For the Alcohol Harm Reduction Partnership to provide an update on progress against the Board's strategic focus to 'reduce alcohol related harm across the district for all age groups'.	For information and discussion	02 November 2017	Denise Sayles	Health and Wellbeing Steering Group	
Community Conversations	For the Building Communities Together Partnership to provide an update on progress against the Board's strategic focus to 'increase the number of community conversations through which local issues are identified and addressed'	For information and discussion	02 November 2017	Susan Powell	Health and Wellbeing Steering Group	
<b>24th November 2017 - Special Board meeting</b>						
Mental Health Action Group	To inform Richard Benyon MP of the new governance arrangements and local action on mental health	For information and discussion	02 November 2017	Andrew Sharp/ Tandra Forster	Health and Wellbeing Steering Group	Part I
<b>25th January 2018 - Board meeting</b>						
<b>Programme Management</b>						
Delivering the Health and Wellbeing Strategy	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion	16th January 2018	Jo Reeves	Health and Wellbeing Steering Group	Part I
Medium Term Objectives - Deep Dive	Update on progress with the five objectives.	For information and discussion	16th January 2018	tbc	Health and Wellbeing Steering Group	Part I
Alcohol Harm Reduction	For the Alcohol Harm Reduction Partnership to provide an update on progress against the Board's strategic focus to 'reduce alcohol related harm across the district for all age groups'.	For information and discussion	16th January 2018	Denise Sayles	Health and Wellbeing Steering Group	Part I
Community Conversations	For the Building Communities Together Partnership to provide an update on progress against the Board's strategic focus to 'increase the number of community conversations through which local issues are identified and addressed'	For information and discussion	16th January 2018	Susan Powell	Health and Wellbeing Steering Group	Part I
Health and Social Care Integration	To provide an update on integration activity at the West Berkshire, Berkshire West and BOB level.	For information and discussion	16th January 2018	Nick Carter	Health and Wellbeing Steering Group	Part I
<b>Strategic Matters</b>						
Autism Diagnosis Waiting List	To review the work around the waiting times for autism diagnosis.	For information and discussion	16th January 2018	Andrea King/ Sally Murray	Health and Wellbeing Steering Group	Part I
Pharmaceutical Needs Assessment	For the Board to approve the updated Pharmaceutical Needs Assessment. Since April 2013, every Health & Wellbeing Board in England has had a statutory responsibility to publish, and keep up to date, a statement of the needs for pharmaceutical services in their area. This is referred to as the Pharmaceutical Needs Assessment (PNA). Each Health & Wellbeing Board had to publish their first PNA by 1st April 2015, and is required to undertake a revised	For decision	16th January 2018	Judith Wright	Health and Wellbeing Steering Group	Part I

22nd February 2018- Health and Wellbeing Problem Solving Session: Peer Challenge - 2 Years On (Council Chamber)						
29th March 2018 Development Session						
System Resilience conversation	For members of the Board to share good news and challenges facing their organisations.	For discussion	20th March 2017	All		
Delivering the Health and Wellbeing Strategy - Q3	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion	20th March 2017	Jo Reeves	Health and Wellbeing Steering Group	Part I
Draft Health and Wellbeing Board Annual Report 2017/18	To present the draft annual report for 2017/18.	For decision	20th March 2017	Jo Reeves/ James Fredrickson	Health and Wellbeing Steering Group	
24th May 2018 - Board meeting						
Election of Chairman and Appointment of Vice-Chairman for the 2018/19 Municipal Year		For decision				
Programme Management						
Health and Wellbeing Board Annual Report 2017	For the Board to present its Annual Report for 2017, including progress made by the sub-groups in 2017/18 and identification of priorities and their action plans for 2018/19.	For information and discussion	15th May 2018	Cllr James Fredrickson	Health and Wellbeing Steering Group	Part I
Delivering the Health and Wellbeing Strategy - Q4	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion	15th May 2018	Jo Reeves	Health and Wellbeing Steering Group	Part I
Medium Term Objectives - Deep Dive	Update on progress with the five objectives.	For information and discussion	15th May 2018	tbc	Health and Wellbeing Steering Group	Part I
Health and Social Care Integration	For the Locality Integration Board to provide an update on integration activity at the Berkshire West and BOB level.	For information and discussion	15th May 2018	Tandra Forster/ Shairoz Claridge	Health and Wellbeing Steering Group	Part I
Strategic Matters						

## Actions arising from Previous Meetings of the Health and Wellbeing Board

RefNo	Meeting	Action	Action Lead	Agency	Agenda item	Comment
84	24/11/16	Children's Delivery Group to be consulted to develop clear recommendations for the Board and report back at a later date, including the best ways to spend Pupil Premium Grant.	Ian Pearson/ Andrea King	WBC	Educational Attainment and Health Outcomes for Children from Vulnerable Families	The Children's Delivery Group to incorporate this work into its Strategic Action Plan.
85	04/05/17	A report on autism diagnosis waiting times to be presented to the Board at a future meeting	Andrea King/ Sally Murray	WBC	Refreshed Local Transformation Plan for Children and Young People's Emotional Health and Wellbeing	On the forward plan for January 2018
	25/05/17	Information on the breakdown of the age and gender split of smoking cessation service users to be gathered.	Judith Wright/ Anees Pari	WBC/ PH Shared Team	Annual Report from the Director of Public Health	

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## Community Conversations Update

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**Report being considered by:** Health and Wellbeing Board

**On:** 28 September 2017

**Report Author:** Susa Powell

**Item for:** Please select:

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### 1. Purpose of the Report

- 1.1 To provide the Health and Wellbeing Board with its regular update on its priority to increase the number of Community Conversations through which local issues are identified and addressed.

### 2. Recommendation

- 2.1 The Health and Wellbeing Board note the report and associated presentations.

<b>Will the recommendation require the matter to be referred to the Executive for final determination?</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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### 3. Introduction

- 3.1 The Health and Wellbeing Board (the Board) have two priorities for 2017/18:
- (1) Reduce alcohol related harm for all age groups
  - (2) Increase the number of Community Conversations through which local issues are identified and addressed.
- 3.2 The Board receives reports at each of its meetings regarding the progress made against these priorities.
- 3.3 At the Development Session on 6 July 2017, the Board decided that September's update should take the form of a presentation from someone who is leading conversations in their community so that they can understand the impact that community conversations are having.

### 4. Update

- 4.1 Suzanne Taylor is the Community Anchor for Hungerford and has brought together the West of West (WOW) Multi-Professional Lens. This is a multi-professional group working together and supporting each other across communities improving outcomes for families and children.
- 4.2 The objectives of the group are:
- (1) Access to other services for knowledge and signposting

- (2) Seek support and reassurance through a group working together within an area
- (3) Work together in a restorative way to find solutions to challenges within the community

- 4.3 Suzanne and Shelly Hambrecht (Co-ordinator, Family Centre Hungerford Area) will give a presentation to outline how the group has been working over the last 6 months and what outcomes have been achieved so far.
- 4.4 Susan Powell, Building Communities Team Manager, has been progressing with the community conversations work and performance information is included in the 'Delivering the Health and Wellbeing Strategy – Q1 Update) report.
- 4.5 Susan will give a presentation to provide an overview of the progress made since the last report and give details of upcoming community conversations.

## 5. Conclusion

- 5.1 The Health and Wellbeing Board are invited to receive the presentations and consider its role in helping to overcome any identified issues.

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### Background Papers:

None

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### Health and Wellbeing Priorities 2017 Supported:

- Reduce alcohol related harm for all age groups
- X Increase the number of Community Conversations through which local issues have been identified and addressed

### Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- X Build a thriving and sustainable environment in which communities can flourish
- Help older people maintain a healthy, independent life for as long as possible

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim and priority by providing the Board with information regarding the activity to increase the number of community conversations.

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### Officer details:

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## Alcohol Harm Reduction Partnership Update

<b>Committee considering report:</b>	Health and Wellbeing Board
<b>Date of Committee:</b>	28 <sup>th</sup> September 2017
<b>Portfolio Member:</b>	Councillor James Fredrickson
<b>Report Author:</b>	Denise Sayles

### 1. Purpose of the Report

- 1.1 To inform the Health and Wellbeing Board of what has been achieved so far by the Alcohol Harm Reduction Partnership in support of the Health and Wellbeing Strategy priority for 2017 to 'reduce alcohol related harm for all age groups'.

### 2. Recommendation

- 2.1 The Health and Wellbeing Board note the progress that have been achieved and support the next steps that have been identified.

### 3. Implications

- 3.1 **Financial:** The cost of the AHRP's two projects will be met from within the existing budget of the Public Health Team.  
Community Alcohol Partnership Officer is shared with Reading, the cost will be met by Public Health England.
- 3.2 **Policy:** None
- 3.3 **Personnel:** Community Alcohol Partnership Officer is shared with Reading, the cost will be met by Public Health England.
- 3.4 **Legal:** None
- 3.5 **Risk Management:** None
- 3.6 **Property:** None
- 3.7 **Other:** None

### 4. How the Health and Wellbeing Board can help

- 4.1 Commit to attending Identification and Brief Advice training and ask managers in their organisations to encourage staff to attend the IBA training upon completion of the commissioning process.
- 4.2 Support the launch of the Community Alcohol Partnership once the date is known.
- 4.3 Support the launch of the Blue light Project Multi Agency Workshop

<b>Will the recommendation require the matter to be referred to the Executive for final determination?</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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## 5. Introduction / Background

- The Health and Wellbeing Board identified that one of its priorities for 2017 would be to 'reduce alcohol related harm for all age groups. The purpose of this report is to provide an update on what has been achieved so far.

## 6. Proposal

- That the Health and Wellbeing Board note that the following 'quick wins' have been achieved since the Alcohol Hot Focus Session in October 2016:
  - There is now a strategic approach to reducing alcohol related harm in West Berkshire through the establishment of a multi-agency Alcohol Harm Reduction Partnership (AHRP).
  - Analysis of young people's concerns on cannabis rather than alcohol has led to the establishment of a sub-group to the AHRP to develop and implement a combined drug and alcohol strategy, with support from the Children's Delivery Group.
  - Data analysis has demonstrated that West Berkshire is the 3rd best performing local authority area for alcohol-related admissions.
  - Secondary prevention and communication have been identified as key areas of improvement following the completion of the Alcohol CLeaR tool to 'stock take' West Berkshire services. West Berkshire's rating on the CLeaR tool benefitted significantly from the establishment of a partnership group.
  - Two projects (Identification and Brief Advice and the Blue Light Project) have been identified for implementation in 2017. The Public Health team's budget had been realigned to commission these projects.
  - The Blue Light Project contract has been awarded and a preliminary meeting has been held with Mike Ward from Alcohol concern. The first stage of the project is to hold a Multi agency session to launch the project and raise awareness. This meeting is due to take place on Tuesday 17<sup>th</sup> October 9.30am-12.30pm in the Council Chamber at Market Street. Mike Ward will be sending invitations to stakeholders and partner services to advertise this event.
  - Identification and Brief Advice (IBA)
- At the last meeting it was reported that WBC's Public Health substance misuse treatment oriented budget had been refocused to encompass prevention, following the identification through the CLeaR tool that West Berkshire needed to strengthen its prevention services around alcohol. This enabled funding of the Identification and Brief Advice (IBA) training project to a range of partners, an initiative currently confined to GP practices. Large-scale delivery of brief advice and early interventions can help people to become aware of the harm they may be doing to their health.

- A Programmes Officer has been seconded one day per week to support the running of the IBA training project, including writing the service specification. In researching for the service specification, the Programmes Officer has tested the target figure to train 1000 staff and volunteers to deliver IBA. They have concluded that 450 would be a more reasonable figure based on actual numbers of front line staff across partner organisations who could benefit from and effectively use the training. The target has therefore been amended to 450, however it should be noted that this is in addition to the 100 GPs that Swanswell are currently commissioned to train in IBA.
- The tender was put onto the portal at the end of August. A provider is expected to be appointed by mid-September 2017.
- The AHRP will monitor training uptake and IBA delivery by a range of partners and IBA recipients who are found to be drinking at levels harmful to health will be signposted to a range of sources of support including self help via apps and websites. People who wish to discuss their alcohol will be directed to Drink line who triage people to the appropriate service. This is an attempt to ensure that local services are not overwhelmed.
- Methods for outcome monitoring are also being explored as the ultimate aim of IBA is to reduce the number of adults in West Berkshire who are at increasing risk of alcohol related harm, due to their alcohol consumption. Sovereign Housing and the Crime Reduction Company have agreed to complete follow-up IBAs in order to gather evidence to identify whether delivery of IBA is in fact reducing that person's alcohol consumption.
- The principle aim of the IBA project is that, by the end of September 2018, 450 people from a range of organisations will have received training on alcohol awareness and IBA techniques.
- The AHRP decided to establish West Berkshire as a Community Alcohol Partnership (CAP) area and are funding a shared Community Alcohol Partnership Officer with Reading Borough Council, funded by Public Health England. Tessa Brunsdon will run the Community Alcohol Partnership (CAP) one day per week. She already runs the Reading CAP. Her task is to prevent underage drinking in high harm areas concentrating on education and enforcement by working in partnership with retailers and other organisations such as the police and coordinate joined-up working. She will have some well defined CAP performance indicators to work on. Her role is diverse including working in schools, doing test purchasing, talking to retailers highlighting about difficulties they have adhering to their licensing objectives. The licensing passport is a way of logging 10 minute weekly training to go over licensing procedures with staff and new staff. Retailers don't always perceive the harm of selling alcohol to young people. It is likely that Tessa will be working in the Calcot, Theale and Tilehurst areas as they have been identified as the areas in most need of CAP .

- That the Health and Wellbeing Board note that the following next steps have been identified for the remainder of 2017:
  - Data sharing between partners to identify wards/ areas with greatest need (Summer 2017).
  - Publication and implementation of the Children and Young People's Drug and Alcohol Strategy - It is anticipated that a draft copy of the strategy will be ready for September to take to the Children's Delivery group for comment and wider consultation.
  - It has been agreed a Community Conversation will take place in Hungerford that will focus on alcohol. This will build on the success of the Community Conversation work that has already taken place in Hungerford.

### Conclusion

- Considering that in October 2016 there was no strategic oversight of alcohol related harm and services in West Berkshire, the Alcohol Harm Reduction Partnership have made considerable progress in implementing a framework to build on West Berkshire's good performance around alcohol.
- The next step is to demonstrate the improved outcomes for West Berkshire residents that the Alcohol Harm Reduction Partnership can achieve by working together.

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## Delivering the Health and Wellbeing Strategy - Quarter One 2017/18 Update - Summary Report

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**Committee considering report:** Health and Wellbeing Board

**Date of Committee:** 28 September 2017

**Portfolio Member:** Councillor James Fredrickson

**Report Author:** Jo Reeves

**Forward Plan Ref:** n/a

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### 1. Purpose of the Report

The purpose of this report is to review the progress made by the Health and Wellbeing Board's sub-groups to deliver the Health and Wellbeing Strategy.

### 2. Recommendation

- The Health and Wellbeing Board note the progress made to deliver the Health and Wellbeing Strategy in Quarter One of 2017/18.
- The Board permit a 2% tolerance in the RAG rating for performance achieved against targets.

<b>Will the recommendation require the matter to be referred to the Executive for final determination?</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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### 3. Implications

- **Financial:** Activities associated with delivering the Health and Wellbeing Strategy are to be met from existing budgets.
- **Policy:** There are no policy implications arising from this report.
- **Personnel:** There are no personnel implications arising from this report.
- **Legal:** There are no legal implications arising from this report.
- **Risk Management:** There are no risk management implications arising from this report.
- **Property:** There are no property implications arising from this report.
- **Other:** There are no other implications arising from this report.

### 4. Other options considered

- N/a

## Executive Summary

### 5. Introduction / Background

- The [West Berkshire Joint Health and Wellbeing Strategy 2017-2020](#) was adopted by the Health and Wellbeing Board in November 2016.
- To deliver the strategy, the Board's sub-groups developed delivery plans which outlined the actions that they will complete and measures that they will monitor to ensure their work is having an impact. Delivery of these actions now constitutes the Board's performance dashboard.
- The Board currently receives detailed reports at each of its meetings regarding the activities around its priorities for 2017; alcohol related harm and increase the number of community conversations.

### 6. Proposal

- The Board should particularly note that:
  - Delivery of actions is so far on track in most areas however sub-groups need to further define their intended outcomes.
  - One of the indicators for the Children's Delivery Group is showing as red. The Board are requested to permit a 2% tolerance in recognition that there is still excellent performance against an ambitious target.
  - There is still no action plan for the aim to support mental health and wellbeing throughout life. Governance arrangements have changed and the new Mental Health Action Group have responsibility to drive local activities on mental health. The Board could consider adopting mental health as a priority in 2018 to ensure that this section of the strategy is delivered.
  - The Steering Group believe that the potential role of the Board should be explored regarding the objectives to ensure access to good quality housing and rural services. A Problem Solving Session will be held on 19<sup>th</sup> October 2017 to further explore what role the Health and Wellbeing Board might have in delivering these objectives.

### 7. Conclusion

- The Health and Wellbeing Board are invited to consider the progress made against the delivery plans included in the supporting information and the dashboard.

### 8. Appendices

- Appendix A – Supporting Information
- Appendix B – Equalities Impact Assessment
- Appendix C – Health and Wellbeing Dashboard



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# Delivering the Health and Wellbeing Strategy - Quarter One 2017/18 Update – Supporting Information

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### 1. Introduction/Background

- 1.1 The [West Berkshire Joint Health and Wellbeing Strategy 2017-2020](#) was approved by the Health and Wellbeing Board (the Board) on 24 November 2016 and adopted by the Council on 2 March 2017.
- 1.2 The Strategy sets out two priorities for 2017. The Board intends to achieve progress against these objectives to be achieved by the end of 2017/18. These are:
- (1) Reduce alcohol related harm for all age groups
  - (2) Increase the number of Community Conversations through which local issues are identified and addressed
- 1.3 The Strategy sets out five strategic aims that the Board is working towards. Under each aim, three to five objectives specify what the Board wants to do to achieve its aims. Two objectives have been chosen as the Board's priorities for 2017 (above). The Health and Wellbeing Board wants to achieve measurable progress against these aims by the end of the period covered by the Strategy (2020). The aims are:
- (1) Give every child the best start in life
  - (2) Support mental health and wellbeing throughout life
  - (3) Reduce premature mortality by helping everyone live healthier lives
  - (4) Build a thriving and sustainable environment in which communities can flourish
  - (5) Help older people maintain a healthy, independent life for as long as possible
- 1.4 When the Strategy was written, the author intended that the full list of objectives would encapsulate the aspects of health and wellbeing which had been identified as significant issues following analysis of the District Needs Assessment. The author also intended that the Health and Wellbeing Board would choose annually a small number of objectives to be its priorities for the forthcoming year.
- 1.5 The previous meeting of the Board received a report that outlined the activities being completed by the Board's sub-groups to deliver measurable progress towards the aims and objectives in the Health and Wellbeing Strategy. The purpose of this report is to provide an update on the progress made at quarter one of 2017/18 and, as we enter the second half of the year, initiate discussion on which objectives the Board should choose as their priorities for next year.

## **2. Priority for 2017/18: Reduce Alcohol Related Harm for all Age Groups**

- 2.1 Reducing alcohol related harm has been chosen by the Board as a priority for 2017 and the Board receives detailed reports at each of its meetings regarding the progress of the Alcohol Harm Reduction Partnership in developing a strategic approach to alcohol related harm. These reports also detail progress regarding the two main projects: Identification and Brief Advice training and the Blue Light project.
- 2.2 Alcohol Concern has now been commissioned to deliver the Blue Light project and a stakeholder event has been planned for 17 October 2017. The training programme on the Blue Light approach will commence in November 2017, including some train the trainer sessions. The Alcohol IBA training has been put onto the procurement portal, with a provider to be appointed by the beginning of November 2017.
- 2.3 Progress has also been made in arranging for West Berkshire to become a Community Alcohol Partnership area. Further information on the activity of the Alcohol Harm Reduction Partnership can be found in a separate report on this agenda.
- 2.4 As we near the end of quarter two, the two projects are still in the early stages and are some way off realising the intended outcomes. The Board might therefore wish to consider extending the period for which this objective is a priority, in order to ensure the delivery of improved outcomes, unless they are satisfied that work is underway and progress will continue to be reported through the dashboard.

## **3. Priority for 2017/18: Increase the number of Community Conversations through which local issues are identified and addressed**

- 3.1 Increasing the number of Community Conversations has been chosen by the Board as a priority for 2017 and the Board receives detailed reports at each of its meetings regarding the progress of the Building Communities Together Partnership and Team in supporting them.
- 3.2 The Board have received an update on the progress of the Hungerford Community Conversation (a community of professionals) on the topics of domestic abuse and mental health at the 28 September 2017 meeting.
- 3.3 As we near the end of quarter two the dashboard demonstrates that this work is generating pace and interest among communities. The Steering Group have accepted that it might take some time before the outcomes can be fully realised but the current level of outputs are positive.

## **4. Strategic Aim: Give Every Child the Best Start in Life**

- 4.1 The aim to give every child the best start in life carries the following objectives:
- (1) Decrease the educational attainment gap between children on free school meals and the rest
  - (2) Reduce childhood obesity
  - (3) Improve educational and health outcomes for Looked After Children
  - (4) Support the health and wellbeing of young carers

- 4.2 The Children’s Delivery Group is focusing its activity on objectives (1), (3) and (4) above. Additionally they hold responsibility for the Emotional Health Academy which supports the objective to promote the emotional health and wellbeing of children.
- 4.3 Progress at quarter one is generally good and the Board should recognise the role of the Emotional Health Academy in particular, and the other activities of the Children’s Delivery Group, in the vastly improved judgement of West Berkshire Council’s Children’s Services by Ofsted as ‘good’. West Berkshire is the first unitary authority to progress two grades under the Ofsted inspection regime.
- 4.4 Performance is showing as red against % of LAC (aged 4-16 and in care for more than 12 months) who have had a SDQ (Strengths and Difficulties Questionnaire) assessment within the last year. Performance is at 98.8% in quarter one against an ambitious target of 100%. Considering that performance had been at 20% until 2016, the Health and Wellbeing Board is requested to permit a 2% tolerance to recognise the excellent performance which had been achieved against an ambitious target.
- 4.5 The Children’s Delivery Group partnership led conference for schools focussed on understanding and managing Autistic presenting behaviours in children, in order to support a reduction in school exclusions, was well received by schools and the learning from the conference continues to be disseminated between now and Christmas to ensure all schools have access to this learning.
- 4.6 A new Chair is being sought for the Children’s Delivery Group, as Andrea King, Head of Service for Prevention & Safeguarding, is to step down having completed her term as Chair.

## **5. Strategic Aim: Support mental health and wellbeing throughout life**

- 5.1 The aim to support mental health and wellbeing throughout life carries the following objectives:
- (1) Promote the emotional health and wellbeing of children
  - (2) Promote positive mental health and wellbeing for adults
  - (3) Prevent suicide and self-harm for adults and young people
  - (4) Decrease social isolation
  - (5) Ensure early assessment of and good provision of care for those with dementia
- 5.2 The Council’s Public Health and Adult Social Care Services, Berkshire West CCG Federation, Berkshire Healthcare Foundation Trust and Berkshire’s Shared Public Health Team conduct a variety of activities on Berkshire-wide, Berkshire West and West Berkshire footprints in support of the above objectives. At the meeting of the Health and Wellbeing Board on 30 March 2017, the Board received presentations from a number of speakers to outline some of these activities. At this meeting it became clear that further work was required to align the array of activities and to clarify the priorities and areas for action on mental health in West Berkshire.

- 5.3 In June 2017 Judith Wright (Interim Director of Public Health) facilitated a workshop which examined existing strategies, services and activity, including the report from Healthwatch’s ‘Thinking Together’ event held in May 2017. Attendees determined that further activity was required on the following:
- (1) Coaching, peer support and social prescribing
  - (2) Employment and employers
  - (3) Engagement and literacy
  - (4) Recovery
- 5.4 The outcome of the workshop was that a new Mental Health Action Group (MHAG) was established, to be chaired by Healthwatch’s Andrew Sharp and Tandra Forster, Head of Adult Social Care at the Council. The MHAG met for the first time on 17 August 2017 and will be compiling an action plan based on the outcomes of the workshop.
- 5.5 It is also pertinent to note that following adoption of the Berkshire Suicide Prevention Strategy, a Suicide Action Group has been established to implement the practical recommendations outlined in the strategy. The Action Group is chaired by Garry Poulson of the Volunteer Centre West Berkshire and the group has already set in place a range of actions and brought together influential partners to tackle this issue. Key amongst these actions is a workshop for employers at Shaw House on 11 October 2017 to assist with recognising the signs of stress in order to help prevent deaths by suicide.
- 5.6 Regarding objective (5), ensure early assessment of and good provision of care for those with dementia, the Steering Group received a presentation from Dementia Design Specialist Architects at its meeting on Thursday 7 September 2017. The presentation outlined the benefits of designing dementia enabling environments to promote good quality care and prevent unnecessary hospital admissions. The Steering Group have asked Tandra Forster, Head of Adult Social Care, to come forward with a short project brief to ensure the principles are applied to the Council’s care homes.

## **6. Strategic Aim: Reduce premature mortality by helping everyone live healthier lives**

- 6.1 The aim to reduce premature mortality by helping everyone live healthier lives carries the following objectives:
- (1) Reduce alcohol related harm across the district for all age groups
  - (2) Increase uptake of NHS Health Checks
  - (3) Support residents to stop smoking and reduce substance misuse
  - (4) Support residents to be more physically active, achieve a healthy weight and eat a healthy diet

- 6.2 The Alcohol Harm Reduction Partnership is responsible for delivering measurable change in 2017 on behalf of the Board and further information has been reported above.
- 6.3 The Council's Public Health Team and the Berkshire West CCG Federation, as part of the Accountable Care System, are responsible for business as usual activities in support of objectives (2), (3) and (4).
- 6.4 At present, the activities which the Board is overseeing in support of the aim to 'reduce premature mortality...' is limited to reducing alcohol related harm.
- 6.5 The Steering Group does not consider that the Board needs to direct any additional activity in respect of these objectives at this stage because West Berkshire' performance is, on the whole, better than the national average. That said West Berkshire's performance against NHS health checks requires improvement so the Public Health Team have developed an action plan. It is not considered that any Board involvement is required at this time.

## **7. Strategic Aim: Build a thriving and sustainable environment in which communities can flourish**

- 7.1 The aim to build a thriving and sustainable environment in which communities can flourish carries the following objectives:
- (1) Increase the number of Community Conversations through which local issues are identified and addressed
  - (2) Ensure that housing is of good quality, accessible and affordable
  - (3) Improve rural access to services
  - (4) Decrease levels of air pollution in areas that need it
  - (5) Increase the number of reports of Domestic Abuse and reduce repeat incidents of abuse reported to Thames Valley Police
- 7.2 The Building Communities Together (BCT) Partnership and Team are responsible for delivering measurable change within 2017 on behalf of the Board regarding objectives (1) and (5).
- 7.3 The dashboard indicates good performance in respect of the delivery of identified actions for these objectives.
- 7.4 The Health and Wellbeing Steering Group have noted that not all objectives will have delivery plans but has particularly noted that for objectives (2) and (3) above, the Board might wish to consider what role it can take in 2018/19.
- 7.5 The Problem Solving Session on 19 October 2017 will feature a workshop to identify the future role of the Health and Wellbeing Board in housing and transport infrastructure, in order to support the delivery of improved outcomes against objectives (2) and (3).

## 8. Strategic Aim: Help older people maintain a healthy, independent life for as long as possible

8.1 The aim to help older people maintain a healthy, independent life for as long as possible carries the following objectives:

- (1) Prevent falls and ensure integrated care for those who have sustained a fall
- (2) Maximise independence for older people and those with long-term conditions
- (3) Ensure good end of life care is available and residents are able to die where they choose

8.2 The Ageing Well Task Group (AWTG) is responsible for activities to support objective (1). Data is not yet available for many of the AWTG's activities, however it should be noted that in the main they are for delivery in the medium term.

## 9. Integration

9.1 Integration is a cross cutting theme across the priorities, aims and objectives in the Health and Wellbeing Strategy and each sub-group needs to pursue integrated ways of working.

9.2 The West Berkshire Locality Integration Board (LIB) oversees the performance of the Better Care Fund (BCF) projects locally. There had been a delay in the publication of the national guidance which was eventually published in early July. The final BCF submission was approved under delegated authority by the Head of Adult Social Care, in consultation with the Chairman and Vice-Chairman of the Health and Wellbeing Board and submitted on Monday 11 September 2017.

9.3 The detailed plan for West Berkshire is outlined in a separate report on the agenda.

9.4 Indicators for the 4 national conditions under the BCF Plan will be reported in future iterations of the dashboard.

## 10. Conclusion

10.1 Delivery of the Health and Wellbeing Strategy 2017-2020 is still in the early stages and the sub-groups still have work to do to define the outcomes they are seeking to achieve.

10.2 One of the indicators for the Children's Delivery Group is showing as red. The Board are requested to permit a 2% tolerance in recognition that there is still excellent performance against an ambitious target.

10.3 There is still no action plan for the aim to support mental health and wellbeing throughout life. Governance arrangements have changed and the new Mental Health Action Group now have responsibility to drive local activities on mental health. The Board could consider adopting mental health as a priority in 2018 to ensure that this section of the strategy is delivered.

10.4 The Steering Group believe that the potential role of the Board should be explored regarding the objectives to ensure access to good quality housing and rural services. A Problem Solving Session will be held on 19<sup>th</sup> October 2017 to further explore what role the Health and Wellbeing Board might have in delivering these objectives.

## 11. Consultation and Engagement

### 11.1 Health and Wellbeing Steering Group

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#### Background Papers: West Berkshire Joint Health and Wellbeing Strategy 2017-2020

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##### Strategic Aims and Priorities Supported:

The proposals will help achieve the following Council Strategy aims:

- BEC – Better educated communities**
- P&S – Protect and support those who need it**
- HQL – Maintain a high quality of life within our communities**
- MEC – Become an even more effective Council**

The proposals contained in this report will help to achieve the following Council Strategy priorities:

- BEC1 – Improve educational attainment**
  - BEC2 – Close the educational attainment gap**
  - P&S1 – Good at safeguarding children and vulnerable adults**
  - HQL1 – Support communities to do more to help themselves**
  - MEC1 – Become an even more effective Council**
- 

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## Health and Wellbeing Strategy Delivery Plan

HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	SRO	Start Date	Ref.	Measure	Target	Latest/YE RAG	Narrative
<b>2017/18 Priority: Reduce alcohol related harm across the district for all age groups</b>	A3/10.ac1	Monitor uptake of Identification & Brief Advice (IBA) training		April Peberdy (AHRP)	Jun-17	A3/10.m1	Total number of WBC staff, GP staff, volunteers and staff from Lifestyle Intervention Providers trained in Identification & Brief Advice (IBA) - by June 2018	500	data not available	Procurement process currently underway. Commencement date likely to be end of September 2017	
						A3/10.m2	Number of WBC staff trained in Identification & Brief Advice (IBA)	(Not targeted)	data not available	Reports from Q2/3 once procurement has been completed	
						A3/10.m3	Number of GP practices trained in Identification & Brief Advice (IBA)	(Not targeted)	data not available	Reports from Q2/3 once procurement has been completed	
						A3/10.m4	Number of volunteers trained in Identification & Brief Advice (IBA)	(Not targeted)	data not available	Reports from Q2/3 once procurement has been completed	
						A3/10.m5	Number of Lifestyle Intervention Providers trained in Identification & Brief Advice (IBA)	(Not targeted)	data not available	Reports from Q2/3 once procurement has been completed	
	A3/10.ac2	Monitor how many staff incorporate Identification & Brief Advice (IBA) into their practice	April Peberdy (AHRP)	Jun-17	A3/10.m6	Proportion of IBA trained people who have used training (3 month survey) - by June 2018	75%	data not available	Indicative target set at 75% in recognition that not all those who are trained might have the opportunity to put their training into practice.		
	A3/10.ac3	<b>Outcome:</b> Improve knowledge and confidence of those receiving Identification & Brief Advice (IBA) training	April Peberdy (AHRP)	Jun-17	A3/10.m7	Proportion of participants who report an increase level of confidence of IBA on training evaluation form (Identification & Brief Advice (IBA)) - by June 2018	75%	data not available	Indicative target set at 75% in recognition that not all those who are trained might achieve a higher level of confidence to deliver IBA.		
	A3/10.ac4	Monitor training in the Blue Light approach	April Peberdy (AHRP)	May-18	A3/10.m8	Number of Blue Light (BL) project training sessions and 'train the trainer' sessions delivered	7	data not available	Procurement process currently underway. Commencement date likely to be end of May 2017		
					A3/10.m9	Number of health, social care, housing and criminal justice staff who have attended Blue Light (BL) training	(Not targeted)	data not available	Data will be collected upon commencement of training.		
	A3/10.ac5	Develop and agree action plans to support treatment resistant drinkers in the Blue Light (BL)	April Peberdy (AHRP)	May-18	A3/10.m10	Number of identified treatment resistant drinkers on Blue Light project, with an agreed action plan	15	data not available	Reports from Q2/3 once procurement has been completed		
	A3/10.ac6	<b>Outcome:</b> Reduce the cost to other WBC services for ongoing support by engaging treatment resistant drinkers in the Blue Light approach	April Peberdy (AHRP)	May-18	A3/10.m11	£ cost saved per client (at end of project)	(Not targeted)	data not available	Baseline for each client required.		

## Health and Wellbeing Strategy Delivery Plan

HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	SRO	Start Date	Ref.	Measure	Target	Latest/YE RAG	Narrative
<b>2017/18 Priority: Increase the number of community conversations through which local issues are identified and addressed</b>	A4/1.ac1			Conduct an audit of Community Conversations currently underway to clarify outputs, outcomes and impacts during 2016/17 and to celebrate success	Susan Powell (BCT)	May-17	A4/1.m1	Number of Community Conversations through which local issues are identified and addressed - by March 2018	>10	data not available	Audit completed and findings being used to inform the development of existing and planned conversations. Opportunities to celebrate success being explored. There are currently 3 ongoing Community Conversations and there have been 3 community conversation styled engagement and problem solving events.
	A4/1.ac2			Identify existing community forums and activities that have potential to become 'new' Community Conversations	Susan Powell (BCT)	Sep-17	A4/1.m2	% of identified communities that have mapped their assets within 3 months (where there is a requirement to do so) - by March 2018	100%	data not available	Mapping of existing community forums commenced.
	A4/1.ac3			Conduct Community Engagement activities to support the development of 'new' Community Conversations and to identify local community based issues	Susan Powell (BCT)	Mar-18	A4/1.m3	% of identified communities that have been trained in problem solving methodology (where there is a requirement to do so) - by March 2018	100%	data not available	Opportunities for community engagement activities being explored.
	A4/1.ac4			Develop a Project Management Structure for Community Conversations	Susan Powell (BCT)	Jun-17	A4/1.m4	% of identified communities that have agreed what actions will be undertaken to address locally identified issues - by March 2018	100%	data not available	Project Management Structure under development.
	A4/1.ac5			Use data to support individual Community Conversations in identifying issues and, where, appropriate, to monitor change	Susan Powell (BCT)	Ongoing				data not available	
	A4/1.ac6				<i>Outcome measure tbc</i>						data not available

## Health and Wellbeing Strategy Delivery Plan

HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	SRO	Start Date	Ref.	Measure	Target	Latest/YE RAG	Narrative
Strategic Aim: Give every child the best start in life	Objective 1	Decrease the educational attainment gap between children who are eligible for Pupil Premium Grant and the rest	A1/1.ac1	Organise a conference event for West Berkshire schools on managing autistic types of behaviours in school - promoting inclusion	Andrea King (CDG)	Summer 17	A1/1.m1	Number of schools that attended the conference	TBC	28.0 Q1	The Autism conference for schools was held on the 24th May. 28 schools were represented at the event, feedback from schools attending the event was very positive, they found the practical learning and behaviour management advice provided on the day very helpful. Learning from the event is being disseminated to other schools unable to attend by Children's Delivery Group partners. Schools progress in implementing these strategies will be reviewed by December 17. Exclusions related to types of behaviour associated with autism will be monitored more longitudinally.
					Andrea King (CDG)		A1/1.m2	% of schools that are implementing the techniques for managing autistic types of behaviour	TBC	data not available	We need to use this output type measure as an evaluation of the input activity above and because the impact on exclusions is expected towards the end of the year and longer term.
				Schools promote inclusion with focus on managing autistic types of behaviour	Andrea King (CDG)	Mar-18	A1/1.m3	To be determined		data not available	Impact on this measure is expected over the medium and longer term Data is not available in Capita system to report on this but Andy Cordell / Cathy Burnham are using a separate tracking tool.
				To be determined			A1/1.m4	To improve on 2015/16 Academic year rankings for reading, writing and maths combined expected standard for disadvantaged pupils in KS2 in 2016/17 Academic Year	Rank higher than 122/152	data not available	
	Objective 2	Reduce childhood obesity	A1/2.ac1				A1/2.m1	No measure is included here as a decision is being finalised if this objective is delivered by the entire subgroup or only by the Public Health		data not available	
	Objective 3	Improve educational and health outcomes for Looked After Children	A1/3.ac1	Support the physical health of Looked After Children	Andrea King (CDG)		A1/3.m1	Percentage of LAC with completed health assessments on time	>90%	99.0% Q1	Target will be confirmed as part of the service target setting process. For 2016/17 the target was >90% (part of C&F service plan)
				Increase the number of LAC who have had a mental health assessment	Andrea King (CDG)		A1/3.m2	% of LAC (aged 4-16 and in care for more than 12 months) who have had a SDQ (Strengths and Difficulties Questionnaire) assessment within the last year	100%	98.8% Q1	
				<b>Outcome:</b> Improve the emotional wellbeing and mental health of LAC who have had a mental health assessment	Andrea King (CDG)		A1/3.m3	Reduction of SDQ scoring at subsequent assessments	<17	17.0 Q4	February 2017 data. An alternative measure for this to be used is: 'reduction of SDQ scoring at subsequent assessments'. Availability of this information is being explored.

## Health and Wellbeing Strategy Delivery Plan

HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	SRO	Start Date	Ref.	Measure	Target	Latest/YE RAG	Narrative
HWB Strategic Aim: Support mental health and wellbeing throughout life	Objective 4	Support the health and wellbeing of young carers	A1/4.ac1	Increase the number of young carers that have been identified and receive support	Andrea King (CDG)		A1/4.m1	Number of Young Carers being supported	Increase nos (baseline = ?)	45.0 Q4	Young carers workshop was conducted with the Children's Delivery Group on Monday 12th June. The workshop identified that we have 60 Young Carers currently identified by the Family Resource service, but our most recent Census indicated 834 Young Carers in the District. The discussion and points of elaboration in the workshop will inform the structure and design of a Young Carers Strategy, which will be founded upon the following framework: a) Identification of young carers – Police, schools, Adults Social Care, CMHT and wider children's services partners have offered their support in this area b) Raising Awareness – to increase the identification of Young Carers, clarify different levels of need and appropriate support options for Young Carers c) Assessment and analysis of need – to review the sufficiency of these arrangements, both in children's services and in advance of transition to adulthood, or in collaboration with adult-facing services d) Community Transport and volunteering – which will include recommendations for Community Conversations. e) Listening to the voice and experience of our children and young people – what works? What doesn't?
					Andrea King (CDG)		A1/4.m2	Number of Young Carers engaged with support service		data not available	
					<i>Outcome measure tbc</i>						
HWB Strategic Aim: Support mental health and wellbeing throughout life	Objective 5	Promote the emotional health and wellbeing of children	A1/5.ac1	Helping children, young people and families find support for emotional well-being earlier, faster and more easily	Andrea King (CDG)		A1/5.m1	Number of referrals to the Emotional Health Academy triage	TBC	145.0 Q1	
					Andrea King (CDG)		A1/5.m2	Number of children that have worked with the Emotional Health Academy professionals	TBC	336.0 Q1	
					Andrea King (CDG)		A1/5.m3	% of children and young people that have improved their outcomes following support from the Emotional Health Academy	TBC	84.4% Q1	Closed Intervention Cases in Q1: 64 Outcome Improvement: 54 (84.4%) Stepped-up to CAMHS: 6 (9.4%) Disengaged from support: 4 (6.3%)  And  Closed Assessment Cases signposted to more appropriate service: 18

## Health and Wellbeing Strategy Delivery Plan

HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	SRO	Start Date	Ref.	Measure	Target	Latest/YE RAG	Narrative
<b>HWB Strategic Aim: Build a thriving and sustainable environment in which communities can flourish</b>	Objective 18	Increase reporting of domestic abuse and decrease repeat incidents of domestic abuse	A4/18.ac1	Run events to raise awareness of Domestic Abuse	Susan Powell (BCT)	Mar-17	A4/18.m1	Run events to raise awareness of Domestic Abuse - by March 2018	3	3.0 Q1	I have been involved in two events to raise awareness of DA. In May I contributed to a conference we held in the Council Chamber around DA and mental health, attended by over 40 people. Also in this quarter I spoke to staff at Strawberry Hill GP surgery with a victim of DA. This sought to raise awareness of DA with staff and establish clear referral routes when patients disclose abuse. I also completed a training session with the Family Hub staff. The training was to assist with identifying and support DA cases. Evaluations of this training are available
			A4/18.ac2	Monitor uptake of Domestic Abuse, Stalking and Harassment (DASH) and Multi-agency Risk Assessment Committee (MARAC)	Susan Powell (BCT)	Mar-17	A4/18.m2	Number of WBC staff, volunteers and partner agency staff trained in Deliver Domestic Abuse, Stalking and Harassment (DASH) and Multi-agency Risk Assessment Committee (MARAC) - by March 2018	150	148.0 Q1	Two DASH / MARAC sessions have been completed, one in Q1 and one in Q2. A total of 18 people of been training in using the DASH risk assessment tool and referring cases to MARAC in this quarter. The total is now 148
			A4/18.ac3	Conduct visits to schools to promote the issue of unhealthy, abusive relationships and the links to Child Sexual Exploitation	Susan Powell (BCT)	Mar-17	A4/18.m3	Number of schools visited (during the academic year) to promote the issue of unhealthy, abusive relationships and the links to Child Sexual Exploitation	3	1.0 Q1	There have not been any specific visits to schools during this quarter. However a Healthy Relationships intervention commenced delivery for year 8's in Kennet School by the EHA.
			A4/18.ac4	Monitor the number of calls to both Thames Valley Police and West Berks Domestic Abuse Helpline	Susan Powell (BCT)	Mar-17	A4/18.m4	Number of calls to both Thames Valley Police and West Berks Domestic Abuse Helpline	10% increase (2837)	data not available	Awaiting TVP data on Q1 number of DA crimes and Incidents. Please note target is 2837 which is a 10% increase on last years figure of 2574
			A4/18.ac5	Monitor number of repeat incidents of Domestic Abuse reported to Thames Valley Police	Susan Powell (BCT)	Mar-17	A4/18.m5	Number of repeat incidents of Domestic Abuse reported to Thames Valley Police	<25% in a year (no. Tbc)	42.9% Q1	For comparison: overall rate for Thames Valley = 43.7%

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HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	SRO	Start Date	Ref.	Measure	Target	Latest/YE RAG	Narrative
<b>HWB Strategic Aim: Help older people maintain a healthy, independent life for as long as possible</b>	Objective 19	Prevent falls and ensure integrated care for those who have sustained a fall	A5/19.ac1	Increase the number of people aged over 65 who are at risk of a fall who have attended a Steady Steps class	April Peberdy (AWTG)	Ongoing	A5/19.m1	Increase the proportion of people aged 65+ at risk of falling who take part in a 'Fall Prevention' class (Steady Steps) (At risk 35% of population aged 65-84 = 7,188 45% of population aged 85+ = 1389 )	tbc	data not available	Data from provider is not yet available
			A5/19.ac2	Increase the number of people aged over 65 who are at risk of a fall who have attended a Tai Chi course	April Peberdy (AWTG)	Ongoing	A5/19.m2	Increase the proportion of people aged 65+ at risk of falling who take part in a Tai Chi for Falls Prevention class (At risk 35% of population aged 65-84 = 7,188 45% of population aged 85+ = 1389)	tbc	data not available	Data from provider is not yet available
			A5/19.ac3	Conduct campaigns to increase public awareness of falls and how to prevent falls.	April Peberdy (AWTG)	Ongoing	A5/19.m3	Number of Falls Prevention Awareness Campaigns	tbc	1.0 Q1	One campaign on Falls and Hydration was completed in June 2017, with an accompanying webpage.
			A5/19.ac4	Deliver training to WBC staff, NHS Staff and volunteers on the Falls Prevention Pathway to increase knowledge of available services and the recommended approach.	April Peberdy (AWTG)	Jan-17	A5/19.m4	Number of Falls Prevention Awareness Training sessions delivered	tbc	data not available	Data from provider is not yet available
			A5/19.ac5	Develop and implement a multi-factorial falls risk assessment tool (FRAT)	April Peberdy (AWTG)	May-17	A5/19.m5	Number of risk assessments conducted using FRAT tool	tbc	data not available	Due for implementation in May 2017.
			A5/19.ac6	Conduct an Early Intervention Project to identify those most at risk of falls.	April Peberdy (AWTG)	Sep-17	A5/19.m6	Number of people aged over 65 identified as at risk of falls.	tbc	data not available	Due for implementation in September 2017.
			A5/19.ac7	Conduct a Home Safety Check Pilot with RBFRS	April Peberdy (AWTG)	Jan-18	A5/19.m7	Number of Home Safety Checks	tbc	data not available	Due for implementation in 2018.
				<i>Outcome measure tbc</i>						data not	

## Health and Wellbeing Strategy Delivery Plan

HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	SRO	Start Date	Ref.	Measure	Target	Latest/YE RAG	Narrative	
How we will deliver the Strategy: Integration	Batter Care Fund National Condition 1	Delayed transfers of care	BCF1/ac1		Tandra Forster/Shairoz Claridge (WBLIB)		BCF1/m1	Decrease the number of bed days due to Delayed Transfers of Care (DTC) from hospital	tbc	data not available		
	Better Care Fund National Condition 2	Non-elective admissions (General and Acute)	BCF2/ac1		Tandra Forster/Shairoz Claridge (WBLIB)		BCF2/m1	Number of non-elective admissions (General and Acute)	tbc	data not available		
	Better Care Fund National Condition 3	Admissions to residential and care homes	BCF3/ac1		Tandra Forster/Shairoz Claridge (WBLIB)		BCF3/m1	Permanent admissions of older people aged 65+ to residential and care homes (per 100,000 of population)	tbc	data not available		
	Better Care Fund National Condition 4	Effectiveness of reablement		BCF4/ac1		Tandra Forster/Shairoz Claridge (WBLIB)		BCF4/m1	% of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	83%	data not available	
								BCF4/m2	% of new clients where service following enablement was Ongoing Low Level Support, STS (Other), Universal Services/IAS or No identified needs (ASCOF 2D)	60%	data not available	

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