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Health and Wellbeing Board

Thursday 25 January 2018 at 9.30am

in Council Chamber Council Offices
Market Street Newbury

Date of despatch of Agenda: Wednesday, 17 January 2018

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

West Berkshire Health & Wellbeing Board

West Berkshire Council

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

Agenda

Part I

Page No.

1 **Apologies for Absence**
To receive apologies for inability to attend the meeting (if any).

2 **Minutes** 7 - 20
To approve as a correct record the Minutes of the meeting of the Board held on 28 September 2017 and the special meeting held on 24 November 2017.

3 **Health and Wellbeing Board Forward Plan** 21 - 22
An opportunity for Board Members to suggest items to go on to the Forward Plan.

4 **Actions arising from previous meetings** 23 - 24
To consider outstanding actions from previous meetings of the Board and Development Sessions.

5 **Declarations of Interest**
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' Code of Conduct.

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.

a **Question submitted by Richard Carrow to the Chairman of the Health and Wellbeing Board**
"A number of charities offer befriending services, among them Macmillan Cancer Support for those undergoing cancer treatment. As Lead Volunteer for Newbury I have noticed substantially fewer referrals in the last couple of years for practical or emotional befriending support. What practical measures would the Board consider helpful in signposting this type of assistance across the CCG that the voluntary sector - and Macmillan in particular - can provide?"

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

Strategic Matters

8 **Refreshed Future In Mind Local Transformation Plan for Children and Young People's Mental Health and Wellbeing** 25 - 44
To review the work around the Refreshed Future In Mind Local Transformation Plan for Children and Young People's Mental Health and Wellbeing including waiting times for autism diagnosis.

9 **Health and Social Care Integration** 45 - 46
To provide an update on integration activity at the West Berkshire, Berkshire West and BOB level.

10 **Pharmaceutical Needs Assessment** 47 - 108
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). The refreshed PNAs therefore need to be signed-off and published by 31st March 2018.

(Please note that the appendices are provided in the information pack)

Programme Management

11 **Mental Health Action Group Update** 109 - 116
This report provides more detail of the mental health action plan presented to the Board at its meeting on 24th November 2017.

12 **Alcohol Harm Reduction Partnership Update** 117 - 122
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'.

13 **Community Conversations** 123 - 128
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.'

14 **Health and Wellbeing Board Membership** 129 - 134
To consider a proposal to appoint representatives for employers, Berkshire Healthcare Foundation Trust and Royal Berkshire Healthcare Trust to the Board.

Items for Information
Please note that these items are available in a separate pack.

15 **Berkshire West Healthy Weight Strategy 2017-2020**
The Health and Wellbeing Boards across Berkshire agree that tackling obesity is a priority for us all, the Health and Wellbeing Board are asked to note the Berkshire West Healthy Weight Strategy 2017-2020.

16 **Local Safeguarding Children's Board Annual Report 2016-17**

Under section 14A of the Children Act 2004 the Independent Chair of the LSCB must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

17 **Safeguarding Adults Board Annual Report 2016-17**

This Report shows what the Safeguarding Adults Board aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2016-17, both as a partnership and through the work of its participating partners. It illustrates an increasingly ambitious agenda and what the Board has been able to achieve, as well as those areas for action that we still need to address. The Report provides a picture of who is safeguarded across the area, in what circumstance and why. This helps us to know what we should be focussing on for the future.

18 **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. *(There were no questions submitted by Members in relation to matters not on the agenda.)*

19 **Future meeting dates**

29 March 2018 – Development Session (private)

24 May 2018

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.

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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, 28 SEPTEMBER 2017

Present: Luke Bingham (Divisional Director - Sovereign Housing), Garry Poulson (Volunteer Centre West Berkshire), Dr Bal Bahia (Newbury and District CCG), Rachael Wardell (WBC - Community Services), 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) and Councillor James Fredrickson (Executive Portfolio: Health and Wellbeing)

Also Present: Jo Reeves (Principal Policy Officer), Suzanne Taylor (Community Anchor - Hungerford), Shelly Hambrecht (Hungerford Family Hub) and Susan Powell (Building Communities Together Team Manager)

Apologies for inability to attend the meeting: Neil Carter, Dr Barbara Barrie, Dr Lise Llewellyn, Cathy Winfield, Councillor Rick Jones, Councillor Marcus Franks and Jim Weems

PART I

63 Minutes

The Minutes of the meeting held on 25 May 2017 were approved as a true and correct record and signed by the Leader.

64 Health and Wellbeing Board Forward Plan

The Forward Plan was noted.

65 Actions arising from previous meetings

The actions arising from previous meetings were noted.

Councillor Lynne Doherty advised that she would confirm that the action for the Children's Delivery Group had been completed.

66 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 Rapid Response Cars (WBRRC), 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.

67 Public Questions

There were no public questions submitted.

68 Petitions

There were no petitions presented to the Board.

69 Community Conversations Update

The Board considered a report and presentation (Agenda Item 8) regarding an update on community conversations.

Suzanne Taylor, the community anchor in Hungerford, provided an overview of the story and outcomes of the multi-professional lens, a group of professionals and parents which had built networks and relationships and brought about changes in their community as a result. There was a broad membership of approximately 30 members from a range of organisations with average attendance at a meeting being 15 people. Suzanne explained that her role was to facilitate the meetings to ensure they made progress and had focus.

In her capacity as the Headteacher of Hungerford Nursery and Family Wellbeing Hub, she saw the role of the group as providing a bridge between the community and professional agencies to enable access to other services and build on strengths. She highlighted the need for effective communication to have a response and not just information sharing in order to stop silo working.

The meetings used the Scanning, Analyse, Response, Action (SARA) model used by the police which gathered information, considered existing solutions, other potential solutions and shared actions. A communal language was developing and the members of the group had been reflecting on the language they had been using with the community, particularly around mental health.

The outcomes for professionals had been that new connections were established and there was concise information sharing in a non-judgemental forum. The Education Welfare Officer had questioned why there were not similar models of working in other areas and professionals had begun to shadow each other to gain a better understanding of their roles. For organisations there had been the outcome to introduce new ways of working and building capacity, for example it had been identified that fire fighters could operate as SAFE workers in schools. The community outcomes had been better integrated services which worked consistently and built trust. The SAFE programme was now running a pilot in feeder schools of John O'Gaunt, Theale Green and Trinity for Years 5/6.

Shelly Hambrecht, Co-ordinator Family Centre Hungerford, discussed the role of the family centre, outlining that the domestic abuse theme had begun to be discussed in March 2017 and had inspired women who had experienced domestic abuse to become involved in Peer Volunteering. A natural pathway had emerged to support people move from support for low mood, to parenting support, to getting to a position where they could support other families.

Suzanne Taylor concluded the presentation with some quotes from group members which demonstrated the impact of their work.

Councillor Fredrickson enquired how the balance between focussing the conversations but not leading them was struck. Suzanne Taylor advised that the group had chosen the themes and the SARA model was a useful way to enable the conversation to develop.

Councillor Fredrickson noted that he had attended the Thatcham community conversation the previous evening and noted the absences of young people. He enquired

whether attracting a wide range of people had been a problem in Hungerford. Suzanne Taylor responded that different groups engaged at different points for different purposes and they were attracted if the theme being discussed was of interest.

Garry Poulson thanks Susanne and Shelly for their clear presentation and raised a query regarding whether the term 'community conversations' might run the risk of making anyone not involved feeling excluded. Suzanne Taylor explained that her group understood how their community works. She advised that communities rise to a challenge when they need to, for example when there is flooding. Their work created ripples, rather than waves.

Councillor Lynne Doherty noted that Suzanne's leadership had contributed to the success of the group and raised her experience of the Newbury community conversation. It was not attended by any professionals and begun by raising issues such as litter and developed to discussing social isolation. asked what an appropriate balance would be. Suzanne Taylor advised that it would depend on the focus and the principal aim had to be community empowerment. She advised that matters such as litter had emerged when the process began two years ago and had evolved with what had worked and what had kept momentum.

Councillor Doherty enquired whether there might be scope for the family hub to stretch the age range they worked with to include elderly people. Suzanne Taylor reported that the community officer from Sovereign would be attending a future meeting due to their interest in older peoples' mental health.

Rachael Wardell noted that it might be a challenge for the Health and Wellbeing Board, considering its governance and focus on programme management, to support and enable a way of working which was less predictable. The work in Hungerford developed in a way that could not have been anticipated and different things would emerge in different areas. It had been really helpful to have the success described as an outcome measure on the dashboard would not encapsulate the impact.

Councillor Mollie Lock noted that facilitators needed to hold on to attendees like balloons and know when to draw them in and when to let them drift away for a time. She also noted that many groups operating on any number of names could be considered to be community conversations. Suzanne Taylor agreed that the name of the group was not important so long as they discussed things which interested people.

Luke Bingham enquired how such groups could be supported to be self-sustaining. Suzanne Taylor suggested that her group was self-sustaining in that the facilitator role could move around but the groups should not be afraid of changing. Luke Bingham further asked whether the group made use of social media to promote the meetings. Suzanne Taylor advised that the group had worked because it did not make demands upon peoples time and had evolved into a format that worked for everyone.

Susan Powell gave a presentation to summarise the progress of community conversations being undertaken elsewhere in the District. She stated that she was encouraged by the acknowledgement that the work was flexible and highlighted that action plans which emerged from community conversations would also be flexible.

Community conversations were building momentum. A meeting had been held in Burghfield following a large number of anti-social behaviour complaints. Seventeen new Neighbourhood Watch schemes had been set up and in Aldermaston and interesting conversation had emerged with anti-social behaviour initiated discussions but the community revealing that they were concerned about social isolation. A meeting had also been held in Thatcham on 27 September 2017 and was attended by around 40 people.

Councillor James Fredrickson noted that he had attended the meeting in Thatcham and was sceptical that there would be many people due to poor weather conditions but he was pleasantly surprised to see the meeting well attended. The conversation naturally evolved and identified small things which had a big impact on the community. He noted that many residents were concerned about anti-social behaviour by young people on the Broadway but there were no young people present to discuss. There was a clear appetite in the room to address the issues that were identified and he left with the view that there was a vibrant community in Thatcham.

Susan Powell advised that a Youth Council meeting would be held that evening with attendees to be asked what they would like to create. The profile of the Building Communities Together Partnership was being raised with a refresh of the website and template posters. Existing community forums were being mapped so duplication could be avoided.

(Councillor Graham Jones joined the meeting at 10.35am)

Councillor Fredrickson expressed the view that externally it was right that 'community conversations' should be a flexible term and asked whether internally they needed to be thought of in a different way. Susan Powell advised that 'engagement' did not quite describe what a community conversation was and supported the view that a community would self-define their name and ambition.

Councillor Lock noted that there had been a successful forum in Thatcham North which had created a playground in Dunston Park. She noted that the group had served its purpose then ebbed away. Susan Powell agreed in an organic approach where conversations ended when there was no longer that shared purpose.

Andrew Sharp noted that conversations lead by different agencies might have different content and results. Susan Powell agreed that if there was a different seed there would be a different flower.

Councillor Fredrickson concluded that brilliant progress had been achieved and was encouraged to hear how the conversation in Hungerford had matured. Flexibility had enabled tangible, if not measurable, results that would give momentum to conversations in other areas.

RESOLVED that the update report and presentations be noted.

70 Alcohol Harm Reduction Partnership Update

The Board considered a report (Agenda Item 9) concerning an update from the Alcohol Harm Reduction Partnership. Denise Sayles introduced herself as the new Public Health Senior Programme Officer with responsibility for substance misuse, homelessness and smoking.

Alcohol Concern had been appointed to deliver the Blue Light Project and were to hold a stakeholder workshop on 19 October 2017. The target group for the project would be people drinking at dependent levels who were not engaging in treatment services who were costing emergency services a disproportionate amount. The approach was a different way of working with this group as usually the person was expected to ask for help. The project would train staff in partner organisations how to engage with treatment resistant drinkers. Following the stakeholder workshop training would be held for staff on motivational interviewing.

Councillor Fredrickson enquired how partner organisations would know who was best to engage with this group. Denise Sayles responded that a Focus Group would meet to identify which service should take the lead with each individual. She noted that she had

met with the Liaison Team at Royal Berkshire Hospital's Accident and Emergency department who had committed to attend the training but noted that they might not always be the right service to lead on service user engagement.

Rachael Wardell noted that motivational interviewing was a technique used in the family safeguarding model. Denise Sayles highlighted another link to the Making Every Adult Matter work and commented that the two workstreams would need to work together to identify which approach would be most effective for a particular person.

Shairoz Claridge commented that the Clinical Commissioning Groups had conducted some research to identify the 'frequent flyers' and asked how Blue Light clients would be identified. Denise Sayles noted that West Berkshire residents did not always make the hospitals' 'frequent flyers' lists so identification would rely on good communication with Thames Valley Police, South Central Ambulance Service (SCAS) and GPs. Shairoz Claridge expressed the view that it was a good project and she would raise the matter at the Sustainability and Transformation Programme (STP) Prevention Board as it linked to the Making Every Contact Count model.

Dr Bal Bahia noted that GPs received information from SCAS and noted that if a person was regularly attending their GP they were somewhat engaged with a treatment process. He noted that people were multi-faceted and alcohol misuse was usually a symptom of a problem. Dr Bahia noted that althought the aim of the project was to reduce costs, ultimately the benefit of the project would be that lives were saved.

Councillor Quentin Webb noted that it would be helpful to engage with employers. Denise Sayles agreed that missed work due to alcohol was an issue.

Councillor Graham Jones expressed the view that a plurality of Primary Care outlets should be involved.

Andrew Sharp argued that it would not matter which service identified the client and if the system worked they would not be bounced between services. All agencies would need to work together to achieve the best results. He questioned what support would be available for treatment resistant drinkers who were not causing a burden to emergency services and hoped that the good practice learnt by staff would carry through. Andrew Sharp also highlighted that the Alcohol Harm Reduction Partnership wished to broaden their remit to include substance misuse as they already had the right membership.

(The meeting was adjourned between 11.00am and 11.15am for a test of the lockdown procedure)

Councillor Lynne Doherty enquired upon the membership of the Children and Young Peoples' Substance Misuse Strategy. It was agreed that this information would be circulated outside the meeting.

Jo Reeves provided an update regarding the Alcohol Identification and Brief Advice (IBA) project. There had been a delay in commissioning the training due to annual leave in Legal Services over the summer however the service had been put out to tender with the deadline for bids being the following week.

Garry Poulson enquired whether Magistrates Courts could order a person, for example with a drink driving offence, to engage with alcohol treatment services. Denise Sayles confirmed it was possible and would be monitored through Probation Services. Jo Reeves was asked to write to the Magistrates Court. Rachael Wardell noted that the success rate of mandated treatment should be considered.

Denise Sayles concluded by stating that the Alcohol Harm Reduction Partnership wished to include substance misuse in its remit. She had also attended a meeting in Thatcham where the community advised they were more concerned about drugs than alcohol.

Jo Reeves noted that Alcohol Awareness Week would run 13-19 November 2017 and asked that the Board support activities during that week.

Councillor Fredrickson concluded that the numbers trained in IBA was a key target and if there was any further delay he would like a special meeting to be held to explore the reasons why.

RESOLVED that

- **The report be noted.**
- **Jo Reeves would write to the Magistrates Court regarding alcohol treatment requirement orders.**
- **The Board support that the Alcohol Harm Reduction Partnership expand its remit to include substance misuse.**
- **A Special meeting would be held if there was any further delay to the Alcohol IBA project.**

71 Delivering the Health and Wellbeing Strategy - Q1 Update

The Board considered a report (Agenda Item 10) concerning delivery of the Health and Wellbeing Strategy – update at quarter one.

Jo Reeves advised that progress was on track in most areas although the sub-groups had some further work to do to define the outcomes they were seeking to achieve. One indicator (% of Looked After Children who had completed a Strengths and Difficulties Assessment) was showing as red. The Board were asked to permit a 2% tolerance in reporting as performance was at 98.8% against a target of 100%. Performance in 2016 had been at 20%. Councillor Doherty commended the excellent performance that had been achieved and confirmed the Corporate Parenting Panel was also interested in ensuring performance against this target was at 100%.

Jo Reeves continued that there was still no action plan under the aim to support mental health, although a Mental Health Action Group had been established and were aiming to present their action plan at a Special meeting of the Health and Wellbeing Board on 24 November 2017. Jo Reeves suggested that the Board consider making mental health one of their priorities in 2018/19.

Finally, there had also been concerns raised regarding delivery of good quality housing and rural access to services. A Problem Solving Session would be held on 19th October 2017 with the aim to produce some actions to be owned by the Steering Group.

Councillor Fredrickson supported the view to make mental health a priority for 2018/19 as it had been an area of weakness throughout 2017/18. He expressed the view that there was an interesting opportunity to achieve some quick wins by making better connections between the health and wellbeing strategy and the planning and transport strategies. For example the planning Team might receive an application to construct an annex for an elderly relative but there were opportunities to consider the health and wellbeing needs of the resident.

Garry Poulson raised a question of how the Suicide Action Group fit in with the Health and Wellbeing Board's governance and delivery of the strategy. Councillor Fredrickson suggested the co-chairs of the Mental Health Action Group consider how to link together.

RESOLVED that

- **The progress made a quarter one 2017/18 to deliver the Health and Wellbeing Strategy be noted.**
- **A 2% tolerance in the RAG rating for performance achieved against targets be permitted.**

72 Better Care Fund 2017-19

This item was not discussed.

73 Berkshire Flu Update

Dr Bal Bahia asked that Board members be supportive in spreading messages about 'Flu vaccines and that the Board write to all care homes to encourage their staff to be vaccinated. The figure from Australia suggested that the UK should get ready for a difficult 'Flu season.

RESOLVED that a letter from the Health and Wellbeing Board would be sent to all care homes to encourage them to take up 'Flu vaccinations.

74 Members' Questions

There were no Members' questions.

75 Future meeting dates

The Board noted the following dates for future meetings:

Problem Solving Session – 19th October 2017

Development Session – 23rd November 2017

Special Health and Wellbeing Board – 24th November 2017

(The meeting commenced at 9.30 am and closed at 11.36 am)

CHAIRMAN …….

Date of Signature …….

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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 FRIDAY, 24 NOVEMBER 2017

Present: Dr Bal Bahia (Newbury and District CCG), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Councillor James Fredrickson (Executive Portfolio: Health and Wellbeing) and Jim Weems (Thames Valley Police)

Also Present: Andrew Sharp (Healthwatch), Jo Reeves (Principal Policy Officer) and Susan Powell (Building Communities Together Team Manager)

Apologies for inability to attend the meeting: Neil Carter, Luke Bingham, Garry Poulson, Dr Barbara Barrie, Councillor Lynne Doherty, Councillor Graham Jones, Councillor Mollie Lock, Councillor Rick Jones and Councillor Marcus Franks

PART I

76 Declarations of Interest

During the course of the meeting Councillor James Fredrickson declared an interest in Agenda Item 3, but reported that, as his interest was a personal or an other registrable interest, but not a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matter.

77 Mental Health

The Health and Wellbeing Board considered a presentation (Agenda Item 3) concerning an update on Mental Health from Rachael Wardell and Andrew Sharp on behalf of the Mental Health Action Group. Councillor James Fredrickson welcomed Richard Benyon MP to the Health and Wellbeing Board and advised that the purpose of the meeting was to provide an overview of the work on Mental Health since he last attended on 30 March 2017.

Andrew Sharp began by tabling a diagram of the groups which held governance for mental health in West Berkshire. He advised that since March 2017, a Mental Health Action Group (MHAG) had been established and there was now greater clarity between how professionals, service users and voluntary sector groups linked with each other, with the Health and Wellbeing Board and with other strategic groups.

The aim of the MHAG replicated the aim articulated by Ali Foster as part of the Brighter Berkshire campaign: "*To live in a community that is compassionate, that values good mental health, is without stigma and offers mental health support to those who need it when they need it*."

In terms of the data, West Berkshire was an outlier regarding premature deaths for people with serious mental illness so this would be a key priority for the MHAG's attention. In addition a patient satisfaction survey had previously assessed 'support during a crisis' to be below average, however this had now been brought back up to average. The data had been used to inform the Health and Wellbeing Strategy aims in relation to mental health.

Areas for action had been identified by service users and in the main these corresponded to actions identified through the Joint Strategic Needs Assessment.

There were a number of statutory and non-statutory services available to support people with their mental health. Andrew Sharp stated that non-statutory services needed continued support, whether this was financially or in kind, to keep operating. There was more work to be done to ensure that services were joined up.

A lot of good work was already ongoing. The Suicide Action Group had run a training event for employers and the Emotional Health Academy had improved waiting times for children who needed emotional health support.

A key element for the medium-term work programme of the MHAG would be around ensuring holistic support, with an emphasis on employment. This would be through increasing support in-work for those with mental health issues but also to support people to get back into work.

It was noted that in addition to the moral imperative to provide better support for people with poor mental health, there were also economic incentives. Poor mental health cost the country £99billion per year.

Councillor Fredrickson asked for more information regarding the Suicide Action Group's work. Jaqui Letsome advised that 70 people had attended a training event on 11 October 2017, representing 60 employers form a range of businesses. Attendees were developing ways to implement their learning in their workplaces and it was hoped to run similar events in the future. Councillor Fredrickson stated that the group had done well to focus on a plan with clear actions.

Richard Benyon advised that he had been involved in some of the work mentioned and was particularly impressed by Brighter Berkshire which had been an extremely well run, focussed campaign. He praised the Suicide Action Group's work to engage with employers regarding mental health and pressed the need to work closely with small and medium sized enterprises (SMEs). He had seen the good work of the Emotional Health Academy in providing early intervention services.

Offering a challenge to the Board, Richard Benyon noted that West Berkshire was part of the 'tech corridor' and had access to some ground breaking companies. Rural communities in West Berkshire also had, or were about to have, superfast broadband. He asked whether the Board was taking advantage of technological solutions in healthcare.

Councillor James Fredrickson declared an interest by virtue of the fact that he was an employee of Gigaclear, who were delivering the third phase of the Superfast Berkshire project.

Cathy Winfield reported that Berkshire Healthcare Foundation Trust (BHFT) provided digital services directly to young people with eating disorders. The Support Hope and Recovery Online Network (SHaRON) was a chat room monitored by clinicians which enabled them to support a large number of people compared to traditional face-to-face support. In terms of analytic capability, there was also a Connected Care programme which ensured that different NHS organisations and social care had a better ability to understand patient needs and predict risk.

Rachael Wardell advised that the Berkshire West 10 Integration Board were overseeing a project to introduce assistive care technology which would support all domains of health and wellbeing but particularly support people to live independently for longer. A business case would be prepared before the end of 2017.

Councillor Quentin Webb reported that the Health and Wellbeing Board were also considering an integrated solution to digital communications.

Ali Foster reported that there had appeared to be a culture shift as communities were involved in conversations. Thinking different about services required different people. She noted that the Thames Valley Local Enterprise Partnership had funding available which would provide an opportunity to engage businesses. She reported that the Suicide Action Group had been particularly powerful because businesses had been involved in the discussions.

Councillor Marigold Jacques stressed the importance of the voluntary sector in supporting people experiencing social isolation and loneliness.

Dr Bal Bahia supported the view that there had been a culture change and advised that the Brighter Berkshire campaign had been successful in raising awareness of mental health. He also highlighted that the council's public health team promote the five steps to wellbeing and expressed the view that physical and mental wellbeing were part of one continuum. The Health and Wellbeing Board members had completed Mental Health First Aid training which had helped him to address some of the language his patients were using to describe their own mental health. The data had been eye-opening and GPs were conducting an audit of their patients who had serious mental illness and had died prematurely.

Ali Foster expressed the view that sustainability, particularly of the voluntary sector, would be the key challenge to ensure there was a robust system in place to support mental health.

Councillor Billy Drummond asked whether there were enough doctors, nurses and carers to support people with poor mental health. Councillor Fredrickson stated that the purpose of the work the MHAG had been to understand what assets were available already in West Berkshire's communities and what could be improved. Richard Benyon expressed the view that an area such as West Berkshire could always benefit from more people delivering support. He noted that the government had allocated more money for mental health and would like to know if that was beginning to have an impact in West Berkshire. Cathy Winfield advised that there had been increased investment into Talking Therapies and an improvement in Child and Adolescent Mental Health Service (CAMHS) waiting times. Rachael Wardell commented that the Clinical Commissioning Group had invested into the Emotional Health Academy which had improved outcomes along the whole pathway.

Councillor James Fredrickson thanked the officers for the presentation, including the MHAG as a whole and particularly Tandra Forster who had been unable to attend the meeting.

RESOLVED that the presentation be noted.

78 Community Conversations

The Health and Wellbeing Board considered a presentation (Agenda Item `4) concerning an update on community conversations. Susan Powell advised that the Board had set a strategic focus for 2017/18 to 'increase the number of communities where community conversations had successfully run and local action plans had been jointly developed'.

The Building Communities Together Partnership and Team were leading on the work to start new community conversations and join in conversations where they were already happening. The aim was to nurture sustainable communities which made the most of their assets.

A recent community conversation was held with rough sleepers and was attended by 30 people. They had expressed concerns regarding mental health and the desire to have a hub where they could express their needs once. The benefits of the community conversation would be taken forward by the new Making Every Adult Matter (MEAM) Coordinator, once in post.

The partnership had become aware that young peoples' voices had not been present in many of the conversations and subsequently a workshop was held with peer mentors. Many of their concerns had been around anxiety, stress and social isolation; these were fed back to health and education services.

Susan Powell noted that the Board received an update at its previous meeting in September 2017 which set out a detailed update regarding the work of the Hungerford Multi-Professional lens. She reported that Suzanne Taylor, the community anchor, managed the meetings well to keep to the group's aims, whilst ensuring all attendees contributed. There had been a meeting the previous Tuesday on the subject of mental health which had revealed concerns regarding the language used to describe mental health in the community and also revealed a wish to know more about the possible connections between sleep deprivation and attachment behaviours.

Overall community conversations sought to change peoples' perspectives to consider how they could contribute or get involved in resolving issues within the community. Susan Powell advised that her experience with Neighbourhood Watch groups had been that coordinators were satisfied to take on a larger role but almost felt as though they needed permission.

In response to a question from Councillor Fredrickson, Susan Powell further explained the work in Hungerford, adding that by coming together in a forum, professionals working in the area had built capacity to provide better and more streamlined support. They had also empowered the community to build provision to support children with Autism Spectrum Disorder.

Councillor Fredrickson offered a reflection on his experiences at community conversations. He admitted that before he had attended one he would assume that it would be another event with talk but no action, however he felt it was a form of community engagement which removed bureaucratic consultation processes and involved the community in problem solving. He encouraged all Board members to attend a community conversation.

Jim Weems added that he had found community conversations to be a modern and vibrant way of working. He thanked Susan Powell and her team in their role to support these events.

Rachael Wardell recommended that Board members read Community: The Structure of Belonging by Peter Block which illuminated the ways that organisations could engage differently with communities.

Councillor Fredrickson asked how the Board could support community conversations further. Susan Powell advised that elected Members could support them through parish councils and other organisations could best support them by attending them.

Councillor Fredrickson thanked Board members and Richard Benyon for their attendance at the meeting.

RESOLVED that the presentation be noted.

79 Future meeting dates

The Board noted that the next meeting would be held on Thursday 25th January 2018 at 9.30am in the Council Chamber.

80 Presentation slides

(The meeting commenced at 9.40 am and closed at 10.55 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?
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
Alcohol Concern	To provide an overview of the two alcohol projects.	For information and discussion	20th March 2017	Mike Ward		
Suicide Action Group: Key Achievements	To provide an overview of the achievements of the Suicide Action Group since the groups formation in May 2017.	For information and discussion	20th March 2017	Garry Poulson	Health and Wellbeing Steering Group	
Delayed Transfers of Care	To investigate the reasons for West Berkshire's DTOC performance	For information and discussion	20th March 2017	Nick Carter	Health and Wellbeing Steering Group	
Integration between Adult Social Care and Royal Berkshire Fire and Rescue Service: Key Learning	To present the key learning from integration between the Council's Adult Social Care Service and the Royal Berkshire Fire and Rescue Service.	For information and discussion	20th March 2017	Tandra Forster	Health and Wellbeing Steering Group	
18th May 2018 - Board meeting						
Election of Chairman and Appointment of Vice-Chairman for the 2018/19 Municipal Year	to elect a Chairman and appoint a vice-chairman for the Health and Wellbeing Board for the 2018/19 Municipal Year.	For decision	n/a	n/a	n/a	Part I
Programme Management						
Alcohol Harm Reduction Partnership	For the Board to receive its last update from the Alcohol Harm Reduction Partnership regarding the priority for 2017/18 to reduce alcohol related harm for all age groups. The AHRP will recommend that the Board lobbys the government to introduce minimum unit pricing.	For information and discussion	16th May 2018	Denise Sayles	Health and Wellbeing Steering Group	Part I
Community Conversations	For the Board to receive its last update from the Building Community Together Partnership regaridng the priority for 2017/18 to rincrease the number of communities where community conversations have been held and shared action plans jointly developed.	For information and discussion	16th May 2018	Susan Powell	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						
No items at present.						
5th July 2018 Development Session						
System Resilience conversation	For members of the Board to share good news and challenges facing their organisations.	For discussion	26th June 2018	All		
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	26th June 2018	Jo Reeves	Health and Wellbeing Steering Group	
Update on Priority One for 2018/19	To receive an update of progress made regarding Priority One for 2018/19.	For information and discussion	26th June 2018	tbc	Health and Wellbeing Steering Group	
Update on Priority Two for 2018/19	To receive an update of progress made regarding Priority Two for 2018/19.	For information and discussion	26th June 2018	tbc	Health and Wellbeing Steering Group	

4th October 2018 - Board meeting						
Programme Management						
Update on Priority One for 2018/19	To receive an update of progress made regarding Priority One for 2018/19.	For information and discussion			Health and Wellbeing Steering Group	Part I
Update on Priority Two for 2018/19	To receive an update of progress made regarding Priority Two for 2018/19.	For information and discussion			Health and Wellbeing Steering Group	
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			Health and Wellbeing Steering Group	Part I
Medium Term Objectives - Deep Dive	Update on progress with the five objectives.	For information and discussion			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			Health and Wellbeing Steering Group	Part I
Strategic Matters						
No items at present.						
18th October 2018- Health and Wellbeing Problem Solving Session: topic tbc (Shaw House)						
22nd November 2018 Development Session						
System Resilience conversation	For members of the Board to share good news and challenges facing their organisations.	For discussion		All		
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		Jo Reeves	Health and Wellbeing Steering Group	
Update on Priority One for 2018/19	To receive an update of progress made regarding Priority One for 2018/19.	For information and discussion		tbc	Health and Wellbeing Steering Group	
Update on Priority Two for 2018/19	To receive an update of progress made regarding Priority Two for 2018/19.	For information and discussion		tbc	Health and Wellbeing Steering Group	
22nd January 2019 - Board meeting						
Programme Management						
Update on Priority One for 2018/19	To receive an update of progress made regarding Priority One for 2018/19.	For information and discussion			Health and Wellbeing Steering Group	Part I
Update on Priority Two for 2018/19	To receive an update of progress made regarding Priority Two for 2018/19.	For information and discussion			Health and Wellbeing Steering Group	
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			Health and Wellbeing Steering Group	Part I
Medium Term Objectives - Deep Dive	Update on progress with the five objectives.	For information and discussion			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			Health and Wellbeing Steering Group	Part I
Strategic Matters						
No items at present.						
21st February 2019- Health and Wellbeing Problem Solving Session: topic tbc (Council Chamber)						
28 March 2019 Development Session						
System Resilience conversation	For members of the Board to share good news and challenges facing their organisations.	For discussion		All		
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		Jo Reeves	Health and Wellbeing Steering Group	
Update on Priority One for 2018/19	To receive an update of progress made regarding Priority One for 2018/19.	For information and discussion		tbc	Health and Wellbeing Steering Group	
Update on Priority Two for 2018/19	To receive an update of progress made regarding Priority Two for 2018/19.	For information and discussion		tbc	Health and Wellbeing Steering Group	
30 May 2019 - Board meeting						
Programme Management						
Update on Priority One for 2018/19	To receive an update of progress made regarding Priority One for 2018/19.	For information and discussion			Health and Wellbeing Steering Group	Part I
Update on Priority Two for 2018/19	To receive an update of progress made regarding Priority Two for 2018/19.	For information and discussion			Health and Wellbeing Steering Group	
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			Health and Wellbeing Steering Group	Part I
Medium Term Objectives - Deep Dive	Update on progress with the five objectives.	For information and discussion			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			Health and Wellbeing Steering Group	Part I
Strategic Matters						
No items at present.						

Actions arising from Previous Meetings of the Health and Wellbeing Board

RefNo	Meeting	Action	Action Lead	Agency	Agenda item	Comment
86	25/05/17	Information on the breakdown of the age and gender split of smoking cessation service users to be gathered.	Denise Sayles	WBC/ PH Shared Team	Annual Report from the Director of Public Health	Asked Denise Sayles for info.
	06/07/2017 (Development Session)	A paper regarding the key learning from joint working between adult social care and RBFRS to be brought to a future Board meeting.	Tandra Forster	WBC	Opportunities for integration with RBFRS	On the forward plan for March 2018.
87	28/09/17	A letter regarding the use of Alcohol Treatment Requirement Orders to be sent to the Magistrates Court from the Health and Wellbeing Board	Jo Reeves/ Denise Sayles	WBC	Alcohol Harm Reduction Partnership Update	A letter has been drafted. The Crime Reduction Company and Swanswell have also been requested to provide information. This has been included in the update report from the AHRP.
89	28/09/17	A letter to encourage staff to take up flu vaccines to be sent to all Care homes from the Health and Wellbeing Board	Jo Reeves/ Jo Jeffries	WBC/ PH Shared Team	Berkshire Flu Update	Completed.
90	23/11/2017 (Development Session)	HWBB members to let Martin Dunscombe know if they would be interested to pursue joint investment in Granicus.	All HWBB members	All	Presentation from Granicus	Completed.
91	23/11/2017 (Development Session)	Subject to the above, Martin Dunscombe to arrange a meeting with communication leads from HWBB partner organisations.	Martin Dunscombe	WBC	Presentation from Granicus	Completed. The response from members of the HWBB was limited and the Council is considering next steps.
92	23/11/2017 (Development Session)	Jo Reeves to circulate presentation slides to all HWBB members.	Jo Reeves	WBC	Presentation from Granicus	Completed.
93	23/11/2017 (Development Session)	Nick Carter to bring a paper on Delayed Transfers of Care to the HWBB meeting in March 2018.	Nick Carter	WBC	System Resilience	On the forward plan for March 2018.
94	23/11/2017 (Development Session)	Nick Carter to bring a paper on West Berkshire Vision 2036 to a HWBB meeting in 2018.	Nick Carter	WBC	System Resilience	Provisionally scheduled for the Conference on 19 April.
95	23/11/2017 (Development Session)	A presentation on repeated incidents of domestic abuse to be added to the Forward Plan.	Nick Carter/ Jim Weems	WBC/ TVP	Delivery of the Health and Wellbeing Strategy Q2.	A verbal update to be provided at the meeting on 25 January 2018.
96	23/11/2017 (Development Session)	Jo Reeves to ask the Children's Delivery Group to confirm the measure they are using for the action 'Schools promote inclusion with focus on managing autistic types of behaviour'.	Jo Reeves/ Andrea King	WBC	Delivery of the Health and Wellbeing Strategy Q2.	Andrea King reported that schools have been requested to provide information on how they are promoting inclusion and their responses have been variable. Further work is being undertaken to improve the consistency of reporting.
97	23/11/2017 (Development Session)	Jo Reeves to organise one-to-one meetings between HWBB sub-group chairs and the HWBB Chair and Vice Chair.	Jo Reeves	WBC	Delivery of the Health and Wellbeing Strategy Q2.	Completed.
98	23/11/2017 (Development Session)	Denise Sayles to share distribution list with the PPE group.	Denise Sayles	WBC	Alcohol Harm Reduction Partnership Update	Completed.
99	23/11/2017 (Development Session)	Jo Reeves to invite Mike Ward to present to a future HWBB meeting.	Jo Reeves	WBC	Alcohol Harm Reduction Partnership Update	On the forward plan for March 2018.
100	23/11/2017 (Development Session)	Denise Sayles to investigate the link between domestic abuse and alcohol misuse.	Denise Sayles	WBC	Alcohol Harm Reduction Partnership Update	Clarity required on what data HWBB would like to see.
101	23/11/2017 (Development Session)	Jo Reeves to send the Audit-C questionnaire to all HWBB members.	Jo Reeves	WBC	Alcohol Harm Reduction Partnership Update	Completed.

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Refreshed Future In Mind Local Transformation Plan for Children and Young People's Mental Health and Wellbeing - Update

Report being considered by:	Health and Wellbeing Board
On:	25 January 2018
Report Author:	Sally Murray/ Andrea King
Item for:	Discussion

1. Purpose of the Report and executive summary

1.1 To provide an overview of the refreshed Future in Mind Local Transformation Plan (LTP) which was published in October 2017 in accordance with national Future In Mind requirements. The LTP provides an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system. Current whole system challenges are described.

1.2 A young person friendly version is currently being co-produced with service users and this will be published in due course.

1.3 A wide range of initiatives across the system are underway to improve emotional health and wellbeing of children and young people. Initiatives reflect the THRIVE model

1.4 Like most other areas of the country, demand for emotional health and wellbeing services have increased and the complexity of presenting issues is increasing. The increase in demand and complexity is being seen across voluntary sector, schools and specialist services. Nationally there are specialist CAMHs staff shortages.

1.5 While waiting times for specialist CAMHs have reduced since 2015, the service is now at full capacity and waiting times are likely to increase unless demand can be managed better at an earlier stage across the system and additional resources in terms of staff and finance can be secured.

1.6 Waiting times for specialist CAMHs in West Berkshire are generally better than the national average.

1.7 The Government Green Paper Transforming Children and Young People's Mental Health Provision has just been published. This is welcomed. Recommendations made are similar to actions already contained within our refreshed Local Transformation Plan. However the Green Paper does not make clear how possible additional resources will flow (via health or education) or where additional staff capacity will be sourced.

2. Recommendation

2.1 The Board is asked to approve the refreshed Local Transformation Plan.

3. How the Health and Wellbeing Board can help

3.1 The Health and Wellbeing Board are asked to review and respond to the Green Paper as individual agencies.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: ☐	No: ☒

4. Introduction/Background

4.1 The report of the government's Children and Young People's Mental Health Taskforce, "Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing", was launched on 17 March 2015 by Norman Lamb MP, the then Minister for Care and Support. It provides a broad set of recommendations across comprehensive CAMHS that, if implemented, would promote positive mental health and wellbeing for children and young people by facilitating a greater access and standards for CAMHs by greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

4.2 With the requirement for system wide transformation by 2020, all CCGs were tasked with creating a Local Transformation Plans. The Health and Wellbeing Board approved the original plan and the subsequent refreshed plan in 2017. The latest refreshed plan can be found at: http://www.newburyanddistrictccg.nhs.uk/our-work/children/camhs-transformationThe refreshed plan was co-produced with statutory and voluntary sector partners as well as families and experts by experience.

4.3 An easy read version suitable for young people will shortly be available. This is currently in co- production with young people. The 16/17 version can be found here: http://www.southreadingccg.nhs.uk/component/edocman/refresh-local-transformation-plan-for-children-and-young-people-s-mental-health-and-wellbeing-yp-version/download

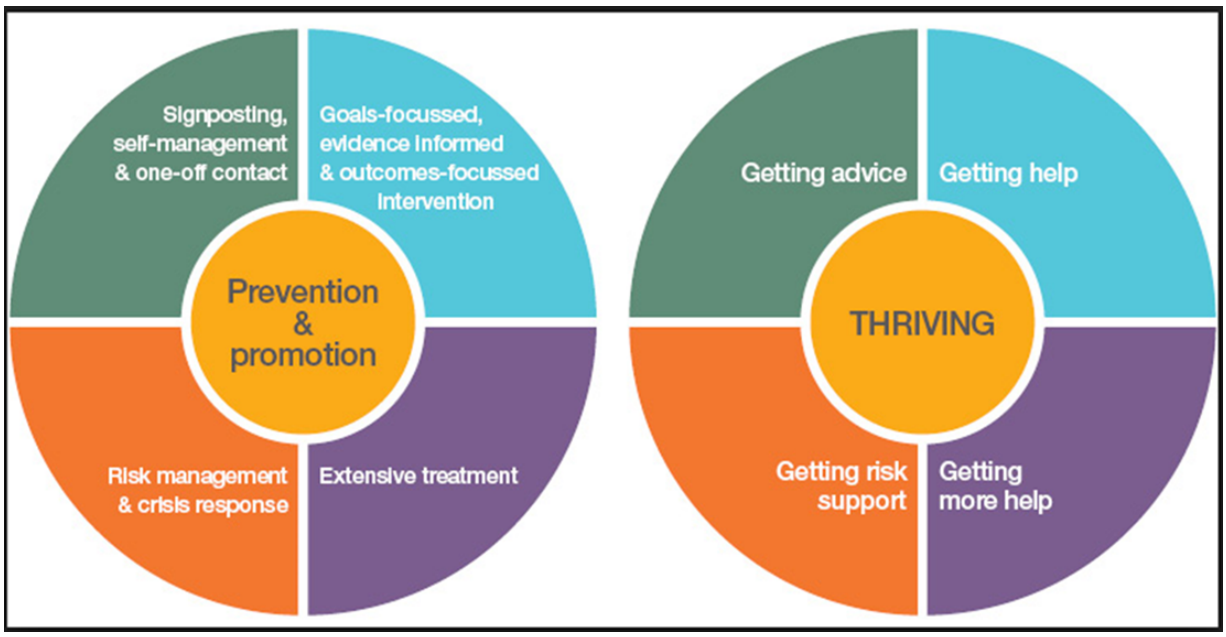
4.4 Community and stakeholder engagement Berkshire West CCGs, with support from all 3 Local Authorities holds a joint meeting once a month to oversee and support the implementation of the Local Transformation Plan. This meeting is called the 'Berkshire West Future in Mind' group and includes a broad representation of providers of services e.g. Berkshire Healthcare Foundation Trust (BHFT), voluntary sector partners, Royal Berkshire Hospital Foundation Trust (RBH), parent carer representative, Schools, Healthwatch and the University of Reading.

4.5 Working Together for Children with Autism is a subgroup that reports to the Future In Mind group. While autism is not a mental illness, a high percentage of children and young people with autism also experience emotional and mental health issues.

5. Highlights of the Refreshed Future In Mind Local Transformation Plan

5.1 The Refreshed Local Transformation Plan provides an overview of a local paradigm shift from a traditional tiered model to a whole system THRIVE framework (reference Anna Freud Centre http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf)

5.2



5.3 We are promoting a whole system framework of care away from specialist mental health teams to families, communities, schools, public health, social care and the voluntary sector sharing the same vision and working together on prevention, early help and building resilience, as well as attending to complex mental health difficulties and mental health crises among children and young people. These are all key features of Future in Mind (2015) and the recent Green Paper. Inter-professional collaboration and coproduction will support a cultural change in the language used, the way in which systems and agencies work together, and the way in which children, young people and their families access support, care and mental health treatment

5.4 We are working to deliver a children's mental health system which:

(1) Is designed for children and built to meet their needs.

(2) Supports children in the right place at the right time.

(3) Provides high quality, evidence based services, from the classroom to hospital care.

5.5 All of these design features were recommended by the Children's Commissioner for England in her evidence to the Health Select Committee in November 2017.

5.6 Our refreshed Local Transformation Plan describes why each of the five THRIVE areas are important, states what whole system actions have been undertaken to date to meet the particular THRIVE area, and what further work needs to happen. Further work required is then collated into a work plan to 2021. This work is whole system in nature and forms part of the wider Special Education Needs and Disabilities and Transforming Care programmes.

5.7 Broadly the 5 areas are

(1) Thriving- ensuring that every child benefits from a home, teaching and school environment which helps them build up emotional resilience

(2) Getting advice- children, young people, families and the children's workforce are able to easily access evidence based advice and signposting to appropriate services

(3) Getting help- ensuring that any child who needs it can access evidence based early support for problems when they first start to emerge. This could include parenting support or a short course of therapy

(4) Getting more help- any child with a more serious mental health condition is able to access high-quality, specialist support in a timely manner

(5) Getting risk support- when there is a clear need for help in a developing crisis, in-patient or enhanced community based health and social care is accessible without delay, as close to home as possible, and for no longer than is necessary. For this to happen, in-patient services need to be integrated with community services.

5.8 Schools have a vital role to play in enabling children to access services, not least because we know that children are up to 10 times more likely to access support if it is offered within schools.
https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf

5.9 Many schools provide youth counselling. The CCGs and West Berkshire Council both commission Time to Talk (West Berkshire) youth counselling. Future In Mind resources have been used to jointly commission the Emotional Health Academy. School Link projects are commissioned in Reading and Wokingham schools (West Berkshire pupils may attend some of these schools). We are working to improve links and joint working between the voluntary sector youth counselling, schools, Primary Mental Health Workers and Specialist CAMHs to provide better support to children and young people before needs escalate. PPEPCare training is being delivered to schools, partners and Primary Care funded through Future In Mind resources to upskill the wider workforce. This forms part of the demand management work described below.

5.10 A further focus of work over the coming year is to review emotional health and wellbeing provision for Looked After Children (LAC). There needs to be agreement across the system what the care pathway for this group of children and young people should look like and how we assure ourselves that it is being delivered. This group of children require a different whole system approach given their difficulties present within the context of historical abuse and neglect, and poor familial relationships. This negatively affects their social, emotional, and behavioural development across most life domains. Difficulties do not manifest in typical mental disorders (e.g. anxiety and mood conditions) but a broad range of maladaptive internalised and externalised behaviours, which means they are unlikely to meet the criteria for services operating under a diagnostic model.

5.11 The Emotional Health Academy (EHA) employs a part-time Clinical Mental Health Worker to work with West Berkshire LAC. The EHA worker provides systemic and integrated interventions under a structured model tailored to the mental health needs of LAC. This model integrates the strengths of the Evolve Interagency Service (EIS), an interagency therapeutic service established in Queensland,

Australia after the 2004 report: Protecting Children: An Inquiry Into Abuse of Children in Foster Care.

5.12 *"Evolve aims to enhance the mental health, behaviour support and participation in education for C/YP in the care of the Department of Communities, Child Safety and Disability Services (DCCSDS) through a collaborative interdepartmental response by DCCSDS, Queensland Health (QH) and the Department of Education and Training. The QH component of the collaborative, Evolve Therapeutic Services (ETS) sits within a continuum of service delivery by Child and Youth Mental Health Services (CYMHS) provided by Hospital and Health Services and works within the overarching interagency model to provide specialist intensive trauma informed mental health interventions for C/YP in out-of-home care with severe and complex mental health support needs." (Evolve Therapeutic Services Performance Review, 2015).*

5.13 A separate arm of EIS was later established, namely Evolve Behaviour Support Services, to support those LAC with disabilities, and families of children with disabilities (including children with Autism Spectrum Conditions) at risk of being relinquished into care.

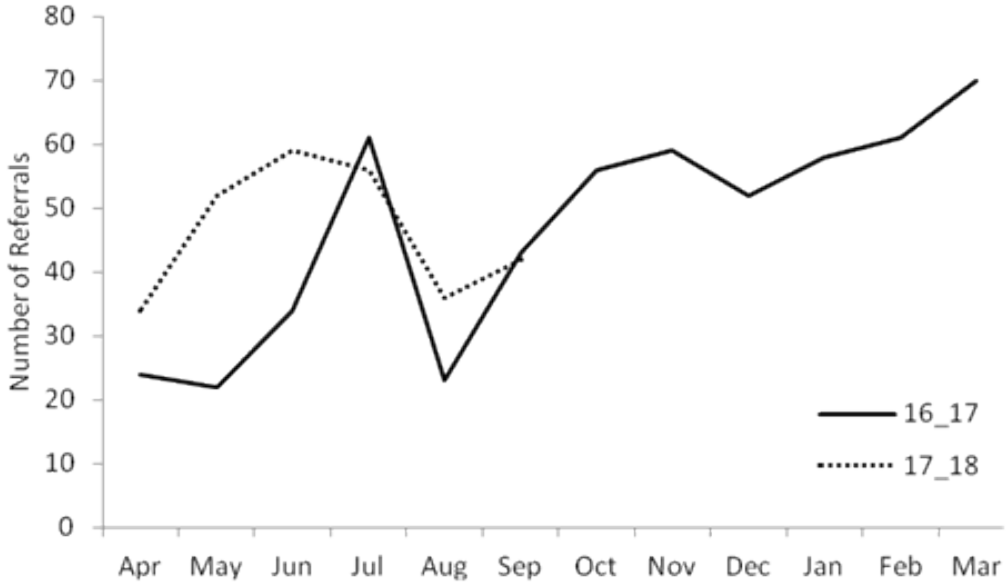
5.14 In the recent performance review of ETS (2015) statistically significant improvements were observed from pre to post treatment on measures of overall functioning and wellbeing, engagement in educational activities, relationships with carers, peers and the wider community. The majority of LAC were involved in the development of their care plans, and there were reductions in placement changes from pre to post treatment. Higher rates of collaboration and communication across the Teams around the Children was reported by carers and clinicians.

5.15 The EHA has adapted the structured systemic approach of Evolve which involves holistic mental health assessment and partnership working, with outcomes evaluated through regular reviews of a therapeutic plan (added to the LAC Care Plan). A summary impact report is provided in Appendix 2. Therapeutic work includes a combination of individual therapeutic work, psycho-education, and dyadic child-carer work in line with NICE guidelines. This model and the EHA's impact provide opportunities to think differently about how we support LAC as well as opportunities to invest to save.

5.16 The CAMHS Urgent Response Service integrated with Royal Berkshire Hospital (RBH) has now been commissioned recurrently. Some work is also beginning to get underway across the Thames Valley and Wessex footprint to scope better integration of in-patient and community services.

5.17 The total number of referrals to Emotional Health Triage between 1 July and 30 September was 137. This was a decrease of 6% (n=8) in referrals from the previous quarter (n=145) of April to June 2017. This is however a 9% increase over the number of referrals for the second quarter of the previous financial year (n=127). The number of referrals per month is illustrated in the Figure below alongside the number of referrals per month for the previous financial year.

5.18 The total number of referrals per month between April and September 2017, and April to March 2016/17.



5.19

5.20 This year's figures are broadly following the pattern for the previous year. There were 564 referrals to EHT in the 2016 and 2017 financial year. During this quarter there were more referrals in August compared to the previous year. The increased referrals from GPs and Social Workers are the reason for this and could be explained by a wider awareness of EHT across the community.

Emotional Health Academy

5.21 The EHA received 29 self-referrals between April and September 2017. This is a very positive sign that young people are actively seeking out direct support from the EHA. We continue to see an increase in the number of self-referrals from young people with these two quarters alone just short of the 31 received in the first 12 months of operation.

5.22 The EHA delivered the following emotional health programmes:

(1) Emotional Wellbeing Group

(2) Overcoming Anxiety Programme

5.23 A second EHA worker commenced the IAPT Enhanced Evidenced Based Practice Course, and two workers completed the PPEP Care Train the Trainer course.

Outcomes

5.24 The number of children and young people (new service users) engaged in some form of individual, group or classroom intervention between April and September 2017 was 474. Numbers were largely made up by group and classroom activities, however the EHA closed 137 direct intervention cases.

5.25 79 service users saw outcome improvement.

5.26 14 service users were stepped-up to and accepted by CAMHS due to persisting needs.

5.27 12 service users disengaged from support at the point of assessment due to not requiring any direct EHA support.

5.28 The EHA engaged 828 children, young people and parents in some form of individual, group or classroom based intervention in the 2016 and 2017 financial year.

5.29 EHA workers completed an additional 50 assessments where the child or young person agreed to be signposted to a more appropriate service to meet their needs.

5.30 Evaluation of ROMS indicate that children and young people who received an individual intervention from the EHA experienced decreases in the severity of their symptoms (RCADS and SDQ scores) and increases in their self-reported wellbeing (ORS scores). The mean post intervention ORS score was above the cut-off of 30. This indicated that over the course of intervention service users wellbeing increased to a level associated with good wellbeing across their personal, interpersonal and social lives. Children and young people also reported that the intervention they received helped them make significant progress towards their goals (GBO scores).

5.31 Feedback provided by service users was overwhelmingly positive. Feedback from children and young people was that the support received had a positive impact on their difficulties, that the EHA understood their concerns, that they were able to work on their goals, that they would access support in the future and that overall the experience of being supported by the EHA was very positive.

Reach to Vulnerable Communities

5.32 The West Berkshire PRU has committed to ongoing commissioning of a full-time Mental Health Worker, a unique model supporting the most vulnerable students. Since March the PRU Mental Health Worker has worked with over 60 individual students plus groups across the iCollege/Reintegration Service. There were over 35 closures, the significant majority of these had made positive improvements in their Mood, Family Relationships and/or School Behaviours. The biggest reason for a student dropping out of support was due to a shift in their timetable i.e. they were not available for the support. A minority (3 students) did refuse direct support. However, for one of these cases successful work was completed with their family that positively impacted the child returning to school. There was 25 students receiving weekly/fortnightly support at the time this report was written.

5.33 The Overcoming Anxiety Programme is a six session course over eight weeks for parents of children with emerging anxiety difficulties. The program is CBT based and seeks to enhance parents' capacity to respond to and alleviate their child's anxiety. Currently the EHA delivers the programme to parents of children who do not have an anxiety diagnosis but who do have emerging anxiety related problems. This is unique in West Berkshire.

5.34 The EHA has delivered three groups to 52 parents. Feedback from parents and completed outcome measures revealed that the program had a positive impact on the anxiety and wellbeing of the child. Parent wellbeing did not change significantly. This was not unexpected given the program is child focused. Both parent and child wellbeing scores were below the optimal cut-off at the end of the program, despite noted improvement in child wellbeing. This indicated that further time might be needed for the full impact of the program to take effect, or that the program did not

fully meet service user needs. Longer-term follow-up will aid in answering this question.

5.35 The EHA developed and delivered the Emotional Wellbeing Group in partnership with the Integrated Youth Support Service. The programme targets young people (11 to 18 year olds) and draws on the 5 Ways to Wellbeing model covering anger, anxiety, body image, social issues, resilience and action planning. The pilot groups were delivered to vulnerable young people that were either on a CiN, CP or LAC plan, with five girls attending the first group and four attending the second.

5.36 Feedback given by group participants was:

(1) Overwhelmingly positive in regards to the format and content of the programme.

(2) That most left the sessions knowing more about each topic.

(3) Attendance was very high given the vulnerable population it was delivered too and the distance some young people travelled (e.g. across the county).

(4) That the in-group discuss was very helpful irrespective of any prior knowledge about the session topic.

(5) That the programme itself was not long enough.

(6) That the group helped them to overcome worries and low confidence about participating in a group with their peers.

(7) That the group helped them to make new friendships.

5.37 Outcomes of the pilot were:

(1) That the programme fills a gap, in that there are few local groups for young people to discuss and learn about emotional health issues.

(2) That the programme was a success and is worth refining and expanding delivery to other settings (e.g. secondary schools).

6. Remaining Issues- Demand

6.1 There has been a focus on reducing waiting times for specialist CAMHs since additional investment was invested in the service in 2015. While waiting times for specialist CAMHs have reduced since 2015, the service is now at full capacity and waiting times are likely to increase unless demand can be managed better at an earlier stage across the system and additional resources in terms of staff and finance can be secured.

6.2 The vast majority of additional posts are recruited to with staffing gaps filled as far as possible by interim staff. In line with the national picture, demand for services has increased and this has an impact on waiting times.

6.3 According to NHS England, the average waiting time for specialist treatment is 73 days. Nationally 6.1% of children access treatment within 6 weeks (source:

http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/child-and-adolescent-mental-health-services/written/73900.html)

6.4 The waiting time situation for specialist CAMHs in Berkshire West is currently generally better than the national picture but we would like to see this improved further. Demand for youth counselling and other emotional wellbeing services has also increased locally.

6.5 There is also an increase in complexity of cases being seen in specialised CAMHs.

6.6 The current average BHFT CAMHs waiting times are (as of end September 2017)

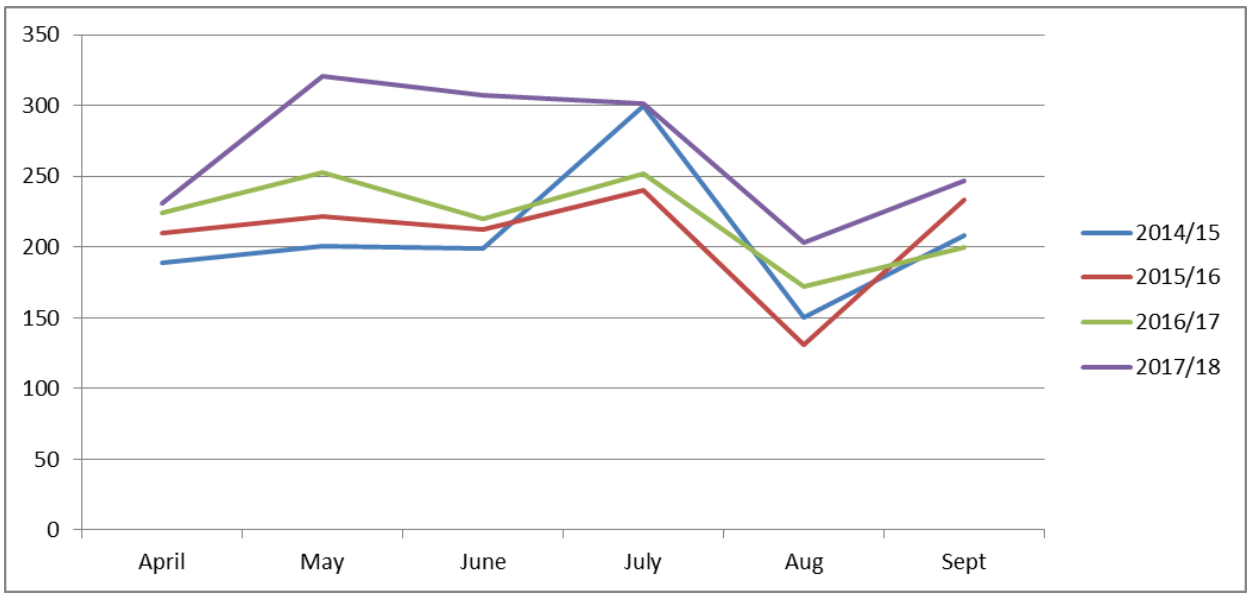
CAMHs CPE & Urgent care	All referrals are risk assessed in Common Point of Entry (CPE) within 24 hours. 100% urgent cases seen by the urgent care service within 24 hours. The current average waiting time for more in depth triage of routine referrals in CPE is 3 weeks. 80% of referrals complete assessment at CPE within 6 weeks. All referrals breaching the 6 week target are referrals to the Autism Assessment Team.
CAMHs Specialist Community	The current average wait time for referrals to the Specialist Community Teams is 6 weeks
CAMHs Anxiety & Depression Specialist Pathway	The current average waiting time for referrals to the Anxiety & Depression Team is 10 weeks.
CAMHs ADHD Specialist Pathway	The current average waiting time for referrals on this pathway is 17 weeks. This is skewed by the long waiters. A significant number of these are referrals for young people who have a diagnosis, have transferred in to service on a routine review programme and do not require an appointment within the 6 week timescale. All have been allocated to the relevant locality clinic and added to the review clinic protocol so should be excluded from the waiting list. BHFT are working with the informatics team to implement a change to our recording system to enable this. Families are also offered help while waiting – service commissioned from Parenting Special Children
Eating Disorders	Eating disorders- urgent- within 1 week Eating disorders- routine- within 4 weeks.

CAMHs Autism Assessment Team	The average waiting time for those currently waiting an assessment is 44 weeks. The national average wait for assessment according to National Autistic Society is 3 and a half years. Families who are waiting for assessment are offered help via the Young SHaRON subnet and support commissioned from Autism Berkshire

6.7 Demand for emotional and mental health services is increasing across all providers both locally and nationally.

6.8 Graph 1 shows the trend in terms of all external referrals to CAMHS through CAMHS CPE from the 4 Berkshire West CCG's year to date with data reported for 2014/15, 2015/16 and 2016/17 for comparison purposes. Total referrals for 2016/17 had increased by 12.8%.

6.9



Graph 1 - External Referrals to CAMHS Common Point of Entry

6.10 BHFT saw a spike in referrals in March 2017 which was put down to the timing of the Easter school holidays and a further spike in May which may have been due to numbers of self-referrals from parents following the go-live of the self-referral option on the new integrated referral form and also to an increase in referrals for Autism Assessments. However the trend has continued through Q2, with referrals for the quarter up 20% on the same quarter last year, despite the usual seasonal reduction in August, and 27.5% higher than the 2014/15 service baseline.

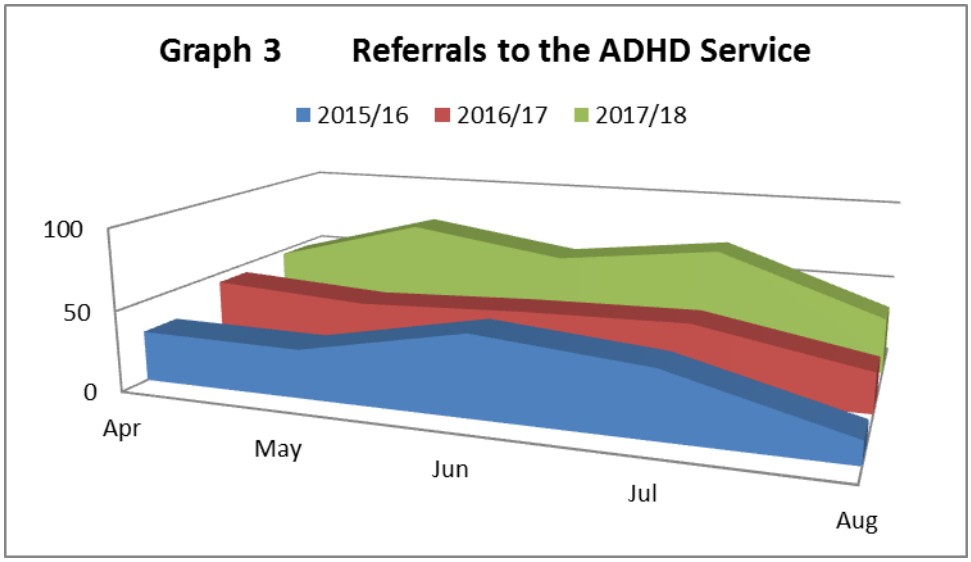
6.11 A positive sign is that we are seeing an increase in appropriate and good quality referrals from SENCo's following our work to disseminate the message that the right person to refer is the person who knows the most about the child or young person's difficulties.

6.12 Information to date shows that BHFT continue to see numbers of self-referrals from parents and that a number of those do not require BHFT CAMH services and would be better supported by local early intervention or targeted services. Parents (and other referrers) are clearly signposted to BHFT CAMHS referral criteria within the on-line referral process and the CAMHS and referral sections of the CYPF website include links to the local offer for each locality and guidance about other appropriate services and how to access those. This information has been further improved with the launch of the CYPF on-line resource, which went live on October 5th https://cypf.berkshirehealthcare.nhs.uk/

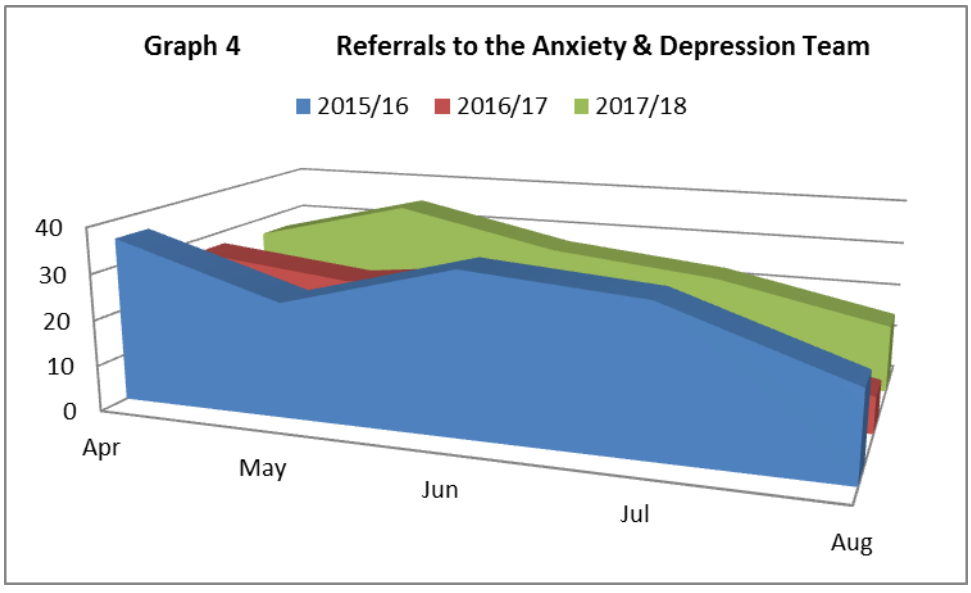
6.13 Accepted Referrals to CAMHs. BHFT are now able to demonstrate the increase in referrals to the specialist teams, which combined have shown an increase of 10% in the months April-August compared to the same time period last year and 20% from the same period in 2015/16. This is in line with the year on year increase of 10% being seen nationally according to the latest information from the CAMHS benchmarking group.

6.14 The graphs below give a pictorial representation of the increase in referral rates within these teams individually.

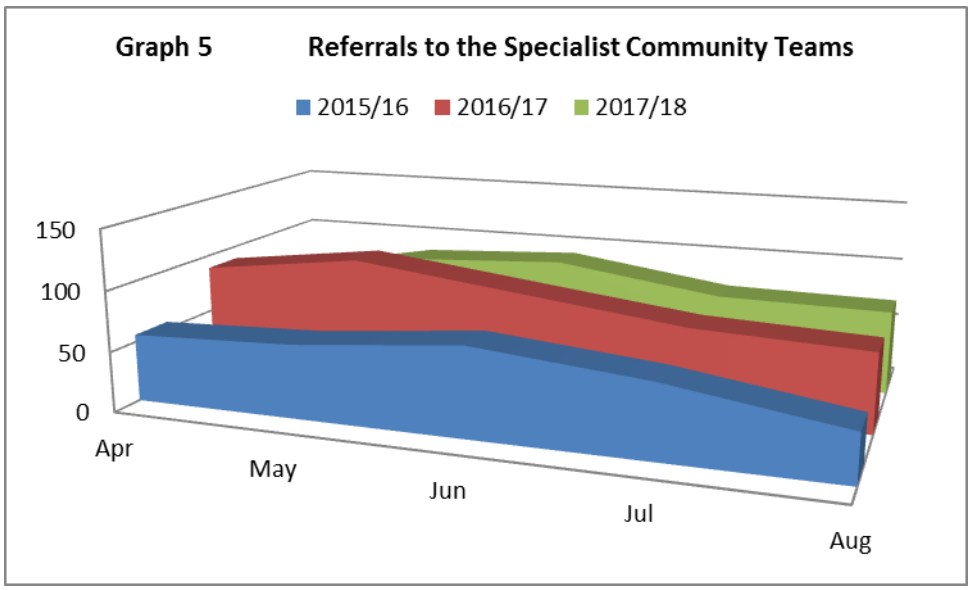
6.15



6.16



6.17



6.18 Note that the numbers for the Specialist Community Teams would have included referrals for young people with an eating disorder in 2015/16 and 2016/17. These referrals are now seen by the dedicated CAMHS Eating Disorders Service so the real increase in numbers of young people with complex mental health difficulties other than an eating disorder is greater than is indicated by this graph.

6.19 While autism is not a mental illness, a high percentage of children and young people with autism also experience emotional and mental health issues. Anxiety issues are particularly common.

6.20 Berkshire West waiting times for autism assessment remain lower than the national average (Berkshire West average is 44 weeks, the national average according to National Autistic Society is 3 and a half years). However waits remain longer than both the commissioner and provider want locally. Demand for autism assessment continues to rise locally and this drives up waiting times. Additional non recurrent funding was made available to expedite reduction in autism assessment waiting times for children under the age of 5 years by running additional weekend clinics. CCGs continue to work with BHFT to reduce waiting times. Approximately 60% of referrals accepted for autism assessment convert into a diagnosis. Of the remaining 40% about half will be diagnosed with a social communication disorder.

6.21 Autistic spectrum condition (ASC) is the most common primary need amongst children and young people with a statement or Education and Health Care plan maintained by West Berkshire Council.

6.22 The next most common primary need for children and young people with a statement or EHC plan maintained by West Berkshire Council are social, emotional and mental health (SEMH).

7. Financial Considerations and Managing Demand

7.1 According to evidence provided by the Children's Commissioner for England to the Commons Health Select Committee (October 2017) https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/10/Childrens-Commissioner-for-England-Mental-Health-Briefing-1.1.pdf National analysis shows just over 200,000 children received CAMHS treatment last year, 2.6% of the age 5-

17 population. Comparing this to recent research on the number of children with a mental health condition the Office of the Children's Commissioner for England estimates that between 1 in 4 and 1 in 5 children with a mental health condition received helped last year.

7.2 The overwhelming majority of national NHS mental health spending goes towards those with the most severe needs. Analysis by the Office of the Children's Commissioner for England shows that:

(1) 38% of NHS spending on children's mental health goes on providing in-patient mental-health care. This is accessed by 0.001% of children aged 5-17.

(2) 46% of NHS spending goes on providing CAMHS community services, these are accessed by 2.6% of children aged 5-17.

(3) 16% of NHS spending goes on providing universal services. This need to support the one in ten children who are thought to have a clinically significant mental health condition but are not accessing CAMHS. It also needs to support a – currently unknown – number of children with lower level needs, who would be less likely to develop a more serious mental health condition if they were provided with timely support.

7.3 This is despite the fact that early intervention is much cheaper to deliver:

(1) £5.08 per student – the cost of delivering an emotional resilience program in school

(2) £229 per child – the cost of delivering six counselling or group CBT sessions in a school

(3) £2,338 – the average cost of a referral to a community CAMHS service

(4) £61,000 - the average cost of an admission to an in-patient CAMHS unit

7.4 The Department of Health estimate that a targeted therapeutic intervention delivered in a school costs about £229 but derives an average lifetime benefit of £7,252. This is cost-benefit ratio of 32-1.

7.5 There is a clear moral, financial, and workforce case to manage demand across the system by meeting the emotional health and wellbeing needs of children and young people before needs escalate to requiring a medical intervention.

7.6 The Green Paper: Transforming children and young people's mental health provision (Dec 2017) makes a number of recommendations which are very closely aligned to our Refreshed Local Transformation Plan. This is very encouraging.

https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision#about-the-green-paper

7.7 The Green Paper recommends

(1) A mental health lead in every school and college (West Berkshire has the Emotional Health Academy in place partly funded through Future In Mind, delivered by WBC staff and supported by PPEPCare training)

(2) Mental health support teams working with schools and colleges (West Berkshire has the Emotional Health Academy in place supported by PPEPCare training plus youth counselling in many schools- this model could be extended further)

(3) Shorter waiting times- this is more complicated as it will require additional national investment. There needs to be a focus on how the workforce should be structured in terms of number of trained staff available, skill mix, generic versus specialist staff, training, recruitment, retention and supervision. This needs to be combined with improved demand management across the system to ensure that robust early intervention and prevention is in place and that partners are providing evidence based support early enough prior to referral to specialist CAMHs- as per the THRIVE model.

(4) Mental health of 16 to 25 year olds- this will comprise of a new national partnership to improve mental health services for young people aged 16 to 25. The partnership will start by deciding which areas to focus on. This might be student mental health, and looking at how universities, colleges, local authorities and health services work together. This work should align to the local Special Education and Disabilities (SEND) work.

(5) Improving understanding of mental health- national work will be undertaken to explore the impact of the internet and social media on the mental health of children and young people; research how best to support families and research how to prevent mental health problems.

7.8 The Health and Wellbeing Board are asked to review and respond to the Green Paper as individual agencies.

7.9 https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

8. Conclusion and Next Steps

8.1 The Health and Wellbeing Board is asked to endorse the refreshed Local Transformation Plan.

8.2 The Health and Wellbeing Board are asked to review and respond to the Green Paper as individual agencies

8.3 For West Berkshire the focus continues to be on supporting and strengthening collaborative working from these and other developments in integrating mental health into children social care to ensure that local children thrive and grow up to be confident and resilient individuals. This will be endorsed by :

(1) Joining up the system to engineer a new model of delivery that tackles access and prevents young people being lost in the system.

(2) Sustaining a culture of evidence based services improvement delivered by a workforce with the right mix of skills, competences and experience.

(3) Investment in our staff and workforce, strengthening the working culture and level of support at all levels of service delivery, but in schools in particular.

(4) Building a stronger Early Intervention offer that builds the resilience in children and young people and providing support as early as possible.

(5) Improve transparency and accountability across the whole system, including resource allocation and ensuring collaborative decision making.

8.4 As the plan becomes operational the intended outcomes will be that children and young people and their families are more resilient. There will be fewer children and young people escalating through to urgent or specialist interventions. There will be a positive impact on the perinatal mental health of mothers in the early years of children. There will be more young people escalating through to urgent or specialist interventions. There will be a positive impact on the perinatal mental health of mothers in the early years of children. There will be more young people reporting positive outcomes at a universal and targeted intervention level, including a positive experience of their services.

8.5 The plan expects these outcomes to be reached over the next 4 years:

(1) Children and young people mental health needs will be identified early, especially in universal services such as schools, setting and GPs

(2) Help will be easy to access, it will be coordinated, including the young person and family in the decision making process and provided in places that make sense to them.

(3) If support is required at a targeted or specialist/ urgent level, this is provided quickly, at a high quality level and safely.

9. Consultation and Engagement

9.1 The Refreshed Local Transformation Plan was developed in partnership via the multi-agency Future In Mind and Together for Children with Autism groups; through discussion at West of Berkshire Special Education Needs and Disabilities strategic and operational groups; discussion with Parent Forum representatives; engagement through the CAMHs service users group.

10. Appendices

Appendix 1 – Acronyms used in the report.

Appendix 2 - EHA LAC Summary Impact

Background Papers:

Future in Mind paper: https://www.gov.uk/government/publications/improving-mental-

health-services-for-young-people

Transformation plan guidance; http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf

Evidence provided by the Children's Commissioner for England to the Commons Health Select Committee (October 2017) https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/10/Childrens-Commissioner-for-England-Mental-Health-Briefing-1.1.pdf

The Green Paper: Transforming children and young people's mental health provision (Dec 2017) https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision#about-the-green-paper

https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf

BHFT CYPF on-line resource https://cypf.berkshirehealthcare.nhs.uk/

Evidence provided to the Commons Health Select Committee http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/child-and-adolescent-mental-health-services/written/73900.html)

Link to Local Transformation Plans on the CCG websites http://www.newburyanddistrictccg.nhs.uk/our-work/children/camhs-transformation

Anna Freud Centre- THRIVE model http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aims:

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

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Appendix 1 – Acronyms used in the report

Acronym	Full description
CAMHs	Child and Adolescent Mental Health Service
CCGs	Clinical Commissioning Group
JSNA	Joint Strategic Needs Assessment
ASD	Autistic Spectrum Disorder
BHFT	Berkshire Healthcare Foundation Trust
CATs	Children's Action Team
CPE	Common Point of Entry for BHFT
EHWB	Emotional Health Wellbeing
LSCB	Local Safeguarding Children's Board
DoH	Department of Health
HV	Health Visitor
YOS	Youth Offending Service
ADHD	Attention Deficit Hyperactivity Disorder
RBHFT	Royal Berkshire Hospital Foundation Trust
ELSA	Emotional Literacy Support Assistants
PMHW	Primary Mental Health Workers

Appendix 2 – EHA LAC Summary Impact

EHA LAC REPORT

Quarter 3, October to December 2017

Cases		Treatment Goals	n	%
Ongoing	7	Partially Successful	8	21.62
Closed	4	Successful	21	56.76
New	1	Unsuccessful	1	2.70
Total Open	8	Carried Over	7	18.92

78.38% of treatment goals were successfully achieved by the scheduled EHA LAC Plan review.

21.62% of these were partially successful and will continue into the next plan.

The difference made by individual treatment goals is described in the child or young persons' EHA LAC Plan.

2.70% of treatment goals were evaluated as unsuccessful, with 18.92% carried over to be actioned in the following review period.

Quarter 2, July to September 2017

Cases		Treatment Goals	n	%
Ongoing	7	Partially Successful	13	28.26
Closed	1	Successful	25	54.35
New	4	Unsuccessful	3	6.52
Total Open	11	Carried Over	5	10.87

82.61% of treatment goals were successfully achieved by the scheduled EHA LAC Plan review.
28.26% of these were partially achieved and will continue into the next plan.
The difference made by individual treatment goals is described in the child or young persons' EHA LAC Plan.

6.52% of treatment goals were evaluated as unsuccessful, with 10.87% carried over to be actioned in the following review period.

Quarter 1, April to June 2017

The LAC Mental Health Worker supported 12 looked after children, and has closed a further 9. Support involved either assessment or consultation to the child or young person's support network or via direct intervention. SDQs are routinely collected by Children and Family Services, and reduced scores were observed for those supported and

closed by the EHA worker during this quarter. Reduced SDQ scores were commensurate with improved educational outcomes (e.g. improved behaviour and attendance, completing GCSE) as described in individual case plans.

Open Cases

Individual Intervention: Direct therapeutic input (i.e. talking therapy) has been implemented in three (3) cases.

- Two (2) cases are undertaking direct work around their anxiety and coping.
  - Both have attended 100% of their sessions (6 and 7 sessions respectively). A significant period of investment in the therapeutic relationship and supporting one case in particular through a placement breakdown has been required to progress to this level of intervention.
  - Both are reporting improved personal, interpersonal, school and overall wellbeing on the Outcome Rating Scale (ORS).
    - First case score of 40/40 – "LAC Clinician is an amazing person, definitely recommend to others".
    - Second case score of 17/40. Reduced outbursts and leaving classroom at school, and ongoing difficulties associated with adjustment to new placement and reconciling previous breakdown. Progress is steady despite setbacks but young person has now engaged positively with individual therapeutic input.
  - Both have reduced anxiety, reduced difficulties in school, reduced SDQ scores, and increased involvement in pro-social activities (e.g. sport).
- One (1) case, is receiving targeted support with anxiety and low mood.
  - Has attended all 9 sessions of his individual intervention.
  - Is receiving a combination of CBT and mentalisation input and is presently reporting improved overall wellbeing according to the Outcome Rating Scale.
  - This young person has been attending all classes and meeting their academic responsibilities.

Consultation/Assessment Support: A combination of mental health assessment, consultation and some direct support is provided to the remaining four (4) cases. This includes ad hoc support and supervision to LACES and Children and Family Services professionals, as well as regular attendance at PEP Care meetings and LAC reviews.

- **Case 1 :** OOA case receiving telephone support. This support has involved specialist consultation to carers, which has resulted in ongoing placement stability and education outcomes. This has been provided while specialist therapeutic support is being linked in in the young person's local area.

- **Case 2 :** LAC Clinician has been providing support to the system as the young person transitions into a therapeutic residential model. The focus has been on stabilising his modified school curriculum between mainstream school and alternative curriculum. The young person has re-engaged with learning, has reduced absconding and behavioural difficulties. The next step will be a move to a new mainstream school while sustaining his education outcomes in the alternative curriculum.

- **Case 3:** The focus has been on stabilising a placement which provides good material support but due to carers' own difficulties, concerns have been raised regarding their capacity to provide nurture and care. The LAC Clinician has

provided direct support and challenge to the team around the child to respond to the young person's recent indirect request for help (text messages left on his phone that is handed into his carer each evening). As a consequence an independent therapeutic support package is being set up around the carers. Engaging young person in therapeutic support is an ongoing goal. Improving educational outcomes is also a priority moving into the next review period.

Case 4: Initial EHA assessment and intervention plan is currently being completed.

Health and Social Care Integration

Report being considered by:	Health and Wellbeing Board
On:	25 January 2018
Report Author:	Nick Carter
Item for:	Information

1. Purpose of the Report

1.1 To provide the Health and Wellbeing Board with an update on health and social care integration.

2. Recommendation

2.1 The Health and Wellbeing Board note the report and associated presentation.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: ☐	No: ☒

3. Introduction/Background

3.1 It is a statutory function of the Health and Wellbeing Board to encourage the planning, commissioning and provision of health or social care services to work in an integrated manner, in order to advance the health and wellbeing of the people in its area.

3.2 For West Berkshire's Health and Wellbeing Board, integration is promoted within a complex geography:

(1) **BOB** – refers to the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership, set up to help meet a 'triple challenge' set out in the NHS Five Year Forward View – better health, transformed quality of care delivery, and sustainable finances.

(2) **Berkshire West** – refers to the local authorities, Clinical Commissioning Groups (CCGs) and NHS providers who serve Reading, Wokingham and West Berkshire and are known as the Berkshire West 10. Berkshire West 10 Integration Board has overall oversight of the Better Care Fund (BCF) projects. The CCGs and NHS providers in this area are integrating as an Accountable Care system.

(3) **West Berkshire** – refers to the council area covered by West Berkshire Council, stretching from areas of Calcot and Tilehurst in the East of the District to Lambourn in the West. The West Berkshire Locality Integration Board (LIB) is a sub-group of the Health and Wellbeing Board and acts as its link to the Berkshire West 10. The LIB oversees the local BCF projects.

4. Update

4.1 Nick Carter, West Berkshire Council's Chief Executive and the Chair of the Berkshire West 10 Integration Board, will give a presentation to update the Health and Wellbeing Board on integration across these different geographies, including whether integration is delivering the desired outcomes.

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.

6. Appendices

There are no appendices to this report.

Background Papers:

Health and Wellbeing Priorities 2017 Supported:

- ☐ Reduce alcohol related harm for all age groups
- ☐ 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
- ☐ 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 as integration is a cross-cutting theme of the health and wellbeing strategy.

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West Berkshire Pharmaceutical Needs Assessment 2018 to 2021

Report being considered by:	Health and Wellbeing Board
On:	25 January 2018
Report Author:	Director of Public Health
Item for:	Decision

1. Purpose of the Report

1.1 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 assessment at least every 3 years. The refreshed PNAs therefore need to be signed-off and published by 31st March.

2. Recommendation

2.1 The Board is asked to formally approve the Pharmaceutical Needs Assessment and adopt it for 2018-2021.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: ☐	No: ☒

3. Introduction/Background

3.1 Since April 2013, every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area. This is referred to as the Pharmaceutical Needs Assessment (PNA).

3.2 A PNA is the statement of the needs of pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA also considers whether there are any gaps in the delivery of pharmaceutical services and is used by NHS England to make decisions on which NHS-funded services should be provided by local community pharmacies. The PNA can also be used to inform commissioners, such as local authorities and Clinical Commissioning Groups (CCGs), who may wish to procure additional services from pharmacies to meet local health priorities.

3.3 West Berkshire Health & Wellbeing Board published the last PNA in March 2015 and is required to undertake a revised assessment by 31st March 2018. Public Health Services for Berkshire has led the development of the latest PNAs across the 6 Berkshire Local Authorities, as agreed with all the relevant Health & Wellbeing

Boards. This report presents the Pharmaceutical Needs Assessment for West Berkshire (2018 to 2021) and summarises the process undertaken to develop this.

3.4 West Berkshire Health & Wellbeing Board is asked to formally approve the PNA.

4. Process for the development of the PNA process

4.1 The process for the development of the PNA was agreed with West Berkshire Health & Wellbeing Board. A small task and finish group was set up to oversee the development of the PNA. The membership of this group included the Strategic Director of Public Health for Berkshire, the Consultant in Public Health (Public Health Services for Berkshire), an NHS England pharmaceutical commissioner, a representative from the Local Pharmaceutical Committee (LPC) and the Public Health Intelligence Manager (Public Health Services for Berkshire).

4.2 The development of the PNA involved several key stages:

(1) Survey of community pharmacies to map current service provision

This survey took place from June to July 2017 using an online survey accessed through PharmOutcomes. The survey collated information from local community pharmacies about the services they provided and any gaps that they identified in local pharmaceutical service provision.

(2) Survey of public to ascertain views on services

The public survey was accessible through an online portal and was live from June to August 2017. Local authorities, CCGs and local Healthwatch were encouraged to promote the survey and gather feedback from local residents.

(3) Development of draft PNA Report

Public Health Services for Berkshire developed the draft PNA report. This used information gathered from the two surveys, local demographics for West Berkshire, geographical mapping information and data provided from NHS England. A full assessment was made on the provision of pharmaceutical services in the area, based on all the information available.

(4) Public consultation on the draft PNA Report

The draft PNA Report was signed off for consultation by the Health & Wellbeing Board Chair at the end of October 2017. The full draft report and supporting appendices were published on West Berkshire Council's website for a formal 60-day consultation period from 1st November to 31st December 2017.

Responses from the consultation were collated by Public Health Services for Berkshire and the PNA Report was reviewed and amended accordingly.

(5) Final PNA Report was shared with the West Berkshire Health and Wellbeing Board ahead of the meeting on 25th January.

5. Key Findings and Conclusions

5.1 There is adequate provision of pharmaceutical services in West Berkshire with 22 pharmacies, and eight dispensing doctors sited within the district. There are also ten pharmacies outside of the district, but within 1.6km of borders, and these were also considered when assessing provision and access to services.

5.2 Pharmacies are well placed to serve more populated areas; however the majority of communities in West Berkshire are more than 1.6km from a community pharmacy. Residents in Downlands ward are the furthest from any provider of pharmaceutical services; there are no pharmacies closer than 5km to the northern boundary of West Berkshire. Residents of Aldermaston and Sulhampstead are served by pharmacies in Theale and Tadley (Hampshire).

5.3 All West Berkshire residents are able to reach a pharmacy within a 20 minute drive, which meets one of the key measures of accessibility used by NHS England. 50% of West Berkshire residents are able to reach a pharmacy within a 15 minute walk during normal working hours, with a reduction in this proportion at other times.

5.4 Pharmacies within the district provide residents with essential and advanced services on weekday and Saturdays including evenings, with three open until 10pm. There is adequate Sunday opening with one pharmacy open until 10pm, this is situated in Mortimer to the south of the district meaning that residents closer to the northern boundary have less access at this time.

5.5 There is opportunity to improve access to essential services for residents living in Downlands, Compton and Basildon wards, particularly on evenings and at weekends.

5.6 The public survey showed that across Berkshire, 95% of respondents were able to get to the pharmacy of their choice, 86% took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes. Overall, 91% were satisfied or very satisfied with the location of their pharmacy.

5.7 There is adequate but variable provision of essential and advanced pharmaceutical services for West Berkshire residents, with a number of pharmacies also providing locally commissioned services (LCS) for emergency hormonal contraception, needle exchange and supervised consumption.

5.8 Whilst not considered ‘necessary’, there is room to extend the range of LCS that are commissioned in West Berkshire and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these service if commissioned to do so.

5.9 Based on the information outlined above no current gaps in provision of essential services have been identified and there are no known future developments that are likely to significantly alter demand for pharmaceutical services within the life of this PNA however there are clear opportunities to increase access to services for residents in rural areas, particularly those living in the north of the district.

6. Conclusion

6.1 The Health & Wellbeing Board are asked to formally approve the Pharmaceutical Needs Assessment for 2018 to 2021. This needs to be presented and signed-off at a public HWB meeting by 31st March 2018.

6.2 The final PNA and appendices need to be published on the Local Authority's website and should be accessible for the lifespan of the report (until 31st March 2021). If local pharmaceutical services change during this time, such as the opening hours, address of premises or needs of the local population, the LA will need to publish supplementary statements to the relevant website. The Board should be aware that if other significant changes occur which impact on need for pharmaceutical services during the lifetime of the PNA this may result in the need to refresh the PNA. No such changes are expected.

7. Consultation and Engagement

7.1 The draft PNA was subject to public consultation for 60 days and closed on 31 December 2018. The Consultation responses can be found in Appendix E.

Background Papers:

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim by ensuring the appropriate availability of pharmaceutical services across the District.

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West Berkshire Pharmaceutical Needs Assessment 2018 to 2021

Executive Summary

This is an update of the Pharmaceutical Needs Assessment (PNA) for the West Berkshire Health and Wellbeing Board Area. Since April 2013, every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area. The previous PNA ran from 2015 to 2018 and this update will run from April 2018 to March 2021.

The PNA describes the needs for the population of West Berkshire and considers current provision of pharmaceutical services to assess whether they meet the identified needs of the population. The PNA considers whether there are any gaps in the delivery of pharmaceutical services.

PNAs are used by NHS England to make decisions on which NHS-funded services need to be provided by local community pharmacies. These services are part of local health care, contribute to public health and affect NHS budgets. The PNA may also be used to inform commissioners such as Clinical Commissioning Groups (CCGs) and West Berkshire Council of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.

Public Health Services for Berkshire developed the draft PNA report for consultation, on behalf of the West Berkshire HWB, and were supported by other members of the task and finish group.

This PNA contains information on:

- The population of West Berkshire, describing age, gender, socio-economic status, health needs and health behaviours which may all impact on the need for pharmaceutical services
- Pharmacies in West Berkshire and the services they provide, including dispensing medications, providing advice on health and reviewing medicines
- Relevant maps of West Berkshire showing providers of pharmaceutical services in the area and access to these services
- Services in neighbouring Health and Wellbeing Board areas that might affect the need for services in West Berkshire.
- Information about other services that pharmacies in West Berkshire provide such as sexual health and needle exchange
- Potential gaps in provision and likely future needs.

The 2005 Contractual Framework for Community Pharmacy identifies three levels of pharmaceutical service: **essential, advanced and enhanced**. This PNA considers pharmaceutical services using these categories. This framework requires every community pharmacy to be open for a minimum of 40 hours per week and provide a minimum level of essential services.

Essential services are defined as:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances
- Repeat dispensing

- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care
- Clinical governance

Advanced services include Medicines Use Review (MUR) and prescription intervention services, New Medicines Service (NMS), Stoma Appliance Customisation Service (SAC), Appliance Use Review Services (AUR) and Influenza vaccination service.

Enhanced services are developed by NHS England and commissioned to meet specific health needs.

In addition to the above, CCGs and local authorities may commission local pharmacies to provide services such services are known as **locally commissioned services**. These services are outside the scope of the PNA, but may contribute to improvements or increasing access.

The legislation requires that the PNA:

- Describes current necessary provision of pharmaceutical services both within and outside the HWB area.
- Identifies gaps in necessary provision
- Describes current additional provision (services although not necessary to meet the pharmaceutical need of the area, have secured improvements or better access)
- Identify opportunities for improvements and / or better access to pharmaceutical services
- Describes the impact of other NHS services which affect the need for pharmaceutical services or which affect whether further provision would secure improvements or better access to pharmaceutical services.
- Explains how the assessment was undertaken

The regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of **necessary** and **relevant** services.

Necessary services are pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

Relevant services are those which have secured improvements or better access to pharmaceutical services. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

When assessing provision of services the HWB considered key characteristics of the West Berkshire population, the number and location of pharmacies and the range of services provided. Access to services was considered by reviewing opening hours and travel times in working hours, evenings and weekends. A survey of the public's satisfaction with and current use of community pharmacies was also considered along with a survey of local pharmacy providers.

Key findings

There is adequate provision of pharmaceutical services in West Berkshire with 22 pharmacies, and eight dispensing doctors sited within the district. There are also ten pharmacies outside of the district, but within 1.6km of borders, and these were also considered when assessing provision and access to services.

Pharmacies are well placed to serve more populated areas; however the majority of communities in West Berkshire are more than 1.6km from a community pharmacy. Residents in Downlands ward are the furthest from any provider of pharmaceutical services; there are no pharmacies closer than 5km to the northern boundary of West Berkshire. Residents of Aldermaston and Sulhampstead are served by pharmacies in Theale and Tadley (Hampshire).

All West Berkshire residents are able to reach a pharmacy within a 20 minute drive, which meets one of the key measures of accessibility used by NHS England. 50% of West Berkshire residents are able to reach a pharmacy within a 15 minute walk during normal working hours, with a reduction in this proportion at other times.

Pharmacies within the district provide residents with essential and advanced services on weekday and Saturdays including evenings, with three open until 10pm. There is adequate Sunday opening with one pharmacy open until 10pm, this is situated in Mortimer to the south of the district meaning that residents closer to the northern boundary have less access at this time.

There is opportunity to improve access to essential services for residents living in Downlands, Compton and Basildon wards, particularly on evenings and at weekends.

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There is adequate but variable provision of essential and advanced pharmaceutical services for West Berkshire residents, with a number of pharmacies also providing locally commissioned services (LCS) for emergency hormonal contraception, needle exchange and supervised consumption.

Whilst not considered ‘necessary’, there is room to extend the range of LCS that are commissioned in West Berkshire and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these service if commissioned to do so.

Based on the information outlined above no current gaps in provision of essential services have been identified and there are no known future developments that are likely to significantly alter demand for pharmaceutical services within the life of this PNA however there are clear opportunities to increase access to services for residents in rural areas, particularly those living in the north of the district.

Contents

A: Introduction

1. What is a Pharmaceutical Needs Assessment (PNA)?

A PNA is the statement of the needs of pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population.

From the 1st April 2013 every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to keep an up to date statement of the PNA.

This PNA describes the needs of the population of West Berkshire.

2. Purpose of the PNA

The PNA has several purposes:

- To provide a clear picture of community pharmacy services currently provided;
- To provide a good understanding of population needs and where pharmacy services could assist in improving health and wellbeing and reducing inequalities;
- To deliver a process of consultation with local stakeholders and the public to agree priorities;
- An assessment of existing pharmaceutical services and recommendations to address any identified gaps if appropriate and taking into account future needs;
- It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises or applications from current pharmaceutical providers to change their existing regulatory requirements;
- It will inform interested parties of the pharmaceutical needs in West Berkshire and enable work to plan, develop and deliver pharmaceutical services for the population
- It will inform commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners, for example Clinical Commissioning Groups (CCGs).

The first PNAs were published by NHS Primary Care Trusts (PCTs) according to the requirements in the 2006 Act. NHS Berkshire West and East published their first PNA in 2011.The first West Berkshire Council PNA was published in April 2015 and lasted for three years. This 2018 re-fresh provides an updated assessment of the pharmaceutical needs of residents and will last until 2021.

3. Background and Legislation

The provision and assessment of pharmaceutical services are included in legislation, which has developed over time.

NHS Act 2006

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also describes the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription.

The Health Act 2009

The Health Act 2009 made amendments to the National Health Service (NHS) Act 2006 stating each Primary Care Trust (PCT) must, in accordance with regulations:

- Assess needs for pharmaceutical services in its area
- Publish a statement of its first assessment and of any revised assessment

This is referred to as the Pharmaceutical Needs Assessment (PNA).

The Health and Social Care Act 2012

The Health and Social Care Act 2012 amended the NHS Act 2006. The 2012 Act established the Health and Wellbeing Boards (HWBs) and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area through the PNA. This had to take effect from April 2013.

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). Preparation and consultation on the PNA takes account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public; however development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents.

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England.

Legislation sets out the requirements for inclusion within a PNA. In summary, a PNA must:

- Describe current necessary provision – a statement of the pharmaceutical services that are provided in the area of the HWB and are necessary to meet the need for pharmaceutical services and those which are outside the HWB area but contribute to meeting the need of the population of the HWB area.
- Identify gaps in necessary provision - a statement of the pharmaceutical services not currently provided within the HWB area but which the HWB are satisfied need to be provided or will need to be provided in specific future circumstances specified in the PNA.

- Describe current additional provision – a statement of any pharmaceutical services within or outside the HWB area which although not necessary to meet the pharmaceutical need of the area, have secured improvements or better access.
- Identify opportunities for improvements and / or better access to pharmaceutical services – a statement of services which would, if they were provided within or outside the HWB area, secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area.
- Describe the impact of other services - A statement of any NHS services provided or arranged by the HWB, NHS Commissioning Board, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect the need for pharmaceutical services or which affect whether further provision would secure improvements or better access to pharmaceutical services.
- Explain how the assessment was undertaken.

NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 list those persons and organisations that the HWB must consult, including:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.
- Any local Healthwatch organisation for the HWB area and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the HWB area.
- NHS England.
- Any neighbouring HWB

The consultation is required to be open publically for a minimum of 60 days (Department of Health 2013b).

4. National and Local Priorities

Pharmacy has a key role in supporting the achievement of both the *NHS Outcomes Framework* and the *Public Health Outcomes Framework,* which measure success in improving the health of the population.

West Berkshire's local health priorities are published in the West Berkshire Joint Health and Wellbeing Strategy 2017 to 2020. These include a focus on:

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people to lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish

5. Commissioning Context

Pharmaceutical services are commissioned by different national and local organisations.

NHS England

Since 2013, NHS England has commissioned the majority of primary care services and some nationally based functions through a single operating model that:

- Sets a legal framework for the system, including regulations for pharmacy
- Secures funding from HM Treasury
- Determines NHS reimbursement price for medicines & appliances

NHS England South (Thames Valley)

The local arm of NHS England has a strategic role across the Thames Valley region, working with partners to oversee the quality and safety of the NHS, as well as promoting patient and public engagement. The team also has specific roles in relation to the support and assurance of the ten CCGs across Buckinghamshire, Berkshire and Oxfordshire and directly commissions public health screening and immunisation programmes.

NHS England South (Thames Valley) has many roles, some of which play an important part in pharmaceutical services. These include:

- Assessing and assuring performance
- Undertaking direct commissioning of some primary care services (medical, dental, pharmacy and optometry)
- Managing and cultivating local partnerships and stakeholder relationships, including membership of local HWBs
- Emergency planning, resilience and response
- Ensuring quality and safety

Other commissioners

The National Pharmacy Contract is held and managed by the NHS England South (Thames Valley) Team and can only be used by NHS England. Local commissioners, such as West Berkshire Council, Newbury and District CCG and North and West Reading CCG, can commission local services to address additional needs. These services, and those provided privately, are relevant to the PNA but are not defined as 'pharmaceutical services' within it.

Sustainability and Transformation Partnerships

NHS and local councils have come together in 44 areas covering all of England to develop proposals to improve health and care. They have formed new partnerships – known as Sustainability and Transformation Partnerships (STPs) – to plan jointly for the next few years. These partnerships have developed from initial Sustainability and Transformation Plans, which local areas were required to submit in 2016 to support the vision set out in the NHS Five Year Forward View.

STPs are supported by six national health and care bodies: NHS England, NHS Improvement, the Care Quality Commission (CQC), Health Education England (HEE), Public

Health England (PHE) and the National Institute for Health and Care Excellence (NICE). West Berkshire Council is a key partner in the Buckinghamshire, Oxfordshire and Berkshire West STP which has the following priorities:

- Improving the wellbeing of local people by helping them to stay healthy, manage their own care and identify health problems earlier
- Organising urgent and emergency care so that people are directed to the right services for treatment, such as the local pharmacy or a hospital accident and emergency department for more serious and life threatening illnesses
- Improving hospital services, for example making sure that maternity services can cope with the expected rise in births
- Enhancing the range of specialised services, such as cancer, and supporting Oxford University Hospitals NHS Foundation Trust as a centre of excellence to provide more expert services in the region
- Developing mental health services, including low and medium secure services, more specialised services for children and teenagers, and improving care for military veterans and services for mums and babies
- Integrating health and care services by bringing together health and social care staff in neighbourhoods to organise treatment and care for patients
- Working with general practice to make sure it is central to delivering and developing new ways of providing services in local areas
- Ensuring that the amount of money spent on management and administration is kept to a minimum so that more money can be invested in health and care services for local communities
- Developing our workforce, improving recruitment and increasing staff retention by developing new roles for proposed service models
- Using new technology so patients and their carers can access their medical record online and are supported to take greater responsibility for their health

Prevention forms a key part of the work of STPs and is an opportunity for the NHS to work closely with local government and other local partners including community pharmacy to build on existing local efforts and strengthen and implement preventative interventions that will close the local health and wellbeing gap and community pharmacy has a role to play in achieving these priorities.

6. Pharmacy

Pharmacists play a key role in providing quality healthcare. They are experts in medicines and will use their clinical expertise, together with their practical knowledge, to ensure the safe supply and use of medicines by the public. There are more than 1.6 million visits a day to pharmacies in Great Britain (General Pharmaceutical Council 2013).

Pharmacists are uniquely placed to contribute to the health and wellbeing of local residents in a number of ways:

- **Promoting healthy life styles** – many pharmacists and their teams have experience in promoting and supporting good sexual health, helping people to stop smoking and reducing substance misuse within communities

- **Supporting self-care and independent living** – by helping people to understand the safe use of medicines, pharmacy teams can help contribute to better health, through potential reduction in admissions to hospital and helping people remain independent for longer.
- **Making every contact count** – by using their position at the heart of communities, pharmacy teams can use every interaction as an opportunity for a health-promoting intervention. They are well placed as sign-posters, facilitators and providers of a wide range of public health and other health and wellbeing services.
- **Local business** – a community pharmacy is a core business that can help to sustain communities, provide investment, employment and training, and build social capital.

A pharmacist has to have undertaken a four year degree and have worked for at least a year under the supervision of an experienced and qualified pharmacist and be registered with the General Pharmaceutical Council (GPhC). During this time pharmacists are trained in the safe use of medicines and they are increasingly being trained to help people change to more healthy behaviours by equipping them with the appropriate behaviour change skills. Pharmacists work in a variety of settings including in a hospital or community pharmacy such as a supermarket or high street pharmacy. Latest information about local pharmacies can be found at NHS Choices.

The NHS Five Year Forward View states that there is a need to make far greater use of pharmacists: in prevention of ill health, support for healthy living, support to self-care for minor ailments and long term conditions medication review in care homes and as part of more integrated local care models. Increasing the use of community pharmacy also forms part of the future vision for urgent care set out in NHS England (2013b) Urgent and Emergency Care Review, End of Phase 1 report.

The Community Pharmacy Forward View (PSNC, Pharmacy Voice and the Royal Pharmaceutical Society, 2016) sets out an ambition for community pharmacies based on three key roles for community pharmacies – facilitator of personalised care for people with long term conditions, the first port of call for healthcare advice and as the neighbourhood health and wellbeing hub as well as calling for a strategic partnership approach between community pharmacy, government and the NHS.

Public Health England's (2017f) Pharmacy: a way forward for public health sets out a range of opportunities for pharmacy teams to play a role in protecting and improving health.

7. Pharmacy Contractual Framework

NHS England does not hold contracts with pharmacy contractors, unlike the arrangements for general practitioners (GPs), dentists and optometrists. Instead, they provide services under a contractual framework, which are detailed in schedule 4of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

According to this framework pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services. They are **essential, advanced** and **enhanced**.

Locally Commissioned Services (LCS) and Local Pharmaceutical Services (LPS) do not fall under the framework, but are within the definition of pharmaceutical services.

a) Essential Services

Essential services are those which each community pharmacy **must** provide. All community and distance selling/internet pharmacies with NHS contracts provide the full range of essential services. These are:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care
- Clinical governance

Opening hours: core and supplementary

Pharmacies are required to open for 40 hours per week. These are referred to as core opening hours, however many choose to open for longer and these additional hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). These 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens then these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not.

If a contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months‟ notice.

NHS Choices advertises "opening hours‟ to the public. Community pharmacies also produce their own information leaflets detailing opening hours, which are available from individual pharmacies.

Public Health

Pharmacies are required to deliver up to six public health campaigns throughout the year to promote healthy lifestyles.

Signposting and Referral

This is the provision of information from other health and social care providers or support organisations to people visiting the pharmacy, who require further support, advice or treatment. It provides contact information and/or how to access further care and support appropriate to their needs, which cannot be provided by the pharmacy.

Clinical governance

Pharmacies have to have appropriate safeguarding procedures for service users. Contractors are responsible for ensuring relevant staff providing pharmaceutical services to children and vulnerable adults are aware of the safeguarding guidance and the local safeguarding arrangements**.** The governance element to essential services also includes public engagement.

b) Advanced Services

Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements.

Medicines Use Review and Prescription Intervention Service (MUR)

Accredited pharmacists undertake a structured review with patients on multiple medicines, particularly those receiving medicines for long term conditions (LTCs), such as diabetes, coronary heart disease (CHD), and chronic obstructive pulmonary disease (COPD). The MUR process attempts to establish a picture of the patient's use of their medicines, both prescribed and non-prescribed. The review helps a patient understand their therapy and can identify any problems they are experiencing along with possible solutions. A report of the review is provided to the patient and to the patient's GP where there is an issue for them to consider.

New Medicines Service (NMS)

The new medicines service (NMS) is a nationally developed service for community pharmacy. It is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed. The underlying purpose of the NMS is to promote the health and wellbeing of patients who are prescribed new medicines for LTCs in order to:

- Help reduce the symptoms and long-term complications of the LTC
- Identify problems with the management of the condition and the need for further information or support

NMS also aims to help patients to make informed choices about their care, self-manage their LTC and adhere to the agreed treatment programme.

NHS Urgent Medicine Supply Advanced Service (NUMSAS)

NUMSAS is a national pilot running from 1st December 2016 to 31st March 2018, which has been extended until at least 30th September 2018.

The service aims to:

- appropriately manage NHS 111 requests for urgent medicine supply
- reduce demand on the urgent care system
- identify problems that lead to individual patients running out of regular medicines or appliances and recommend potential solutions to prevent this happening in the future
- increase patients awareness of the electronic repeat dispending service

Pharmacies signed up to deliver the service must have a mechanism to enable referral from NHS 111 to community pharmacy to take place.

Appliance Use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs can improve the patient's knowledge and use of their appliance(s) by:

- Establishing the way the patient uses the appliance and the patient's experience of such use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
- Advising the patient on the safe and appropriate storage of the appliance
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted

Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Influenza (flu) vaccination

In July 2015 NHS England agreed to allow community pharmacies in England to offer a seasonal influenza (flu) vaccination service for adult patients in at-risk groups, commissioned annually. The service aims to:

- sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice;
- provide more opportunities and improve convenience for eligible patients to access flu vaccinations
- reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework

c) Enhanced Services

Enhanced services are those services directly commissioned by NHS England. There are not currently examples of this type of service in West Berkshire.

d) Local Pharmaceutical Services (LPS)

Local pharmaceutical services (LPS) contracts allow NHS England to commission services from a pharmacy that are tailored to specific local requirements. LPS complement the national contractual arrangements and are an important local commissioning tool in their own right. LPS contracts provide flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national contractual arrangements.

e) Locally Commissioned Services (LCS)

Pharmacy contractors may provide LCS commissioned by local authorities and CCGs. Such services can be commissioned to provide choice for residents and improve access to services. For example, local authorities may commission public health services including provision of emergency hormonal contraception, chlamydia testing and treatment, needle exchange and supervised methadone consumption.

8. Healthy Living Pharmacies (HLP)

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. HLPs aim to provide self-care advice and treatment for common ailments and healthy lifestyle interventions, in addition to providing the safe supply and use of prescribed medicines. HLPs have at least one member of staff who has qualified as a health champion.

There are three levels within the framework:

- Level 1: Promotion – Promoting health, wellbeing and self-care
- Level 2: Prevention – Providing services
- Level 3: Protection – Providing treatment

Level 1 is achieved via a provider-led self-assessment, while levels 2 and 3 are commissioner led. As of 2016, more than 2,100 pharmacies in England were accredited or on track to be accredited as HLPs (Public Health England 2016b).

9. Electronic Prescription Service

The Electronic Prescription Service (EPS) enables prescriptions to be sent electronically from the GP practice to the pharmacy and then on to the Pricing Authority for payment. This means patients do not have to collect a paper repeat prescription from their GP practice and can go straight to their nominated pharmacy or dispensing appliance contractor to pick up their medicines or medical appliances. In the future, EPS will become the default option for the prescribing, dispensing and reimbursement of prescriptions in primary care in England (NHS Choices 2016).

10. Dispensing Doctors

Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or where access is restricted. A patient may at any time request that a doctor provides them with pharmaceutical services, however the patient must meet particular criteria and they must be on the patient list of a doctor who is registered to provide pharmaceutical services. These include a number of factors, which include but are not limited to :

- The patient lives in a controlled locality (a rural area determined locally in line with the regulations and after consideration of a wide range of factors) and is more than 1mile /1.6km from a pharmacy premises.
- The patient can demonstrate they would have serious difficulty in obtaining any necessary drugs or appliances from a pharmacy because of distance or inadequacy of communication. This does not incudes lack of transport.

11. Dispensing Appliance Contractors (DACS)

Dispensing appliance contractors (DACs) dispensing “specified appliances” such as stoma, catheter or incontinence appliances are required to provide:

- Home delivery services.
- Reasonable supplies of supplementary items such as disposable wipes.
- Access to expert clinical advice

DACs can dispense against repeatable prescriptions, and are required to participate in systems of clinical governance. They provide services nationally and serve large geographical areas, including those where they are based. They may choose whether to offer an appliance usage review (AUR) service.

12. Distance Selling Pharmacies

Online pharmacies, internet pharmacies, or mail order pharmacies operate over the internet and send orders to customers through the mail or shipping companies. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 detail a number of conditions for distance selling. Distance Selling Pharmacies must:

- provide the full range of essential services during opening hours to all persons in England presenting prescriptions
- have a responsible pharmacist in charge of the business at the premises throughout core and supplementary opening hours; and be registered with the General Pharmaceutical Council (GPhC)

Distance Selling Pharmacies **cannot** provide essential services face to face.

Patients have the right to access pharmaceutical services from any community pharmacy including those operating on-line.

B: PNA Process Summary

1. Summary of Overall Process

The process for the development of the PNA was agreed with the HWB Board. A small task and finish group was set up to oversee the development of the PNA and membership included:

- Strategic Director of Public Health for Berkshire
- Consultant in Public Health, Public Health Services for Berkshire
- NHS England pharmaceutical commissioner
- Representative from the Local Pharmaceutical Committee (LPC)
- Public Health Intelligence Manager, Public Health Services for Berkshire

Public Health Services for Berkshire developed the draft PNA report for consultation, on behalf of the HWB, and were supported by other members of the task and finish group.

The key stages involved in the development of this PNA were:

- Survey of community pharmacies to map current service provision - using an online survey accessed through PharmOutcomes
- Survey of public to ascertain views on services - using an online survey promoted through local authority, CCG and local Healthwatch
- Public Consultation on the initial findings and draft PNA – using local authority consultation mechanisms and supported by Healthwatch
- Agreement of final PNA by the West Berkshire Health and Wellbeing Board

Public Health Services for Berkshire were responsible for compiling demographic and other information from the West Berkshire JSNA and other sources, developing the surveys and analysing survey data and undertaking GIS mapping of services and for compiling the draft report.

The LPC enabled the pharmacy survey to be accessed through PharmOutcomes and promoted the survey to all pharmacies in West Berkshire and provided insight into current opportunities and challenges within the sector.

West Berkshire Council Public Health Team was responsible for disseminating the electronic survey link and promoting to local residents and was supported by Newbury and District CCG, North and West Reading CCG and Healthwatch West Berkshire. West Berkshire Council also provided information on planned developments in the HWB area which would be realised within the three year life of the 2018 PNA.

NHS England South supplied information on pharmacy services outside the HWB boundaries and their use by West Berkshire residents, as well as guidance on the content of the PNA and recent guidance and policies regarding community pharmacy.

The analysed data was mapped against specific population statistics and overlaid with pharmaceutical service provision. Initially, essential pharmaceutical services provided via community pharmacies alone were considered against highest needs (including proximity

and access times). Distance to access pharmaceutical services was estimated and mapped for both driving and walking distance times. Proximity to public transport was also considered. Within this PNA, dispensing doctors are considered to be providers of pharmaceutical services

2. Stakeholder Engagement

All key stakeholders including local providers, the Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), NHS England and local CCGs integral to the development of the PNA will be key to the implementation of future pharmaceutical services. Furthermore, as part of the quality commissioning process NHS England South will also need to support the performance and quality improvement of any services provided.

During the consultation the following stakeholders were specifically invited to comment in addition to the public consultation:

- Neighbouring local authorities – Hampshire County Council, Oxfordshire County Council, Reading Borough Council, Wokingham Borough Council
- Four Berkshire West Clinical Commissioning Groups (CCG) – Newbury & District CCG, North & West Reading CCG, South Reading CCG and Wokingham CCG
- The Local Pharmaceutical Committee (LPC) – Pharmacy Thames Valley
- The Local Medical Committee (LMC) – Berkshire, Buckinghamshire & Oxfordshire LMC
- Local pharmacy contractors and dispensing doctors
- Healthwatch West Berkshire
- Local NHS Foundation Trusts – Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust

The formal consultation gave all stakeholders and members of the public further opportunity to contribute to the PNA. It lasted for a period of 60 days and commenced on 1st November 2017.

3. Pharmacy Contractor Survey

An 85 question survey was issued to all 22 pharmacies in West Berkshire through the PharmOutcomes online system. This ran from 30th June to 16th September 2017.

The survey collected information on core and opening hours, essential advance and enhanced services and locally commissioned services. In addition, providers were asked about their ability and willingness to provide a range of other services under various circumstances. A copy of the survey is included at Appendix A.

4. Public Survey

A 27 question survey was developed to collect information on residents' use of current pharmacy services and their satisfaction with these. Residents were also asked what services they would access in community pharmacy if they were available. The survey was based online, using the Bracknell Forest Objectives survey software, and was open from

22nd June to 15th September 2017. The survey web-link was disseminated as widely as possible, using communication channels within West Berkshire Council, Newbury and District CCG, North and West Reading CCG and Healthwatch West Berkshire. A copy of the survey is included at Appendix B.

5. Equality Impact Screening

Public Health Services for Berkshire undertook an Equality Impact Assessment (EIA) screening to assess the process used to develop and publish the PNA for West Berkshire, as well as the impact that the conclusions of the PNA may have on people with protected characteristics. The Bracknell Forest EIA framework was used to complete this and assesses the potential impacts (positive and negative) of the PNA process on local residents, with particular regard to the protected characteristics of gender, age, race, disability, sexual orientation, gender reassignment, religion and belief, pregnancy and maternity, marriage and civil partnership and also considered rural communities and areas of deprivation. The completed EIA screening report is attached at Appendix D.

6. Assessment Criteria

The regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of **necessary** and **relevant** services.

Necessary services are pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

Relevant services are those which have secured improvements or better access to pharmaceutical services. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

For the purposes of this PNA, **necessary services** are defined as:

- Those services provided by pharmacies and DACs within the standard 40 core hours in line with their terms of service, as set out in the 2013 regulations
- advanced services

Relevant services are defined as:

- Essential services provided at times by pharmacies beyond the standard 40 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations
- Enhanced services

Information considered when assessing current need, choice, gaps and opportunities to secure improvements or better access to pharmaceutical services for people within the West Berkshire HWB area included:

- Demography of local population (Section C1)
- Prevalence of health conditions and health behaviours (Section C3 and C4)
- Number of pharmacies and their core opening hours (Section D)

- Range and distribution of pharmacies providing advanced services
- Location of pharmacies (Map 1)
- Areas of relative deprivation (Section C2, Map 2)
- Population density (Section C2, Map 3)
- Supplementary, evening and weekend opening hours (Appendix C, Maps 4 and 5)
- Travel time during weekdays, evenings and weekends (Map 6 and 7)
- Information on the extent and distribution of provision of advance services (section D)
- Resident feed-back from the PNA public survey (section E)

In order to assess the future need for pharmaceutical services, information on the number and location of future residential developments (section C2) was considered together with information outlined above.

When considering improvements and increasing access to pharmaceutical services, feedback from residents in relation to which services they would access if provided was considered (section E), as well as information from community pharmacies about services they would be willing to provide (section D).

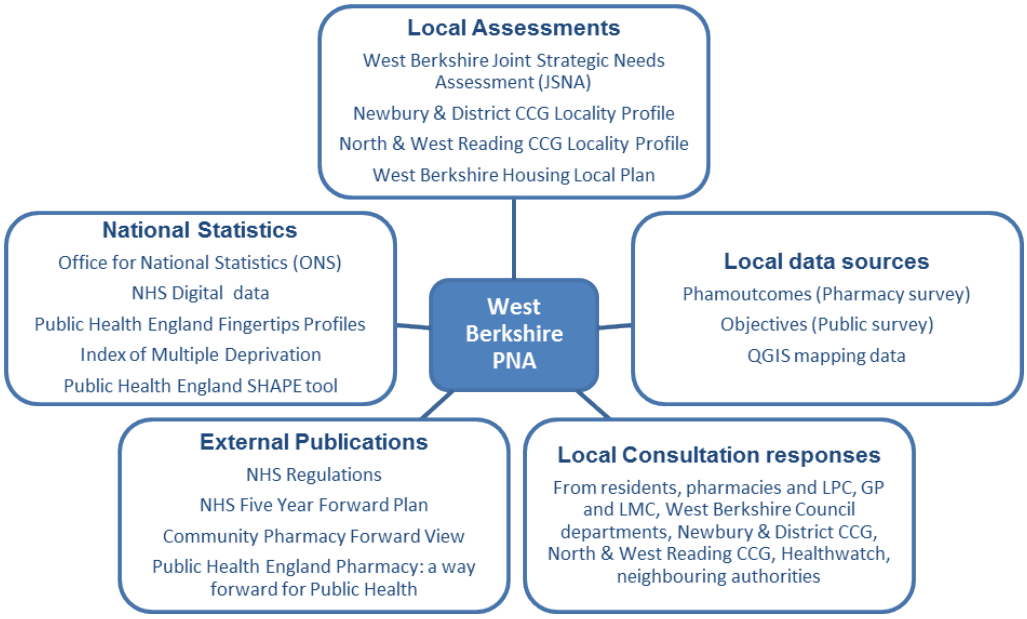
7. Data Sources Used

West Berkshire Council has conducted significant needs and health assessment work, including the JSNA and Wellbeing Strategy. The PNA draws on these and other complementary data sources, such as PHE's Health Profiles.

In addition, information was gathered from other West Berkshire Council departments, NHS England, Newbury & District CCG and North & West Reading CCG including:

- Services provided to residents of the HWB's area, whether provided from within or outside the HWB area
- Changes to current service provision
- Future commissioning intentions
- Known housing developments within the lifetime of the PNA
- Any other developments which may affect the need for pharmaceutical services (including but not limited to changes in transport systems, changes in the number of people employed in the HWB area, changes in demography of HWB population)

Figure 1: Main data sources used in developing the West Berkshire PNA



C: West Berkshire Population

West Berkshire is one of the 10% least deprived local authority areas in England. Residents generally enjoy a good level of health and wellbeing, with a higher healthy life expectancy and lower mortality rates compared to the England average. However, this level of good health is not seen across the whole of West Berkshire and there are certain communities within the area that are more likely to have poorer health outcomes. This summary provides an overview of West Berkshire's health and also highlights inequalities for consideration in this PNA.

1. Population and demographics

West Berkshire has an estimated population of 156,837 people (Office for National Statistics (ONS) 2017). The age profile for the local authority is similar to the national picture across many of the age groups. The largest difference is the smaller proportion of people in their 20s and early 30s in West Berkshire and larger proportion of people aged 40 to 54.

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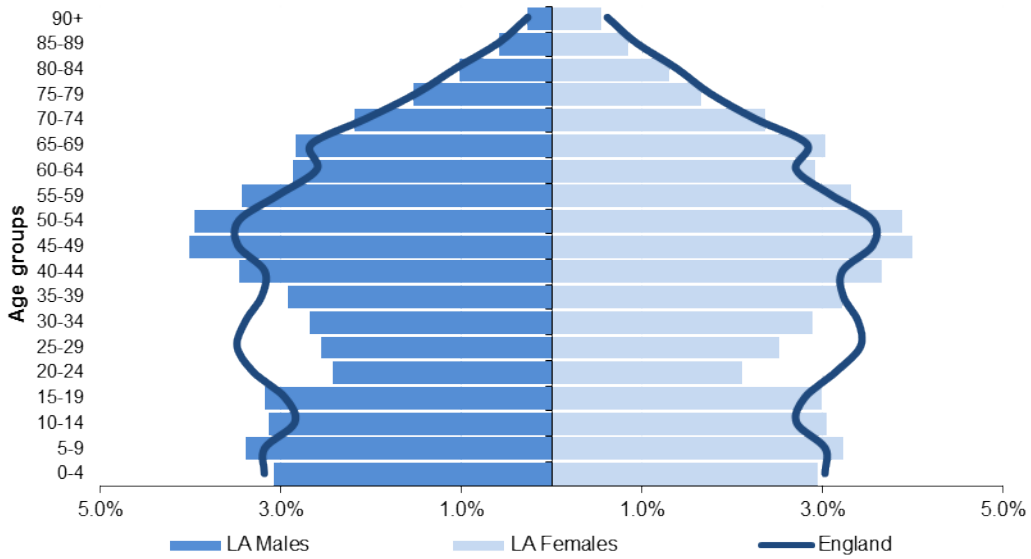
Figure 2: West Berkshire Population pyramid (mid-2016)



Source: Office for National Statistics (2017)

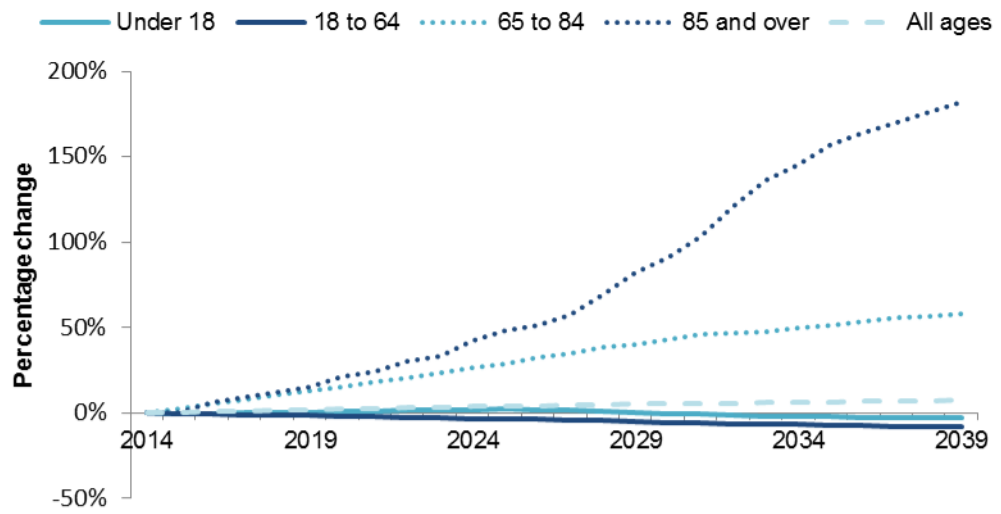
West Berkshire's population has increased by nearly 6% in the last 10 years and is expected to reach 167,600 by 2039. This is an increase of 7% on 2016's estimated population figures (ONS 2016b). The main reason for population growth in West Berkshire has been internal migration from others areas in England and the increasing life expectancy of the existing population.

Age

West Berkshire's population is slightly older than the national average and has continued to age. In 2006, 14% of the population were aged 65 and over in West Berkshire. This increased to 18% of the population in 2016 and is expected to rise to 28% by 2039. This will have an impact on service demand and the support required for this older age group.

Figure 2 shows the estimated percentage change of different age groups in West Berkshire up to 2039. The number of people aged 64 and under is estimated to decrease over this time period; however the number of people aged 65 and over are estimated to increase significantly.

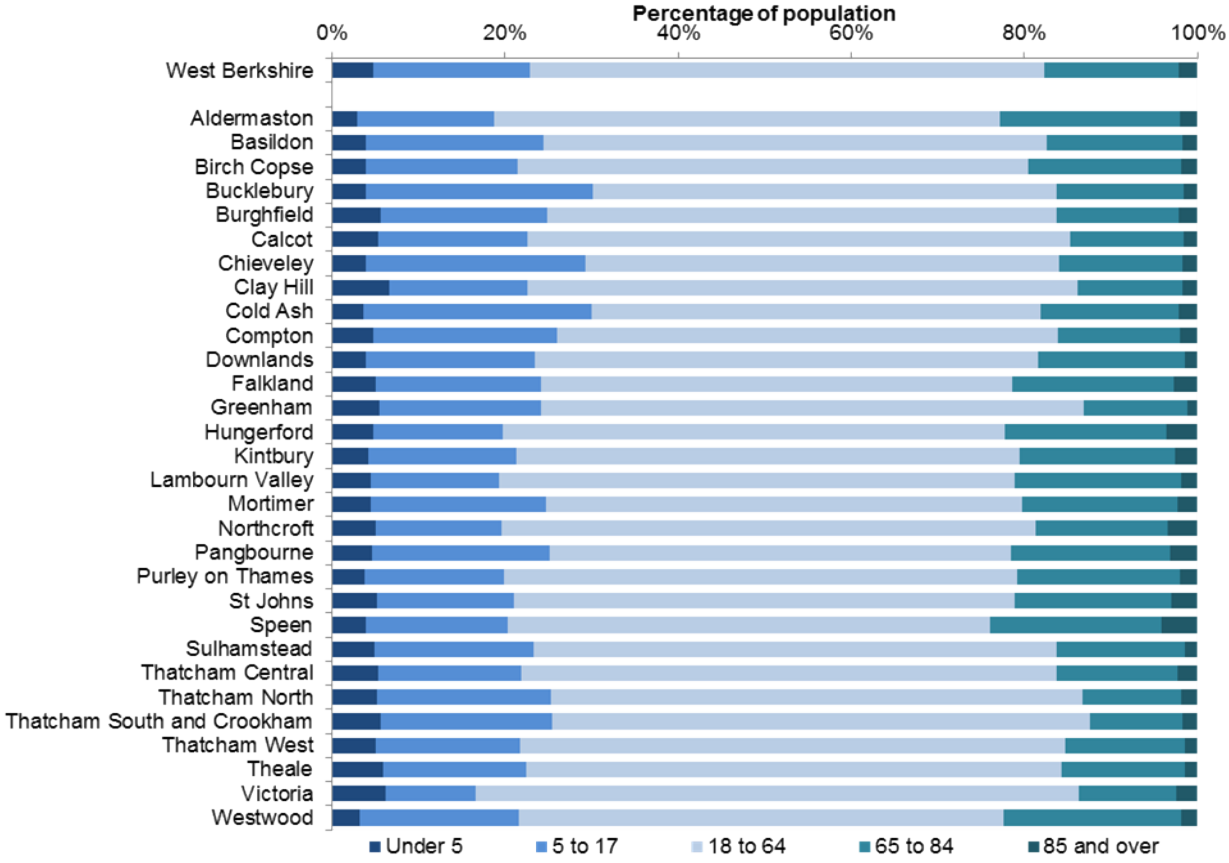
Figure 3: Percentage change in West Berkshire's population 2014 to 2039 by age group



Source: Office for National Statistics (2016b)

The age distribution within different West Berkshire wards vary considerably and this will impact on the service and access needs of people living in different areas of the district. Figure 3 shows the age profile of the wards, highlighting the youngest and oldest age groups. 24% of people living in Speen ward are aged 65 and over, compared to 18% in West Berkshire overall. In contrast, over 30% of people living in Bucklebury and Cold Ash wards are aged under 18, compared to 23% in West Berkshire.

Figure 4: Age profile of West Berkshire wards (mid-2015)



Source: Office for National Statistics (2016c)

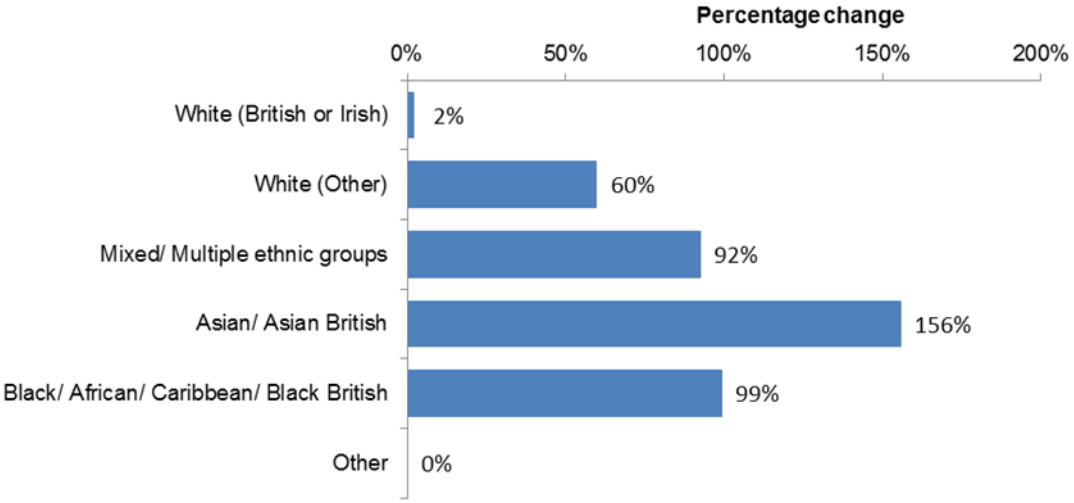
Ethnicity

The 2011 Census showed that 5.2% of West Berkshire's population was from a black or minority ethnic (BME), which was a significantly smaller proportion than the national profile of 14%. West Berkshire's largest BME group was people from an Asian/Asian British background at 2.5% of the total population. In addition, 3.6% of the population were from white backgrounds other than British or Irish (ONS 2013).

The ethnic profile of different areas within West Berkshire varied significantly in 2011. In Victoria ward, 19.5% of the population were from a BME or other minority ethnic group with 8.6% of people from an Asian/Asian British group and 7.7% from white backgrounds other than British or Irish. Calcot, Clay Hill, Northcroft and Purley on Thames wards all had over 10% of their population from a BME or other minority ethnic group.

The proportion of West Berkshire's population from BME and other minority ethnic groups has steadily increased from 2001 to 2011. While the number of people from a White British or Irish background has minimally increased over this period, all other ethnic groups have increased by over 60%. The most notable is Asian/ Asian British which has increased by 156% over the 10-year period.

Figure 5: Percentage change in Slough's population by ethnic group (2001 to 2011)



Source: Office for National Statistics (2013)

The proportion of school pupils from minority ethnic groups has steadily increased in West Berkshire from 10% in 2010 to 15% in 2016 (Department for Education 2017).

Religion

66% of West Berkshire's population stated that they had a religion in the 2011 Census. 63.6% were Christian, 0.8% were Muslim and 0.7% were Hindu (ONS 2013).

People living with long-term health problems or disabilities

Over 20,000 people in West Berkshire reported that they were limited in their daily activities by a long term health problem or disability in the 2011 Census. This equates to 13% of the population. This was higher for people aged 65 and over at 43%, and higher still for those aged 85 and over at 80% (ONS 2013).

Carers

Over 14,200 West Berkshire residents identified themselves as a carer in the 2011 census, which was 9.3% of the population. This is an increase on the 2001 census figures of 8.5% and shows that unpaid care has increased at a faster pace than population growth over the last decade. This reflects the national picture.

The percentage of the population who are carers does vary between wards in West Berkshire ranging from 7.4% in Chieveley, Thatcham North and Victoria wards to 11.8% in Westwood ward. Unpaid carers in West Berkshire are more likely to suffer from poorer health with 79.5% describing their health as "good or very good", compared to 87.1% of people who do not provide unpaid care. The likelihood of reporting poorer health rose with the number of hours of care provided. Carers providing 50 or more hours of unpaid care a week were two times more likely to describe their health as "bad or very bad" compared to people who did not provide unpaid care (ONS 2013).

Employment and benefits

In 2016/17, 82% of people aged 16 to 64 in West Berkshire were in employment, compared to 74% nationally. West Berkshire's unemployment rate was also lower at 3.1%, compared to 4.7% nationally. Full-time workers in West Berkshire have higher average earnings than

workers in both the South East and England, with an average weekly income of £627 per week compared to £541 nationally.

In November 2016, 6.3% of West Berkshire's working-age population were claiming benefits, compared to 11.0% nationally. 64% of claimants in West Berkshire received an out of work benefit, such as Job Seekers, Employment Support Allowance/ Incapacity Benefit and Lone Parent Benefits.

In 2016, 3,600 households in West Berkshire were classified as 'workless'. This means that at least one person of working age lives in the household, but no-one is economically active. This constitutes 7.8% of all working age households, compared to 11.6% in the South East and 15.1% nationally (NOMIS 2017).

Education and qualifications

The percentage of working-age people in West Berkshire with at least a bachelor's degree was 51% in 2016, compared to 38% nationally. This figure continues to rise in line with the national increase (NOMIS 2017).

The proportion of people in West Berkshire with A-levels or equivalent was 66% and GCSEs or equivalent was 82%. 4% of people had no qualifications in West Berkshire, compared to 8% nationally.

75% of 5 years olds in West Berkshire achieved a good level of development in 2015/16, which was significantly better than the national figures. 80% of Year 1 children achieved the expected level in the phonics screening check and this was similar to England. The local authority's GCSE results are also significantly better than the national figures, with 61% of West Berkshire pupils achieving 5 A* to C grade, including English and Maths, in 2015/16 (PHE 2017g).

2. Place

Deprivation

Deprivation is not just associated with income or poverty, but can also be a lack of access to adequate education, skills and training, healthcare, housing and essential services. It may also mean exposure to higher rates of crime and a poor environment. These aspects of deprivation all attribute to areas experiencing significantly poorer health outcomes.

West Berkshire is one of the 10% least deprived local authority areas in England, according to the 2015 index of multiple deprivation (IMD). However, 1 neighbourhood (Lower Super Output Areas) in Greenham ward ranks amongst the 20% most deprived areas in England. Other neighbourhoods in parts of Thatcham, Speen and Victoria wards are in the 40% most deprived neighbourhoods in England (Department for Communities and Local Government 2015). Map 2 shows the level of deprivation across West Berkshire at a ward level.

Population density

In 2016, West Berkshire's population density was 223 people per square kilometre. This number has continued to slightly increase since 2002, when there were 204 people per square kilometre. West Berkshire's density is significantly lower than the national average of 424 (ONS 2017).

Levels of population density vary considerably across the District. A neighbourhood within Thatcham North ward has the highest density at 6,879 people per square kilometre. Other areas with significantly higher density include neighbourhoods within Northcroft, Clay Hill and Calcot wards. Kintbury ward and Downlands ward both have neighbourhoods with the lowest population density in West Berkshire as 26 per square kilometre. Map 3 shows population density at a West Berkshire ward level.

Housing and homelessness

The 2011 Census showed that there were 62,340 households in West Berkshire. Nearly 69% of these houses were owned by the occupant, whether outright or with a mortgage or loan. 17% were socially rented and 13% were privately rented. The pattern of housing tenure across the district varied across wards, with over 85% of household owned by their occupants in Westwood, Birch Copse and Purley on Thames wards. In contrast, 43% of households were owned by their occupants in Victoria. Social renting was much higher in Greenham and Theale wards at 24 and 22% respectively. Private renting was highest in Victoria ward at 32%.

In 2011, nearly 31% of households in West Berkshire were occupied by people living alone. This equated to 16,123 people (11% of the population). 42% of these households were people aged 65 and over living alone, which made up 29% of the total population aged 65 and over. While this does not equate to loneliness, older people living alone are significantly more likely to be socially isolated and unable to access support or services easily. Hungerford, Northcroft and Pangbourne wards had the highest proportion of one-person households aged 65 and over.

8% of households in West Berkshire were occupied by lone-parent families in 2011 and this also differed across areas of the district. Greenham and Calcot wards had the highest proportion of lone-parent family households at 12% each (ONS 2013).

During 2015/16, 38 households in West Berkshire were identified as statutorily homeless. This means that they are unintentionally homeless, in priority need and the local authority accepts responsibility for securing accommodation for them. This equates to a rate of 0.6 per 1,000 households, which is significantly lower than the national rate of 2.5 per 1,000 households. On 31st March 2016, 50 households were living in temporary accommodation provided under homelessness legislation in West Berkshire. This was a rate of 0.8 per 1,000 households and also significantly lower than the national figures (PHE 2017g).

Residential developments since the 2015 PNA

Thames Valley Berkshire Local Enterprise Partnership and the six Berkshire local authorities commissioned a Strategic Housing Market Assessment (SHMA) at the beginning of 2015. The primary purpose of the SHMA was to provide an assessment of the future needs for housing in the area, together with the housing needs of different groups in the population. The conclusion of the SHMA was that between 2013 and 2036, 665 additional dwellings were needed per annum in West Berkshire (West Berkshire Council 2017c).

The number of households in West Berkshire has increased since the last Pharmaceutical Needs Assessment. From April 2014 to March 2016, 1,121 new dwellings were completed, including significant developments in Greenham (342 net completions) and Newbury (375 net completions) parishes. A further 3,049 dwellings are projected to be completed between April 2016 and March 2020 (West Berkshire Council 2017c).

Other developments to NHS services which may affect the need for pharmaceutical services

During the lifetime of the PNA the following changes to NHS services are planned and have potential to impact on the demand for pharmaceutical services in West Berkshire. Generally, these changes are not expected to increase the overall need for pharmaceutical services in West Berkshire.

- Changes to GP practice services including 7 day- working. This means that there would need to be pharmacies open at weekends to allow patients to obtain their prescriptions. As stated in Section F - Assessment of Pharmaceutical Service Provision; Twenty pharmacies and two dispensing practices are open for at least a half day on Saturdays with three pharmacies open until at least 10pm. Six pharmacies are open on Sunday and one of these open until 10pm', Therefore 7 day working by GP practices is not expected to result in a need for additional pharmaceutical services.

- Development of GP federations/alliances and new ways of working - With the increasing numbers of GP pharmacists, there could be an increase in the number of prescription items and reviews of medication. This is not expected to impact on the MUR and NMR services currently provided by community pharmacies.

- GP practices will be working closer together to provide services - This is not expected to result in a need for additional pharmaceutical services in West Berkshire.

- GP streaming/Urgent and Emergency treatment centres - there would need to be adequate provision to late night pharmacies near RBFT/West Berkshire Community Hospital.

- Following the national consultation on the prescribing of low value medicines and the drive for patients to self-care, an increased footfall into pharmacies is expected, however current service provision is expected to provide sufficient access to pharmaceutical services in West Berkshire.

- NHS structural change - Berkshire West has been selected as a vanguard site for the Accountable Care System. This may result in new provisions of care, however the exact change and timeframe are not yet finalised making it difficult to assess their impact. These changes are not expected to result in the need for additional pharmaceutical services but could provide opportunities for different ways of providing services and / or changes to locally commissioned services.

At the time of writing the PNA, no other developments were identified as having an effect on the need for pharmaceutical services in West Berkshire.

3. Health behaviours and lifestyle

Lifestyle and the personal choices that people make significantly impact on their health. Behavioural patterns contribute to approximately 40% of premature deaths in England (Global Burden of Disease 2015), which is a greater contributor than genetics (30%), social circumstances (15%) and healthcare (10%). While there are a large number of causes of death and ill-health, many of the risk factors for these are the same. Just under half of all

years of life lost to ill health, disability or premature death in England are attributable to smoking, diet, high blood pressure, being overweight, alcohol and drug use.

Community pharmacy teams have a key role in delivering healthy lifestyle advice and interventions and in signposting to other services as set out in Pharmacy: a way forward for public health and The Community Pharmacy Forward View.

Smoking

Smoking is the single biggest cause of premature death and preventable morbidity in England, as well as the primary reason for the gap in healthy life expectancy between rich and poor. It is estimated that smoking is attributable for over 16% of all premature deaths in England and over 9% of years of life lost due to ill health, disability or premature death (Global Burden of Disease 2015). A wide range of diseases and conditions are caused by smoking, such as cancers, respiratory diseases and cardiovascular diseases.

13% of West Berkshire's adult residents smoke, which is significantly better than the national prevalence rate. The rates differ between men and women, with approximately 14% of men smoking in West Berkshire, compared to 11% of women. There are also noticeable differences in smoking prevalence rates between socio-economic groups both locally and nationally. While 8.5% of West Berkshire residents in a managerial and professional occupation are current smokers, 23.4% of people in intermediate occupations and 21.9% of people in routine and manual occupation smoke.

Smoking prevalence rates are also monitored for pregnant woman, due to the detrimental effects for the growth and development of the baby and health of the mother. The proportion of mothers who smoke in West Berkshire has continued to be significantly below the England average. In 2015/16, 7.0% of West Berkshire mothers were smokers at the time of delivery, compared to 10.6% nationally.

A total of 591 deaths in West Berkshire were attributable to smoking in 2013-15, at a rate of 239 per 100,000 population aged 35 and over. This was significantly better than the national rate of 284 per 100,000 (PHE 2017d).

Alcohol

Harmful drinking is a significant public health problem in the UK and is associated with a wide range of health problems, including brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage and poor mental health. The Global Burden of Disease (2015) showed that nearly 4% of all deaths and years of life lost to ill health, disability or premature death were attributable to alcohol in England. Alcohol can also play a role in accidents, acts of violence, criminal behaviour and other social problems.

Estimates from Alcohol Concern (2016) indicate that 20% of people in West Berkshire drink at a level which increases the risk of damaging their health, which is more than 22,400 people. Within this proportion there are over 7,200 people who drink at a very heavy level who have significantly increased the risk of damaging their health and may have already caused some harm to their health.

117 people in West Berkshire attended treatment for alcohol misuse in 2015. 39% of these people left treatment free of alcohol dependence and did not represent again within a 6 month period. This was similar to the national treatment success rate of 38%.

In 2015/16, there were 691 alcohol-related hospital admissions for West Berkshire residents, which equates to 460 admissions per 100,000 population. West Berkshire's rate has remained significantly lower than the national average since 2008/09, although it has slightly increased over this time. There are significant differences between the admission rate for men and women in West Berkshire, at 595 and 340 per 100,000 population respectively. This is in line with the national picture.

A total of 53 deaths in West Berkshire were alcohol-related in 2015, at a rate of 35.8 per 100,000 population. This was similar to the national rate of 46.1 per 100,000 (PHE 2017c).

Drug use

The Crime Survey for England (2015/16) indicated that 1 in 12 adults aged 16 to 59 had taken an illicit drug in the previous year, which would equate to over 7,200 people in West Berkshire. The prevalence of drug use in young people is higher; with approximately 1 in 5 people aged 16 to 24 having taken an illicit drug. This would equate to nearly 3,000 young people in West Berkshire (NHS Digital 2017).

Men are more than twice as likely to have used cannabis in the last year as women, and more than three times as likely to have taken powder cocaine and ecstasy.

234 people in West Berkshire attended treatment for opiate drug use in 2015. 9.0% of these people left treatment free of drug dependence and did not represent again within a 6 month period. This is similar to the national treatment success rate of 6.7%. 67 people in West Berkshire attended treatment for non-opiate drug use in 2015. 34.3% of these people left treatment free of drug dependence and did not represent again within a 6 month period. This is similar to the national treatment success rate of 37.3% (PHE 2017g).

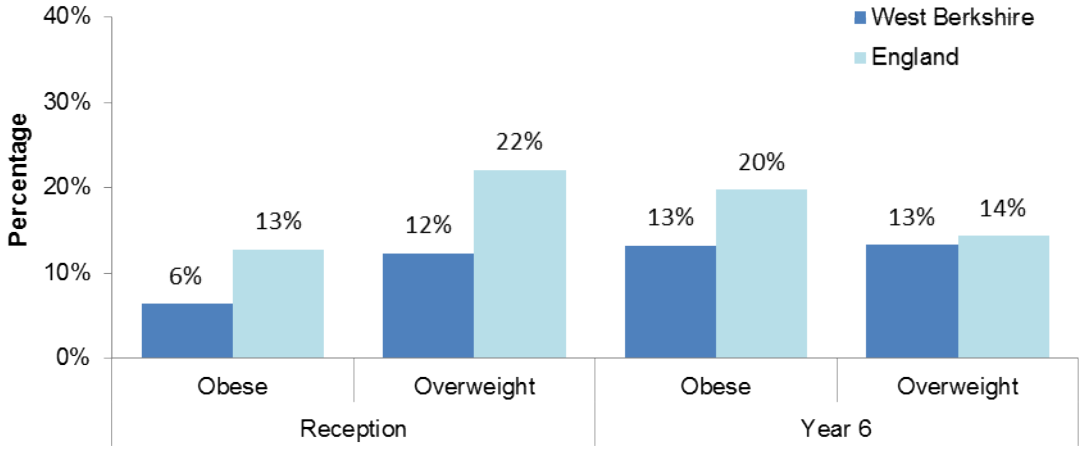
Obesity

Obesity is indicated when an individual's Body Mass Index (BMI) is over 30. It increases the risk of heart disease, diabetes, stroke, depression, bone disease and joint problems and decreases life expectancy by up to nine years. High BMI is the second biggest cause for premature death and preventable morbidity in England, attributable for 9% of all years of life lost to ill health, disability and premature mortality.

Figures collected through the Active People Survey (2013-2015) estimate that 25% of adults living in West Berkshire are obese and a further 40% are overweight. These figures are better than the national picture, but continue to increase (PHE 2017g). GP Practices keep a register of patients who are obese and these indicate that 8.2% of Newbury & District CCG registered population aged 16 and over are obese, which is lower than the national figure of 9.5%. North & West Reading CCG's obesity prevalence is also lower at 7.7% (NHS Digital 2016b). However, these are likely to be underestimation, as not all people have their BMI recorded on their GP record.

The National Child Measurement Programme (NCMP) is delivered in schools and measures the height and weight of children in their first and last year of primary school (Reception Year and Year 6). This provides robust information about the level of childhood obesity locally and nationally. In 2015/16, 19% of Reception children in West Berkshire were overweight or obese and 27% of Year 6 children were overweight or obese. Figure 6 shows how this compares to the national picture.

Figure 6: Percentage of children in Reception and Year 6 who are obese or overweight (2015/16)



Source: Public Health England (2017g)

Analysis of local and national NCMP data from 2011/12 to 2015/16 shows that obesity prevalence among children in both reception and year 6 increases with deprivation.

Physical Activity

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those with a sedentary lifestyle. Physical activity is also associated with improved mental health and wellbeing. In contrast, physical inactivity is directly accountable for 5% of deaths in England and is the fourth leading risk factor for global mortality.

The Chief Medical Officer recommends that adults undertake 150 minutes of moderate activity each week. In 2015, 63% of adults in West Berkshire were estimated to have met these recommendations, which was significantly better than the national figure of 57%. However, 23% of adults in West Berkshire were classified as 'inactive', achieving less than 30 minutes of moderate physical activity each week (PHE 2017g).

Sexual health

Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) and abortion. While sexual relationships are essentially a private matter, good sexual health is important to individuals and to society as a whole. Public Health England (2015b) states that the success of sexual and reproductive health services "depends on the whole system working together to make these services as responsive, relevant and as easy to use as possible and ultimately to improve the public's health".

The rate of new STI diagnoses in West Berkshire is consistently lower than the national rate. In 2016, 429 people were diagnosed with a new STI in West Berkshire at a rate of 433 per 100,000 population (excluding chlamydia diagnoses for people aged under 25). Rates of gonorrhoea and syphilis diagnoses are also lower than England's, as well as the HIV diagnosed prevalence rate (PHE 2017h).

Chlamydia is the most commonly diagnosed STI in England, with rates substantially higher in young adults than any other age group. In 2016, 2,222 young people (aged 15 to 24) from West Berkshire were screened for chlamydia, which was 13% of the total population. 167 had a positive chlamydia diagnosis at 995 per 100,000 population. The proportion of young

people screened and the detection rate in West Berkshire was significantly lower than the national or regional rate.

West Berkshire's teenage conception rates are lower than the national rate. In 2015, 46 females aged 15 to 17 and 5 females aged 13 to 15 had a pregnancy that either led to a birth or legal abortion. 54% of under 18 conceptions led to an abortion (25 in total).

The Department of Health's (2013a) Framework for Sexual Health Improvement in England includes the ambition to reduce unwanted pregnancies by increasing knowledge, awareness and access to all methods of contraception. Long Acting Reversible Contraception (LARC) methods are highly effective, as they do not rely on individuals to remember to use them. Implants, intrauterine systems (IUS) and intrauterine devices (IUD) can remain in place for up to 10 years, depending on the type of product. In 2015, West Berkshire females aged 15 to 44 were prescribed 1,518 LARC (excluding injections) from a GP or Sexual and Reproductive Health Service. This was a rate of 54.9 per 1,000 females and was significantly higher than the England rate (PHE 2017h).

4. Focus on specific health conditions

Health conditions prevalent within a population have an impact on the need for pharmaceutical services within an area. Community pharmacy teams are well placed to support people to manage their long term conditions and this is a key area set out in The Community Pharmacy Forward View.

Cancer

Cancer incidence rates have increased by more than one-third since the mid 1970s, with approximately 910 people being diagnosed with cancer every day in the UK. Although more than 1 in 3 people will now develop some form of cancer in their lifetime, the mortality rate for cancer has actually decreased. Over half of people diagnosed with cancer in the UK will survive 10 or more years after diagnosis (Cancer Research UK 2017).

From 2010-2014, there were 3,921 new cases of cancer diagnoses in West Berkshire. 17% of all these cases were for breast cancer, 14% for prostate cancer, 11% for colorectal cancer and 9% for lung cancers (PHE Local Health 2017). The route to a cancer diagnosis ultimately impacts on patient survival and the three national cancer screening programmes help to detect cancers at an earlier and more treatable stage. West Berkshire's screening coverage levels are significantly better than England's for all three national programmes. In March 2016, the breast screening coverage for eligible women in West Berkshire was 81.4% and the cervical screening coverage was 76.8%. The bowel screening coverage level was 62.5%. There is variation in screening coverage levels across West Berkshire with some GP Practices not meeting the minimum standard for coverage (PHE 2016a).

Circulatory disease

In March 2016, 3.2% of people registered with a GP Practice in England were recorded as having Coronary Heart Disease. Both Newbury & District CCG and North & West Reading CCG had lower prevalence levels of 2.4%. The proportion of people recorded as having had a stroke or TIA (transient ischaemic attack) was also lower in both CCGs compared to England, at 1.4% each (NHS Digital 2016b).

High blood pressure (hypertension) is one of the leading risk factors for premature death and disability, although it is often preventable. Once diagnosed, people with hypertension can receive advice and treatment from their GP to control and lower their blood pressure, reducing their future risk of cardiovascular diseases. In March 2016, 19,500 people in West Berkshire were diagnosed with hypertension, which was 13% of the population. However, it is estimated that the actual number of people with the condition was much higher at 23%. This means that there were approximately 15,100 people in West Berkshire with undiagnosed hypertension, who had not received treatment to control their blood pressure (PHE 2016d).

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, is invited every five years to assess their risk of developing these conditions. They are given support and advice to help them reduce or manage that risk. From 2013/14 to 15/16, 13,957 West Berkshire residents had received an NHS Health Check, which was 28% of the eligible population. This was significantly lower than the England figure of 36% (PHE 2017g).

Diabetes

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. In the UK, diabetes affects 2.8 million people and there are estimated to be an additional 980,000 people with diabetes who are undiagnosed. The chances of developing diabetes depend on a mix of genetics, lifestyle and environmental factors. Certain groups are more likely to develop the condition than others, for example people from South Asian and Black communities are 2 to 4 times more likely to develop Type 2 diabetes than those from Caucasian backgrounds (Diabetes UK 2016). Higher levels of obesity, physical inactivity, unhealthy diet, smoking and poor blood pressure control are also inextricably linked to the risk of diabetes. Deprivation is strongly associated with all these factors, and data from the National Diabetes Audit suggests that people living in the 20% most deprived areas in England are 1.5 times more likely to have diabetes than those in the 20% least deprived areas (Diabetes UK 2016).

In March 2016, 5,900 West Berkshire residents (aged 17 and over) were diagnosed with diabetes, which was 4.9% of that age group. This was significantly lower than the national prevalence of 6.5% (PHE 2017b).

The prevalence of diabetes is expected to increase over the next 20 years, due to the aging population. By 2035, 9.1% of West Berkshire's population aged 16 and over are expected to have diabetes, which is 12,368 people (PHE 2015a).

Respiratory disease

Chronic Obstructive Pulmonary Disease (COPD) is the name for a collection of lung diseases, such as chronic bronchitis, emphysema and chronic obstructive airways disease. In March 2016, 1.9% of people registered with a GP Practice in England were diagnosed with COPD. Both Newbury & District CCG and North & West Reading CCG had lower prevalence levels at 1.2% and 1.4% respectively (NHS Digital 2016b).

The prevalence of asthma in England is amongst the highest in the world. 6% of the population is diagnosed with asthma, although 9.1% are actually expected to have the condition. In March 2016, 7,285 people registered with Newbury & District CCG GP Practices were diagnosed with asthma at 6.2% of the total population. An additional 3,420 people in the CCG were expected to be undiagnosed and therefore not receiving necessary support or treatment from their GP. 7,183 people registered with North & West Reading

CCG GP Practices were diagnosed with asthma at 6.6% of the total population. An additional 2,798 people in the CCG were expected to be undiagnosed and therefore not receiving necessary support or treatment from their GP (NHS Digital 2016b).

Mental Health problems

Mental illness is the single largest cause of disability in the UK. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time. Common mental health problems include anxiety, depression, phobias, obsessive compulsive disorders & panic disorders. In March 2016, there were over 9,200 West Berkshire adult residents who had an unresolved diagnosis of depression registered with their GP. This was 7.8% of the adult population and significantly lower than the national prevalence rate of 8.3% (PHE 2017e).

Not everybody demonstrating signs of mild to moderate mental illness would describe their condition in this way and some are likely to be short term. The Annual Population Survey (2015/16) indicated that 20.2% of adults in West Berkshire had self-reported high anxiety, and 7.3% had a low happiness score. These figures were similar to the national response (PHE 2017g).

Approximately 1% of the UK population has a severe mental health problem and many will have begun to suffer from this in their teens or early twenties. In March 2016, 1,032 adults in West Berkshire were on the GP Mental Health Register, which meant that they had an unresolved record of a schizophrenic or bipolar disorder. This was 0.68% of the adult population and significantly lower than the national prevalence rate of 0.90% (PHE 2017e).

Mental health problems also affect 1 in 10 children and young people. This can include depression, anxiety, conduct and emotional disorders, which can often be a direct response to what is happening in their lives. The Office for National Statistics estimates that there are nearly 2,000 young people aged 5 to 16 in West Berkshire with a mental health disorder. This is 8.1% of the population. In 2016, 387 school children in West Berkshire were recorded as having social, emotional and mental health needs through their school. This is 1.5% of all West Berkshire school children, compared to 2.3% nationally (PHE 2017a).

Dementia

In March 2016, 946 people in West Berkshire were recorded as having dementia, which was 0.6% of the population. This was significantly lower than the England prevalence of 0.8% (PHE 2017e). It is estimated that half of people with dementia are undiagnosed. In recent years, there has been a political commitment to increase the number of people living with dementia who have a formal diagnosis. A timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve their health and care outcomes.

One in three people over 65 will develop dementia in their lifetime. 1,641 people aged 65 and over in West Berkshire were estimated to have dementia in April 2017, although 44% of these were not diagnosed. As West Berkshire's population increases and ages, the number of people living with dementia will therefore also increase (POPPI 2016).

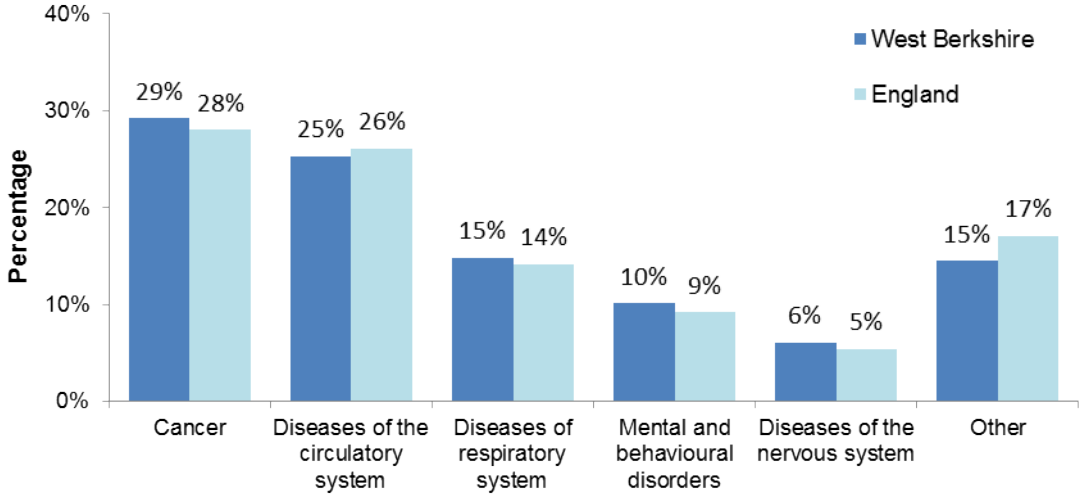
5. Life expectancy and mortality

West Berkshire's life expectancy is significantly higher than the England average. Boys born in 2013-2015 are expected to live to 81.0 years in West Berkshire, which is 1.6 years longer than the national average. Girls born in West Berkshire are expected to live to 84.2 years, which is 1.1 years longer than the national average (PHE 2017g).

However, despite West Berkshire being one of the least deprived local authorities in England, there are still inequalities in life expectancy within the area. Men living in the most deprived neighbourhoods of West Berkshire are expected to live 4.9 years less than those living in least deprived areas. The gap for women is higher at 6.6 years. The life expectancy gap between West Berkshire's most and least deprived areas is attributable to different causes of death for men and women. While circulatory disease was the main reason for the gap for both men and women in 2012-14 at 31% and 32% respectively, other contributing causes differed. For men, the second main cause of the life expectancy gap was respiratory diseases at 18% and then 'other' at 17%. For women, the second main cause was cancer at 26%, followed by digestive diseases at 15% (PHE 2016d).

The main causes of death in West Berkshire are cancer, circulatory disease and respiratory disease, as shown in Figure 7. This reflects the national picture.

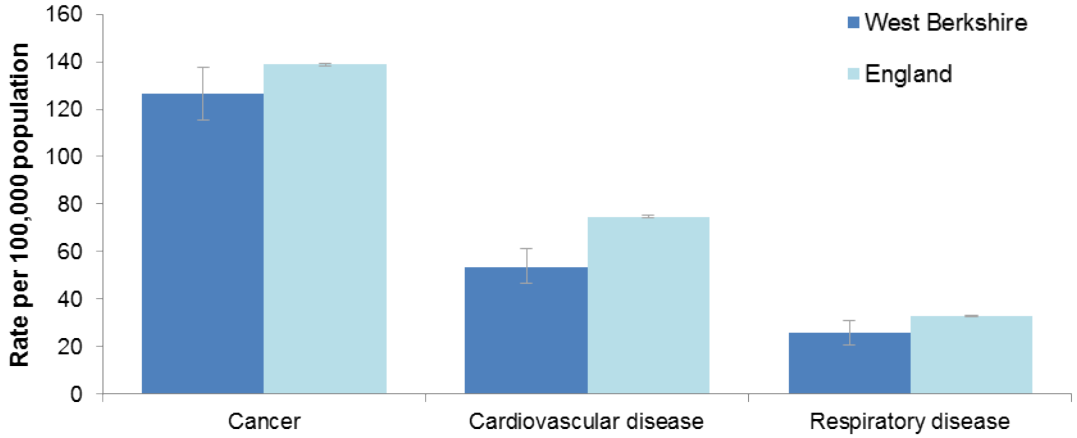
Figure 7: Percentage of all deaths by main underlying cause (2015)



Source: Office for National Statistics (2016c)

29% of all deaths in West Berkshire are among people aged under 75 and these are termed premature deaths. West Berkshire's premature mortality rates for cancer, cardiovascular disease and respiratory disease are all significantly lower than the England rates, as shown in Figure 7. However, men have significantly higher mortality rates then women for all of these causes at both a local and national level (PHE 2017g).

Figure 8: Under 75 mortality rate by underlying cause of death (2013-15)



Source: Public Health England (2017g)

Cancer is the biggest cause of premature mortality for both men and women in West Berkshire. In 2013-15, approximately 279 premature cancer deaths were considered to be preventable in West Berkshire which is 54% of all premature cancer deaths. This means that the underlying cause could potentially have been avoided with public health interventions. The main risks attributed to cancer deaths and years of ill-heath in England are smoking, occupational risks, diet, high body mass index and alcohol and drug use.

71% of premature deaths from cardiovascular diseases in West Berkshire were considered to be preventable, which was 153 deaths. The main risks attributed to cardiovascular disease deaths and years of ill-heath in England are high blood pressure, poor diet, high cholesterol and high body-mass index.

Respiratory diseases are the third biggest cause of death for people aged under 75 in West Berkshire. In 2013-15, 58% of premature deaths from respiratory diseases in West Berkshire were considered to be preventable, which was 58 deaths. The main risks attributed to respiratory disease deaths and years of ill-heath in England are smoking and air pollution (PHE 2017g).

D: Pharmacy Provision in West Berkshire

The recent PNA survey asked local pharmacies in West Berkshire to detail the services that they currently provide, as well as those that they would be willing to provide if they were commissioned to do so. 19 of West Berkshire's pharmacies responded to the survey and this information, along with information provided by NHS England, has been used to summarise the pharmacy provision across West Berkshire.

1. Type of Pharmacy services within West Berkshire

There are currently 22 community pharmacies in West Berkshire and 8 dispensing practices. This is the same level of pharmacy provision as identified in the previous Pharmaceutical Needs Assessment, with one additional dispensing practice. Community pharmacies vary from multiple store organisations to independent contractors. All pharmacies provide the mandatory essential services, as well as a range of other advanced and enhanced services. Map 1 shows the location of all pharmacies and dispensing practices based in West Berkshire. Appendix C gives a full list of these pharmacies and dispensaries, including addresses and opening times.

Advanced Services

Pharmacies can choose to provide advanced services, but must meet certain requirements to do so. Within West Berkshire, all community pharmacies provide the Medicine Use Review (MUR) service and 91% provide the New Medicines Service (NMS).

Pharmacy and Location	Medicine Use Review	New Medicine Service
Lloyds Pharmacy, Birch Copse	Currently provide	Currently provide
Burghfield Pharmacy, Burghfield	Currently provide	Currently provide
Downland Pharmacy, Chieveley	Currently provide	Currently provide
Boots Pharmacy, Greenham	Currently provide	Currently provide
Tesco Pharmacy, Greenham	Currently provide	Currently provide
Boots Pharmacy, Hungerford	Currently provide	Currently provide
Lambourn Pharmacy, Lambourn Valley	Currently provide	Currently provide
J Hoots Pharmacy, Mortimer	Currently provide	Do not provide
Mortimer Pharmacy, Mortimer	Currently provide	Currently provide
Day Lewis Pharmacy, Northcroft	Currently provide	Currently provide
Lloyds Pharmacy, Pangbourne	Currently provide	Currently provide
Wash Common Pharmacy, St John's	Currently provide	Currently provide
Boots Pharmacy, Thatcham Central	Currently provide	Currently provide
Lloyds Pharmacy (Crown Mead), Thatcham Central	Currently provide	Currently provide
Lloyds Pharmacy (The Broadway), Thatcham Central	Currently provide	Currently provide
Lloyds Pharmacy, Thatcham South and Crookham	Currently provide	Currently provide
Theale Pharmacy, Theale	Currently provide	Do not provide
Boots Pharmacy (Northbrook Street), Victoria	Currently provide	Currently provide
Lloyds Pharmacy in Sainsburys, Victoria	Currently provide	Currently provide
Superdrug Pharmacy, Victoria	Currently provide	Currently provide
Boots Pharmacy (Bartholomew Street), Victoria	Currently provide	Currently provide
Overdown Pharmacy, Westwood	Currently provide	Do not provide

Source: NHS England (2017)

The survey of West Berkshire pharmacies provided additional information about the advanced services delivered in the local area. 19 pharmacies responded to this and indicated the following:

- Urgent Medicine Supply Services (NUMSAS) are currently being delivered by Downland Pharmacy in Chieveley. 7 other pharmacies also stated that they hoped to provide this soon.
- Appliance User Review (AUR) services are not currently being delivered by any pharmacies in West Berkshire. However, Downland Pharmacy in Chieveley and Lloyds Pharmacy in Pangbourne state that they hoped to provide this service soon.
- Stoma Appliance Customisation services are not currently being delivered by any pharmacies in West Berkshire. However, Downland Pharmacy in Chieveley and Lloyds Pharmacy in Pangbourne state that they hoped to provide this service soon.
- Seasonal Flu vaccinations are currently being provided by 15 pharmacies in the area. This service is also provided privately in 4 of these pharmacies.

Enhanced Services

NHS England does not currently commission any enhanced services from West Berkshire pharmacies.

Locally Commissioned Services

West Berkshire Council has offered a contract to all community pharmacies based in the district for the provision of emergency hormonal contraception, supervised consumption and needle exchange.

10 pharmacies have informed us that they provide emergency hormonal contraception services, 10 provide supervised consumption and 5 provide needle exchange services. The table below shows the level of provision for these locally commissioned services and pharmacies that have stated that they would be willing to provide these in the future.

In addition to these services, Newbury & District CCG and North & West Reading CCG also commission Palliative Care Medicines On Demand from Boots The Chemist, Newbury Retail Park- Newbury

Pharmacy	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange
Lloyds Pharmacy, Birch Copse	Currently provide	Currently provide	Do not provide
Burghfield Pharmacy, Burghfield	*No data provided*	*No data provided*	*No data provided*
Downland Pharmacy, Chieveley	Currently provide	Currently provide	Willing to provide, but would need training
Boots Pharmacy, Greenham	Currently provide	Currently provide	Currently provide
Tesco Pharmacy, Greenham	Willing to provide, but would need training	Do not provide	Do not provide

Pharmacy	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange
Boots Pharmacy, Hungerford	Willing and able to provide	Willing to provide, but would require facilities adjustment	Currently provide
Lambourn Pharmacy, Lambourn Valley	Willing to provide, but would need training	Currently provide	Currently provide
J Hoots Pharmacy, Mortimer	*No data provided*	*No data provided*	*No data provided*
Mortimer Pharmacy, Mortimer	*No data provided*	*No data provided*	*No data provided*
Day Lewis Pharmacy, Northcroft	Currently provide	Currently provide	Currently provide
Lloyds Pharmacy, Pangbourne	Currently provide	Currently provide	Willing and able to provide
Wash Common Pharmacy, St John's	Willing to provide, but would need training provides private service	Currently provide	Willing and able to provide
Boots Pharmacy, Thatcham Central	Willing to provide, but would need training	Currently provide	Do not provide
Lloyds Pharmacy (Crown Mead), Thatcham Central	Currently provide	Do not provide	Currently provide
Lloyds Pharmacy (The Broadway), Thatcham Central	Do not provide	Willing to provide, but would need training	Do not provide
Lloyds Pharmacy, Thatcham South and Crookham	Willing to provide, but would need training	Willing to provide, but would need training	Do not provide
Theale Pharmacy, Theale	Currently provide	Do not provide	Do not provide
Boots Pharmacy (Northbrook Street), Victoria	Currently provide	Currently provide	Willing and able to provide
Lloyds Pharmacy in Sainsburys, Victoria	Willing to provide, but would need training	Do not provide	Do not provide
Superdrug Pharmacy, Victoria	Willing to provide, but would need training	Willing to provide, but would need training	Willing to provide, but would need training
Boots Pharmacy (Bartholomew Street), Victoria	Currently provide	Currently provide	Willing to provide, but would need training
Overdown Pharmacy, Westwood	Currently provide	Do not provide	Do not provide

Healthy Living Pharmacy

Two West Berkshire pharmacies have confirmed that they are Healthy Living Pharmacies (Lloyds Pharmacy in Pangbourne and Lloyds Pharmacy (The Broadway) in Thatcham Central). These pharmacies have a total of 3 qualified Healthy Living Champions (full time equivalents) between them. All other community pharmacies in West Berkshire are working towards the Healthy Living Pharmacy accreditation.

2. Access to pharmacy services within West Berkshire

Accessibility to pharmacy services is affected by the opening hours of different providers across the local area, as well as both the distance and time it takes people to reach their nearest pharmacy. This could be by car, walking or other methods of transport. We asked residents about how they accessed local pharmacy services and the results from this are found in Section E.

West Berkshire has two 100 hour pharmacies, based in Greenham and Mortimer wards. 20 of the community pharmacies and 2 dispensing practices are open for at least part of Saturday. 6 pharmacies are also open on a Sunday, including Mortimer Pharmacy in Mortimer, which is open until 10pm. Map 4 shows weekend opening hours for West Berkshire pharmacies and dispensaries.

Three West Berkshire community pharmacies are open until at least 10pm on a weekday, and these are based in Greenham and Mortimer wards. A further 2 pharmacies are open until at least 7pm on weekdays and these are based in Birch Copse and Victoria. Map 5 shows all community pharmacies based in West Berkshire that are open weekday evenings

Walking time measures are based on an average walking speed of 3 miles/ 4.8 km per hour, which is a recognised standard developed by the Department for Transport. This walking time may differ for certain individuals, such as older people or those with disabilities, and is shown here as an estimation only. All residents of West Berkshire are able to access a pharmacy within a 15 minute drive, if neighbouring authorities' pharmacy provision is taken into account. This is illustrated in Map 6. This level of accessibility by car reduces to 75% on weekday evenings (after 7pm) and on Sundays, based on the current opening hours of the pharmacies. 81% of the population can access a pharmacy within a 20 minute cycle.

50% of West Berkshire residents are able to access a pharmacy within a 15 minute walk, as illustrated in Map 7. It is important to note that this level of accessibility does reduce on weekday evenings (after 7pm) and on Sundays, when only 9% of the population can get to a pharmacy within a 15 minute walk. This does not take into account opening hours of pharmacies in neighbouring authorities, which West Berkshire residents would also be able to access.

12 of the community pharmacies and 1 dispensing practice who responded to the survey stated that they provided a delivery service for dispensed medicines that was free of charge. Some pharmacies only provided this service for specific patient groups, such as house bound patients, people in care homes and the elderly or infirm, while others provided this for anyone who requested the service. All community pharmacies in West Berkshire are enabled to provide an Electronic Prescription Service.

Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or access is restricted. One of the requirements for the

service is that patients live in a controlled locality (a rural area determined locally in line with the regulations and after consideration of a wide range of factors) and are more than 1mile/ 1.6km from a pharmacy premises. Map 8 shows that the majority of communities within West Berkshire are not within a 1.6km radius of a pharmacy. There are eight dispensing doctors within West Berkshire and each of these has specific areas that they are approved to provide a dispensing service to. Although delivery services are outside the scope of the PNA, it is important note that dispensing doctors can choose to provide delivery services. A delivery service is provided by the Compton Surgery dispensing practice and improves access for residents in the surrounding rural areas.

West Berkshire residents can also access pharmacies in other areas. The district borders with Wokingham, Reading, South Oxfordshire, Vale of White Horse, Wiltshire, Test Valley and Basingstoke and Deane, so the nearest pharmacy for some residents may be located within these HWB areas. There are 10 pharmacies located in other boroughs that are within 1.6km of the West Berkshire border and some of these have extended opening hours.

The current provision of pharmaceutical services in West Berkshire means that there are 19 pharmacies and dispensing practices per 100,000 population. In March 2016, there were 22 pharmacies per 100,000 population across England and 19 per 100,000 population in the South East (NHS Digital 2016a). Using population and housing projection figures, we can expect the pharmaceutical provision in West Berkshire to reduce to 118 per 100,000 population by March 2021.

E: Public Survey

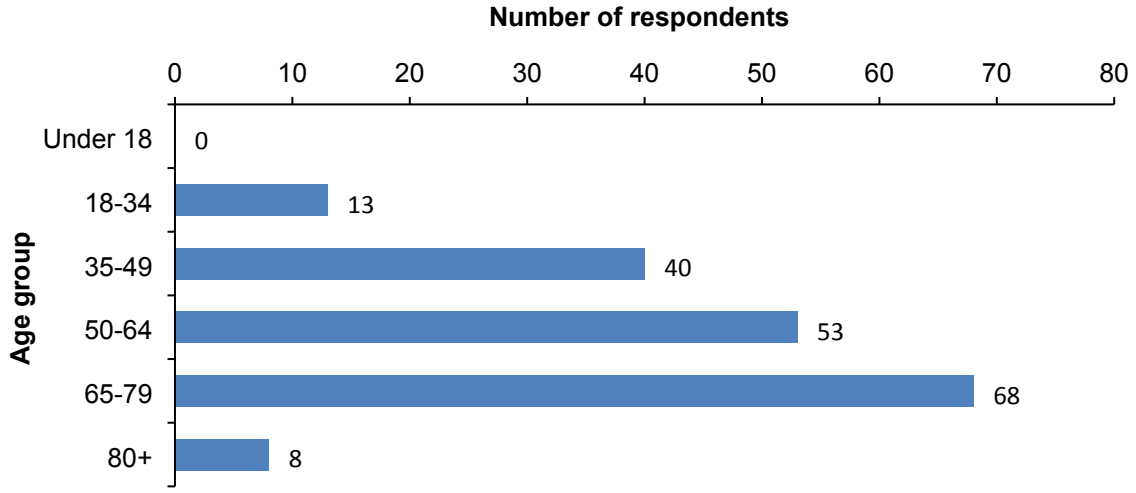
A key aspect of the pharmaceutical needs assessment is to obtain the views of residents who use our community pharmacy and dispensing doctor services. This section provides a summary of the responses that were received through the Berkshire PNA public survey, which was open from mid June to mid September 2017. A copy of the survey can be found at Appendix B.

184 people participated in the PNA survey. These responses included 9 West Berkshire residents and 175 residents from other Berkshire local authorities. The results from the survey have been analysed together, due to the relatively low response rate. All the figures included below therefore represent the views of all Berkshire respondents, and not just West Berkshire residents.

1. Demography of survey respondents

66% of survey respondents were female and nearly 90% classified themselves as White-British. The age of respondents spanned across all adult age groups, as shown in Figure 9, with over 70% of respondents aged over 50. 43% of respondents stated that they were retired.

Figure 9: Age of respondents to Berkshire PNA public survey (2017)



66% of respondents stated that they had a health problem or disability and 27% stated that their day to day activities were limited.

2. Use and access to local pharmacies

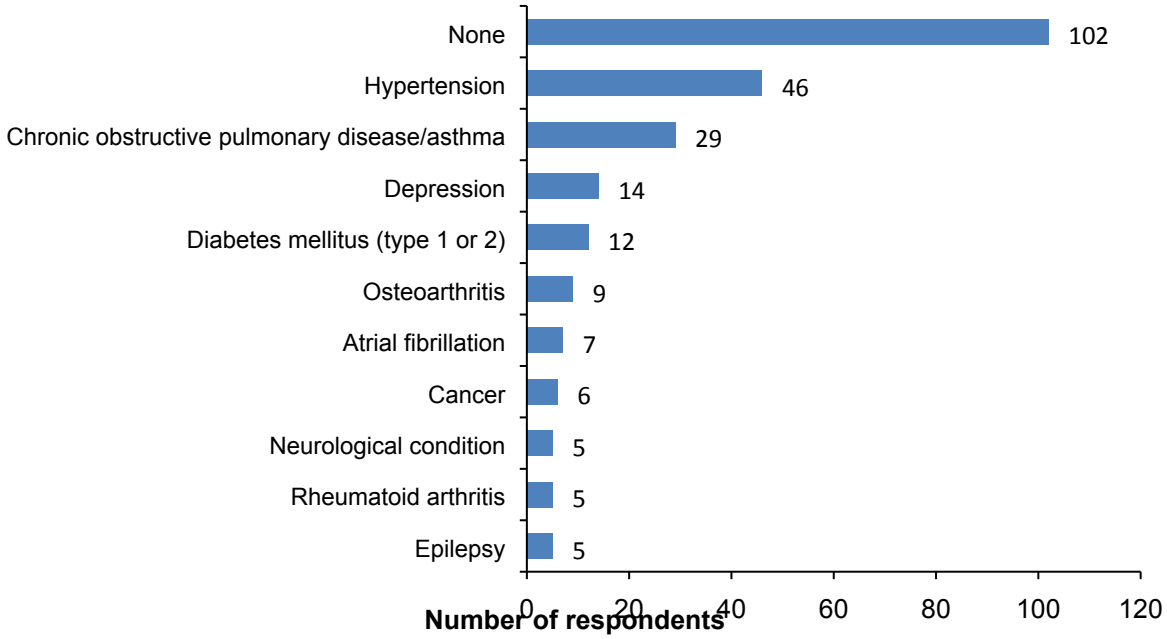
Respondents were asked about the pharmacies they used and how they accessed these. Key findings about pattern of use included:

- 93% reported using a community pharmacy. 5% used a dispensing appliance supplier and 5% used an internet pharmacy.

- 32% stated that they used a pharmacy more than once a month, with a total of 64% using a pharmacy at least once a month.
- 95% reported being able to get to the pharmacy of their choice
- Driving was the most common way that respondents accessed a pharmacy (55%) and walking was a close second (41%). 2% people stated that they cycled and 2%used public transport.
- 86% stated that it took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes.

Survey respondents were asked whether they visited their pharmacy for any particular chronic heath conditions. 45% of respondents reported that they did, with the most common conditions reported as hypertension, chronic obstructive pulmonary disease/asthma and depression. Less than 3% of participants reported visiting the pharmacy for each of the following conditions: heart failure, stroke/transient ischaemic attack, ischaemic heart disease, Parkinson's disease, severe mental illness and chronic kidney disease. Figure 10 shows the full responses for this question.

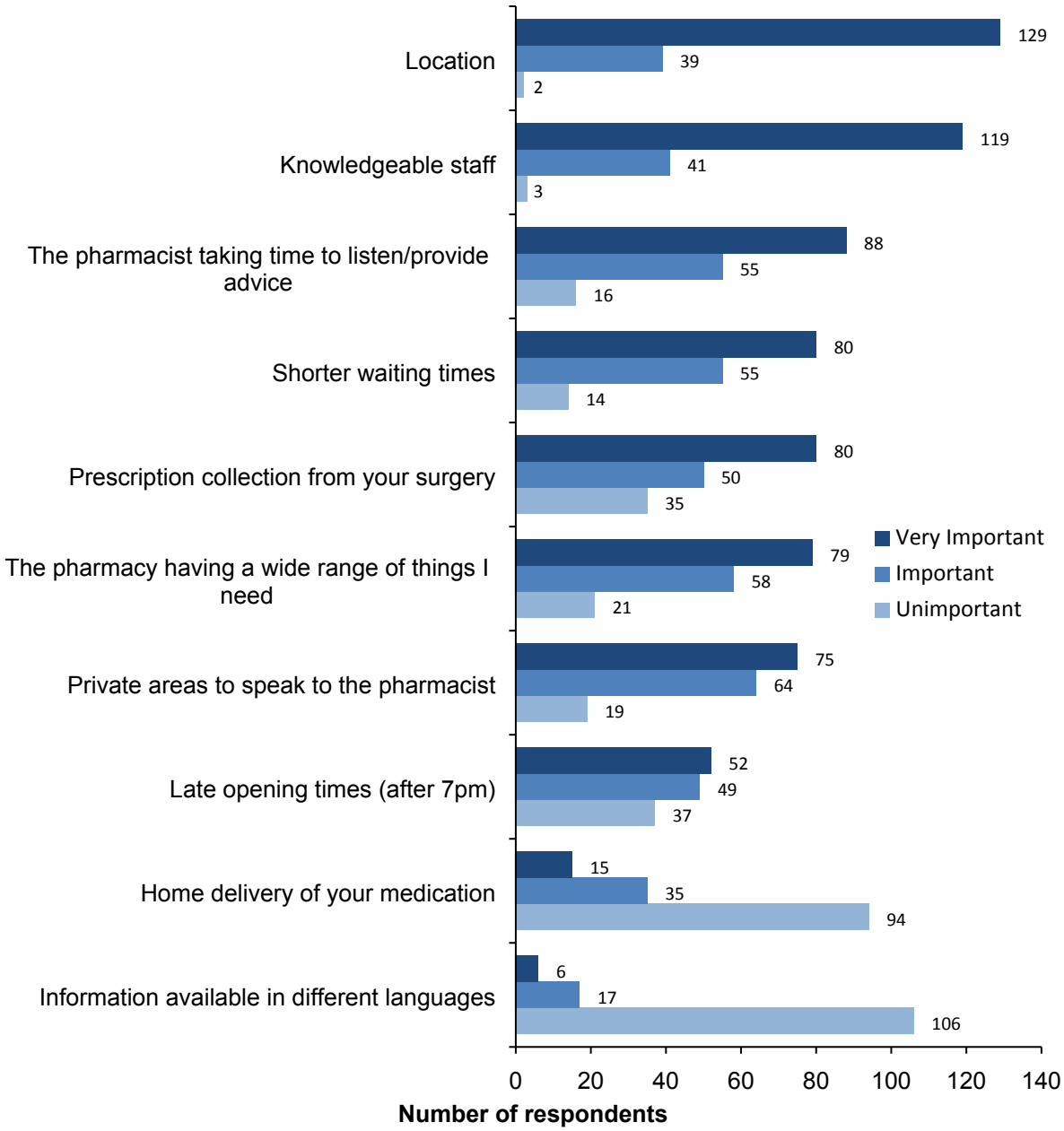
Figure 10: Summary of response to "Which of the following chronic health conditions do you visit your pharmacy for?"



3. Pharmacy characteristics and services

Respondents were asked to rank the importance of a number of specific pharmacy characteristics and services. The most important factor was considered to be location, followed by knowledgeable staff. When asked about location, 49% of respondents said that they chose to use a pharmacy near to home, 17% chose a pharmacy close to their GP Practice and 14% chose to use a pharmacy in a supermarket. The full list of responses about the importance of pharmacy services is shown at Figure 11.

Figure 11: Summary of response to "How important are the following pharmacy services?

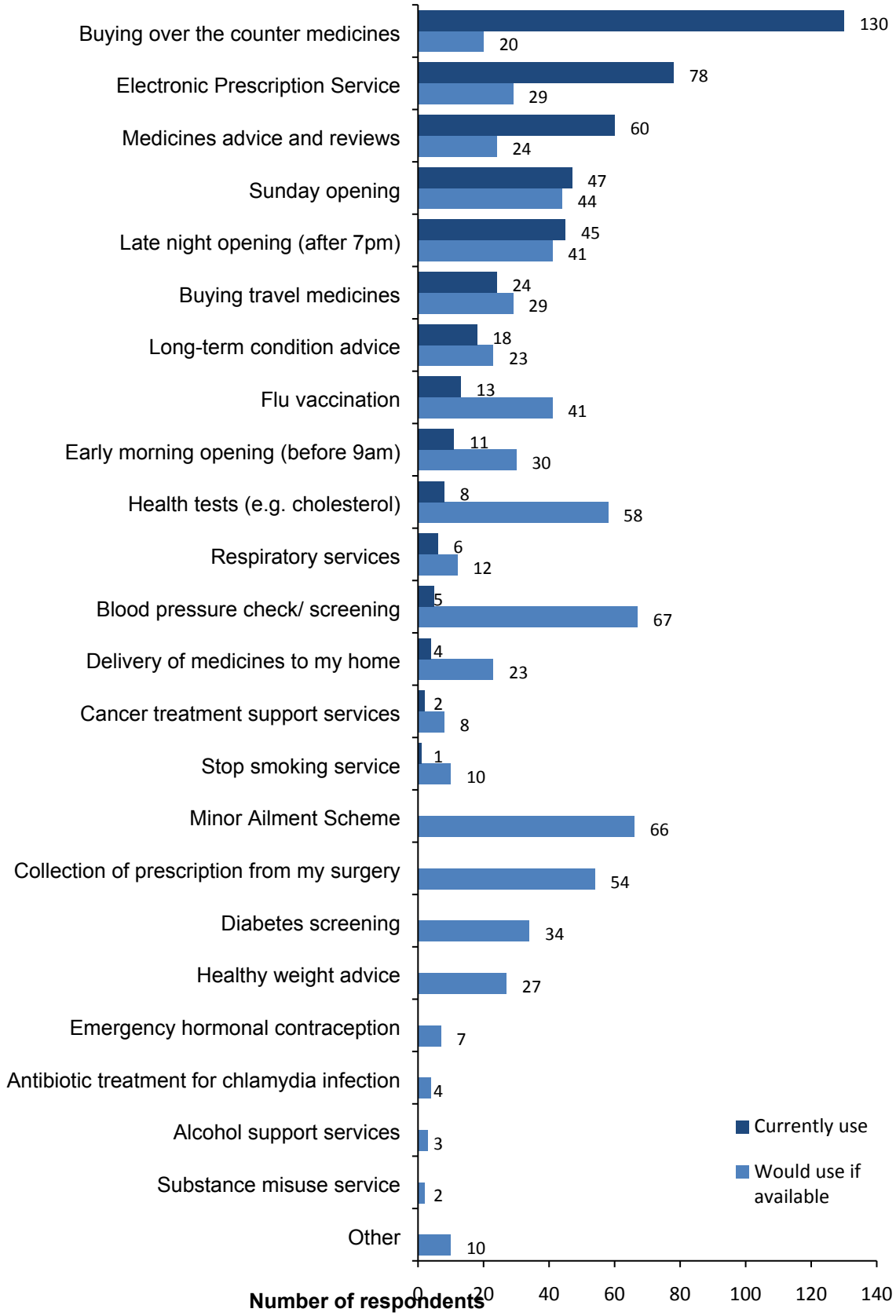


Respondents were asked about the pharmacy services they currently used, as well as services that they would use if they were available. The most commonly used services were buying over the counter medicines, the Electronic Prescription Service (EPS) and medicine advice and reviews. 36% of respondents stated that they would use a blood pressure check/ screening service if it was available and 36% also stated that they would use the Minor Ailment Scheme. Other requested services included health tests, collection of prescription from surgery and flu vaccination.

24% of respondents stated that they would use Sunday opening times, if they were available, and 22% stated that they would use late nights opening (after 7pm).

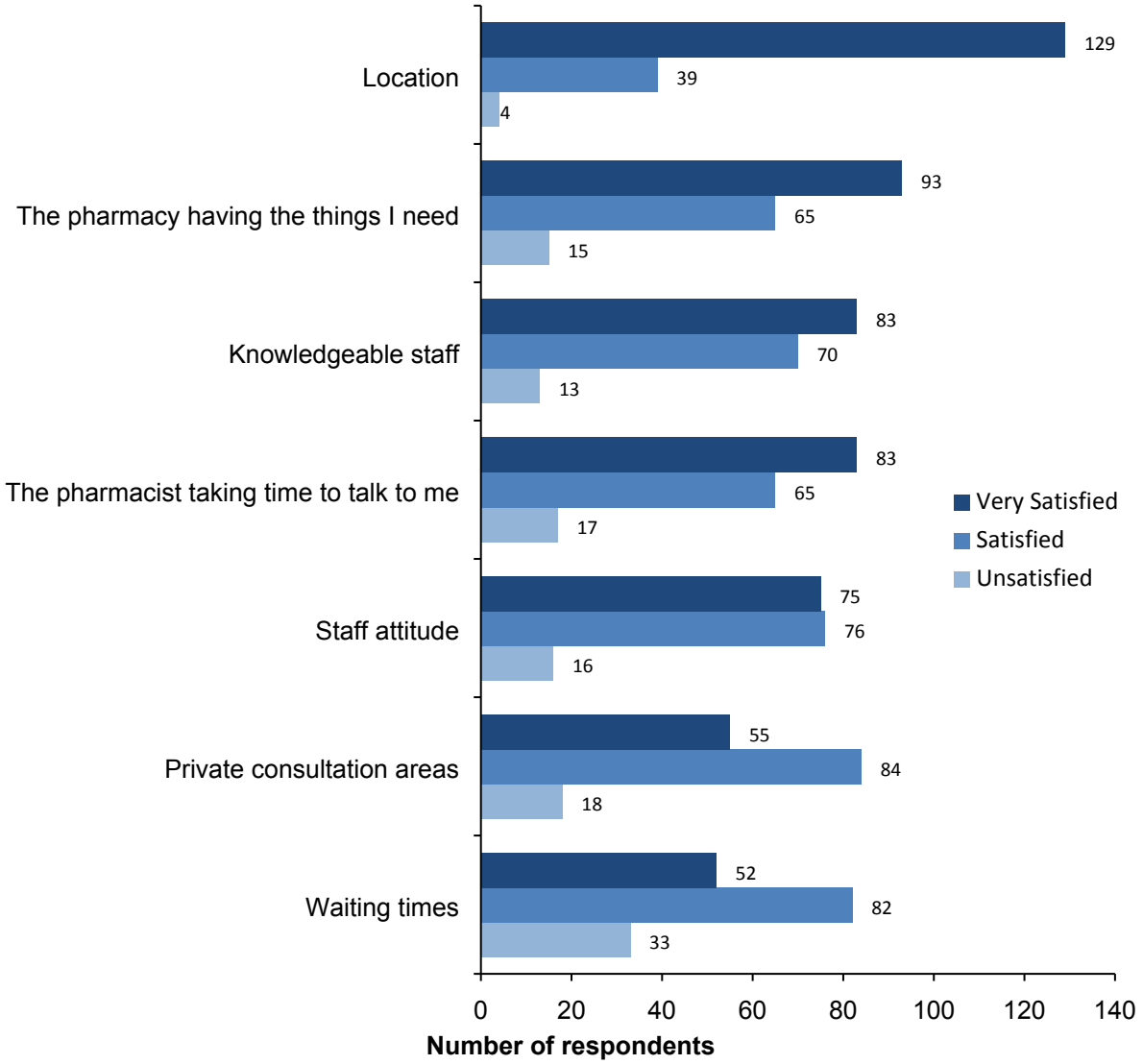
The full list of responses is shown at Figure 12.

Figure 12: Summary of response to "Which of the following services do you currently use at a pharmacy and which would you also use if they were available? (Multiple choices could be picked)



Finally, participants were asked to state how satisfied they were with a number of specific characteristics and services of their regular pharmacy. The majority of respondents stated that they were most satisfied with the location of their pharmacy. Waiting times has the least satisfaction with 20% of respondents stating that they were unsatisfied. However, the clear majority of respondents still stated that they were satisfied or very satisfied with this factor overall. The full level of responses is shown at Figure 13.

Figure 13: Summary of response to "How satisfied are you with the following services at your regular pharmacy?



4. Feedback

The public survey gave respondents the opportunity to provide additional feedback on pharmaceutical services in their local area. 70 people left a free text comment and these have been summarised below:

- 9 comments related to the way the survey was worded
- 15 comments related to satisfaction with current services and / or the importance in retaining access to local community pharmacy services

- The most common theme identified from other comments related to unfriendly or unhelpful staff attitudes or concern about staff being trained appropriately (11)
- Dissatisfaction with long waiting times, particularly in regards to collection of electronic prescriptions was also raised (7), as were comments relating to perceived lack of or reduction in access to pharmacies within close distance of home (8)
- 3 respondents were concerned about the use of generic drugs over brand names and / or frequent changes in brands
- There were 8 comments relating to specific services, two of which related to problems using EPS, two expressed dissatisfaction with no longer being able to access sharps disposal (both Bracknell Forest residents), one suggested a delivery service (West Berkshire resident) and one suggested accessing blood pressure testing in pharmacy would be useful (Bracknell Forest resident)

F: Assessment of pharmaceutical service provision

As described in Section B6, the regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of necessary and relevant services.

Services provided within the standard pharmacy contract of 40 core hours and advance services were regarded as necessary. The spread of opening times and core hours are included in Appendix C and supported by Maps 4 and 8.

Relevant services are those services which have secured improvements or better access to pharmaceutical services.

- There are currently 22 community pharmacies in West Berkshire and 8 dispensing practices which are sited in wards with low population density. There are no distance selling pharmacies in West Berkshire.
- There are 19 pharmacies and dispensing practices per 100,000 population in West Berkshire. This is expected to reduce to 18 1 per 100,000 population by 2021, based on population projections and growth from new housing developments.
- Pharmacies are well placed to serve more populated areas; however the majority of communities in West Berkshire are more than 1.6km from a community pharmacy. Residents of Aldermaston and Sulhampstead are served by pharmacies in Theale and Tadley (Hampshire), however there are no services closer than 5km to the northern boundary of West Berkshire meaning residents in Downlands ward are the furthest from any provider of pharmaceutical services.
- All residents are able to access a community pharmacy within a 15 minute drive during normal working hours if neighbouring authorities' pharmacy provision is taken into account; however the percentage of residents able to access services within this time during evenings and weekends is reduced.
- Although there is relatively good access to pharmacy for residents with access to a car, only 50% of West Berkshire residents are able to reach a pharmacy within a 15 minute walk during normal working hours, with a reduction in this proportion at other times.
- The lack of physical access for some areas may be mitigated to some extent by drug delivery services, with 13 of 19 pharmacies surveyed reporting they provide this service to some or all patients. These include services in Lambourne and Chievely wards, which may be accessed by residents of Downlands and Compton wards.
- Five pharmacies and one dispensing practice are open until at least 7pm on weekday evenings and three pharmacies are open until at least 10pm with one open until midnight. Twenty pharmacies and two dispensing practices are open for at least a half day on Saturdays with three pharmacies open until at least 10pm. Six pharmacies are open on Sunday and one of these open until 10pm.
- There are 10 pharmacies located within 1.6km of West Berkshire borders and a number of these offer extended opening hours.
- There is adequate but variable provision of advanced services across West Berkshire. All 22 pharmacies provide MUR and 19 provide NMS. Nineteen pharmacies responded to the survey; of these 15 reported providing flu vaccination. One pharmacy reported providing NUMSAS however seven reported planning to provide this in the near future. No pharmacies reported providing SAC or AUR, but two reported planning to provide these services in the near future.

- Currently there are only two healthy living pharmacies in West Berkshire, however all pharmacies are working towards this. Provision of self-care advice and treatment for common ailments and healthy lifestyle interventions will become increasingly important to support the increasing numbers of older people in West Berkshire to live long and healthy lives.
- NHS England encourages pharmacies and pharmacists to become eligible to deliver the NMS and flu vaccination service, so that more eligible patients are able to access and benefit from these services. Demand for the appliance advanced services (SAC and AUR) is lower than for the other advanced services, due to the much smaller proportion of the population who may require this type of service.
- In terms of improvements not mentioned above, there is room to extend the range of LCS that are commissioned in West Berkshire and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these service of commissioned to do so.
- Despite the rural nature of much of West Berkshire, the public survey showed high levels of satisfaction and adequate access to services:
    - 95% of respondents were able to get to the pharmacy of their choice
    - 86% took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes.
    - 91% were satisfied or very satisfied with the location of their pharmacy

Locally commissioned services fall outside the definition of pharmaceutical services, as set out in legislation. These were therefore not considered when assessing provision or future need of necessary or relevant pharmaceutical services. However, in assessing opportunities for improvements, accessibility of locally commissioned services have been considered alongside the necessary and relevant service provision.

G: Conclusions

1. Current necessary provision

Pharmaceutical services that are provided in the area of the HWB and are necessary to meet the need for pharmaceutical services, as well as those services outside the HWB area that contribute to meeting the need of the population of the HWB area

Conclusion: Whilst not all the current provision described in Section D is necessary (as defined in the 2013 Act), it is concluded that the majority of the provision is likely to be necessary and that advance services provided outside the core hours provide improvement or better access.

2. Current gaps

Pharmaceutical services not currently provided within the HWB area, which the HWB are satisfied need to be provided now.

Conclusion: Based on the information available at the time of developing this PNA, no current gaps in provision of essential services during normal working hours have been identified as all residents are able to access services within a 15 minute drive. However, it should be noted that only 50% of West Berkshire residents are able to reach a pharmacy within a 15 minute walk during normal working hours, with a reduction in this proportion at other times.

3. Future gaps

Pharmaceutical services not currently provided within the HWB area, which the HWB are satisfied need to be provided in specific future circumstances specified in the PNA.

Conclusion: Although there is likely to be an increase in the number of houses available and the proportion of older residents, there are no known future developments that are likely to significantly alter demand for pharmaceutical services in normal working hours in the most populous areas of West Berkshire due to the coverage currently provided by pharmacies and dispensaries.

The increasing age profile within West Berkshire has the potential to increase demand for pharmaceutical services within the district, further modelling to better determine the timeframe, extent and geographical location of this demand is warranted.

4. Current additional provision

Pharmaceutical services within or outside West Berkshire HWB area that have secured improvements or better access, although they are not necessary to meet the pharmaceutical need of the area.

Conclusion: NHS England does not commission any enhanced services within West Berkshire. Based on the information available at the time of developing this PNA, no current gaps in the provision of advanced and enhanced services have been identified.

5. Opportunities for improvements and/or better access to pharmaceutical services

A statement of services which would secure improvements or better access to pharmaceutical services, or services of a specific type, if they were provided within or outside the HWB area.

Conclusion: Based on the information available at the time of developing this PNA, there is opportunity to improve access to essential services for residents living in Downlands, and Basildon wards, particularly on evenings and at weekends.

As part of the essential pharmacy offer, pharmacies are required to deliver up to six public health campaigns a year to promote healthy lifestyles. These are selected by NHS England. There is scope to gain more impact from national public health campaigns by ensuring that these are delivered in a coordinated way through community pharmacies.

Locally commissioned services and Healthy Living Pharmacies are not included in the assessment of current or future need for pharmaceutical services. However, these provide an opportunity to secure improvements and increase access to drugs and other services, such as sexual health, healthy lifestyle advice and brief and very brief lifestyle interventions.

Delivery services are out of scope of the PNA and are not commissioned by NHS England. However, West Berkshire community pharmacies can choose to provide this service privately.

6. Impact of other NHS services

A statement of any NHS services provided or arranged by the HWB, NHS Commissioning Board, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect the need for pharmaceutical services or which affect whether further provision would secure improvements or better access to pharmaceutical services.

Conclusion: Based on the information available at the time of developing this PNA, the planned changes to NHS services described in this PNA are not expected to affect the need for or impact on the need to secure improvements or better access to pharmaceutical services either now or in specified future circumstances.

H: Sources

The sources used in this Pharmaceutical Needs Assessment have been included below, as well as other key documents that support the information provided. Hyperlinks to sources are provided where possible and are correct at 13th October 2017.

Alcohol Concern (2016); Alcohol Harm Map

Cancer Research UK (2017); Understanding cancer statistics

Department of Health (2013a); Framework for Sexual Health Improvement in England

Department of Health (2013b); Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards

Department of Health (2013c); Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013

Department for Communities and Local Government (2015); English indices of deprivation 2015

Department for Education (2017); Schools, pupils and their characteristics: January 2017

Department for Transport (2017); Journey Time Statistics: Notes and Definitions

Diabetes UK (2016); Facts and Stats

General Pharmaceutical Council (2013); General Pharmaceutical Council Annual Report 2012/13)

Global Burden of Disease (2015); GBD Compare

NHS Choices (2017); Find pharmacy services near you

NHS Choices (2016); Electronic Prescription Service

NHS Digital (2017); Statistics on Drugs Misuse: England, 2017

NHS Digital (2016a); General Pharmaceutical Services in England: 2006/07 to 2015/16

NHS Digital (2016b); Quality and Outcomes Framework (QOF) 2015-16

NHS England (2017); Provision of Advanced Services in Berkshire Pharmacies

NHS England (2014); Five Year Forward View

NHS England (2013a); NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

NHS England (2013b); Urgent and Emergency Care Review, End of Phase 1 report

NOMIS (2017); Labour Market Profile – West Berkshire

Office for National Statistics (2017); Population Estimates for UK, England and Wales, Scotland and Northern Ireland Mid-2016

Office for National Statistics (2016b); Subnational Population Projections for Local Authorities in England: Table 2

Office for National Statistics (2016c); Ward Level Mid-Year Population Estimates (Experimental Statistics) Mid-2015

Office for National Statistics (2016a); Deaths registered in England and Wales: 2015

Office for National Statistics (2013); Census 2011 data tables

Pharmaceutical Services Negotiating Committee, Pharmacy Voice and the Royal Pharmaceutical Society (2016); The Community Pharmacy Forward View

Public Health England (2017a); Children and Young People's Mental Health and Wellbeing Profile

Public Health England (2017b); Disease and risk factor prevalence Profile

Public Health England (2017c); Local Alcohol Profiles for England

Public Health England (2017d); Local Tobacco Control Profile

Public Health England (2017e); Mental Health and Wellbeing JSNA Profile

Public Health England (2017f); Pharmacy: a way forward for public health

Public Health England (2017g); Public Health Outcomes Framework Fingertips tool

Public Health England (2017h); Sexual and Reproductive Health Profiles

Public Health England (2016a); Cancer Services

Public Health England (2016b); Healthy Living Pharmacy: Introductory slides

Public Health England (2016c); Segment Tool

Public Health England (2016d); West Berkshire Hypertension Profile

Public Health Education (2015a); Diabetes prevalence model estimates for local authorities

Public Health Education (2015b); Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV

Public Health England Local Health (2017); Local Health

Public Health England - Strategic Health Asset Planning and Evaluation (2017); SHAPE Atlas tool (restricted access)

Public Health Services for Berkshire (2017a); Newbury and District Clinical Commissioning Group Locality Profile

Public Health Services for Berkshire (2017b); North and West Reading Clinical Commissioning Group Locality Profile

West Berkshire Council (2017a); West Berkshire Joint Health and Wellbeing Strategy 2017 to 2020

West Berkshire Council (2017b); West Berkshire Joint Strategic Needs Assessment

West Berkshire Council (2017c); West Berkshire Local Plan Annual Monitoring Report (2016)

I: Glossary of terms and acronyms

AUR	Appliance Use Review
BME	Black Minority Ethnic
BMI	Body Mass Index
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
DAC	Dispensing Compliance Contractors
DCLG	Department of Communities and Local Government
DfE	Department for Education
DH	Department of Health
EIA	Equality Impact Assessment
ESP	Essential Small Pharmacy
EPS	Electronic Prescription Service
GBD	Global Burden of Disease
GP	General Practitioner
GPhC	General Pharmaceutical Council
HEE	Health Education England
HIV	Human Immunodeficiency Virus
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
IMD	Index of Multiple Deprivation
IUD	Intrauterine Device
IUS	Intrauterine System
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LARC	Long Acting Reversible Contraception
LCS	Locally Commissioned Service
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
LTC	Long Term Condition
MUR	Medicines Use Review
NCMP	National Child Measurement Programme
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NMS	New Medicine Service
NUMSAS	NHS Urgent Medicine Supply Advanced Service
ONS	Office for National Statistics
PCT	Primary Care Trust
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
POPPI	Projecting Older People Population Information
PSNC	Pharmaceutical Services Negotiating Committee
QOF	Quality and Outcomes Framework
SAC	Stoma Appliance Customisation
SALP	Site Allocations Local Plan
SHAPE	Strategic Health Asset Planning and Evaluation
SHMA	Strategic Housing Market Assessment
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Partnership
TIA	Transient Ischaemic Attack

J: Appendices and Maps

Appendices

A: Berkshire PNA Pharmacy Survey 2017

B: Berkshire PNA Public Survey 2017

C: Opening times for pharmacies and dispensaries in West Berkshire

D: Equalities Screening Record for Pharmaceutical Needs Assessment

E: PNA Consultation process and feedback report

F: Berkshire PNA Formal Consultation Survey 2017

Maps

Map 1: Pharmaceutical Services in West Berkshire

Map 2: West Berkshire pharmacies and Index of Multiple Deprivation by LSOA (2015)

Map 3: West Berkshire pharmacies and population density by ward (2017)

Map 4: West Berkshire pharmacies and weekend opening

Map 5: West Berkshire pharmacies and evening opening

Map 6: Residents of West Berkshire who can access a pharmacy within a 5 and 15 minute drive

Map 7: Residents of West Berkshire who can access a pharmacy within a 15 minute walk

Map 8: Pharmacies inside and within 1.6km (1 mile) of West Berkshire border

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Mental Health Action Group Update

Report being considered by:	Health and Wellbeing Board
On:	25 January 2018
Report Author:	Adrian Barker
Item for:	Please select:

1. Purpose of the Report

1.1 This report provides more detail of the mental health action plan presented to the Board at its meeting on 24th November 2017.

2. Recommendation

2.1 The Board is asked to note and endorse the proposed way forward.

3. How the Health and Wellbeing Board can help

3.1 The Board can help through a commitment to the approach proposed, including the principle of co-production, with backing from the Board as a whole but also each of the partner bodies.

3.2 While it is recognised that resources are extremely limited, support will be needed, at least through such things as staff time, use of premises and equipment. It is understood how constrained funding is, currently, but even quite small amounts of pump priming can go a long way (no specific funding is requested in this report).

3.3 The co-production approach proposed does not lend itself to project management and the identification of specific targets in advance. This does not mean that 'anything goes': there should be regular monitoring, evaluation, feedback and adjustment, learning from practice. The Board is therefore asked to accept that, similar to such schemes as the community conversations, this approach may throw up successes but also problems, that are not foreseen at the outset, but that through rapid review and modification it can chart an effective course.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: ☐	No: ☒

4. Introduction/Background

4.1 The Mental Health Collaborative was set up by the Board to develop a strategic approach to mental health issues. This led on to a 'deep dive' on 21st June 2017, which agreed to set up a group to progress more immediate action. That new body, the Mental Health Action Group took suggestions from the Collaborative and the Deep Dive and produced an outline plan for the next three years, presented to the special Health and Wellbeing Board on 24th November 2017.

4.2 This report provides more information for the year 1 proposals and seeks the Board's support in progressing them. The five areas for action are: community

navigation (also called community connections), peer support, a digital community resource directory, investigating preventable deaths of people with serious mental illness, and working with users and the Berkshire Health Foundation Trust (BHFT) to co-produce improvement to patients' experience in crisis.

5. Supporting Information

5.1 The approach proposed in this report is in line with the draft Mental Health Strategy produced by the Mental Health Collaborative. That proposed a shift, over the long term, towards more prevention and early intervention, so reducing demand on services to treat problems. That would require an input of resources to allow for both more prevention and existing services, until the benefits of more prevention feed through. Given constraints on public sector funding, the strategy proposed drawing on resources within the community, from patients, carers and the public more generally. That could come through such things as peer support, making more effective use of community resources through social prescribing and through the promotion of mental health literacy. The strategy also recognised the inter-relationships between the elements and the need for a system wide approach, and proposed a co-produced solution.

5.2 The rest of this section briefly reviews each of the five areas for action in the first year proposed in the report to the Board on 24th November 2017.

5.3 **Community navigation** is already well established in this country, with well over 100 schemes. It is sometimes also called 'social prescribing' but the action group has been keen to avoid that term, with its implication that this can only be done by GPs. The term 'community connections' has been suggested instead. Social prescribing has been defined as:

5.4 *"Enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing."*

5.5 There are four elements to it. (1) A referrer (who has typically been a GP but could be social worker, voluntary organisation, carer or other), who (2) refers the client or person with the problem, to (3) a link worker or community navigator, who jointly with the client works out what activities would be most helpful to them and helps them access (4) relevant voluntary and community sector activities.

5.6 There is some evidence that community navigation can be effective, but the evidence is not definitive. One scheme (covering health generally and not just mental health) estimated that it would pay for itself within 18-24 months. Other studies have suggested social rates of return on investment of between £2 and £3 per £1 invested. However, a systematic review published in 2017 found that the evaluations it identified were not of sufficient quality to be absolutely sure of whether it is cost-effective.

5.7 A sub-group of the Mental Health Action Group has already started considering community navigation.

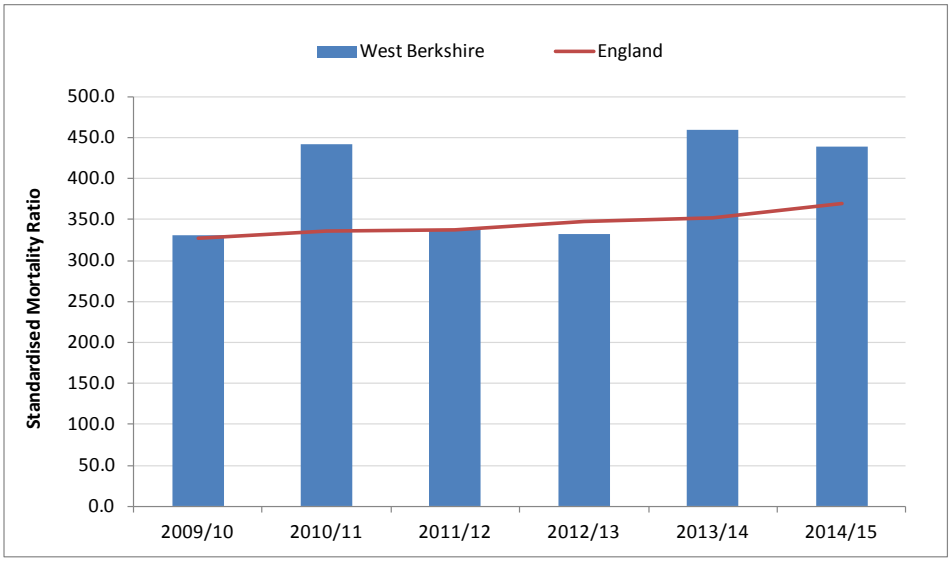
5.8 The second area for action is **peer support**, which is: "*offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.*" The social support provided could be: "*emotional (providing*

empathy and care), instrumental (helping with practical tasks), informational (providing advice), and appraisal (offering feedback and reflection)".

5.9 There are many different types of peer support, such as face-to-face groups, one-to-one support by telephone or face to face and online platforms such as discussion forums. It is therefore hard to generalise on how beneficial the schemes are but a review of the evidence by Nesta and National Voices found evidence of effectiveness for people with mental health issues in a number of forms of implementation. A summary of research on peer support for children and young people's mental health commissioned by the Department for Education found a number of schemes with a positive effect although the evidence was often weak. A systematic review on peer support for depression found that it was superior to 'usual care' and as good as group-based CBT.

5.10 Work has already begun on the fourth issue, **investigating preventable deaths of people with serious mental illness**. This is something on which West Berkshire is an outlier. The graph below shows the excess under-75 mortality rate in adults with serious mental illness in West Berkshire (aged 18 to 74 years) from 2009/10 to 2014/15 using a measure known as the 'standardised mortality ratio'. In statistical terms, this relates to fairly small numbers so it is possible that this has magnified the difference (and the figures were broadly in line with the national average for half of these years, but were above it in the last two years for which figures are available). There may also be some issues of how deaths were coded and recorded. A number of GPs are therefore looking at the particular records of those involved to try and establish any patterns and underlying causes.

Excess under 75 mortality rate in adults with serious mental illness in West Berkshire (aged 18 to 74), 2009/10 - 2014/15



Source: Mental health data linked over years and to the PCMD. ONS mortality data and ONS mid-year population estimates

5.11 The fourth proposal was to explore introducing a **digital community resource directory** to support prevention, recovery and self-care.

5.12 A request for a directory of community resources has come up regularly in meetings involving stakeholders in mental health, but has also been reported as a common

request in other meetings, wider than mental health. However, there are already a number of existing directories (such as the Social Care Information Point, the former EWB's directory of community organisations, one on emotional wellbeing in West Berkshire, the DSX system used by GPs and a similar directory used by NHS 111 ***[check if actually in use or just planned]***). It will be important to build on these but also to understand what is needed in any revised or new resource that will enable it to fulfil the needs that are currently being expressed but not being met.

5.13 The core requirement to support community navigation is a directory of local organisations. While there are existing directories, more work is needed on exactly what information is required, which will be more than just name, address and contact details. For instance, to enable people make referrals, it may be helpful to know about range of activities, times of operation, any criteria for involvement and capacity to take new people.

5.14 While it should start simple, it would be missing a valuable opportunity if the early thinking and design did not allow for expansion in future. This is partly in relation to subject matter, with the potential to develop from mental health to health and wellbeing more generally. But there is also the potential for much wider functionality in a digital or online resource, to be added in future years, such as: provision of, and links to, information about a range of mental health issues; links to other sources of support including national sites; material to influence people's attitudes to mental health, such as case studies; forums, blogs and sharing of documents; and provision of, or more likely links to, tools to help deal with particular problems, such as guided eCBT.

5.15 Part of what people are looking for in a digital resource is a 'single place to go'. So rather than creating a new, stand-alone resource which tries to do everything it might better as a single point of entry, which as well as providing information directly, also allows access to other websites and facilities.

5.16 The first stage in taking this forward is to investigate other examples of good practice, such as that implemented in Bracknell, with the support of Public Health. A business case and project plan can then be developed. It is unlikely that it would be possible to develop this without financial resources.

5.17 The fifth of the proposals, **co-producing improvements to patients' experience in crisis**, is to be addressed at the next Thinking Together event, which involves both mental health service users and service commissioners and providers. That event is to be held in March and there may be a need for subsequent meetings to work through the detail of whatever comes out of it. Reports on progress will be brought back to subsequent meetings of this Board.

5.18 The rest of this report considers the way forward on social prescribing, peer support and a digital resource.

6. Options for Consideration

6.1 There are a number of ways in which the identified actions could be implemented. The 'traditional' approach would be to commission the services, probably with a procurement exercise to select an appropriate private or third sector provider.

6.2 There would also be a choice as to whether to commission each of the services separately or to try and integrate them in some way. While integrating them would make most sense from a systems point of view, it would be considerably more complex to manage through a top-down, contractual approach. It would also require the contractor to have (or obtain) a much wider range of skills and capacities.

6.3 A significant problem with commissioning whole new services is the cost. A social prescribing scheme alone could cost several hundred thousand pounds. Given the current state of public finances in both the council and CCG, this is probably unrealistic at this time (at least until a convincing business case could be made). There is also a risk that this approach eclipses or dilutes the current services rather than supporting and building on them. A commissioned service, with specific requirements and accountabilities could also reduce the flexibility for developing a service over time using a co-produced approach.

6.4 The option favoured here is to co-produce a combined scheme, working initially with the organisations already delivering forms of peer support and community navigation. They would be: the village agents scheme (community navigation); Open for Hope (mainly peer support); and Recovery in Mind (elements of both). If there are others who are keen and with the capability to be involved at this stage (such as, perhaps, BHFT's 'Hub' which takes calls from clients and directs them to the appropriate health (and in some cases social care and voluntary sector) support their participation would be welcomed.

6.5 Social prescribing and peer support are different sorts of scheme, but there is potential for considerable overlap between them. A community directory would be fundamental to social prescribing but as part of a digital resource which could expand over time, this could be an important enabler for promoting mental health over the longer term.

6.6 Part of the role of a peer supporter could be helping identify suitable community and other activities and helping the person supported to access them. The social prescribing infrastructure could support them to do this. One of the facilities to which community navigators might refer people could be peer support schemes.

6.7 The aim of this approach would be to start with what those bodies are already doing and to build on it. Exactly what that looks like needs to be worked up and agreed between those bodies, the commissioners and service providers, but an idea of the ways in which collaboration could produce more than the sum of the parts, is given below, under 'proposals'.

7. Proposals

7.1 The proposal is that which was presented to the Board on 24th November 2017, namely, to "celebrate, promote and connect existing resources, especially those who provide Community Navigation and Peer Support." The second recommendation in that report, to explore the introduction of a digital community resource directory, is integral to the first.

7.2 The Mental Health Action Group also favours the use of co-production as a fundamental principle. This is all the more justified given that this approach relies

as much on the input of third sector organisations, patients, carers and the public as it does on public sector bodies.

7.3 There are five ways in which the various initiatives can be connected to make them more than stand alone activities, which need to be addressed in the coming months. They are: providing support and sharing good practice; ensuring arrangements are in place for safeguarding and protecting against risks; clarifying any minimum standards that participants can expect from the service; the provision of necessary infrastructure to enable a collaborative approach; and monitoring and evaluation. These are now each briefly considered in turn.

7.4 **Support and shared learning for good practice**. There is already a good deal of expertise in the existing bodies, but there are benefits from sharing this good practice and ensuring ongoing learning and development.

7.5 **Protecting against risks and safeguarding**. It will be necessary to ensure that all participating bodies have the requisite safeguarding arrangements. There should also be clear and effective arrangements for knowing when, how and to whom to refer people with more serious problems, including those in crisis.

7.6 **Establishing minimum standards**. An advantage of the approach being proposed is that it builds on existing good practice and allows for a variety of approaches. The risk should be avoided of constraining this through precise requirements and specifications. However, there will be certain minimum standards of practice that all participants could reasonably expect.

7.7 **The provision of infrastructure** to enable a collaborative approach. This would include such things as the digital resource and directory, governance arrangements, facilities for the participating organisations to keep in contact (online and face to face) and perhaps making premises available.

7.8 **A common approach to monitoring and evaluation.** Methods to monitor and evaluate progress, both quantitatively and qualitatively, will need to be set up from the start. This will allow for learning and improvement but also for reporting back to the Health and Wellbeing Board and other stakeholders. Identifying appropriate indicators and mechanisms jointly should reduce the burden on individual organisations.

7.9 While this approach makes the most of community and public resources, enhanced by capitalising on the synergies between existing activities, there is likely to be a need for financial input in due course. The case for funding will need to be made at the time, and a variety of sources sought, including, perhaps, charitable grants.

7.10 The next stage is to further work up the proposals and bring together the founding organisations to co-produce the approach.

8. Conclusion

8.1 This report recommends that the proposals outlined in the presentation to the Board meeting of 24th November be pursued as described. In particular a combined approach to community navigation, peer support and a digital community resource should be developed through co-production. Ways in which a combined approach can produce more than the sum of the individual schemes are addressed in the report.

9. Consultation and Engagement

9.1 The Mental Health Action Group has representatives of service users and service-user organisations (including Recovery in Mind, Open for Hope, the Berkshire Mental Health User Group), the Volunteer Centre, as well as West Berkshire Council and Newbury and District CCG. As well as participating in the monthly meetings of the group, they have been consulted on the preparation of this report.

10. Appendices

Appendix A –

Background Papers:

None

Health and Wellbeing Priorities 2017 Supported:

☐ Reduce alcohol related harm for all age groups
☐ 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
☐ 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 by increasing early intervention and prevention of common mental health problems and investigating the causes for premature mortality of those with serious mental illness.

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Alcohol Harm Reduction Partnership Update

Committee considering report:	Health and Wellbeing Board
Date of Committee:	25th January 2018
Portfolio Member:	Councillor James Fredrickson
Report Author:	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 'quick wins' 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 Continue to support the Blue light training and ensure appropriate staff are trained in the Blue light approach.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: ☐	No: ☒

5. Introduction / Background

5.1 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. Update

6.1 Following the agreement given by the Health and Wellbeing Board at a previous meeting, the Alcohol Harm Reduction Partnership (AHRP) will now look at Substance Misuse as a whole and we are currently undertaking a review of membership and looking at setting some priorities for the Substance Misuse aspect of the group to enable us to be focused and take the group forward. The group will also look at performance of the service which is currently very good.

6.2 Analysis of young people's concerns on cannabis rather than alcohol has lead 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.

6.3 The sub group have been meeting and have produced a Young Peoples drug and alcohol strategy which will be ready to be presented to the relevant groups shortly and will be shared with the Health and Wellbeing Board.

6.4 Data analysis has demonstrated that West Berkshire is the 3rd best performing local authority area for alcohol-related admissions.

The Blue Light Project

6.5 Blue light training continues to be delivered to relevant organisations and staff and the feedback on the training is very positive

6.6 A strategic group and operational group are to be set up early in 2018 and will work closely with MEAM and the Family Intervention Model to avoid any crossover of clients.

Identification and Brief Advice (IBA)

6.7 IBA training is to commence in January 2018. A full programme of dates has been set out.

6.8 The target of 200 people trained by the end of 2017/18 will not be met due to the delays in commissioning the provider, Alcohol Concern. Approximately 75 people are expected to be trained by the end of the financial year.

6.9 A number of awareness raising days will be hosted by Alcohol Concern in 2018. The first of these dates will be 16th January and will link with promotion of Dry January. A number of individuals have signed up to Dry January and will help to promote the campaign by taking part in blogs and through social media feeds.

Alcohol Treatment Requirements (ATRs)

6.10 At the meeting held on 28 September 2017, the Board requested information regarding the use of Alcohol Treatment Requirement Orders.

6.11 An ATR can be proposed wherever the pre-sentence report author is satisfied that the requirements of section 212 of the Criminal Justice Act 2003 are met.

6.12 Under Section 212 of the Act, a court can impose an ATR provided it is satisfied that:

(1) the offender is dependent on alcohol (this does not have to have caused or contributed to the offence(s) for which he has been convicted)

(2) this dependency is such as requires and may be susceptible to Treatment

(3) arrangements have been or can be made for the treatment intended to be specified in the order (including arrangements for the reception of the offender where they is to be required to submit to treatment as a resident) and the offender expresses his willingness to comply with its requirements.

6.13 In practice this means that an assessment of suitability has to be undertaken by both the National Probation Service and the treatment provider (in the case of West Berks this is Swanswell) prior to sentencing. In general terms the assessment takes account of the link between alcohol use and offending, whether this is likelihood of re-offending or risk of serious harm. In the main, they are used for alcohol dependant drinkers but 'binge' drinkers could be included if the treatment provider is in agreement that a structured treatment plan would be beneficial for the person. ATR's are not dependant on the seriousness of the offence (ie drink drive offences and violent offences are equally considered), but the offending has to be serious enough to warrant a community penalty rather than a conditional discharge or fine and there has to be a degree of motivation that the individual wishes to address their alcohol use.

6.14 In terms of effectiveness – we do not have any local research in this area. Problematic alcohol use maybe one factor associated to someone's offending and is often accompanied by other criminogenic and non-criminogenic needs. As such, attendance on an ATR is usually accompanied with other requirements on a Community Order or Suspended Sentence Order, such as a programme, curfew, Rehabilitation Requirement Activities, Unpaid Work etc and therefore it is not possible to isolate the impact of ATR's alone on re-offending rates or risk of serious harm.

6.15 Data regarding the numbers of ATRs that are issued to West Berkshire residents has been requested, alongside evidence of their effectiveness at reducing a person's alchol consumption and risk of offending.

7. Next Steps

7.1 The Partnership's sub group have drafted the Children and Young People's Drug and Alcohol Strategy. This will be shared with the Children's Delivery group on 27th January for comment and wider consultation.

7.2 It has been agreed a Community Conversation will take place in Hungerford which will focus on alcohol. This will build on the success of the Community Conversation work that has already taken place in Hungerford. Health and Wellbeing Board Members are encouraged to attend.

8. Conclusion

8.1 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.

8.2 The next step is to demonstrate the improved outcomes for West Berkshire residents that the Alcohol Harm Reduction Partnership can achieve by working together.

9. Consultation and Engagement

9.1 Members of the Health and Wellbeing Steering Group

10. Appendices

There are no appendices to this report.

Background Papers:

Previous update reports to the Health and Wellbeing Board, available on request.

Health and Wellbeing Priorities 2017 Supported:

- ☒ Reduce alcohol related harm for all age groups
- ☐ 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
- ☐ 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 by reducing alcohol related harm for all age groups through working intensively with change-resistant drinkers to reduce the burden of alcohol on Blue Light services. The IBA project will improve general population awareness of safe drinking levels and the CAP project will improve public perceptions of safety related to anti-social behaviour as a result of alcohol.

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Community Conversations

Report being considered by:	Health and Wellbeing Board
On:	25th January 2018
Report Author:	Susan Powell
Item for:	Please select:

1. Purpose of the Report

1.1 To provide the Health and Wellbeing Board with an update on Community Conversations.

2. Recommendation(s)

2.1 It is recommended that the Board:

- Encourage partner agencies to engage with Community Conversations
- Encourage partner agencies to consider adopting a 'community conversation' approach to consultation and engagement
- Task the Building Communities Together Partnership with overseeing further development of Community Conversations and providing, by exception, reports to the Board during 2018/19

3. How the Health and Wellbeing Board can help

3.1 The Health and Wellbeing Board can assist the ongoing development of Community Conversations by encouraging partner agencies, particularly those represented on the Board, to take part.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: ☐	No: ☒

4. Introduction/Background

4.1 The Health and Wellbeing Board has received a number of papers and presentations on Community Conversations since April 2017 when the responsibility for their development passed to the Building Communities Together (BCT) Partnership and BCT Team.

4.2 In March 2017 the Board received a paper summarising the instigation of Community Conversations under the Brilliant West Berkshire Partnership and a review of their status at the time of 'transfer' to the BCT Partnership.

4.3 In addition to oversight by Health and Wellbeing Board, the newly created Building Communities Together Partnership (formed May 2017) has also monitored the development of Community Conversations and importantly overseen the creation of and the initial development stages of the BCT Team.

4.4 Both the Health and Wellbeing Board and the Building Communities Together Partnership have encouraged partner agencies to consider Community Conversations as opportunities for community engagement. Partner agencies have also been encouraged to consider new ways of working that support building community resilience.

4.5 Since the BCT Team was formed (April 2017 – with TVP officers joining in June 2017) there have been vacancies within the team however since mid-December the Team is fully staffed and crucially the permanent appointment of the Community Coordinator (Engagement) will ensure that progress in respect of Community Conversations can be consolidated.

4.6 The progress that has been achieved to date has been due to the hard work of officers within the BCT Team (WBC and TVP), supported by colleagues from across the partnership. The Team will now be able to make more progress particularly around communication and engagement using tools such as the BCT website, twitter, facebook, newsletters, Blog, etc..

4.7 The BCT Team are undertaking a review of Community Conversations to inform future activities.

5. Supporting Information

5.1 As previously reported to the Board a number of Community Conversation were instigated by the Brilliant West Berkshire Partnership and in April 2017 there were 2 ongoing and these continue to date in Hungerford and Calcot.

5.2 The Health and Wellbeing Board set a priority to increase the number of Community Conversations and conversations have subsequently taken place in the following communities:

- Hungerford – Community Conversation in addition to the Professionals meeting
- Calcot
- Newbury
- Thatcham
- Aldermaston
- Burghfield and Mortimer
- Lambourn
- Hermitage

5.3 In addition a Community Conversation approach has also been used at the following:

- Re-launch of the Newbury Youth Council
- Annual Peer Mentors Conference

- Rough Sleepers consultation
- Establishing the Independent Advisory Group
- Thinking Together Events
- The Health and Wellbeing Boards Problem Solving Meeting

5.4 A number of the Community Conversation have started in response a community issue such as anti-social behaviour (Hermitage, Burghfield and Mortimer, Thatcham and Lambourn) and are being supported to evolve into Community Forums to sustain the 'conversation' and potentially seek to address other community issues.

5.5 Similarly Neighbourhood Actions Groups (NAGs) are being supported to become Community Forums and the BCT Team will be continue to try and identify other community groups and forums that can become forums for their community – particularly for communities of interest. Neighbourhood Watch and Thames Valley Alert is 'promoted' at all conversations as opportunities is build community resilience and create 'connections' within communities.

5.6 The Community Conversations in Newbury and Calcot did not start in response to an issue but were started by members of the community wanting to engage with others, to identify local issues and use local assets to potentially co-design solutions. These 2 conversations are both currently focused on developing a Community Hub or Community Café to support community cohesion, information sharing and addressing social isolation. Similarly the Agape Lunch held in Burghfield brought members of the community together to share food and make connections. The BCT Team will be considering the outcomes of the Jo Cox Commission on Loneliness (published December 2017) as Community Conversations could provide opportunities for improving health, wellbeing and community resilience through addressing loneliness.

5.7 All the Community Conversations are building social capital and potentially building community resilience however it must be acknowledged that this is a 'slow burn' activity and it may take some time before the potential benefits are fully realised.

5.8 As previously reported to the Board there have been some outcomes from some of the conversations, most notably from the Hungerford Professional Lens meeting, and other outcomes include:

- Hermitage – Youth Council being explored
- Rough Sleepers – information incorporated into MEAM Project design
- Lambourn – Youth Club being explored
- Peer Mentor Conference – workshop to be repeated in next year's event and learning from this year's workshop cascaded to all schools
- Burghfield and Mortimer – significant decrease in anti-social behaviour and notable reduction in the number of reports to Thames Valley Police

5.9 With the Community Coordinator (Engagement) coming into post the BCT Team are currently reviewing Community Conversations to identify what's working well and

why and will use this information to support the future implementation of more conversations. The following are being considered:

- Conversation Set Up Template – a 'how to' guide
- Problem Solving Training – to skill communities in addressing issues
- Restorative Practice Training – to build skills and knowledge in communities
- Conversation Newsletters – to link conversations and to share ideas
- Workshop for Town/Parish Clerks – exploring the potential for community conversations
- Promoting Conversations – increasing and diversifying attendance
- Facilitation Training – to support effective conversations

5.10 Members of the BCT Team have attended all of the Community Conversations and they have observed the following:

- Effective promotion of the conversation is essential using a wide range of media
- Effective facilitation is essential
- The meeting needs structure but the conversation must not be constrained
- All participants need to be able to contribute however they wish
- Joining in a conversation that is already taking place is a good idea
- Drawing people together who have a shared concern can be effective
- The 'topic/s' of conversation must be what that community want to talk about
- The community need to be supported in taking 'ownership' for the actions and ambition of the conversation

5.11 The BCT team will be taking the above into consideration as they continue to promote and support Community Conversations.

6. Conclusion

6.1 The number of Community Conversations continues to increase and the BCT Team are reviewing progress to inform future development.

6.2 The BCT Team will be exploring ways to improve the effectiveness of Community Conversations and working with communities to increase participation in them.

6.3 This is a 'slow burn' activity and it is essential that progress is at 'the community's pace' and that the conversations 'go in the direction that communities wants'.

6.4 It is not appropriate to make any presumptions about what the community want to talk about and it is important that the conversation are supported with relevant information so that discussions and action planning are well informed.

6.5 Work to instigate conversations with Communities of Interest needs to be progressed.

7. Consultation and Engagement

7.1 Jo Reeves, Nick Carter

8. Appendices

None

Background Papers:

None

Health and Wellbeing Priorities 2017 Supported:

☐ Reduce alcohol related harm for all age groups
☒ 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
☐ 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 by increasing the number of Community Conversations through which local issues have been identified and addressed.

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Health and Wellbeing Board Membership

Report being considered by:	Health and Wellbeing Board
On:	25 January 2018
Report Author:	Jo Reeves
Item for:	Decision

1. Purpose of the Report

1.1 To propose that the Health and Wellbeing Board appoint new members to represent:

(1) Employers

(2) Major healthcare providers in West Berkshire

2. Recommendations

2.1 That the Health and Wellbeing Board invite Vodafone, Berkshire Healthcare Foundation Trust (BHFT) and Royal Berkshire Healthcare Foundation Trust (RBHT) to nominate representatives to join the Board.

2.2 The Board approve the role of the employer representative outlined in paragraph 7.3.

2.3 The new members join the Health and Wellbeing Board on 1st March 2018.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: ☐	No: ☒

3. Introduction

3.1 The Health and Wellbeing Board last updated its membership in November 2016 as part of a governance review to address areas identified as areas for improvement the Health and Wellbeing Peer Challenge. The Peer Challenge recognised that the Board needed to focus on delivering its Health and Wellbeing Strategy and in order to do so would need the engagement of other organisations with influence over the wider determinants of health and wellbeing.

3.2 To that end, the following members joined the Board in 2016:

(1) A representative from Royal Berkshire Fire and Rescue Service

(2) A representative from Thames Valley Police

(3) A representative from the housing sector

(4) The Portfolio Holder for Community Resilience and Partnerships.

3.3 Twelve months on, the Chairman of the Health and Wellbeing Board has requested further consideration is given to its membership. The need for stronger engagement with major healthcare providers and employers has emerged among a number of the Health and Wellbeing Board's sub-groups.

3.4 The purpose of this report is therefore to propose that the Health and Wellbeing Board invite the following organisations to nominate representatives to the Board:

(1) Vodafone

(2) Berkshire Healthcare Foundation Trust

(3) Royal Berkshire Healthcare Foundation Trust

4. Creation of the Health and Wellbeing Board

4.1 After a period in shadow form, the Health and Wellbeing Board was established formally in 2013 to meet the requirements of the Health and Social Care Act 2012. The Act set out the requisite membership of the Board as follows:

(1) the Leader of the Council or their nominee

(2) the director of adult social services for the local authority,

(3) the director of children's services for the local authority,

(4) the director of public health for the local authority,

(5) a representative of the Local Healthwatch organisation for the area of the local authority,

(6) a representative of each relevant clinical commissioning group

4.2 The Act also permitted the appointment of such other persons, or representatives of such other persons, as the local authority thought appropriate. As a result, the following were also appointed to the Board:

(1) a representative of the voluntary sector

(2) the Portfolio Holder for Public Health and Wellbeing

(3) the Portfolio Holder for Children and Young People

(4) the Portfolio Holder for Adult Social Care

(5) the Shadow Portfolio Holder for Health and Wellbeing

4.3 The Health and Wellbeing Board was established as a sub-committee of the Executive and all the above members were appointed as voting members. A quorum is four members (which must include at least one member from the Clinical Commissioning Groups and one from West Berkshire Council).

4.4 A governance paper to the Board in 2014 made clear that in the event that a decision of the Board impacted on the finances or general operation of the Council,

any recommendation of the Board must be referred up to the Executive for final determination and decision.

5. Governance Review in 2016

5.1 The Local Government Association (LGA) was invited to conduct a joint Peer Challenge of West Berkshire's, Reading's and Wokingham's Health and Wellbeing Boards in March 2016. In West Berkshire, a considerable amount of development activity took place across the rest of 2016, culminating in revised governance arrangements and a refreshed Health and Wellbeing Strategy.

5.2 The LGA Peer Challenge recommended that the Board needed to focus on delivering its Health and Wellbeing Strategy and in order to do so would need the engagement of other organisations with influence over the wider determinants of health and wellbeing.

5.3 To that end, the following members joined the Board in November 2016:

(1) A representative from Royal Berkshire Fire and Rescue Service

(2) A representative from Thames Valley Police

(3) A representative from the housing sector

(4) The Portfolio Holder for Community Resilience and Partnerships.

5.4 New terms of reference were adopted by the Board which maintained the statutory functions set out in the governance paper received in 2014 but also emphasised the Board's role as a partnership to influence the wider determinants of health and wellbeing.

5.5 The Council ratified the refreshed strategy and the new governance arrangements on 2 March 2017.

6. Situation in 2017

6.1 The Board has been operating under its new governance arrangements for approximately one year and has done well to focus on delivering the Health and Wellbeing Strategy. The perspective offered by the Board's new members has been useful strategically and also helped the Board's sub-groups to deliver their actions. One example of this is how, as a result of attending the Board, Royal Berkshire Fire and Rescue Service are now prioritising a falls prevention pilot set up by the Ageing Well Partnership.

6.2 Gaps have also been identified regarding engagement with employers and BHFT. For example, the Suicide Prevention Action Group have run a training event with employers after reading about a Bayer employee who died by suicide. The Alcohol Harm Reduction Partnership has also been requested to consider engagement with employers as it has been noted that many West Berkshire residents consuming alcohol excessively are likely to be in employment. Similarly, although local BHFT managers are involved with the Health and Wellbeing Board's sub-groups, there has, on occasion, been difficulty in ensuring the right person is involved.

7. Proposals

7.1 In order to address the concerns raised in section 6, it is proposed that the Health and Wellbeing Board invite the following organisations to nominate representatives to the Board:

(1) Vodafone

(2) Berkshire Healthcare Foundation Trust

(3) Royal Berkshire Healthcare Foundation Trust

7.2 It is proposed to ask Vodafone to represent employers and nominate a member to the Board. Vodafone is one of West Berkshire's largest and most well known employers delivering telecommunications across the world.

7.3 The Steering Group recommended that the role of the employer representative should be defined in order to make clear what the Health and Wellbeing Board would expect. The Health and Wellbeing Board are asked to make any modifications

(1) To contribute to discussions at formal and informal Health and Wellbeing Board meetings by providing an employer perspective to matters concerning health and wellbeing.

(2) To provide advice to the Health and Wellbeing Board's constituent organisations on engagement with employers and employees on a range of health and wellbeing initiatives.

(3) To support the implementation of health and wellbeing initiatives, where possible and relevant. For example through the communication of messages and supporting staff to take up training.

(4) To model best practice workplace health and wellbeing policies and practices.

(5) To share information with other private sector employers for the benefit of the health and wellbeing of their employees.

(6) To feedback issues and ideas of other private sector employers for the benefit of the health and wellbeing of their employees.

(7) To lead by example and guide other businesses on how to engage with health and wellbeing.

7.4 Berkshire Healthcare Foundation Trust is a community and mental health trust, providing a wide range of services to people of all ages living in Berkshire. In West Berkshire BHFT operates the West Berkshire Community Hospital, Beechcroft and Hillcroft House. West Berkshire residents also use Prospect Park Hospital in Reading. It is proposed that the Board asks BHFT's Director of Operations, Bev Searle, to nominate an appropriate member for the Health and Wellbeing Board.

7.5 The Health and Wellbeing Steering Group also recommended inviting Royal Berkshire NHS Foundation Trust, which provides services from the Royal Berkshire

Hospital, as 70% of West Berkshire patients requiring acute care use Royal Berkshire Hospital. Inviting RBHT would mirror the membership arrangements of the Berkshire West 10 Integration Board (a body of senior officers from local authorities, CCGs and providers) which oversees health and social care integration.

7.6 The Council's Deputy Monitoring Officer has expressed concern that as the membership of the Health and Wellbeing Board expands to become increasingly non-Council members, there is a risk that decisions could be made by the Board could impact on the finances or general operation of the Council. It is therefore proposed that the Health and Wellbeing continue to refer any relevant matters up to the Executive for final determination and decision.

8. Conclusion

8.1 The Health and Wellbeing Board is already reaping the benefits of broadening its scope, and membership, to include the wider determinants of health and wellbeing and focussing on delivering its Strategy.

8.2 It is hoped that by broadening the membership further to include an employer representative, BHFT and RBHT that the Board will be in an even better position to deliver its Strategy and improved outcomes for the health and wellbeing of West Berkshire's residents.

9. Consultation and Engagement

9.1 Andy Day (Head of Strategic Support and Deputy Monitoring Officer), Nick Carter (Chief Executive, WBC), Councillor James Fredrickson (Portfolio Holder for Health and Wellbeing), Health and Wellbeing Steering Group, Corporate Board.

10. Appendices

There are no appendices to this report.

Background Papers:

Health and Wellbeing Strategy 2017-2020 and appendices

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim by ensuring the Boar dis able to broaden its reach to deliver the Health and wellbeing Strategy.

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