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Health and Wellbeing Board

Thursday, 20th May, 2021 at 9.30 am

in Council Chamber Council Offices
Market Street Newbury

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Date of despatch of Agenda: Wednesday, 12 May 2021

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Gordon Oliver on (01635) 519486
e-mail: gordon.oliver1@westberks.gov.uk

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: Zahid Aziz (Thames Valley Police), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health & Wellbeing), Shairoz Claridge (Berkshire West CCG), Councillor Lynne Doherty (Leader of Council), Charlotte Hall (Corn Exchange Newbury), Dom Hardy (Royal Berkshire NHS Foundation Trust), Matthew Hensby (Sovereign Housing Association), Paul Illman (Royal Berkshire Fire & Rescue Service), Dr Abid Irfan (Berkshire West CCG), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Sean Murphy (Public Protection Manager), Meradin Peachey (Director of Public Health for Berkshire West), Matthew Pearce (Service Director - Communities and Wellbeing), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (Executive Director (People)), Reva Stewart (Berkshire Healthcare NHS Foundation Trust), Councillor Joanne Stewart (Executive Portfolio: Adult Social Care) and Councillor Martha Vickers (Shadow spokesperson for Health &Wellbeing)

Also to: Gordon Oliver (Principal Policy Officer), Sarah Rayfield (Public Health Consultant), Sam Shepherd (Programme Manager: Local Communities)

Agenda

Part I

Page No.

1 **Election of Chairman**
To elect the Chairman of the Health and Wellbeing Board for the 2021/22 Municipal Year.

2 **Election of Vice-Chairman**
To appoint the Vice-Chairman of the Health and Wellbeing Board for the 2021/22 Municipal Year.

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

4 **Minutes** 7 - 16
To approve as a correct record the Minutes of the meeting of the Board held on 28 January 2021.

5 **Actions arising from previous meeting(s)** 17 - 18
To consider outstanding actions from previous meeting(s).

6 **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.

The following are considered to be standing declarations applicable to all Health and Wellbeing Board meetings:

- Councillor Graham Bridgman – Governor of Royal Berkshire Hospital NHS Foundation Trust, and Governor of Berkshire Healthcare NHS Foundation Trust
- Andrew Sharp – Chair of Trustees for West Berks Rapid Response Cars

7 **Public Questions**

Members of the Board to answer questions submitted by members of the public in accordance with the Executive Procedure Rules contained in the Council's Constitution.

Question Submitted by Ms Paula Saunderson to Berkshire West Clinical Commissioning Group:

a) *Following the last meeting and my discussions with Niki Cartwright of BW CCG and Cllr Woollaston, I have been advised work is underway to assess why BW CCG has a low rate of awarding normal CHC (Continuous Health Care) for Long-term Dementia patients, so how is the work progressing please and when and how will the findings be available?*

Question submitted by Ms Paula Saunderson to the Chairman of Health and Wellbeing Board

b) *The new Health Scrutiny Committee reporting to OSMC will not have Older Adults Social Care within its remit and the Forward Plan for OSCM does not include ASC for review within the next year, so how will the lessons to be learnt from the Pandemic during the 2020 period be scrutinised please?*

Questions submitted by Ms Paula Saunderson to the Portfolio Holder for Adult Social Care:

c) *The recent closure of Willows Edge means there are less AFFORDABLE Nursing places available for Dementia Patients in their later Stages, and it is difficult for self-funders of modest means to find such places, so how will this Board assure Family Dementia Carers of modest means that sufficient AFFORDABLE accommodation will be available over the next 5 years when they can no longer cope?*

d) *After an extensive trawl there appears to be no AFFORDABLE Residential Respite Care available for worn-out self-funding Family Full-time Unpaid Dementia Carers, so how will this position be rectified going forward, please?*

Question submitted by Mr Paul Morgan to the Chairman of Health and Wellbeing Board:

e) *What is the total budget allocated for Health & Wellbeing board over the next 24 months and what are the specific projects that this money will be spent on and when?*

8 **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 / decision

9 **Draft Joint Health and Wellbeing Strategy** 19 - 98

To present the first draft of the Joint Health and Wellbeing Strategy 2021-2030 and associated draft Public Engagement Report for review.

10 **Build Back Fairer: The COVID-19 Marmot Review** 99 - 106

To provide a summary to the Board of report by the Institute of Health Equality, Build Back Fairer: The Covid-19 Marmot Review.

11	**Health Inequalities Taskforce** To consider a report, which seeks to establish a Health Inequalities Taskforce for West Berkshire Council, reporting into the Health and Wellbeing Board.	107 - 112
12	**Healthwatch Covid Patient Experience Survey Report** To present the Healthwatch report and written responses received to date in relation to the report's recommendations.	113 - 158
13	**Integrated Care Partnership Transformation Programme** To consider a presentation on the latest ICP activity.	Verbal Report
14	**Engaging and Enabling Local Communities** To consider a report setting out a proposed vision and governance structure for the 'engaging and enabling local communities' work programme.	159 - 176
15	**Health and Wellbeing Board Forward Plan** An opportunity for Board Members to suggest items to go on to the Forward Plan.	177 - 178
16	**Members' Question(s)** Members of the Executive to answer questions submitted by Councillors in accordance with the Executive Procedure Rules contained in the Council's Constitution.	

Items for information only

17	**Covid-19 Situational Report** To present the latest Covid-19 Situational Report for West Berkshire as presented to Local Outbreak Engagement Board on 10 May 2021.	179 - 188
18	**Housing Strategy** To present the Housing Strategy and Delivery Plan 2020-2036, which was adopted at Executive on 25 March 2021.	189 - 230
19	**Tobacco Control Plan** To present the refreshed Tobacco Control Alliance Plan for approval.	231 - 242

20 **Future meeting dates**

The dates for the 2021/22 Municipal Year are shown below:

- 22 July 2021
- 30 September 2021
- 09 December 2021
- 17 February 2021

All meetings will start at 09:30.

Sarah Clarke
Service Director: Strategy and Governance

If you require this information in a different format or translation, please contact Stephen Chard on telephone (01635) 519462.

DRAFT

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

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 28 JANUARY 2021

Present: Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Adult Social Care), Nick Carter (WBC - Chief Executive), Shairoz Claridge (Berkshire West CCG), Councillor Lynne Doherty (WBC Leader of Council), Lindsey Finch (Thames Valley Police), Matthew Hensby (Sovereign Housing Association), Councillor Rick Jones, Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Gail Muirhead (RBFRS), Sean Murphy (Public Protection Manager), Meradin Peachey (Director of Public Health Berkshire West), Matthew Pearce (Service Director - Communities & Wellbeing, Public Health and Wellbeing), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (Executive Director (People)), Reva Stewart (Berkshire Healthcare NHS Foundation Trust), Councillor Martha Vickers (Shadow Spokesperson for Health and Wellbeing) and Councillor Howard Woollaston (Executive Portfolio: Public Health and Community Wellbeing)

Also Present: Kielan Arblaster (Alzheimer's Society), Niki Cartwright (Berkshire West CCG), Nicky Lloyd (Royal Berkshire Hospital Foundation Trust), Gordon Oliver (Principal Policy Officer), Joanne Rice (Alzheimer's Society), Andrew Stratham (Royal Berkshire Hospital Foundation Trust), James Townsend (Policy Officer - Executive Support), John Underwood (Royal Berkshire Hospital Foundation Trust), Laura Vicinanza (Alzheimer's Society)

Apologies for inability to attend the meeting: Zahid Aziz, Dr Bal Bahia, Councillor Dominic Boeck, Charlotte Hall and Dom Hardy

PART I

121 Minutes

The Minutes of the meeting held on 24 September 2020 were approved as a true and correct record and signed by the Chairman.

122 Health and Wellbeing Board Forward Plan

The Forward Plan was noted.

123 Actions arising from previous meeting(s)

The actions arising from previous meetings were noted and updated as appropriate:

- 152 – it was noted that this was on-going
- 153 – it was agreed that this would be dealt with post-Covid

124 Declarations of Interest

Dr Bal Bahia, Councillor Graham Bridgman, Councillor Steve Masters, Andrew Sharp and Councillor Martha Vickers declared interests, but since their interests were personal or an other registrable interest, but not a disclosable pecuniary interest, they determined to remain to take part in the debate and vote on these matters.

125 Public Questions

A full transcription of the public and Member question and answer sessions are available from the following link: Transcription of Q&As

(a) Questions submitted by Ms Paula Saunderson:

1. The question on the subject of how many patients over 65 have a diagnosis of dementia (or memory and cognition) was answered by the representative of the Berkshire West Clinical Commissioning Group.
2. The question on the subject of how many of these patients are deemed to now have long term care needs was answered by the representative of the Berkshire West Clinical Commissioning Group.
3. The question on the subject of how many of these patient are receiving funding for Long-Term Care from the NHS in the form of CHC (both types) and FNC was answered by the representative of the Berkshire West Clinical Commissioning Group.
4. The question on the subject of how many patients over 65 with a diagnosis of dementia (or memory and cognition) are still resident in their own accommodation was answered by the representative of the Berkshire West Clinical Commissioning Group."
5. The question on the subject of how many family carers are looking after a dementia patient without the use of ASC or NHS funding was answered by the representative of the Berkshire West Clinical Commissioning Group.
6. The question on the subject of why is long term dementia care is not considered as a medical condition like other terminal regressive diseases and badged as a social care need which is self-funded was answered by the representative of the Berkshire West Clinical Commissioning Group."
7. The question on the subject of the number of dementia patients Berks West CCG assists with end of life funding (outside of hospital) and the proportion this represented of end of life care in total was answered by the representative of the Berkshire West Clinical Commissioning Group.
8. The question on the subject of who within the NHS Governing bodies has a Duty of Care towards Family Dementia Carers was answered by the representative of the Berkshire West Clinical Commissioning Group. A written response was to be provided for the supplementary question.

126 Petitions

There were no petitions presented to the Board.

127 Royal Berkshire Hospital Redevelopment

John Underwood, Nicky Lloyd and Andrew Stratham from the Royal Berkshire NHS Foundation Trust provided an update to the Board on the development of their proposals for a major modernisation of their services and buildings.

Nicky Lloyd outlined that the Trust sought an ongoing and engaged relationship with the Health and Wellbeing Board, and to keep members updated throughout the process.

John Underwood, from Royal Berkshire NHS Foundation Trust, provided a presentation on the developments. He noted that the Trust was beginning a major modernisation of its services and its buildings. It had been developing the programme for some time and it could now progress work because the Department of Health & Social Care had allocated

seed funding to the Trust to develop a Strategic Outline Case for improved hospital facilities. He noted that their dual objective was to develop and deliver outstanding NHS services that are fit for the future, and to play a greater part in the growth and development of the local economy.

The presentation highlighted a number of points:

Background:

- The Government's Health Infrastructure Plan (HIP) will provide funding for new hospital projects over the next ten years
- RBFT was one of 21 trusts selected for seed funding to develop ideas for new hospital facilities
- RBFT had developed a strategic outline case for HM Treasury
- All redevelopment opportunities were being considered
- This was a major opportunity for the NHS and local community to improve its services, improve patient experience and patient environment

The case for change:

- Condition - the condition of the hospital buildings were sub-optimal which affected both staff and patient experience
- Capacity - the hospital was also already operating beyond its planned capacity
- Climate - the buildings contributed to the climate emergency rather than reducing emissions
- Capability - the existing buildings were designed to support a 19th/ 20th century level of care
- Catalyst - a catalyst to contribute to the local economy

Possible scenarios:

1) Do nothing - only addressing the most high-risk backlog of maintenance issues
2) Do minimum - addressing more backlog maintenance
3) New Emergency Care Block - expanded A&E, new ICU, new theatres - this option would not meet the expected future demand
4) New Emergency Care Block plus new Elective Care Block and new women's and children's facility – this option would allow for growth of clinical services and would better address developing local needs
5) Substantially new hospital on the current site – this option would support growing demand and improve integration of care services
6) Completely new hospital on greenfield site

Councillor Woollaston asked about the timeframes and possible disruptions.

Nicky Lloyd noted that services would have to ensure continuity before any development could take place and inevitably there would be some disruption, but that service continuity would never be compromised.

Andrew Stratham noted that timing depended on central Government and how quickly the Treasury would respond.

Councillor Vickers asked what the feedback was from the public consultation on the proposed development. She also asked if public transport to the hospital would be considered with the proposals.

Nicky Lloyd noted that transport and travel to the hospital were being looked into in detail. She also stated that consultants were being used to improve access for the elderly and disabled once they were at the hospital.

Gary Poulson asked what the Trust's preferred development options were.

Nicky Lloyd noted that options 4, 5 and 6 were their preferred options as they were a substantial improvement from what was currently on offer. She noted that a site for option 6 would still need to be decided.

Councillor Doherty asked how the Health and Wellbeing Board could help with the proposals.

John Underwood indicated that engagement with local stakeholders was crucial. The development of the Outline Business Case would allow for continued online engagement through focus groups. He stated that there was also an Engagement Advisory Group that would help with the engagement with the voluntary and business sector. He explained that the purpose of sharing with the Board was to provide a continuing engagement throughout the consultation process and to ensure further development with local residents.

Councillor Bridgman noted that the Council was playing a vital role in sharing the messaging of the proposals with residents of West Berkshire.

Nicky Lloyd indicated that a key pillar of the new development was to promote the importance of health and wellbeing throughout communities and the work of local networks was crucial to achieving this.

RESOLVED that the progress update be noted.

128 Alzheimer's Society Report - From Diagnosis to End of Life

The Board received a presentation from representatives of the Alzheimer's Society, Laura Vicinanza and Kielan Arblaster. The report, aimed to shine a light on the inconsistent provision of high-quality, integrated care and support for people affected by dementia across England, from diagnosis to end of life. It also sought to provide a roadmap for action to improve dementia care from pre-diagnosis to end of life, offering insight from people affected by dementia about what makes a good pathway and how meaningful change can be implemented by local decision-makers.

Laura Vicinanza outlined a number of key points in the presentation:

Report structure:

- Diagnosing Well - how to improve the services offered in terms of diagnosing dementia
- Supporting Well - focusing on providing a high level of support for those suffering with dementia within 1 year of their diagnosis
- Living Well – ensuring that those with dementia are supported to live as full a life as possible
- Dying Well

Evidence:

- Used national guidance and legislation as a benchmark
- Literature review of existing pathways, standards and datasets
- Included focus groups and interviews with people affected by dementia
- Interviewed and surveyed professionals, such as GPs and nurses
- A key theme was a sense of disjointed and fragmented care.

Diagnosing Well:

Findings:

- People were being misdiagnosed or opportunities were being missed (some GPs reported feeling under-trained in diagnosis)
- The referral processes could be confusing
- Service improvements could be challenging due to variation between memory services and limited performance data
- Delivery of a diagnosis, including a subtype and tailored information, is variable

Recommendations:

- CCGs to have a dedicated dementia lead to train GPs on referral criteria and diagnosis
- New ways of working within primary care
- Multi-disciplinary team meetings between memory service clinicians, neurology and neuroradiology
- Clear referral pathways to enable access to Allied Health Professionals
- Memory services to include dementia adviser services, with people automatically referred to the service unless they opt out
- Access to follow-up opportunities to discuss diagnosis

Supporting Well:

Findings:

- Information provided at the point of diagnosis was not being delivered in the right way, if at all
- People were struggling to access a care coordinator
- Care planning, including advance care planning, if undertaken, could be insufficient and dementia-specific needs were not considered
- The provision of post diagnostic support interventions could be variable and inappropriate

Recommendations:

- All people should have a named care coordinator
- Roll out training on personalised care and support planning
- Appropriate and tailored post-diagnostic support interventions for people with dementia and their carers
- Integration of dementia adviser services within primary care
- Clarity on responsibility for initiation of medicines and follow up appointments
- Clear local responsibility for advance care planning

Living Well:

Findings:

- Limited access to coordinated, proactive, ongoing care and support
- Follow-up care is not the same for everyone
- Carers are struggling to access support services
- Hospital and care homes need to identify and accommodate dementia specific needs

Recommendations:

- Straightforward methods of booking overnight care in advance
- Accessible lists of recommended local respite care services
- People to have increased follow-up and step-up care post-diagnosis

- Ongoing opportunities to access support interventions
- Care homes to have enhanced access to professionals through local multidisciplinary teams
- All professionals to be trained to at least Tier 2 of the Dementia Training Standards Framework

Dying Well:

Findings:

- People often struggle to access palliative care, including end of life care
- Advance decisions are sometimes ignored, meaning the interests of people and their wishes at end of life are not being fulfilled

Recommendations:

- To manage hospitalisations through integrating services, upskilling care home staff and increasing access to out of hours specialist support
- Local multidisciplinary teams should be formed to assist local care homes, and include palliative care teams
- Local services should be set up to ensure that professionals involved in end of life care can easily and quickly access advance care plans

Conclusion:

- From diagnosis to end of life, people with dementia face challenges in accessing effective care and support
- A recurring theme at each stage of the pathway is the sense of disjointed, fragmented care
- Government and national bodies must make further progress on dementia care quality and outcomes
- But local decision makers, services and professionals are best placed to take ownership of developing dementia pathways, to promote streamlined and consistent support.

Councillor Doherty pointed to the mixed picture throughout the UK and asked if Laura Vicinanza had any further details on the work needed for dementia care in West Berkshire. She noted that a large amount of work was done in West Berkshire to address issues with dementia care, but welcomed any further insight.

Laura Vicinanza noted that she did not have specific recommendations for West Berkshire, but she was happy to work with local leaders to further assess what needed further development in the district.

Councillor Vickers noted that dementia care was a growing issue and understanding its challenges were crucial. She stated that she believed that dementia care should be a priority in the Joint Health and Wellbeing Strategy. She also pointed to issues with the fact that dementia came under social care, meaning individuals had to pay for care.

Laura Vicinanza noted that the number of people with dementia was high and was only going to increase. She further noted that those with dementia tended to suffer with other health issues as a result of their diagnosis. She stated that their recommendations proposed for dementia care to be included in the national service so that they would not have to pay for their own care.

Gary Poulson suggested that it was important for there to be modes of transport available for those with dementia to access support groups.

Joanna Rice noted that in West Berkshire, the contract did not cover travel support, but that there were a number of voluntary sector organisations that enabled this to happen.

Shairoz Claridge stated that it was the right time to look into the recommendations further, given the gaps in dementia care. She pointed to a number of initiatives being conducted in West Berkshire, such as 'Connected Care', where dementia plans were shared across local partners. She also noted that the Locality Integration Board was working on MDTs, looking at patients who had specific diagnoses. She invited Laura Vicinanza to attend the Locality Integration Board to present her findings.

Councillor Bridgman indicated that it was important to clarify what West Berkshire was already doing in order to know which recommendations would be necessary and to understand what costs would be involved. He suggested that the Health and Wellbeing Board was the right arena for a discussion on dementia care improvements given the wide range of expertise that was on the board.

Joanna Rice indicated that she would be able to help in regards to what recommendations could be integrated locally, as she had also worked in neighbouring authorities. She also stated that she would be able to assist in implementing changes that were cost-free. She noted that she would be happy to remain engaged with the on-going conversation.

Andrew Sharp noted that an enormous amount of pressure had been put on family carers for those with dementia and that there were huge lessons to be learnt from Covid-19 about the gaps in the system. He noted that some fantastic work had been done in West Berkshire, but that Covid-19 had shown where there were still gaps.

RESOLVED that the report be noted and Laura Vicinanza be invited to present to the Locality Integration Board.

129 Cultural Heritage Strategy

Paul James introduced a report on the Cultural Heritage Strategy 2020-30. He noted that the Council's Executive approved the report with the following recommendations:

- To set up the Cultural Heritage Strategy Delivery Group with key stakeholders
- To develop the Delivery/Action Plan with specific actions, outcomes, measures and resources to deliver the vision and strategic themes – and seek the approval of the Executive for the Plan within 6 months of the Group's inception.
- To report on progress to the Health & Wellbeing Board and the Culture & Leisure Programme Board as required.
- Review / refresh the strategy every 2 years to reflect progress and any changes required to deliver on the vision and objectives.
- To present the strategy which has a strategic theme to contribute to the improvement in the health and wellbeing of all our residents.

He further noted that a Delivery Group would be set up with key stakeholders and this Delivery Group would report to the Culture & Leisure Programme Board and the Health & Wellbeing Board. He noted that there had been a strong push by the Arts Council and Historic England to move cultural heritage into the health and wellbeing agenda.

Councillor Bridgman asked a number of questions relating to the wording of the strategy. He pointed to section 1.1 and noted that it contradicted with section 3.1. He also noted that section 5.6 talked of the way the Delivery Group would be set up, but that it clashed with what the Executive had already approved. He further stated that section 7.3

highlighted tensions between what is in the Cultural Heritage Strategy and what the Executive had already approved.

Councillor Vickers noted that the consultation outlined that access and sustainability were noted as crucial in the culture sector. She noted that as the sector was reliant on charitable donations, it therefore was not sustainable and needed adequate funding.

Andrew Sharp, in relation to Councillor Bridgman's points on the contradictory nature of the report, asked whether it would be wise to change the wording so that it reflected the supportive nature of decisions made by the Health and Wellbeing Board from the Executive, rather than its approval. Furthermore, he also stressed the importance of the Cultural Heritage Strategy in relation to the pandemic and long-Covid issues, with non-medical interventions that could be utilised to assist with people's health.

Gary Poulson, in relation to Councillor Vickers' point on investment, noted that it was crucial to work with the voluntary sector and make money available for it when needed.

Councillor Bridgman asked how certain representatives on the Delivery Group would be decided.

Paul James indicated that the arts community were best placed to look at the purpose of the board and that the sector would decide who was best to represent them.

RESOLVED that the strategy be noted, a Delivery Group be set up, and that an interim report be presented to the Health and Wellbeing Board in July to update on progress.

130 Joint Health and Wellbeing Strategy

Sarah Rayfield outlined a report that sought to provide the Board with an update on the development of a Joint Health and Wellbeing Strategy for Berkshire West. She highlighted the recommendation for the Health and Wellbeing Board to extend the period allowed for public engagement until the end of February 2021, as it would allow for the completion of sufficient public engagement, in view of the impact of the current national lockdown. She stated that the strategy was currently in the 'public engagement and further engagement with stakeholders' stage.

Sarah Rayfield also outlined that public engagement would be used to help refine the short-list of 11 priorities into the final 3 priorities of the strategy. The following had been identified as themes running throughout the strategy: Empowerment and self-care; Digital Enablement; Prevention; and Recovery from COVID-19.

She highlighted the 11 potential priorities as follows:

(1) Reduce the differences in health between different groups of people
(2) Support vulnerable people to live healthy lives
(3) Help families and young children in the early years
(4) Reduce the harm caused by addiction to substances (smoking, alcohol or drugs)
(5) Good health and wellbeing at work
(6) Physically active communities
(7) Help households with significant health needs
(8) Extra support for anyone who has been affected by mental or physical trauma in childhood
(9) Build strong, resilient and socially connected communities
(10) Good mental health and wellbeing for all children and young people
(11) Good mental health and wellbeing for all adults

She noted that the consultation with the public had outlined a number of early findings (correct as of 27 January 2021):

- There had been 1,597 responses so far, with the majority from West Berkshire

- The vast majority of respondents were female
- The majority of respondents were aged 50-64
- The majority of respondents were of white or white British origin

She stated that the next steps for the Strategy were: to extend public engagement until the end of February; to write the first draft of the strategy in early April; and a subsequent consultation on the final draft strategy.

Councillor Bridgman asked if the end of February was sufficient.

Sarah Rayfield indicated that a lot had been done, but it was about finding a balance of providing enough time for consultation without dragging it out.

Councillor Vickers expressed her concern with the lack of time for consultation given the strategy was supposed to last 10 years and the fact that the majority of respondents were aged over 50.

Meradin Peachey noted that it was a very important strategy and the Integrated Care Partnership was very keen to make it an important part of their delivery.

Matt Pearce noted that many of the challenges mentioned in the report were known and had been exacerbated because of Covid-19, which should be considered when extending the consultation period.

RESOLVED that the progress update be noted and the consultation period be extended to the end of February 2021.

131 Local Outbreak Control Plan (Verbal Report)

Matt Pearce provided an update on the latest situation regarding the Covid-19 pandemic in West Berkshire, and the local response and vaccination programme.

He noted that West Berkshire was continuing to see a downward trend in cases, but there were still a number of outbreaks in workplace settings. However, he stated that hospital admissions and death numbers were gradually increasing.

He also stated that a mass testing scheme was being set up in West Berkshire, which aimed to test key workers.

Lastly, he noted that the vaccination programme was continuing to go very well.

RESOLVED that the progress update be noted.

132 Tackling Health Inequalities

RESOLVED that the item be deferred and the report be discussed at the Health and Wellbeing Board meeting in May 2021.

133 Integrated Care Partnership Update (Verbal Report)

Andy Sharp noted that the ICP service had 6 pieces of work on-going and he would provide a more detailed update at the meeting in May 2021.

RESOLVED that a more detailed report would be brought to the board in May 2021.

134 Members' Question(s)

A full transcription of the public and Member question and answer sessions is available from the following link: Transcription of Q&As

(a) The question submitted by Councillor Martha Vickers on the subject of the creation of a Covid dashboard tracker to monitor the broader effects of the pandemic on the community was answered by the Service Director – Communities and Wellbeing.

135 Future meeting dates

It was noted that from 2021/22, the Health and Wellbeing Board will move to five public meetings per year with dates as shown below:

- 20 May 2021
- 22 July 2021
- 30 September 2021
- 09 December 2021
- 17 February 2021

All meetings will start at 09:30.

(The meeting commenced at 9.30 am and closed at 11.54 am)

CHAIRMAN …….

Date of Signature …….

Actions arising from Previous Meetings of the Health and Wellbeing Board

RefNo	Meeting	Action	Action Lead	Agency	Agenda item	Comment
151	24/09/2020	Contact Thatcham Research about becoming an employer representative on the Health and Wellbeing Board	Andrew Sharp	Healthwatch West Berkshire	Health and Wellbeing Board Membership	**In progress.** Initial approach made. Gordon Oliver has followed up. Andrew Sharp to confirm.
153	24/09/2020	Seek another peer review of Health and Wellbeing Board.	Cllr Graham Bridgman	WBC	Health and Wellbeing Board Meetings	**Deferred.** To be undertaken post-Covid.
158	28/01/2021	Cultural Heritage Strategy Delivery Group to be set up, with an interim report to be brought to the July meeting	Paul James	WBC	Cultural Heritage Strategy 2020-2030	**In progress.** Report scheduled for July.
160	28/01/2021	Develop Covid Dashboard Tracker to monitor the broader effects of the pandemic on our community	Matt Pearce	WBC	Member Questions	**In progress.** April Peberdy and Aaron Cole are leading on this and feeding through to Recovery Group.

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Development of the Berkshire West Joint Health and Wellbeing Strategy

Report being considered by:	Health and Wellbeing Board
On:	20th May 2021
Report Author:	Sarah Rayfield
Item for:	Information

1. Purpose of the Report

1.1 To present the first draft of the Berkshire West Health and Wellbeing Strategy 2021 – 2030 and associated draft Public Engagement Report

2. Recommendation(s)

2.1 For the Board to review the content of the draft Health and Wellbeing Strategy

2.2 For the Board to support the proposal that instead of a formal public consultation on the draft strategy, we use public engagement as a key part of developing the local delivery plans which will be used to implement this strategy in West Berkshire

3. How the Health and Wellbeing Board can help

3.1 For the Board to give feedback on the content of the strategy

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

4. Introduction/Background

4.1 In April 2019, Health and Wellbeing Board Chairs from West Berkshire, Reading and Wokingham agreed to propose the development of a shared Joint Health and Wellbeing Strategy across the three local authorities. This was supported by the Clinical Commissioning Group (CCG) and Integrated Care Partnership (ICP) leadership

4.2 Development of the new strategy started in March 2020 and has been supported by a monthly steering group

4.3 Regular updates on the development of the strategy have been provided to each of the three Health and Wellbeing Boards and also to the Unified Executive of the ICP

4.4 The Covid-19 pandemic has had a significant impact on the development of the strategy and on our ability to engage with both stakeholders and the public during this process. This required an extension to the timeline for completion of the strategy.

5. Supporting Information

5.1 The strategy has had four main stages of development:

Phase	Timeframe
Defining the current state	March – July 2020
Prioritisation Process	August – September 2020
Public engagement and further engagement with stakeholders	October 2020 – February 2021
Production of the Joint Health and Wellbeing Strategy	March - June 2021

5.2 Defining the current state included reviewing each of the three existing Joint Health and Wellbeing Strategies and looking at the data for evidence of impact; priorities discussions with stakeholders across the system (the three local authority public health teams, children's services, adult's services, education, place directorate; Berkshire West CCG, colleagues from the Royal Berkshire Hospital; Berkshire Healthcare Foundation trust), a "What's missing" data exercise highlighting areas of population need not identified through discussion. In addition, a review of strategies in place across the three local authorities was undertaken to ensure alignment

5.3 The prioritisation process was conducted through stakeholder workshops, during which the long list of 30 priority areas was reduced to a short list of 11 potential priorities

5.4 An extensive piece of public engagement was then used to refine and develop the final priorities for the strategy

5.5 The public engagement was co-produced and supported by a number of partners and stakeholders including Healthwatch West Berkshire, West Berkshire Volunteer Centre, Community United West Berkshire and Berkshire West CCG.

5.6 Detailed findings from the public engagement are described in the engagement report accompanying this paper.

5.7 The strategy is based on 8 principles

(1) Recovery from Covid-19

(2) Engagement

(3) Prevention

(4) Empowerment and self-care

(5) Digital enablement

(6) Social Cohesion

(7) Integration

(8) Continuous learning

5.8 There are five health and wellbeing priorities in the new strategy:

(1) Reduce the differences in health between different groups of people

(2) Support individuals at high risk of bad health outcomes to live healthy lives

(3) Help children and families in early years

(4) Good mental health and wellbeing for all children and young people

(5) Good mental health and wellbeing for all adults

5.9 The priorities are interrelated and interdependent, with the number one priority of reducing healthy inequalities acting as a pillar and all eight principles driving all implementation plans

5.10 Each of the three Health and Wellbeing Boards will develop their own delivery plan to understand how each of the priorities fit in their communities and what local actions need to be taken in order to implement the shared strategy

5.11 The ICP will also use the agreed priorities to inform and develop shared actions across Berkshire West that will be delivered through the relevant programme boards overseen by the Unified Executive

5.12 The original intention was to have a six week public consultation on the draft Health and Wellbeing Strategy. However, in view of the delays imposed by Covid-19 and the extensive public engagement that has already happened in the development of this strategy, it is proposed that instead of a formal consultation period we:

(1) Use the time to further engage with key partners and stakeholders to refine and update the strategy through consulting with the relevant boards

(2) We undertake both public and stakeholder engagement in the next step of shaping local actions in the delivery plan in order to implement this strategy

5.13 By taking this approach, it would help to strengthen existing partnerships and increase collective action and continue to keep engagement at the centre of the strategy development. While also enabling us to continue progressing the strategy and ensure it can be implemented in a timely manner

6. Options for Consideration

6.1 To continue with the current plan for a formal public consultation on the draft strategy, which may further extend the timeline for full completion of the strategy, potentially delaying the implementation of the strategy until the end of 2021/early 2022

OR

6.2 To undertake further engagement with partners to refine the draft strategy followed by public and stakeholder engagement as a key part of the next step in developing local delivery plans.

7. Proposal(s)

7.1 To continue revising this draft strategy following feedback from the Health and Wellbeing Board and undertake public engagement as a key part of developing the local delivery plan for West Berkshire

8. Conclusion(s)

8.1 The first draft of the Health and Wellbeing Strategy for Berkshire West is presented to the Board for consideration and feedback on the content

9. Consultation and Engagement

9.1 The public engagement undertaken as part of developing this strategy is described in the associated engagement report

10. Appendices

Appendix 1 - Draft Health and Wellbeing Strategy for Berkshire West

Appendix 2 – Draft Public Engagement report

Background Papers:

None

Health and Wellbeing Priorities 2019/20 Supported:

- ☐ First 1001 days – give every child the best start in life
- ☐ Primary Care Networks

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 new Joint Health and Wellbeing Strategy will include a new set of priorities.

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BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY (HWBS)

2021- 2030

Reading Borough Council
Working better with you

West Berkshire Council

Wokingham Borough Council

CONTENTS

INTRODUCTION

Health and wellbeing are fundamental for individuals and communities to be happy and healthy; they provide the foundations to prosperous societies. Wellbeing has been defined as a state in which every individual can realise their own potential, can cope with the normal stresses of life[1], can work productively and fruitfully and is able to make a contribution to their economy.

Reading, West Berkshire and Wokingham Health and Wellbeing Boards (HWBs) bring together local leaders from the health and social care system, along with voluntary and community organisations, in shared work to improve the health and wellbeing of their local residents.

Each Health and Wellbeing board has a statutory duty to produce a Health and Wellbeing strategy, providing a commitment to improving health and wellbeing by setting out priorities for where members of the Board will work together in planning and delivering local services.

The three HWBs come together with the Berkshire West Integrated Care Partnership (ICP) to promote integrated working and strive to secure improvements in population health.

In 2019, the HWBs for Reading, West Berkshire and Wokingham took the decision to develop a shared Health and Wellbeing Strategy with the ICP to make even more improvements in health.

Although each individual Health and Wellbeing board of Reading, West Berkshire and Wokingham are responsible for their own residents, all three boards have populations in common, with people living, working, socialising and being educated across the three local authorities.

This strategy has been developed by working closely with local partners from health, social care, local authorities and the voluntary sector along with residents of the three areas. Our Strategy is ambitious, it identifies five key areas in which we will make a difference to people's lives and it takes a ten year view. Understanding that we need a long-term perspective in order to drive real change on the underlying causes of poor health and wellbeing. It seeks to bring together individuals and communities along with professionals in a shared direction, targeting work and resources where they are needed and where impact will be clearly evidenced.

With closing health inequalities and recovery from Covid-19 at its very heart, the Berkshire West Health and Wellbeing Strategy 2021 – 2030 establishes our priorities for the system; with the reduction of health inequalities and recovery from Covid-19 at the centre, it aims to enable all residents of Reading, West Berkshire and Wokingham to live happier and healthier lives.

OUR COMMUNITY

Reading, West Berkshire and Wokingham make up Berkshire West – an area stretching from rural communities and local, vibrant market towns in West Berkshire and Wokingham, to the commercial urban hubs located in Reading.

The three localities of Berkshire West hold a population **of over 500,000 people**. It is an area of great diversity and rich culture, representing all age demographics, religious affiliations and ethnicities.

Across the three localities, **people travel to work, go to school, socialise and engage with activities and attractions**. Furthermore, as neighbouring local authorities, the residents of Reading, West Berkshire and Wokingham share many services in common including the Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust.

Newbury, West Berkshire Pop-up French Market (2020)

Shaw Volunteer group

READING

100%
Urban population

161,780
Total Resident Population

12.5%
Population aged 65+

25.3%
Ethnically diverse population

69%
Children achieving a good level of development at early years

7,090
Total number of businesses

9.6%
Full time students age 18+*

*largely due to the University of Reading student population

Unemployment rate
3.6%

7.9%
Percentage of unpaid carers
(1-50+ hours of unpaid care per week)

50.2%
People with very good health

Data collected from the Berkshire Observatory

WEST BERKSHIRE

63%
Urban population

158,450
Total Resident Population

19.3%
Population aged 65+

5.2%
Ethnically diverse population

75%
Children achieving a good level of development at early years

8,800
Total number of businesses

2.1%
Full time students age 18+

Unemployment rate
2.4%

9.3%
Percentage of unpaid carers
(1-50+ hours of unpaid care per week)

51.6%
People with very good health

Data collected from the Berkshire Observatory

WOKINGHAM

83%
Urban population

171,119
Total Resident Population

17.6%
Population aged 65+

11.6%
Ethnically diverse population

77%
Children achieving a good level of development at early years

9,005
Total number of businesses

3.2%
Full time students age 18+

Unemployment rate
2.35%

9.0%
Percentage of unpaid carers
(1-50+ hours of unpaid care per week)

54.3%
People with very good health

Data collected from the Berkshire Observatory

WORKING TOGETHER: OUR LOCAL SYSTEM

The three Health and Wellbeing Boards for **Reading, West Berkshire and Wokingham** work both alongside and within the **Berkshire West Integrated Care Partnership (BWICP),** creating an environment of collaboration between health and social care organisations to improve all services for the local population.

Established in April 2019, the BWICP brings together seven public sector organisations that are responsible for the health and social care of Reading, West Berkshire and Wokingham residents, providing joined up and better coordinated care in the process.

The BWICP comprises of the **Berkshire West Clinical Commissioning Group (BWCCG), West Berkshire Council, Reading Borough Council, Wokingham Borough Council, Berkshire Healthcare Foundation Trust, Royal Berkshire Foundation Trust and South-Central Ambulance Foundation Trust.** This integrated system ensures people can access care across a number of different settings in a frictionless way, moving between institutions and support settings as needed.

This shared strategy will serve to ensure greater collaboration between these organisations, empowering and supporting people to take care of their own health and wellbeing and also making sure that all services meet the diverse health and care needs of our residents.

Newbury Rugby Club delivering food parcels during the pandemic (2020)

OUR CHALLENGES

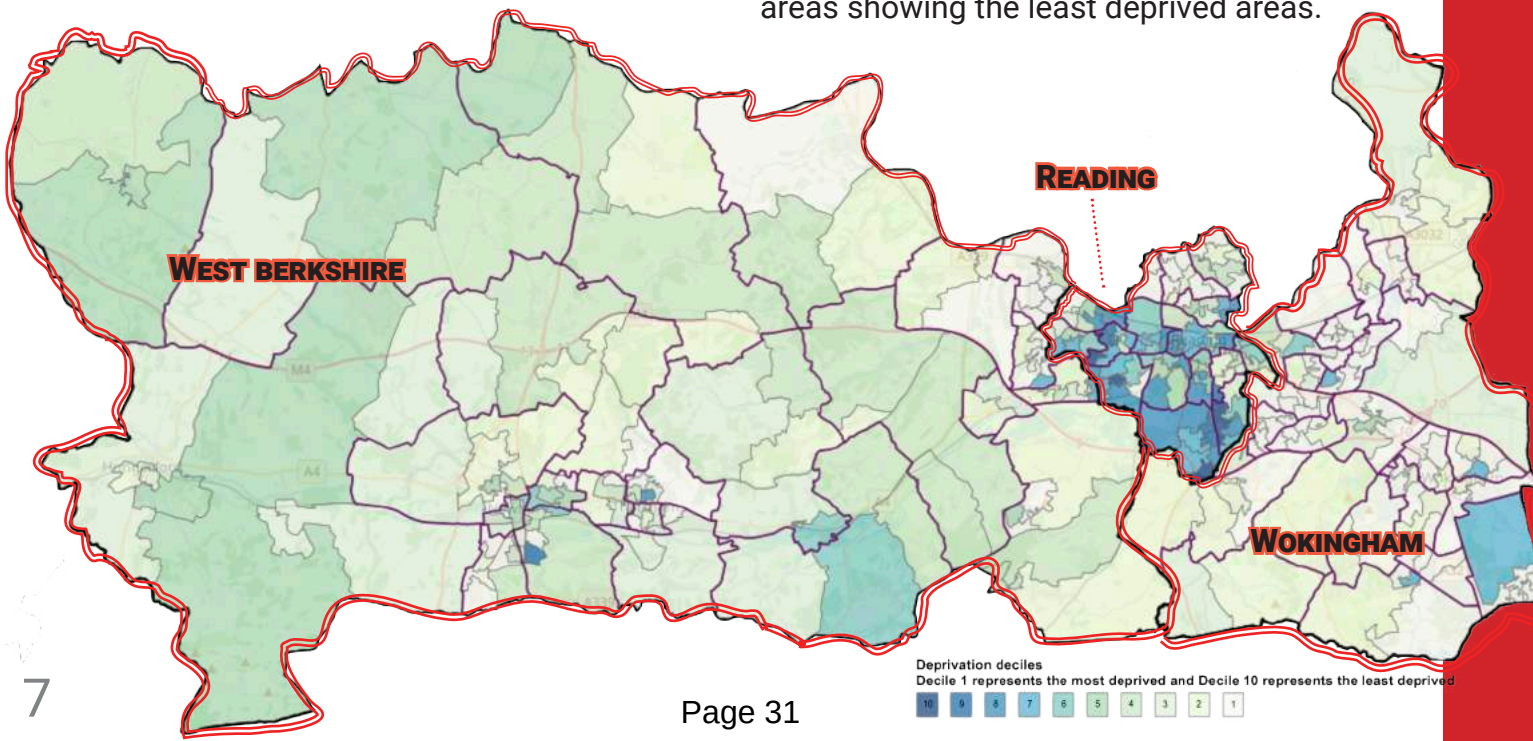
The three areas that make up Berkshire West have a lot to celebrate and be proud of. However, as people live longer with more complex health conditions; combined with the impact of Covid-19 and ongoing financial challenges, we must find new ways to deliver health and social care, strengthen partnerships and put all of our resources together to use in the best way possible.The growing population (with over 10,000 new houses across all three areas to be built by 2026) gives uncertainty of who will make up our diverse and vibrant local population in the future and what their needs may be. This will also mean new families too, giving us opportunities to focus on ensuring every child gets a good start to life.

The three areas already have a growing older population of people aged 65 years and older. As this continues, it is likely to place more pressure on health and social care; with more people living with long term conditions or Dementia. People over 65 across Berkshire West are culturally and socially engaged; making up a large part of voluntary and community sectors, and so their life experience and knowledge adds enormous value to our communities.
However, the way people need care and support is changing – we want to empower older people to manage their conditions, through encouraging and supporting healthy lifestyles.

Additionally, although the Berkshire West population is generally affluent and healthy, there are pockets of deprivation across the three areas where health outcomes tend to be worse. Therefore, health is not just about medicine and accessing health services, but also about the wider social factors that can influence a person's health and wellbeing. Studies have shown that health services only contribute 10% toward a person's premature death[2] – meaning that housing, employment and education plays a bigger, and sometimes more important role.

These differences mean that the life expectancy of our population varies depending on where people live[3]; those living in the poorest parts of West Berkshire and Wokingham, will live seven years less of healthy life, compared with those people living in the richest areas. In Reading, the healthy life expectancy of those living in the poorest areas is 13 years lower for men and 14 years for women when compared to those living in the richest areas.

The map below shows the Index of Multiple Deprivation (IMD) of Reading, West Berkshire and Wokingham in 2019[4]. This is the official measure of relative deprivation, with bluer areas showing the most deprived and green areas showing the least deprived areas.



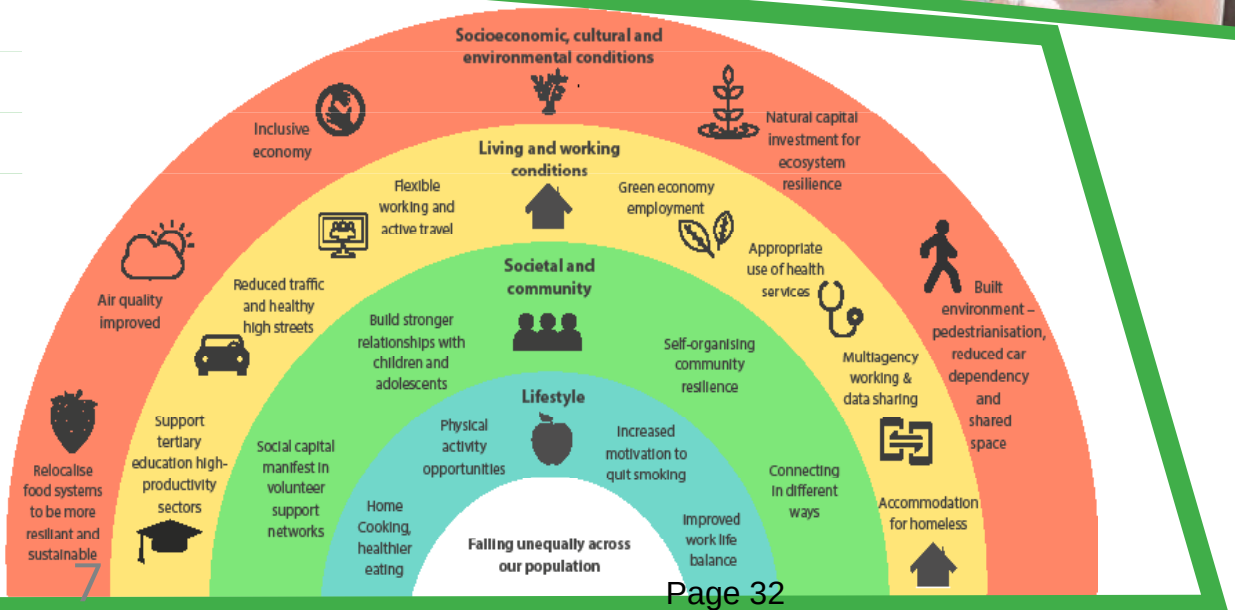
OUR CHALLENGES: The impact of Covid-19

Covid-19 has had a powerful impact across the three areas; businesses have shuttered and health services have been stretched - sometimes to their limit. Covid-19 has affected segments of the local population differently; exacerbating existing inequalities.

Yet, in times of adversity there has been ingenuity and wider digitisation in how we deliver health services and cooperate across sectoral boundaries. Additionally, Reading, West Berkshire and Wokingham residents have benefitted from cleaner air, returning nature, and reduced green-house emissions during this time.

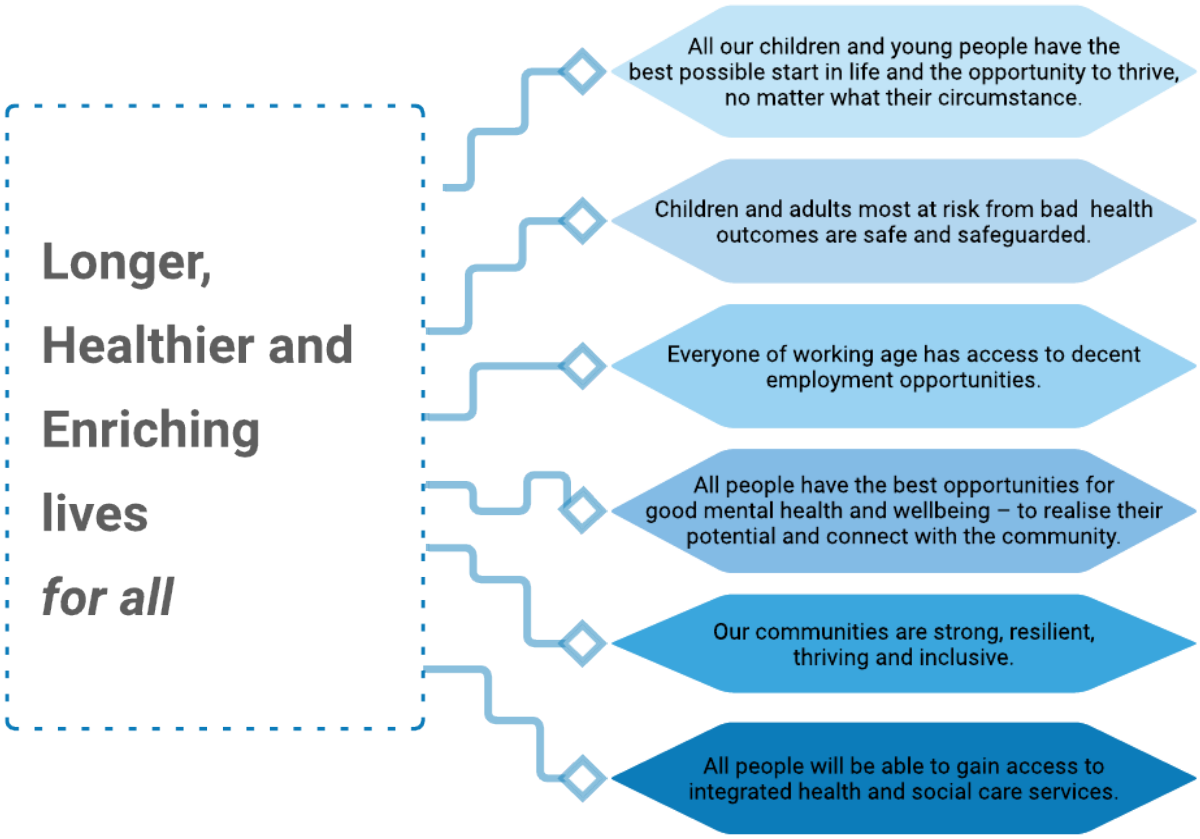
This pandemic has made it all too clear how intertwined the nation's economic health is with its physical health – better social and economic conditions had led to better health outcomes and vice versa. Covid-19 has also shown us the importance of social cohesion, giving us opportunities to build community resilience and collectively win the fight against the virus.

It is important that Reading, West Berkshire and Wokingham reflect on this episode— the good and the bad — in order to take these lessons forward with a long-term view to "build back better" from Covid-19[5]. Enhanced integration and efforts to empower citizens to have everyday resilience, including emergency preparedness, are here to stay[6]; with the diagram below depicting the burgeoning opportunities and how they should be actioned to rebuild from this pandemic and move forward together.



OUR VISION

Our vision for Reading, West Berkshire and Wokingham over the next ten years is that all people will live longer, healthier and more enriched lives. This involves reducing gaps in the differences of health outcomes between the richest and poorest parts of Berkshire West.This vision encompasses our mission statements, all shown below.



Achieving this vision will need strong partnerships between individuals, local communities and statutory and voluntary sectors. We welcome the aspirations of the NHS White Paper[7] that promotes this greater integration. Integrated care means that care will focus not only on treating specific conditions, but will aim to prioritise healthy behaviours, prevention and supporting people to live more independent lives for longer. Galvanising this transformation to a more joined-up model of care will also enable the NHS, local government, voluntary sector and other partners in Berkshire West to work together to respond to the needs, priorities and challenges facing our local communities during post-pandemic recovery.
Ultimately, this aligns all partners to serve a common purpose of helping people to live to their fullest potential by having better health and wellbeing.

Our number one priority is to **reduce health inequalities.** This is the unfair differences in people's lives, often shaped by influences beyond medicine and access to health services.

This includes factors that are primarily social – the conditions in which people are born, grow, live, work, and age, meaning that **economic, environmental and social inequalities** can all determine people's risk of getting ill. For this reason, reducing health inequality will **act as a pillar, underpinning all that is done for the four other priority areas.**

OUR PRINCIPLES

Recovery from Covid-19

The Covid-19 pandemic has presented an unprecedented challenge to Berkshire West's health and care services and the way residents live lives on a daily basis. As we move towards a recovery phase, we now have an opportunity to "Build Back Better"[8], taking account of the widening health inequalities that have been highlighted by Covid-19 and working together to ensure that equity is at the heart of Reading, Wokingham and West Berkshire's local decision-making to create healthier lives for all.

Engagement

Public engagement has been at the core of the development of this strategy and will be essential to its proper execution. Reading, West Berkshire and Wokingham will work towards creating more permanent engagement structures and processes to ensure residents' voices are heard as we roll out this plan in the next ten years. This may include the creation of citizen panels, specialist groups and committed champions in our communities who can lead with both their specialist knowledge and local commitment.

Prevention

Prevention and intervening early are key to reducing long term poor health and wellbeing. By shifting our approach away from treating ill-health to preventing it from happening in the first place, we can contribute significantly to reducing physical and mental ill-health.

Empowerment and self-care

We want to support our local people to become more actively involved in their own care and to feel empowered and informed enough to make decisions about their own lives, helping them to be happy, healthy and to achieve their potential in the process.

Digital enablement

The Covid-19 pandemic has led to many opportunities in digital transformation for health, social care, both at work and at home. But for those who are unable to participate in online services, it has resulted in greater social isolation and exclusion. We want to embrace the opportunities that digital enablement presents; whilst ensuring that we improve digital literacy and access across the whole of Berkshire West.

OUR PRINCIPLES

SOCIAL COHESION

The diversity of our areas is an asset that we will aim to develop and leverage going forwards. There is already a wealth of community activity taking place across each region and we will work collaboratively with community members, service providers and statutory bodies to help eliminate community-specific health inequalities.

INTEGRATION

Whole systems integrated care is about ensuring every person in Berkshire West can have their needs placed at the centre – this is done through joining up the range of health, social care services and relevant community partners. The aim is to increase access to quality and timely care, supporting people to be more independent in managing their conditions and becoming less likely to require emergency care. To achieve this, we also need to build on existing relationships in the broader Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS)*, linking policies, strategies and programmes with those at the ICS level.

CONTINUOUS LEARNING

The actions that will be delivered through this strategy in Berkshire West should be reviewed and adapted in a timely manner as the world around us changes. We need to accumulate experience, share best practices and learn from one another.

** An Integrated Care System (ICS) is one in which local NHS organisations choose to take on clear collective responsibility for resources and population health, providing joined up, better co-ordinated care. The Berkshire West ICS works closely with South Central Ambulance Trust and the three local authorities in West Berkshire, Wokingham and Reading to drive integration between health and social care. The Berkshire West ICS partnership includes: Berkshire West Clinical Commissioning Group (CCG), Royal Berkshire Hospital Foundation Trust - An acute hospital, Berkshire Healthcare Foundation Trust - A community / mental health Foundation Trust, GP services in Berkshire West which are grouping themselves into four locality / neighbourhood aligned 'alliances'.*

HOW THE STRATEGY WAS DEVELOPED

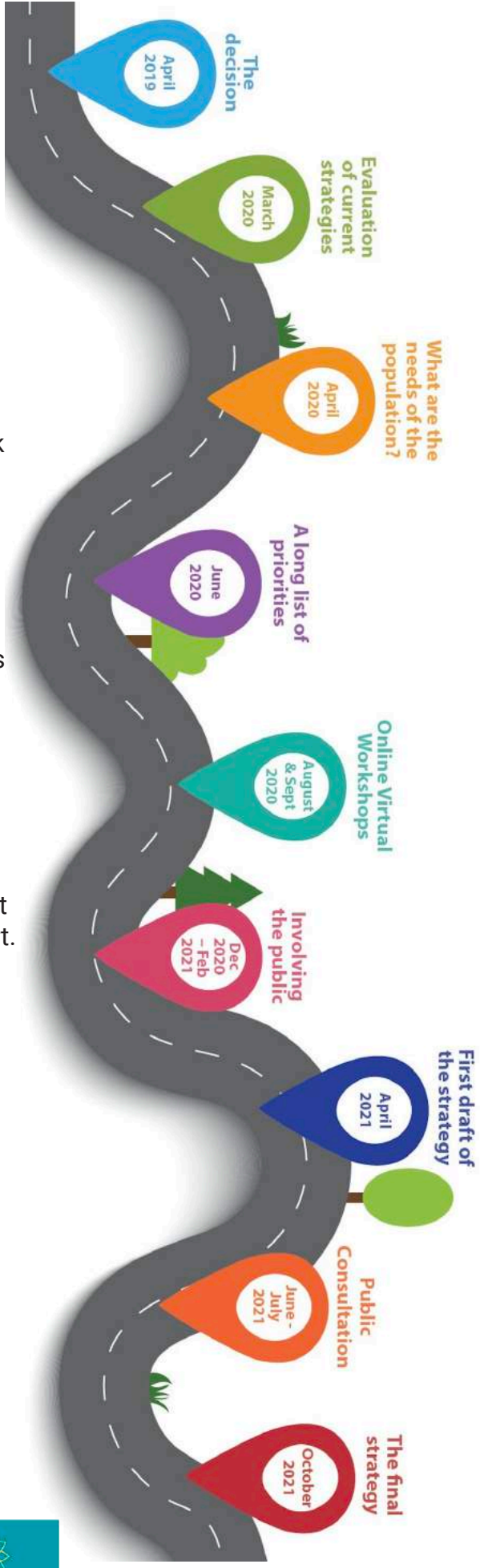
The roadmap illustrates how we developed our priorities for the Health and Wellbeing Strategy for Berkshire West.

Public engagement has been at the very heart of this process. A dedicated Consultation & Engagement Task and Finish Group* was created to lead community consultation and engagement efforts.

The membership of this group spans the three local authority areas and includes staff from Healthwatch and Voluntary Sector Umbrella organisations as well as representatives from local communities themselves (focusing upon typically underrepresented groups).

Collectively, this team co-produced and delivered the public engagement strategy that was crucial to the creation of the HWBS.

A more detailed report on how the strategy was developed and the outcomes of the public engagement can be found in the Berkshire West Engagement Report.



The engagement task and finish group include: Healthwatch Reading, Healthwatch Wokingham, Healthwatch West Berkshire, Berkshire West CCG, Reading Voluntary Action, Involve Wokingham, West Berkshire Volunteer Centre, Community United West Berkshire, Berkshire Healthcare Foundation Trust, Each of the three local authorities

FIVE HEALTH AND WELLBEING PRIORITIES

The jointly agreed five priorities over the lifespan of this strategy which we believe will bring the most positive impact to our health and wellbeing are as follows:

1 REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE.

2 SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES.

3 HELP CHILDREN AND FAMILIES IN EARLY YEARS.

4 GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE.

5 GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS.

These priorities are interrelated and interdependent, with the number one priority of **"reducing health inequalities" acting as a pillar** and the eight principles driving all implementation plans that fall under the other four priorities.

1 REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE

WHY IS IT IMPORTANT?

Health inequities are a matter of fairness and social justice[11]. It is the unfair and avoidable differences in people's health across social groups and between different population groups, often expressed as the "social gradient in health". In England, there are still significant unfair and avoidable inequities in their health and in access to and experiences of NHS services[8].

The model below, developed by Dahlgren and Whitehead[9], maps the relationship between the individual, their environment and health. Individuals are placed at the centre, and surrounding them are the various layers of influences on health – such as individual lifestyle factors, community influences, living and working conditions, and more general social conditions. This shows how pathways to health inequalities involve differences in behavioural risks and wider determinants of health beyond just the healthcare sector.

Local efforts to reduce health inequalities often centre on reducing gaps in healthy life expectancy amongst those who have the worst outcomes. It means building fairer areas to ensure everyone has the best opportunity to live a long life in good health.

There are 3 key issues:

i. Inequities in opportunity and / or outcome: some people don't get a good start in life, have fewer social opportunities, live shorter lives or have longer periods of ill health;

ii. Inequities and lack of access – some people cannot access services, don't know about them or can't use them;

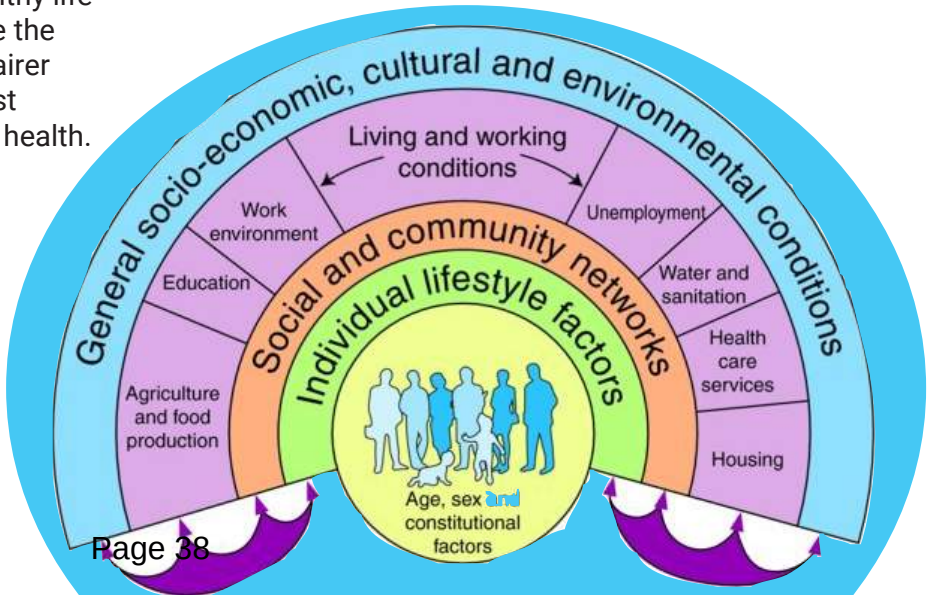
iii. Covid-19 – its impact has exacerbated existing health inequities

WHAT YOU TOLD US:

Residents across Reading, West Berkshire and Wokingham considered reducing the differences in health to be an "extremely important" issue.

"Lack of income should not mean poor health

"Make (health and social care) services available to everyone"



Model of social determinants of health [9]

REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE

WHAT ARE WE ALREADY DOING?

Reading, West Berkshire and Wokingham HWBs have all made significant efforts to reduce health inequalities. All three areas have worked with their respective residents, statutory organisations and voluntary groups to make sure that residents are empowered to decide where actions should be taken and in what manner to achieve fairness in their community. The three areas have also begun to use a Population Health Management approach; this makes use of rich local population health data to complement and inform these discussions and actions.

SPOTLIGHT

The Alliance for Cohesion and Racial Equality (ACRE)[14] in Reading, is a voluntary organisation that hosts an annual health inequalities conference.

They work to promote equality across nine strands including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation, all in order to build an increased sense of community in Reading.

Alafia, the ACRE Family Support Team, also works to support families caring for a child or young people between the age of 0-25 from diverse backgrounds.

ACRE family meeting.

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- Take a Health in All Policies approach[15] that embeds health across policies and various services. We need to encourage closer working relationships between statutory bodies and the voluntary and community sectors. For example, joining up Berkshire West's community-based and NHS mental health and social services to schools and employment services may simultaneously achieve the goals of widening participation in higher education and increasing economic opportunities for everyone.

- Address the challenge of funding in all areas and ensure that decisions on changing services do not adversely affect people with poorer health outcomes.

- Use information and intelligence to identify the communities and groups who experience poorer outcomes and ensure the right services and support are available to them while measuring the impact of our work.

- Continue to develop the ways we work with ethnically diverse community leaders, voluntary sector, unpaid carers and self-help groups that sit within Reading, West Berkshire and Wokingham.

- Ensure fairer access to services and support for those in most need through effective signposting, targeted health education and promoting digital inclusion, all in a way that empowers communities to take ownership of their own health.

- Assess how Covid-19 has differentially impacted our local populations, including through the displacement or disruption of usual services. We have to ensure access to these services are available to all during Covid-19 recovery. We need to prepare a delivery plan with a defined timeline to mitigate the long-term impact of Covid-19 on existing health and social inequities.

2

SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES

WHY IS IT IMPORTANT?

Differences in health status between groups of people can be due to a number of factors[13], such as income, geography (e.g. urban or rural) and disabilities. The health needs of those groups at high-risk for negative health outcomes could place heavy and unpredictable demands on health services[17], and must therefore proactively be identified and addressed in Reading, West Berkshire and Wokingham.

The broad issues impacting groups at high risk are:

i. Barriers to accessing GPs and primary health services;
ii. Lack of easy access to healthy activities and food;
iii. Limited availability of information about health and wellbeing services;
iv. Increased loneliness and isolation (exacerbated by COVID-19).

HOW DOES THIS IMPACT HEALTH INEQUITIES?

In order to close the gap between groups with existing health inequities, it is important to adopt a "proportionate universalism" approach[15]. This means allowing some form of effective targeting or tailoring of services to different social groups that are at greater risk of poor health. This should take place within a broader universal framework, i.e. where the general services or provision is already available for all.

WHAT YOU TOLD US:

Residents; across Reading, West Berkshire and Wokingham considered reducing the differences in health to be an "extremely important" issue.

Supporting people facing higher risk to live healthy lives is a very important priority across Reading, West Berkshire and Wokingham. 35% of all survey respondents agreed that significant change is required within this priority area.

People facing higher risk of bad health outcomes[16] were identified as having a continuing or new need for support (including before and during Covid-19). Focus groups and survey responses the identified the following groups:

- Those living with dementia
- Rough sleepers
- Unpaid carers
- People who have experienced domestic abuse
- People with learning disabilities

SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES

WHAT ARE WE ALREADY DOING?

Although different groups may be targeted in Reading, West Berkshire and Wokingham, considerable steps have been taken in each area to ensure nobody falls between the cracks through ways that are most suited to local needs as well as joint working to meet common needs.

SPOTLIGHT

In Wokingham, provisions are in place to identify and effectively support those with Special Education Needs and Disabilities (SEND); a co-produced 2020-2023 SEND strategy is being executed to support CYP aged 0-25 years, their parents and carers. SEND Voices Wokingham is an example of a successful parent-carer forum which promotes participation and co-production in local governance by regularly representing or advocating for service users to service planners, commissioners and providers to design and deliver better services.

West Berkshire has recently refreshed its Domestic Abuse Strategy (2020-2023) to provide high-quality, evidence-based interventions for survivors of abuse and their families as well as training for local practitioners and communities to support those currently at risk. A2Dominion is the local Domestic Abuse Service provider that offers emotional and practical support through phone helplines, places of safety and independent domestic violence advisor support.

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- We need to raise awareness and understanding of dementia. Working in partnership with other sectors, we can introduce an integrated programme ensuring the Dementia Pathway is robust and extended to include pre-diagnosis support, and improve early diagnosis rates, rehabilitation and support for people affected by dementia and their unpaid carers.
- Improve identification and support for unpaid carers of all ages. Work with unpaid carers and partner agencies to promote the health and wellbeing of unpaid carers by giving them a break from their caring responsibilities, whilst allowing them to fulfil their caring role.
- We will work together to reduce the number of rough sleepers and improve their mental and physical health through improved access to local services.
- Prevent, promote awareness and provide support to victims of domestic abuse in line with proposals outlined in the Domestic Abuse Bill.
- Support people with learning disabilities through working with voluntary organisations in order to concentrate on issues that matter most to them.
- We need to increase the visibility and signpost of existing services and improve access to services for people at higher risk of bad health outcomes, whilst also providing pastoral support through faith-based organisations linked to health and social care services.

3

HELP CHILDREN AND FAMILY IN EARLY YEARS

WHY IS IT IMPORTANT?

Prevention and early actions are key to positive health outcomes. Setting the foundations for health and wellbeing for families and children in early years is crucial to ensure the best start in life for every child[22]. The first 1001 days[23] - from pregnancy to the first two years of a child's life - are critical ages for development. This sensitive window sets the foundations for virtually every aspect of human development – physical, intellectual and emotional[24].

Key improvements need to be made in:

i. Supporting new parents, including single parents, in the transition to parenthood;
ii. Ensuring access to effective interventions throughout the first 2 years of a child's life[25];
iii. Guaranteeing affordability and timeliness of services during and after COVID-19.

HOW DOES THIS IMPACT HEALTH INEQUITIES?

Inequities in child health and development starts early; it exists at pregnancy, birth and during the early years. Not all children and families have the support they need for their children to be physically healthy, emotionally secure and ready to learn[26]. Reasons for this are often social, including income and poor housing quality[27], and these factors can often accumulate over the lifecourse[28], having long term consequences on not only health, but also social outcomes such as educational attainment and employment. This is why it is so important to ensure we support families to provide as best a start as possible for their young ones to avoid reproducing health and social inequalities in the next generations, setting ourselves up for a more equal society in the future.

WHAT YOU TOLD US:

Around 40% of all survey respondents across the three areas consider priority to be an "extremely important" issue.

"I would like to have help with childcare".

"It's unclear what support is available."

WHAT ARE WE ALREADY DOING?

It is evident that children and young people (CYP) are our asset and a very cherished part of Berkshire West from the sheer number of partnerships, actions and advocacy at different levels surrounding this demographic locally. It shows that we are all in it together to improve the lives of CYP and their families.

In addition to the spotlight below, the three areas have committed to align the delivery of local health visiting and school nursing services (Healthy Child Programme), promoting a whole systems approach* to make it easier for children, young people and families to receive the care and advice they need.

HELP CHILDREN AND FAMILIES IN EARLY YEARS

SPOTLIGHT

West Berkshire Children Delivery Group and the ONE Reading CYP Partnership are working towards system change in their respective areas. This includes coordinating the contribution of partner agencies to shared visions, principles and priorities, promoting shared workforce development and information sharing. These organisations have also pushed to embed trauma-informed approaches* to CYP services and in school education programmes.

At the community level, different groups have also been providing training sessions and guidance to help practitioners to meet the diverse, complex needs of families. Areas of work which harness the expertise of voluntary groups range from mentoring to the provision of essential needs. The increase in voluntary sector capacity has increased community resilience and has helped to reduce pressures on specialist services.

** This approach assumes that an individual is more likely than not to have a history of trauma. It recognises the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life. A trauma-informed approach aims to provide an environment where a person who has experienced trauma feels safe and can develop trust.*

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- We will need to explore a more integrated, universal approach that combines children's centres, midwifery, health visiting and school nursing, as outlined in the Start For Life report[29]. This will aim to improve the health, wellbeing, developmental and educational outcomes of children in Berkshire West.
- We will work to provide evidence-based support for mothers, fathers and other carers to help prepare them for parenthood and improve their personal and collective resilience during pregnancy and the early years.
- We will increase the number of two-year-olds (who experience disadvantage) accessing nursery places across Reading, West Berkshire and Wokingham.
- We will ensure that early years settings staff are trained in trauma-informed practice and care, know where to find information or help, and can signpost families properly.
- We will publish clear guidelines on how to access financial help; tackle stigma around this issue where it occurs.

4

GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE

WHY IS IT IMPORTANT?

The mental and emotional health of CYP[30] is as important as their physical health and well-being. Mental health problems are a leading cause of disability in children and young people, and can have long-lasting effects; 50% of those with lifetime mental illness experiencing symptoms by age 14[26]. The three key issues affecting the mental and emotional welfare for local CYP are:[31] [32]

i. Limited resources, service cuts and the closure of the community hub and cut in the services and community hub as a result of the lockdown;
ii. Limited access to mental health education and services to support children and young people and prevention services;
iii. The waiting time to access child and adolescent mental health services (CAMHS).

HOW DOES THIS IMPACT HEALTH INEQUITIES?

Children from households in the poorest areas of Berkshire West are four times more likely to experience severe mental health problems than those from the richest areas[33]. Besides social factors, other important contributors to mental health and wellbeing amongst CYP include general health and physical activity[34]. Inequalities in the rates of mental illness observed across ethnicities and sexual orientations of CYP also warrant urgent attention[35]. As stated, we know that mental health conditions that start at a young age often persist into later life and limit CYP's opportunities to thrive in both education and in the job market.[31] Closing the gap in CYP mental health and wellbeing in Wokingham, Reading and West Berkshire will therefore be key to ensuring all CYP have the best chance of making the most of the opportunities available to them and fulfilling their potential.

WHAT YOU TOLD US:

Over 70% of people 45 years or younger and about 50% of all survey respondents considered good mental health and wellbeing for all children and young people an extremely important issue.

"Not enough support in schools (for mental health)."

"Many families struggle to support their children (with mental health issues)".

WHAT ARE WE ALREADY DOING?

The Berkshire West Future in Mind Plan, a Local Transformation Plan for CYP Mental Health and Wellbeing in Reading, West Berkshire and Wokingham. Its priorities are to:

- Raise awareness amongst children and young people, families / carers and services to improve confidence in providing informal emotional wellbeing support, as well as better identification and early intervention for children and young people needing additional support for their mental wellbeing.
- Improve waiting times and access to support, including developing support to bridge the gap for those on waiting lists for a mental health assessment or intervention.
- Recognise the diversity of the youth population across Berkshire West and improve both equality of access across all services and reduce stigma attached to mental health.
- Develop a systematic approach to hearing the voices of children and young people.
- Strengthen joint working to plan, commission, deliver and promote services which focus on the priority issues for children and young people across Berkshire West.
- Build Berkshire West 0–25-year-old comprehensive mental health offer and review transition arrangements for services offered.

GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- We will adopt universal approaches that are supported by evidence[36] for interventions at the individual, family and community levels to prevent and reduce the risk of poor mental health. We will recognise the diversity of the youth population across Reading, West Berkshire and Wokingham and improve the equality of access across all services.

- We will support a Whole School Approach to Mental Health[37] which goes beyond the PSHE curriculum, to embed wellbeing as a priority across the school environment. This requires a genuine engagement across staff, students, parents, the community, and mental health support teams. Introducing a school-based evidence-informed interventions[38] for emotional health and wellbeing is supported by the local school nursing service and voluntary organisations.

- We will expand our trauma-informed approach among formal and informal service providers, including charities and voluntary organisations, supporting recovery and resilience in our children and young people.

- We will aim for early identification of young people across Reading, West Berkshire and Wokingham in greatest need or at risk of developing a mental health condition, who will be supported by effective early intervention to build self-confidence and change behaviours.

- We will aim to enable our young people to thrive by helping them to build their resilience, recognise fluctuations in their emotional state, have the skills to overcome normal life challenges and stresses without long-term harm and provide additional support when and where it is needed.

- We will use Corporate Parenting principles to how services are delivered in relation to looked-after children and care leavers[39]; adopt behaviours and attitudes when acting as any good parent would do by supporting, encouraging and guiding their children to lead healthy, holistic, fulfilled lives across Berkshire West.

5

GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS

WHY IS IT IMPORTANT?

Mental health problems in adults represent the largest single cause of disability in the UK[40]. Adults could be affected by mental health issues at any time-point. It impacts all aspects of our lives, and both influences and is influenced by physical health.
Adult mental illnesses also have a ripple effect on their family, unpaid carers and wider society, since it could affect their role functioning as parents, employees and so on. In 2019/20, an estimated 17.9 million working days were lost due to work-related stress, depression or anxiety in Great Britain[41]. The key issues relating to adult mental health and wellbeing in Berkshire West are[42]:

i. Lack of early identification of and intervention with mental health problems;
ii. Limited social networks have a significant impact on the health and wellbeing of people, and are a powerful predictor of mortality with evidence that adequate social relationships can help improve survival rate;
iii. Improving the access, quality and efficiency of current services, including post COVID-19 mental health support.

HOW DOES THIS IMPACT HEALTH INEQUITIES?

Inequalities also exist in adult mental ill-health across protected characteristics, including sexual orientation, sex, ethnicity, and whether they belong in socially excluded groups (e.g. people experiencing homelessness, asylum and refugees)[43]. People with severe mental illness (SMI), such as psychosis and bipolar disorder, have a life expectancy of up to 20 years shorter than the general population[44].

Much like inequalities in physical health, mental illness is also closely linked to broader social inequalities which are complex and interrelated, such as unemployment, discrimination and social exclusion. Therefore, tackling mental health inequalities also requires addressing these broader social inequalities.

WHAT YOU TOLD US:

Over 70% of people of 35 years of age or older and about 50% of all survey respondents considered good mental health and wellbeing for all adults an "extremely important" issue, while more than 40% believe that significant further change is required.

"Ethnically diverse communities find it difficult to access mental health resources".

"(physical health is) linked to mental health"

WHAT ARE WE ALREADY DOING?

In times of a global pandemic, the lockdown, social distancing and shielding measures meant that people had less opportunity to spend time with loved ones as before. Understanding their impact on mental health and wellbeing, voluntary and service sectors alike have prioritised combating loneliness and social isolation and expanded efforts to address mental health crises and suicide prevention as part of the COVID-19 response.

Across Berkshire West, during this time, our local services have proactively reached out to existing users for wellbeing checks. Across Reading, West Berkshire and Wokingham, there has been an overwhelming and heartening response from volunteers in expanding the capacity of charities for befriending support. As we move forward, partner organisations of the three HWBs will remain vigilant and provide enhanced mental health and suicide prevention support around areas of heightened risk.

GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS

SPOTLIGHT

Wokingham's Link Visiting Scheme is a charity dedicated to reducing loneliness through enabling friendships. Thanks to the immense support from local communities, the charity has seen an 80% spike in growth and has managed to respond to the quadrupled demand in services during the pandemic. From one-to-one phone calls that match volunteers to older people based on personality and interests, to online Friendship Cafes and craft sessions, the charity has seen many friendships blossom during the pandemic.

West Berkshire have signed up to the Prevention Concordat for Better Mental Health, working with different organisations to take a prevention focused approach to public mental health. A new Surviving to Thriving fund has also been set up in partnership with Greenham Trust to support projects that will help to reduce the impact of covid on mental health.

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- We will tackle the social factors that create risks to mental health and wellbeing[45], such as social stressors related to debt, unemployment, insecure housing, trauma, discrimination, as well as social isolation and loneliness, especially among the elderly.
- We will work with local communities, voluntary sectors and diverse groups to re-build mental resilience and tackle stigma of mental health; all in order to promote an informed, tolerant and supportive culture. We will continue to recognise the importance of community links, and understanding of different cultural contexts in order to inform the improvement of access to services.
- We will improve community cohesion applying the lessons of lockdown in recognising the health benefits of social connection as part of COVID-19 Recovery plans. Increase 'social prescribing'[46] by promoting access and signpost to activities that promote wellbeing, such as physical activity and stronger social networking to improve health.
- We will work with professionals in workplaces and other settings; using a preventative approach to break down the barriers between physical and mental health, and ensure both are treated equally.
- We will improve access to support for mental health crises and develop alternative models which offer sustainable solutions, such as peer mentoring or trauma-based approaches.
- We will improve service offerings for everyone: Better, seamless access, quality and efficiency, especially virtual, to accommodate the elderly, ethnically diverse communities or those who are not comfortable face-to-face in all three areas.

NEXT STEPS

THE ROAD AHEAD

As we transition into the post-pandemic era, there is a lot of work to do ahead of us in terms of the recovery of population health, rebuilding livelihoods and adapting to a new normal, whilst levelling health inequities across Reading, West Berkshire and Wokingham. Each Health and Wellbeing Board will also develop their own local delivery plan. This will will be locality specific and include implementation plans that understand how each of the five priorities fit in their communities, and what local actions need to be taken. This will include the governance and accountability arrangements that will oversee the work.

STRENGTHENING PARTNERSHIPS AND COMMUNITY ENGAGEMENT AS A PLACE-BASED APPROACH

Improving the health and wellbeing of Reading, West Berkshire and Wokingham will always rely on local assets; it is not a task that can be achieved by the Health and Wellbeing Board alone. Faced with these challenges before us, now more than ever is the time to come together to work toward a common goal of building back better from the pandemic. We want to strengthen existing partnerships, increase collective action, coordinate the management of common resources, share data and best practices and stimulate innovation at the local level.

We also want to build upon the many conversations we have had with local people and continue directly engaging and involving residents as a way of empowering communities to have a say, take control of their health, find solutions that work for everyone and support one another in this time of crisis. By adopting this place-based approach to health, we can maximise our resources, skills and expertise to increase the pace and scale of change required.

MEASURING PROGRESS

A range of performance indicators will be used to measure the impact of this strategy. This will be presented as outcomes when measuring progress (including the direction of travel and targets). The use of these indicators is to support the progress of this strategy. Each HWB will also develop their own local delivery plan; this will also feature indicators selected from below to enable sharper focus and opportunities for the three Boards to discuss progress in their local areas.

PRIORITY	PERFORMANCE INDICATORS *
Reduce the differences in health between different groups of people	○ % of users accessing health and social care services ○ Healthy life expectancy between the most and least deprived areas within the three areas. ○ Number of co-produced services and resources with other health, social care and voluntary and community organisations. ○ Deprivation scores within the 3 different areas
Support individuals at high risk of bad health outcomes to live healthy lives	○ Health-related quality of life for people with long-term conditions. ○ % of adult social care users who have as much social contact as they would like ○ % of adults with a learning disability who live in stable and appropriate accommodation ○ % of adult carers who have as much social contact as they would like (18+) and (65+) ○ Diagnosis rate for dementia with primary care ○ Long-term unemployment rate ○ Statutory homelessness (rate per 1,000 households) ○ % domestic abuse-related incidents and crimes ○ Satisfaction with life measure (National Wellbeing survey) ○ More people, particularly from high-risk groups, telling they are happy with their health and wellbeing
Help children and families in early years	○ School readiness: all children achieving a good level of development at the end of reception as a % of all eligible children by free school meal status. ○ % of children living in poverty ○ Number of 2-year-olds accessing nursery places ○ More young families telling us they feel well supported financially and that they're ready for parenthood.
Good mental health and wellbeing for all children and young people	○ Referrals to Child and adolescent mental health services ○ Hospital admissions as a result of self-harm (10-24 years) ○ CAHMs waiting times ○ Number of schools supporting a Whole School Approach to Mental Health. ○ More young people tell us they feel safe, happy and able to cope with things
Good mental health and wellbeing for all adults	○ Proportion of adults in contact with secondary mental health services in paid employment ○ % access to mental health and wellbeing services ○ Number of workplaces taking up a preventative – approach to mental health. ○ Number of volunteers working to re-build mental resilience in their local communities. ○ Gap in the employment rate for those in contact with secondary mental health services and overall employment rate. ○ % of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer (CMO) recommended guidelines on physical activity. ○ More adults telling us they feel safe, happy and able to cope with things.

** Each HWB will data used to compile the following indicators. This is collected by a variety of organisations and so it is possible that during the life-time of this strategy, the availability of particular indicators will change.*

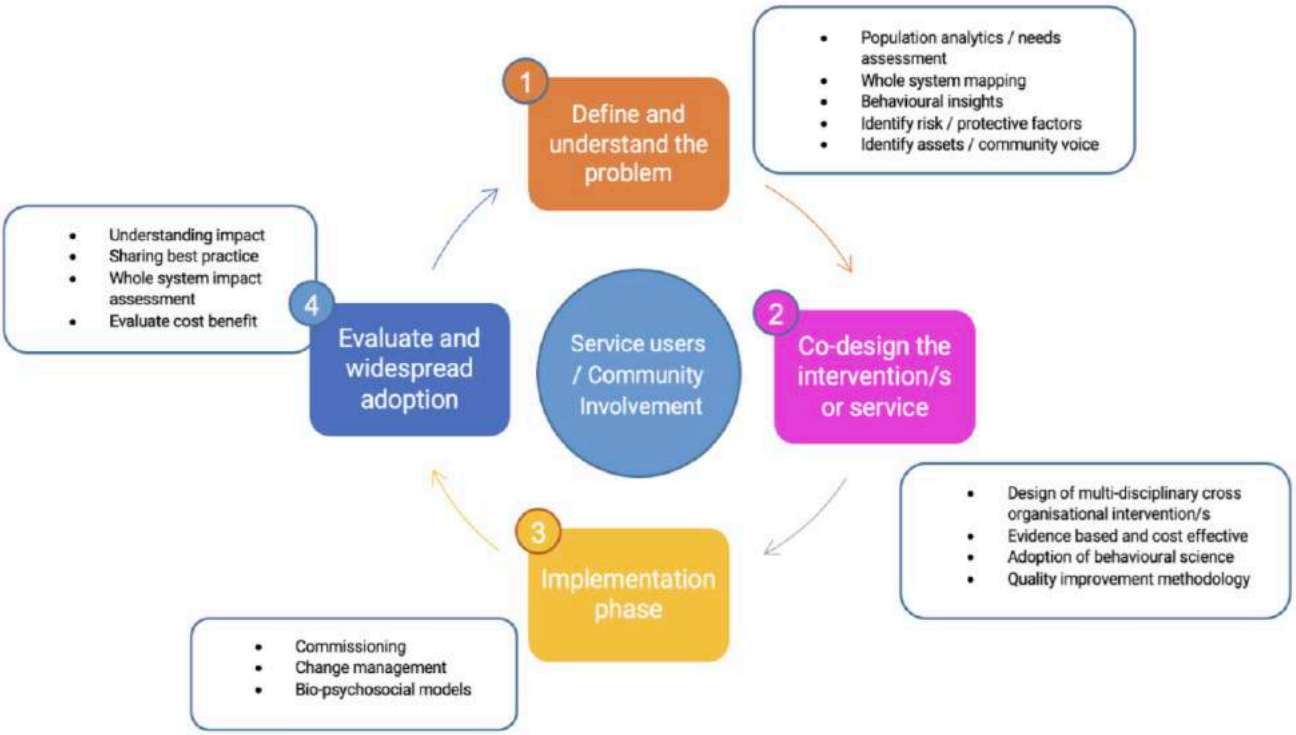
NEXT STEPS

HEALTH AND WELLBEING BOARD COMMITMENTS

Each Health and Wellbeing Board will work towards the five priorities in different approaches to adapt to their local context and reflect on local issues and concerns. Whilst there are specific priorities contained within this strategy, our ambition is to embed prevention in all that we do. We will achieve this by adopting a public health approach, for each of the five identified priorities, the three HWBs will:

- Assess the current provision and gaps in services compared to national guidance or best practices ensuring that this strategy coordinates with other strategies across the system and is complementary to those, rather than a duplication of them.
- Define how success may be measured by developing a robust outcomes and indicators framework.
- Review the evidence on what works to get us to where we want to be.
- Identify opportunities for improvement.
- Consult the stakeholders for input on the draft implementation plan.
- Mobilise resources for implementation.
- Coordinate actions at the who whole systems level in Berkshire West.

The diagram below represents a framework that will guide the work in delivering the Health and Wellbeing Strategy



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The Berkshire West Health and Wellbeing Strategy 2021-2030

Public Engagement Report (Draft)

Executive Summary

Contents

DRAFT

Executive Summary

In 2019, the Chairs of the Health and Wellbeing Boards for Reading, West Berkshire and Wokingham partnered to produce a Health and Wellbeing Strategy for Berkshire West. It was decided that public consultation would be a critical element to develop the final priorities for the strategy. The public engagement was co-produced and delivered through an engagement task and finish group. The engagement took place between 4th December 2020 and 28th February 2021 and was key part of determining local priorities for the 2021-2030 period.

The public engagement consisted of focus group discussions and an online public survey. Through these, we asked members of the public about the importance of potential priorities for helping themselves and their community live happier and healthier lives. Six main themes were identified from the responses to the free-text questions in online surveys, and discussions during focus group meetings. These themes were 1) health inequalities, 2) information and guidance, 3) service integration and appropriateness, 4) targeted support, 5) social and physical environment, and 6) COVID-19. Public feedback was largely supportive of the proposed priorities and five top priorities were identified. In no particular order, the top five priorities were found to be: 1) to reduce health inequalities between groups; 2) to support individuals at high risk of poor health outcomes; 3) to help children and families during the early years of life; 4) to promote good mental health and wellbeing for children and young people; 5) to promote good mental health and wellbeing for all adults.

DRAFT

1. BACKGROUND

In 2019, the Health and Wellbeing Boards (HWBs) for Reading, West Berkshire and Wokingham took the decision to develop a shared Health and Wellbeing Strategy along with the Berkshire West Integrated Care Partnership (ICP). The strategy is intended to improve population and community health. From the start, it was agreed that public engagement would be key to developing the final priorities for the strategy. Therefore, the aim of this public engagement was to actively listen to people's views and to work in partnership with the public to discuss and find consensus on the final priorities for the Berkshire West Health and Wellbeing Strategy. The strategy itself will guide the next 10 years of work across the three local authority areas, to create a robust programme of community health and wellbeing priorities and to support the process of recovery from COVID-19.

The vision for Reading, West Berkshire and Wokingham over the next ten years, is to promote **longer, healthier and enriching lives for all**. The mission statements under this vision are as follows:

1. All our children and young people have the best possible start in life and the opportunity to thrive, no matter what their circumstances.
2. Children and adults most at risk from poor health outcomes are safe and safeguarded, giving them due support to enhance their lives.
3. Everyone of working age has access to decent employment opportunities to support a productive and dynamic local economy.
4. All people have the best opportunities for good mental health and wellbeing – to realise their potential, cope with the normal stresses of life, and connect with the community.
5. Our communities are strong, resilient, thriving and inclusive, with all people feeling a sense of belonging.
6. All people will be able to gain access to integrated health and social care services that have strong relationships with educational and voluntary sectors.

2. OVERVIEW AND METHODOLOGY

How we consulted

A Public Engagement Task and Finish Group was established to co-produce and deliver a robust engagement process through a public survey and focus group discussions. The membership of the group spanned across the three local authority areas and included representatives from the public health teams for each council, Healthwatch Reading, Healthwatch West Berkshire, Healthwatch Wokingham, Reading Voluntary Action, West Berkshire Volunteer Centre, Involve Wokingham, Community United West Berkshire, ACRE, Berkshire West CCG and Berkshire Health Foundation Trust. By partnership working with these organisations, it was intended to ensure that diverse ethnic communities and those traditionally marginalised in these types of engagement were represented. The public engagement ran from 4th December 2020 to 28th February 2021.

The engagement was intended to be far-reaching and comprehensive, hearing from as many residents as we could. It included a public-facing web page (on the Berkshire West CCG website) with information on the strategy and a link to the survey, a generic inbox inviting comments, an online public survey, engagement with Town and Parish Councils and focus groups with targeted communities. An Engagement Toolkit was produced to support the public engagement, including a background narrative to each priority (both a facilitator and a public-facing version) and a feedback template. This was to ensure consistent and robust discussions throughout. This toolkit was used at the focus groups and was also offered to other organisations, to use if they wish, to facilitate discussions amongst their members.

The survey was distributed through a number of different mechanisms. First, an extensive stakeholder list was mapped out by members of the engagement Task and Finish group, each of whom were sent the survey link and asked to share with their contacts. Every Town and Parish Council across Reading, West Berkshire and Wokingham was also contacted and invited to engage with the strategy development through the survey and also to share it with their residents. The survey was regularly promoted on social media, including sponsored posts on purposely created “A Happier and Healthier Berkshire” Facebook and Twitter pages. The three local authority communications teams also promoted the survey through their respective Facebook and Twitter pages and also through regular resident e-newsletters.

Focus groups formed another key part of the public engagement. These were planned by the Task and Finish group and facilitated by members including the three Healthwatch organisations. They were intended to ensure engagement with groups who were less likely to participate through different routes or those whose voice was often not heard in public engagement. This included specific focus groups for individuals with learning disabilities, unpaid carers (including young carers), older people, and diverse ethnic communities. In addition, there were three virtual public meetings held which were open to everyone to attend. A number of other organisations chose to hold focus groups with their members and were able to use the Toolkit to do so. In total, 18 focus groups were conducted (Table 1).

Table 1: List of focus groups, by organisations facilitating and number of attendees

Organisation facilitating	**Focus**	**Number of attendees**
West Berkshire Council – Young carers	Young carers	9
Strategy group	Older people	20
Strategy group (Reading)	Older people	29
Patient Voice	General public	17
Together UK	Parent, students, ethnic diverse communities, older people	5
Strategy group	General public (3 meetings)	15
Talkback	Learning disability	25
Healthwatch West Berkshire	Maternity/parents (2 groups)	30
Healthwatch West Berkshire	Older people	17
Strategy group	Adults from Ethnic diverse communities	18
Healthwatch Wokingham	Learning disability	15
Healthwatch Wokingham	Carers	9
Healthwatch Reading	Ethnically diverse communities	9
Healthwatch Reading	Young people	10
Patient voice	Patients	16

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What we consulted on

During the public engagement, residents were asked to discuss and comment on 11 potential priorities for improved health and wellbeing in their communities. These 11 potential priorities had already been determined through a process of reviewing data on population need and through discussions with stakeholders and organisations. The potential priorities were as follows:

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help young children and families in early years
- Reduce the harm caused by addiction to substances (smoking, alcohol or drugs)
- Good health and wellbeing at work
- Physically active communities
- Help households with significant health needs
- Extra support for anyone who has been affected by mental or physical trauma in childhood
- Build strong, resilient and socially connected communities
- Good mental health and wellbeing for all children and young people
- Good mental health and wellbeing for all adults

As part of the online survey, respondents were asked *'how important do you think each of the potential priorities are to helping you and your community to live happier and healthier lives?'*

At the end of each focus group, attendees were asked to rank the 11 priorities together in order of importance to the group.

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3. RESULTS

3.1 The online survey

Demographics of respondents

A total of 3967 responses were received via the online public consultation survey. The demographic data of the respondents was also collected as part of the survey, and the following results were obtained. However as seen in the above table, many of our respondents (over 50%) chose to not answer the questions specifying their demographic details. Therefore, this may not be truly representative of the demographic profiles of those who answered the survey.

What is your gender?

Answer Choices	Responses	West Berkshire	Wokingham	Reading
Male	12.63%	49.60%	49.50%	50.10%
Female	32.22%	50.40%	50.50%	49.90%
Transgender	0.00%	Only sex data available (not gender)		
Non-binary	0.18%			
No Answer	54.98%			

How old are you?

Answer Choices	Responses	West Berkshire	Wokingham	Reading
Under 18	0.83%	28.80%	30.20%	34.30%
18-24	0.66%			
25-34	4.39%	10.50%	10.50%	16.20%
35-44	7.44%	12.60%	14.40%	14.90%
45-54	9.18%	15.40%	15.10%	12.60%
55-64	9.83%	13.30%	12.30%	9.70%
65-74	9.25%	10.80%	9.30%	6.60%
75 and over	3.58%	8.60%	8.40%	5.90%
No Answer	54.85%			

What is your ethnic group?

Answer Choices	Responses	West Berkshire	Wokingham	Reading
Asian or Asian British	1.92%	2.50%	7.40%	13.60%
Black or Black British	0.71%	0.90%	1.40%	6.70%
White or White British	40.21%	94.70%	88.20%	74.70%
Mixed or multiple ethnic group	0.91%	1.60%	2.10%	4.00%
Gypsy, Traveller or Irish Traveller	0.03%	0.10%	0.20%	0.10%
Other ethnic group – please specify	1.16%	0.20%	0.70%	1.00%
No Answer	55.08%			

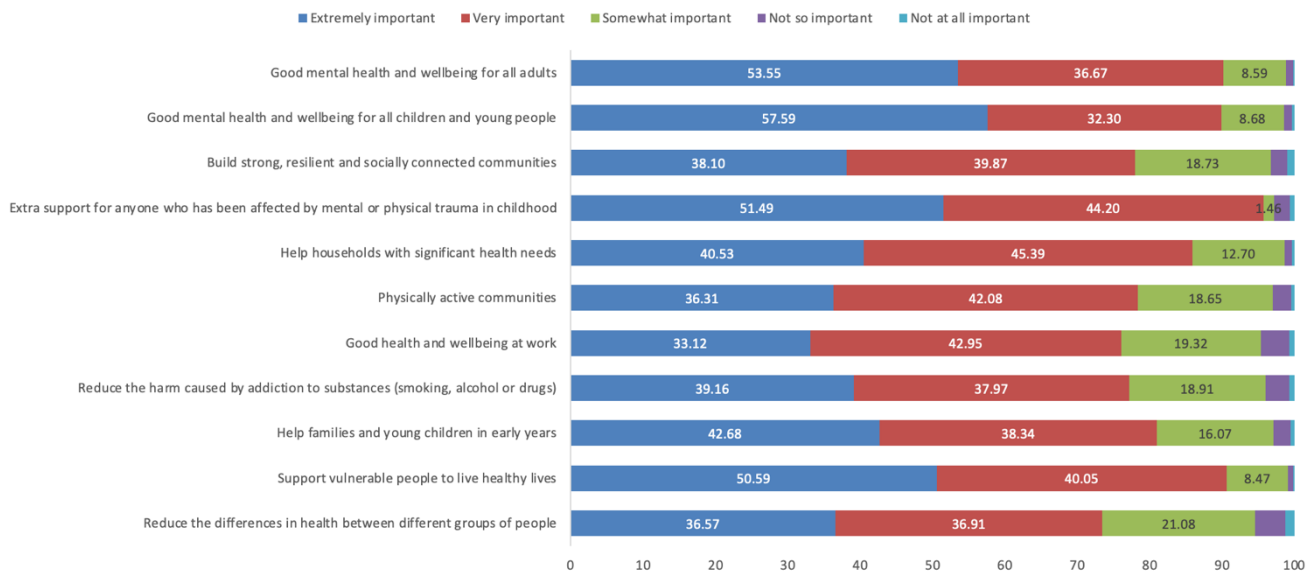
Of the 1786 people who specified, the majority of respondents were female (71.56%), followed by male (28.05%), and non-binary (0.39%). The most common age range specified was 55-64 (21.78%), closely followed by 65-74 (20.49%) and 45-54 (20.32%). A small minority of respondents were 24 or below (3.29%). Most of the respondents who specified (1782) identified as White or White British (89.51%), with Asian/Asian British the next most selected ethnic identity category (4.26%). Black/Black British (1.57%), mixed/multiple ethnic group (2.02%), gypsy/traveller (0.06%), and other ethnic groups (2.58%) were relatively under-represented.

Local Authority	Count of Which local authority area do you live in?
Wokingham	1566 (39.5%)
West Berkshire	1201 (30.3%)
Reading	1200 (30.3%)
Grand Total	**3967**

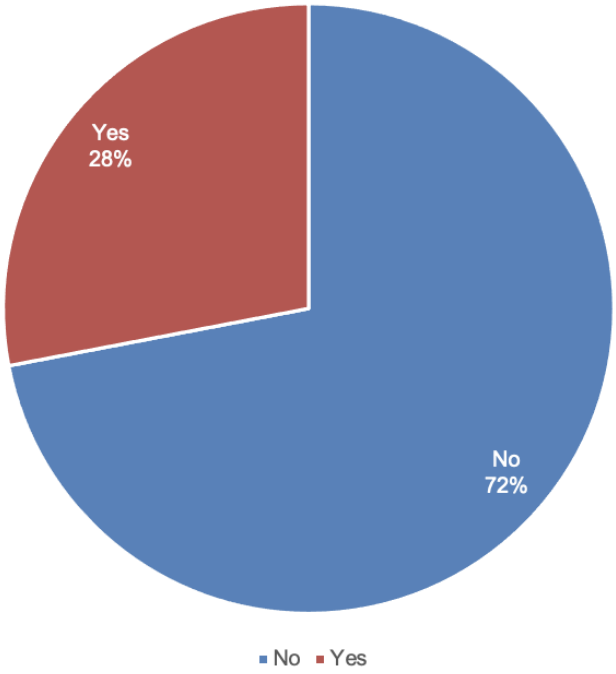
Regionally, respondents were mostly from Wokingham (39.5%), jointly followed by Reading (30.3%), and West Berkshire (30.3%). The majority of respondents provided feedback as individual respondents, with a small proportion responding on behalf of an organisation (158 responses).

Responses to individual questions

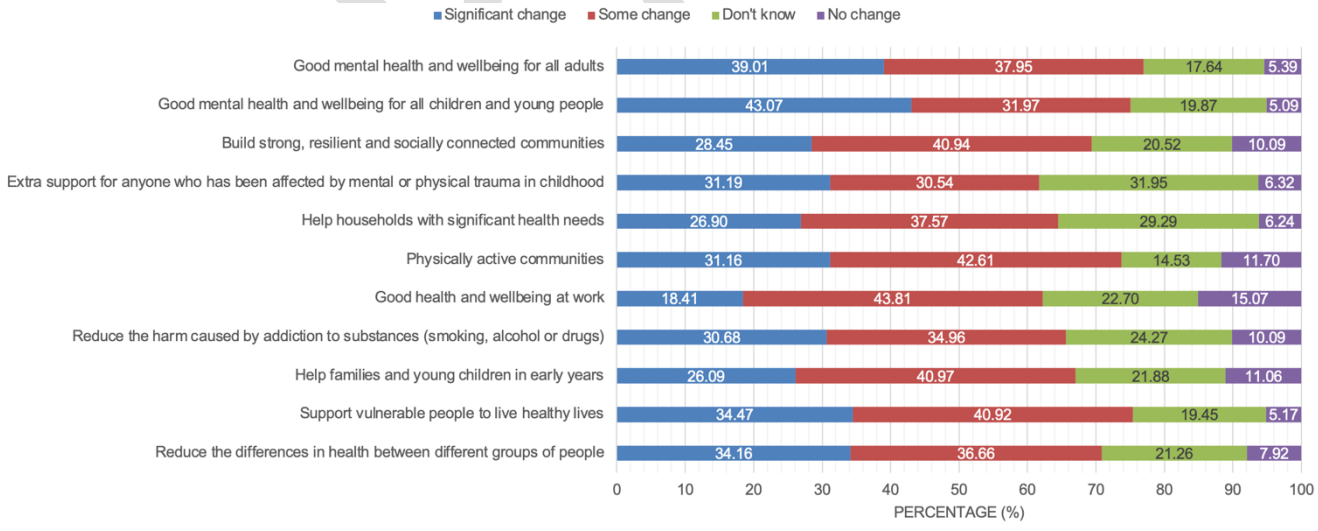
Q2. In order of importance, one being the most important, how would you rank the potential priorities?



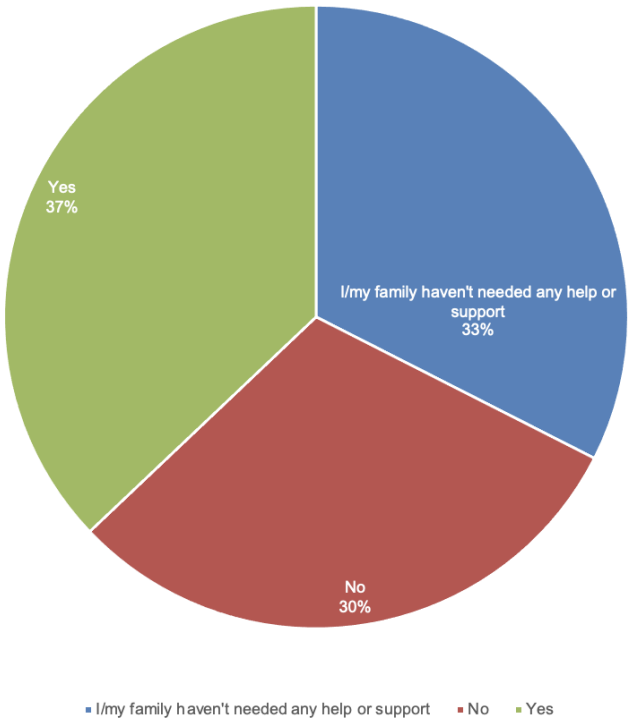
Q3. Are there any other priorities you think we should consider including in the draft Strategy that we haven't mentioned in previous questions?



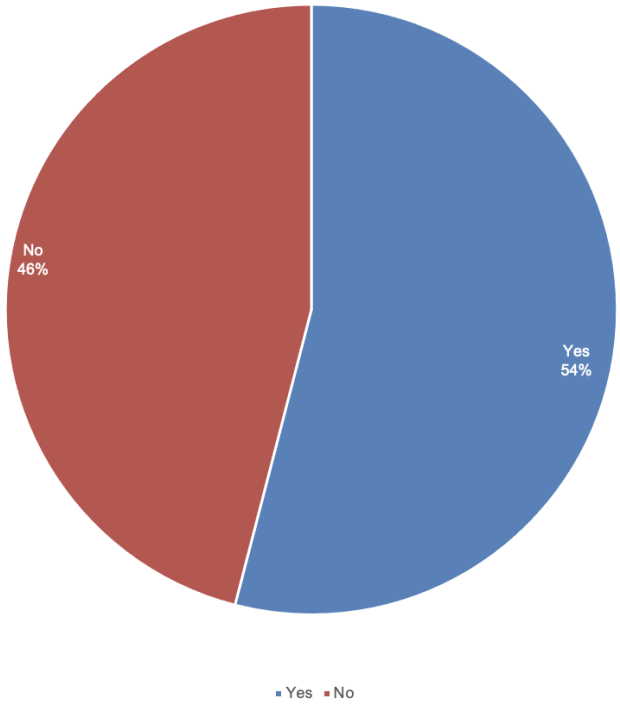
Q4. How much change do you think is required for each priority?



Q7. Are you, your family, or other people you care for able to get all the help or support you/they need for any health and wellbeing problems?



Q8. Has the help or support been sought during the COVID-19 pandemic?



Responses to the free-text questions

We also asked three open-ended questions to follow up on survey questions 3, 4, and 7:

> Are there any other priorities you think we should consider including in the draft strategy that we haven't mentioned in previous questions? *Please tell us what priorities you like to see included and why*.
>
> How much change do you think is required for each priority ("no change", "some change", "significant change", "don't know"). *Please tell us the reasons for your response, including details of any changes you think are needed.*
>
> Are you, your family or other people you care for able to get all the help or support you/they need for any health and wellbeing problems? *If no, please tell us about the issues you/ your family have encountered*.

Free-text responses from the first two open-ended questions were analysed and explored in the **"Developing The Final Priorities"** section. In this section, we will focus on the third question which concerns access to health and social care support. We will first introduce a guiding framework based on a person-centred approach before presenting our findings by themes.

Guiding framework to achieve person-centred health and social services

To achieve a person-centred approach to health and social care access in Berkshire West, we sought to understand the issues people face with getting help and support needed for health and wellbeing problems (Figure 1).

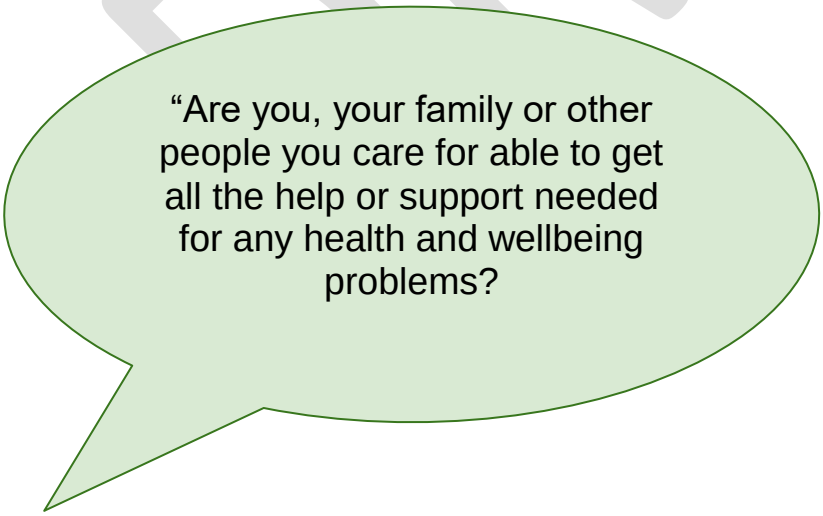


Figure 1: Survey question about issues in accessing help and support for health and wellbeing problems.

Using the framework[1] in Figure 2, we define person-centred access to health and social care as the opportunity to have needs for health and social services or support fulfilled. This involves a series of identifying needs, seeking help, reaching and using the services, shown in the arrow.

From the Service Provider's Perspective (Top Panel)
Accessible health and social care have to be: approachable, acceptable, available, affordable and appropriate
From the Service User's Perspective (Bottom Panel)
Accessible health and social care systems have to empower services users to increase their: ability to perceive health needs, ability to seek help, ability to reach for help, ability to pay and the ability to engage meaningfully with services

The red boxes represent the **six themes** from our analysis of the responses to this survey question, and where they sit within this framework. These are:

i. Health Inequalities
ii. Information and Guidance
iii. Targeted Support
iv. Service Integration
v. Social and Physical Environment
vi. COVID-19

The boxes above and below the arrow represent some of the specific issues raised by respondents in more detail.

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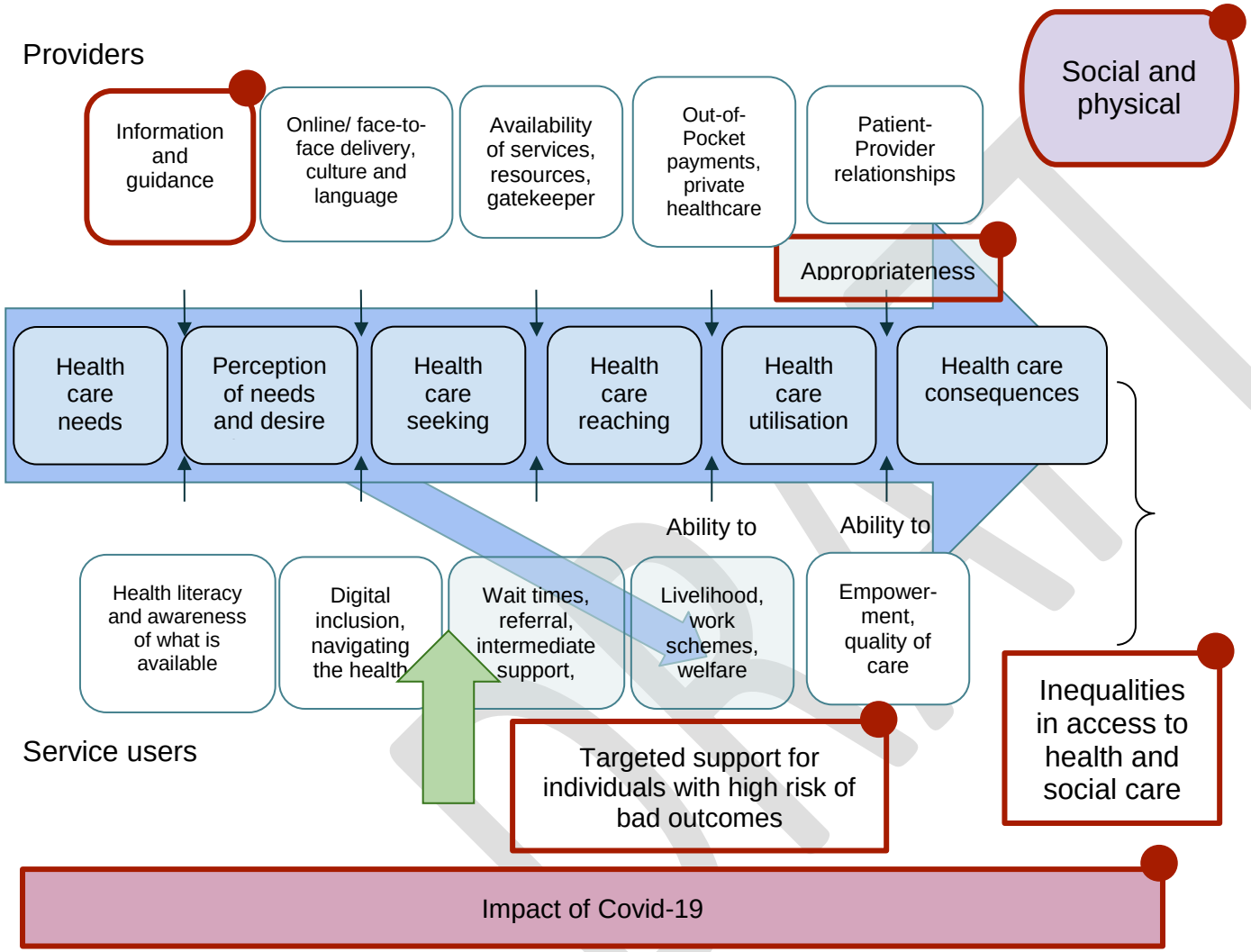

Figure 2: Conceptualisation of the challenges to person-centred access to health and social care services in Berkshire West, as adapted by Chuah et al., 2018 from Levesque et al.'s framework[1]. The red boxes indicate six themes from our public engagement survey and focus group findings.

Theme 1: Health Inequalities

There are apparent inequalities in healthcare access along the lines of (a) public versus private healthcare, (b) physical versus mental health services, and specifically (c) Child and Adolescent Mental Health Services (CAMHS).

(a) Public versus private healthcare

The main challenge begins with accessing primary health care (GPs) due to long waits for telephone and face-to-face appointments. Respondents also indicated the difficulty and the need to see a doctor in person because not everything can be diagnosed over the phone. When they do get hold of their GP, some feel unable to talk to their GPs to properly explain their health condition because of how busy the practice is. To get help, several respondents mentioned the need to be "persistent", "assertive" and to "chase after help", which has caused undue worry and stress.

"*Access to primary care has been challenging with very long waits for a telephone appointment and lack of response to emails despite this being the way the practice requests patients contact them.*"

"*Don't feel I can talk to GP as they are so busy. Don't know who else to turn to.*"

Since GPs are often the first point-of-contact between service users and the healthcare system, not getting timely access to primary care will have cascading effects on delaying secondary and tertiary referrals as well. As a result, some resort to sorting out issues themselves or opt for private healthcare if they can afford it. However, not everyone is able to afford private healthcare.

"*We basically get on with life and address the issues ourselves.*"

"*Only by paying privately for treatment. This feels like "queue jumping" to us*."

(b) Mental health versus physical health

There were some grievances over the lack of recognition of mental health issues to be treated equally as physical health issues. This is partly manifested in a very under-resourced mental health service provision.

"*When somebody is drowning / bleeding to death it is easy to see there is a problem. But with mental health you might not feel [or] acknowledge the problem and without the social interaction, there is no one to say: 'you look like you are drowning, do you need a life jacket*?'"

"*Mental wellbeing problems are not perceived as serious enough for there to be support, or for there to be understanding in the community. Community members perceive their own exaggerated risks to physical health to be of greater importance than "invisible" mental health risks and issues.*"

Respondents noted the difficulty in obtaining therapy and counselling, which could escalate to a crisis point before being seen. Furthermore, some expressed that the current, limited provision of counselling sessions are not enough.

"*Mental health counselling is limited on the NHS. I don't understand why.... If you had a heart defect, you have treatment until it was fixed, shucks this not the same for mental health?*"

(c) Child and Adolescent Mental Health Services (CAMHS)

This was particularly so for Child and Adolescent Mental Health services (CAMHS), where being under-resourced had led to waiting times for as long as 18 months to get assessments.

"*My role as Social Prescriber means I can research and connect with many available resources e.g. carers hub for my mum (although she declines). I was disappointed there wasn't an apt equivalent for children to help manage my son's anxiety as CAMHS said it was only for significant difficulties and I have patients waiting over 18 months for support even when in severe distress. Funding really needs to go to this area - healthy children have a better chance of better mental health as adults but currently I don't feel there is enough support there. As a GP practice we are planning to develop support for teens to help address this gap for our patients.*"

In the meantime, parents and carers expressed their frustration that their children were not reaching their full potential. Still others were concerned about the high threshold to be eligible for support.

"*CAMHS told my daughter she wasn't bad enough to get help, even when she was self- harming*."

For those who were able to access CAMHS after the long wait, some respondents expressed that **help was inadequate, ineffective or inappropriate,** such as reliance on medication. This is partly dependent on which therapies are being commissioned.

"*My grandson needed help with his mental well-being due to bullying at school but was only offered telephone counselling which was of no use to him...*"

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Theme 2: Information and Guidance

Several respondents noted **what they found helpful in signposting**, provision of information and guidance, including postal community bulletins, contacting specific charities for advice and having a Mental Health Nurse or Health Visitor as a point-of-contact.

With reference to Figure 2, improvements could be made on the **approachability** of health and social care services. Some respondents shared that admitting that they need help and seeking help may not come naturally to them. There is also the issue of stigma surrounding mental health challenges, which seems to be more acutely present among men.

"Huge stigma surround health and well-being issues which make them hard to talk to"

"Honestly, like a lot of guys, I didn't really talk about my depression or seek help"

At times, a lack of sympathy among service providers have also discouraged users to seek help again.

"Too much stigma around the subject and a less than sympathetic doctor on previous visits had left him unable to lay himself on the line again, he would rather suffer in silence"

"Attempts to get help would be seen as interference and could provoke a very hostile reaction"

Respondents have also brought up the **need for clearer information on what is on offer** and **how to navigate the health and social care system** to get the support they need, as some have missed out on support options that they could have benefitted from.

"...maybe here there are lots of support groups around but you need to spend a fair amount of time to dig the info out"

"I can get help and support because I know how to navigate and challenge the systems in place. Most people do not"

"We have a disabled son and I have become aware that other children at the same school have been offered many support options that we were not even aware existed until recently"

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Theme 3: Service Integration and Appropriateness

A person-centred care takes a holistic approach to care that sees the whole person instead of a narrow focus on specific illnesses or symptoms. It includes the need for care to be based on the person's unique needs and understood in the context of their social worlds. It means providing coherent care, treating the person with dignity, compassion and respect while encouraging greater autonomy in their own care[2].

(a) Integrated Services

Operationally, this involves moving towards more **integrated** services that take into account an individual's diverse health and social care needs in a seamless way. This means ensuring **coordinated care** and **continuity of care** across providers or between primary, secondary and tertiary and community-based services, or between CAMHS to adult mental health services. Based on survey responses, the services between mental health and other sectors remain siloed, care is generally fragmented and needs are sometimes treated episodically.

"*GPs only see you for one problem at a time which is a problem for people with multiple health conditions. Also is hard to get appointments and never see the same doctor which is a problem as they don't know your medical history and don't have the time to fill them in. I had a doctor tell me to take something that would have been harmful because of my arrhythmia if I had taken it.*"

Experiencing fragmented care has the potential to cause challenges, especially for people with complex needs and comorbidities.

"*My mother has a range of unmet needs and is very depressed. She needs input from a range of people, e.g. a counsellor experienced with dementia, physio, chiropodist and simply someone else to talk to. Social services are aware and have arranged care, but this is not enough to provide for the range of needs and anyone seen as a "carer" is rejected by her, as she associates it with loss of independence*."

Respondents also noted the need for follow-up after surgery and a longer-term approach to support people with mental health issues.

"*I personally suffer with mental health issues and have been referred to Newbury hospital previously only to be told there was no long term support for me. So I would have to pay to see a counsellor on a regular basis myself. Mental health conditions are normally not short term so we need a much better long term approach to*

(b) Appropriate care

A second operational definition may include service users feeling **listened to** and **enabled to make informed decisions** to choose the type of care that is appropriate for themselves. While there are many excellent and compassionate GPs, health and social care providers, a sample of the respondents noted experiences where some GPs "do not listen to the patient", "lacked understanding", "showed disinterest", scepticism or hostility. This had dissuaded some patients from asking for further help. Other respondents understood that this could be due to very busy GP services, which is not their fault.

Several respondents mentioned that they were not provided with sufficient information about their health condition.

"*I have not been given any information about the condition [hypothyroidism] by the GP. I found everything out myself through the Thyroid UK website. The GP didn't even tell me about that.*"

"*...she was diagnosed with pneumonia but communication was lacking so my father-in-law had no idea what was wrong. No care package in place...*"

Respondents also raised the issue of appropriate treatment plans being dependent on the local offer, which may not be aligned with the patients' preferences or needs.

"*I have tried to get help but all the doctors want to do is increase my medication and I don't want to be a walking zombie, so although the help is there it is not the help I need.*"

"*[GP services] are constrained to whatever the local offer is that might not be the right treatment plan for some people... e.g. always referring for CBT when this has already been done*."

"*not everyone responds well to [talking therapies]. The service should be dependent on the patient, and not the other way around.*"

Theme 4: Targeted Support

The respondents also highlighted several groups who are at risk of falling between the cracks when it comes to getting the health and social care they need. These include childcare support for parents with young children, people with autism spectrum disorder and other learning disabilities, and caregiving support for elderly parents and people living with dementia.

"There is very little support for new parents….The help I need for the kids I have to really fight for and there is little to no free help."

"Dementia support for my in-laws is based at West Berkshire hospital, but they have no transport. Fortunately we were able to do a Dementia course online during Covid."

It is important to note that carers themselves, who may be paid or unpaid, are also expressing their need for more support through increased social contact and appropriate advice.

"*I as a carer would like a phone call or some form of contact every week. I would like people who work for dementia organisation to all live with someone with dementia for two weeks at least before they give advice to carers*."

There were several mentions of insufficient attention and support being given to people with type 2 diabetes. Finally, respondents have also flagged the need to provide targeted support for adults in vulnerable circumstances, such as people experiencing long term unemployment or have work restrictions due to chronic illness and disability.

"*Still waiting since June for government and pension to grant my wife disability payment as unable to walk. Meanwhile, am having to support her as she only has child tax credits to live on*"

There were also concerns about eligibility criteria for support.

"*...there seems to be too many criteria for qualifying for support. Also assessments for qualifying appear to try to exclude rather than include.*"

Theme 5: Social and Physical Environment

(a) Social Environment

There is a recognition that we need a vibrant creative community to be part of for mental health wellness. We also need to continue addressing stigma surrounding health and wellbeing issues which makes people afraid to talk about them.

In terms of social support, respondents have shown appreciation to friends, family and neighbourhood whom they can rely on. Nonetheless, not everyone is being supported equally**.**

"*I have been prescribed antidepressants over the phone but sometimes feel that if anything happened to me, no one would know as no one checks in... my kids only have me to rely on and I'm struggling to rely on myself*."

(b) Physical Environment

Several respondents drew a link between leisure facilities (e.g. swimming, youth clubs) and mental wellbeing. Other feedback concerns the built environment, such as the lack of accessible facility for those with mobility issues or with young children, as well as the request for safer, wider paths and slower traffic.

"*... we literally can't open the car doors enough to get the infant carriers out in normal spaces*"

Theme 6: COVID-19

In many cases, respondents noted the cross-cutting impact of COVID-19 in exacerbating existing issues related to access to health and social care services. While there has been understandable delays, respondents have provided some insights into their experiences and perspectives on the displaced NHS services to prioritise patients with COVID-19, the transition to digital versions of care, the loss of existing social support structures, and the impact of closure in schools and leisure facilities.

(a) Usual services being put on hold

Due to the pressure of COVID-19 on the health and social care system, many usual services had to be put on hold or delayed to prioritise the management of the pandemic. These include outpatient services, preventive measures (e.g. routine screening), treatment for chronic conditions (e.g. cancer, dementia), and rehabilitation (e.g. physiotherapy). There were recognitions that the wider health system was already under-resourced, even before the pandemic. Although respondents raised concerns about not being able to see a doctor when needed, others have also expressed sympathy to NHS staff due to the pressure to cope with the increased demand in services.

"It's all about either having the virus or not. The rest of health seems to be ignored."

"...cancellation of ongoing investigations due to covid, my husband had a delay of cancer follow-up due to covid... cancellation of the bowel screening programme, further delay of ASD assessment (now been waiting 3 1/2 years)."

"Suspect that access to tests and diagnosis isn't as timely as it should be, possibly partly because of the current pandemic but also because of restricted funding for health over a number of years."

As a result of prioritising COVID-19-related services, some respondents have delayed help-seeking to shield themselves or to avoid adding extra strain on the NHS. Others responded with resignation.

"*Didn't want to add more to an already overloaded NHS"*

"I would have seen the Doctor, face to face to discuss my condition - arthritis - but I know it is probably going to be a 'live with it' situation."

Those who have managed to access help for issues not related to COVID-19 have only been able to seek help for major health issues, sometimes only at the point of crisis, but not for minor ailments. Some anticipated that this delay in addressing minor or early-stage health issues may lead to more serious complications later on. Some respondents also stated that they were unable to access particular operations or medications during the pandemic.

"*Major issues have been addressed, but minor ones such as dental check-ups and appointment to see podiatrist have been postponed indefinitely*."

"*My uncle has had a scan for acoustic neuroma growth cancelled twice now due to Covid 19 and whilst not cancerous it can affect his hearing and facial palsy if it has grown. The quicker removed the better.*"

"*One essential operation refused by NHS so I had to use all my savings to go private. Further surgery needed on separate matter, delayed due to COVID*."

(b) Digitisation of health and wellbeing services does not cater for all

During the pandemic, GP services continued for patients, although an initial telephone triage system was introduced for most GP practices. Some respondents have stated their preference for face-to-face GP consultation, and for it to be restored as soon as possible. This is because those responding felt it was not as easy to discuss and provide a full picture of their health conditions over the phone and some were not comfortable with telephone communications.

"*This [telephone GP service] is not the same as a 10 minute consultation with a GP and I hope this is not the way of the future*."

"*I don't do phones. At all….Getting things to a point where I can get an appointment or online help is massively stressful - y'know...*"

"*I'm not managing the internet 'help'.*"

(c) Targeted support during COVID-19 for the elderly or people who are clinically extremely vulnerable (CEV)

Respondents have shared their concerns about the isolation of the elderly due to shielding and elderly voluntary care services being stopped. Some had noted an impact on loneliness and mental health, especially for those living alone.

"*...many have been shielding to protect themselves and their mental health has suffered greatly*"

A respondent who is clinically extremely vulnerable (CEV) and also a single parent shared their concerns with employment and the risk of school-going children passing on the virus to them.

"*Employment concerns due to being a single parent with CEV and having to change to a zero hours when furlough was due to end at the end of October. Central government has provided no extra support/advice to those who are CEV with school age pupils. This is of particular concern to us if our children pass the virus on. Schools are to be applauded for the work they are doing in very difficult circumstances. However, the year group bubbles do not protect those year group pupils from each other. This is a real worry for any parent/carer with CEV...*"

(d) Changes in the social and physical environment during the pandemic

Some respondents felt that the social distancing measures and periodic lockdowns have eroded their support network and brought distress. For those who live and care for their family members, some have expressed a growing need for respite.

"*Lack of easy access to support. Lockdown is making it harder to use existing coping mechanisms*"

"*All 3 children are distressed by the repeated lockdowns and school closures*"

Respondents also voiced that reduced access to leisure and exercise facilities have affected their mental or physical health, including the management of chronic conditions such as type 2 diabetes.

"*The Berkshire MS Therapy Centre is closed all of the time due to the Covid lockdowns etc. I know they do classes online but I am not getting enough exercise and my physical health is suffering*"

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3.2 Focus group findings

In addition to the online survey findings, below are selected quotes from focus groups for them themes identified.

Theme 1: Health Inequalities

(a) Waiting time

Waiting time for primary health care services, mental health services and maternity check-ups was considered too long and often caused diseases or concerns to exacerbate further.

"Seeing the GP is an issue unless it is an emergency and that was before COVID"

"I still haven't had the 6-weeks check and the baby was born in August"

"Mental health support for teens is very poor, with huge waiting lists for CAMHS"

"Despite multiple overdoses and suicide attempts, my daughter faced a 2 year waiting list to access adult mental health services when she became too old to access CAMHS"

(b) Eligibility

Some respondent expressed difficulties in accessing NHS services that were deemed essential to their conditions

"My flu jab I ended up having to get it privately…. and I had to explain how anxious I was and I was getting upset about being told I was ineligible"

"Thresholds for support are too high for children who are impacted by trauma to be supported effectively"

(c) Differences in service provision and delivery depending on areas and population

Some participants noted that they see differences in service provision and delivery depending on people's income levels, place of residence or schools they go to and how skilful they are in certain areas (e.g. digital literacy).

"Society seems to operate in tiers and that's wrong"

"Accessibility needs to be improved to increase awareness of services amongst different groups and encourage contact"

"I think teachers do a good job in school; I know from experience that I have always been able to send an email saying I'm not feeling too good today, though I know from different schools that they do not have the same relationships"

"The food parcels for those advised to shield during the first lockdown were really unhealthy – white bread, tinned tomatoes and very little fresh food. Although advised to shield, I could afford to get other food, so I gave away those boxes, but charities need healthy food to give to those in need"

"Making sure services have non-digital offerings to meet the needs of those without equipment or digital literacy"

Theme 2: Information and Guidance

(a) Clear information that is easy to understand and follow

Many participants pointed out that there needs to be better information that guide people to the right services and to help people take care of their own health.

"Lack of knowledge within community groups and services about what support is available for different groups within the community"

"Could local councils be used to distribute health and wellbeing information more effectively?"

"Look after yourself where you can but also need to have awareness and knowledge of how to get help when needed. All of those things together help me collectively to stay healthy or become healthy"

"You can go to gym but then there is no one to help you to check if you are doing it right"

Clear, understandable signposting and guidance is especially important in times of health emergencies.

"Interpretation on helplines is really important"

"There needs to be a redefinition of 'crisis', that's coming from the person that needs help"

"*I think the government should make it clear on what message they are putting out to the public. In terms of COVID-19, like exams and other things, because some people don't understand if they should be staying at home or going to work, if there are exams or not*"

One person also noted that language barriers should be considered when delivering information across the borough.

"Language seems to be a major information barrier; how can you get information across if you have not got the language to communicate with"

(b) Training for healthcare and social care professionals

Participants highlighted the need to train healthcare and social care professionals about how to approach patients and service users with disability or additional needs and the importance of their constant efforts to increase awareness in the field.

"I was once told by someone who works in the homeless sector that I don't look autistic"

"Why isn't the disabled blue badge recognised as the disabled parking card?"

"Education/support needed so that cycles of trauma are not continued through generations"

On the topic of addiction, participants also touched on the issue of stigma and gave insight into when people might be prone to adopt or engage in addictive behaviours.

"resource would be better spent on reducing the stigma around addiction and making it easier to ask for help, which would mean people could access support more easily, therefore reducing the harm caused"

"The gap / transition between formal education and first job is such a dangerous time for addictive behaviours"

For mental health, participants shared that de-stigmatisation, awareness-raising and training efforts need to continue. It was also noted that it is important that mental health support does not tail off after people leave school. Alternative support that is effective needs to be in place.

"Mental health --there's still a big stigma and increasing awareness will help"

"Not everyone gets on with Zoom etc. Phone networks and WhatsApp groups have been another useful way to offer alternative support."

"In terms of secondary school, it (mental health support) starts to drift off, little bit less talked about. You have school nurses, they were less frequent which people didn't really use. Especially now, college years it's a lot less support…you have to find support yourself"

"We're seeing more frontline staff take part in Mental Health First Aid training, but we need senior managers taking part too"

(c) Transparency in governance and resource allocation

Focus groups which contained healthcare professionals as participants, raised concerns on how the allocation of funding will be done for next few years to achieve priorities listed out in the strategy. They also wanted a clearer guidance on who will be part of which team, and how "working together" will be achieved.

"Need to be clear who we see as partners in a Health and Wellbeing Strategy. This should be obviously more than a workplan for a Public Health Team or any other individual team"

"We don't know which levers are free. Health spending is large but much of it is already committed. What could be moved or changed? Are local authority budgets slightly freer?"

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Theme 3: Service Integration and Appropriateness

Some respondents recognised the importance of approaching health in a holistic manner. Improving health requires looking at the whole person, beyond symptoms of one disease to broader health-promoting or health-harming factors influenced by social factors.

"*For instance, if you are going to have a programme of changing behaviour, you will probably want to look not just at physical activity but also things like diet, sleep, social connections, substance abuse and so on. So, you need to work through some of these possible strategies, look at what bits join up and what don't, where the costs are and then you can start to prioritise*"

By having a more well-rounded approach to health, it follows that silo working has to be broken to be effective in meeting complex health and social care needs. Particular attention should be paid to the service 'boundary areas' to ensure a smooth transition and continuity of care between services. This effort towards service integration could include sharing necessary information between providers (with the service users' informed consent) to avoid having to repeatedly explain health conditions and to reduce the risk of re-traumatisation.

"*Joined up working between services and agencies and for people to be looked at as a whole, rather than their symptoms looked at and treated separately.*"

"*Services are disjointed, and there are too many gaps, especially as people move from children's services to adults*"

"*Often people have to go through multiple layers of re-explaining their trauma before receiving support*"

Respondents also appreciated the ongoing effort to promote more joined-up services and the benefits to be reaped, including sharing ideas, funding, and exploiting economies of scale. However, some respondents from the voluntary and community sector (VCS) noted the trade-offs between participating in partnership forums and frontline service delivery.

"*It is important to have a strategy and it is good that the organisations are coming together*"

"*From a VCS perspective, staying in touch with the various forums is a challenge. We want to collaborate but partnership participation sometimes comes at the price of frontline delivery...*"

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Theme 4: Targeted support

Respondents have highlighted several groups of people who could benefit from tailored support, including ethnically diverse communities (EDC) and people who experienced trauma in childhood.

(a) Culturally sensitive care

A **culturally sensitive, person-centred health and social care** is one that emphasizes providers' behaviour and attitudes, health care policies and a physical environment that ethnically diverse patients identify as being respectful to their culture. A culturally sensitive care enables them to feel comfortable with, trusting of and respected by their service providers and staff[3]. In practice, this could involve recognising and addressing language barriers by providing suitable interpreters; or providing women-only space for leisure activities.

"Ethnically Diverse Community (EDC) needs to be a priority of its own (missed priority) as it has highlighted there is a lot to address"

"Professionals also need to be aware that language can also play a part in understanding someone who is not fluent. Sometimes they talk too fast and it's hard to understand"

"access for women only fitness /swimming sessions for some cultural groups is an issue"

(b) Trauma-informed care (TIC)

Several respondents also raised the need for recognising and supporting those who have experienced trauma in childhood. This is in line with the broader effort in Berkshire West to embed trauma-informed care (TIC) in health, social care services as well as in schools. In essence, trauma-informed care recognises the prevalence and widespread impact of trauma; people who have experienced repeated, chronic or multiple trauma, even in childhood, are more likely to show symptoms of mental illness, health problems or risky health behaviours such as substance abuse[4]. TIC means recognising the signs and symptoms of trauma and to respond accordingly in practices and policy to actively resist re-traumatisation[5].

"*Extra support for anyone who has been affected by mental or physical trauma in childhood*"

(c) Specific roles, identities and health conditions

The focus group discussions also reiterated the need to target support to specific groups of people, as mentioned by the survey respondents. These families with young children, carers, the elderly and people with autism or sensory sensitivities.

"*As an adult carer it is difficult to easily get to medical appointments, to get out to exercise and this all has an affect on my health and wellbeing in a way that doesn't affect many other people who don't have those difficulties*"

"*Because my arms and legs moved, I was considered fit to find a job, my mental health, autism and sensory sensitivities were completely overlooked*."

To achieve a truly person-centred health and social care that can effectively tackle health inequality, health systems can benefit from intersectionality theory[6]. This means moving away from a one- or two-dimensional focus on 'ethnicity', 'age', 'income', 'caring roles', or 'disability', and instead recognising the multiple social roles and identities people hold, that may have a compounding effect in privileging or hindering access to health and social care.

Theme 5: Social and Physical Environment

(a) Social environment

Focus group participants recognised the importance of community spirit in providing emotional and practical support for one another. Social support could come from friends, family members, workers or volunteers.

"*...it is important for people to have good relational connections with others - in families, in schools and the workplace and in their wider community... Having good relationships with others is key to mental wellbeing and also means that people have support in dealing with the problems of life.*"

"*people looked out for one another, there was less formal childcare - they looked after each other's children and mothers tended to work part time - and there was more of a community spirit*"

(b) Physical environment

To some participants, having a health-promoting environment means having outdoor and indoor infrastructures for leisure activities (e.g. swimming) that are accessible and inclusive.

"*It's important to include access to outdoors space, fresh air and sunshine as part of this*"

"*Our most vulnerable and disadvantaged, who tend to experience the most health issues, have the least space to be active in*"

"Poorly lit areas and pavements in disrepair are real challenges – for everyone, but disproportionately affect those, e.g., with sight problems"

Participants from the third sector voiced the need for more infrastructure to be effective and to be able to deliver what they have to offer.

"*The third sector has a great deal to contribute and it would be wise to take note of that. While to some extent it is free, that is not so totally: infrastructure has to be provided for it to be effective and to be really effective it needs a lot of infrastructure.*"

Particular attention should be paid to providing safe, private spaces to people experiencing traumatic situations.

"*Not having safe spaces to communicate that support is needed around traumatic situations – advertising needed for organisations that can support those affected by trauma in private places*"

Participants also raised issues on active transport and general safety.

"*Physical activity is about so much more than exercise. It's about safe and healthy ways of travelling to and from school and work.*"

"*The roads need to be kept in a good state of repair for this. Cycling in Reading, e.g. by St Mary's Butts, is really hazardous now*"

"*People do not feel safe in Reading and there needs to be a greater response to make places safe, and make people feel safe, following incidents such as the attack in Forbury Gardens*."

"*[Regarding] housing, I would add that rental culture and security for tenants could be discussed as an issue which makes a big impact on mental health.*"

Theme 6: COVID-19

The pandemic has had an impact on everyone, albeit in different ways. For instance, some participants noted that COVID-19 has increased the risk of addictive behaviour and posed challenges to stay physically fit.

"*COVID has increased addictive behaviour."*

"It's been extremely difficult to keep my weight this down.."

For many, the lack of social interaction, particularly face-to-face interaction as opposed to online meetups, has affected their mental health.

"*Having to isolate just because you're over 70 has been hard"*

"*The pandemic really hasn't helped my mental health and being cooped up all day with no escape is very disheartenin*g"

"Usually I would go to the park or meet up in the community to take my mind off things but I can't do that now and it's affecting my mental health"

"I'm an older carer and I'm not digitally connected, so with services reduced or closed and not digitally connected, on top of the extra caring I've found that together with reduction in community connectivity my mental health has been affected"

"Zoom is OK but I have 8 hours in front of a screen for school and I don't always want to spend more time in front of a screen in the evening as its can be exhausting. Lack of being able to meet face to face or variety in life unlike other children is affecting me mentally"

For others, staying at home all the time with their family poses a different set of challenges, especially those with caring responsibilities. Some participants expressed the occasional need for quiet, personal space.

"*My house is small and sharing it with my entire family all the time so I've no escape from them. I feel I'm being watched and judged because I don't work and yet the rest of my family are"*

"I've had a lot of worry and sadness in the family, but I had support from one to one buddies just walking down my street for a while, just being able to share.."

"Life is more stressful, I can't meet up with friends, school is shut, I'm in the middle of my GCSEs and the house is busy with everyone in live lessons. It's chaos, I'm working in a shed in the garden. It is affecting my mental health more than usual as a young carer."

Finally, there were discussions surrounding how to move forward from the COVID-19 pandemic.

"*Post COVID, people are going to need a lot of support to re-adjust"*

"It's not clear how the impact of COVID is being considered. We need a 'new deal' for health and wellbeing because of this."

"The strategy should take account of the possibility of future pandemics and the variety of guises in which they might appear"

4. DEVELOPING THE FINAL PRIORITIES

Shortlisting of priorities

In order to quantify the key priorities of residents, three ranking systems were devised (see Appendix A). This was in order to establish what survey respondents regarded to be most important to help them and their communities live happier and healthier lives. Quantitative outputs were then consolidated using findings from the focus groups.

Through the three scoring systems to evaluate priority ranking of survey respondents; the top 5 (out of 11) priorities were found to be consistent across the three areas (Appendix B). This was corroborated by thematic analyses of focus group findings and free text survey analysis. The top 5 priorities were therefore identified as follows:

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help young children and families in early years
- Good mental health and wellbeing for all children and young people
- Good mental health and wellbeing for all adults

The outputs from the free text (from surveys) and focus groups showed a broad alignment with the survey findings. The focus group findings can therefore be used as a deep dive from which to ensure that supporting action plans address the issues raised.

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

Reducing health inequalities was considered "extremely important" by 30% of survey respondents, consistently ranked as a top priority across the 3 local authorities. Below are the comments and feedback from participants or respondents who said "there were significant changes needed" in this priority.

Many focus group participants and survey respondents raised the issue of unequal access to services, particularly for those most in need. As one survey respondent expressed, there is a need to "*make it available to everyone*". For instance; sports clubs and gyms, a healthy nutrition and diet; and health education and promotion are often most accessible to those who are from high-income backgrounds. Participants outlined the impact of this, noting that *"people in lower socio-economic groups tend to have worse health and nutrition"*. Participants also highlighted the need to examine the accessibility of facilities for *"physically disabled people"* who *"do not have the access (some GP surgeries) or are not able to use all facilities (such as swimming) to improve their health"*. Collectively, these responses point to the importance of addressing the social determinants of health to promote equality of access to services vital for health and wellbeing.

Given this, participants provided suggestions on ways to tackle these root causes, and therefore address health inequalities. For example, one survey respondent commented that "*reducing the gap in health problems between rich and poor must be a priority and this starts with a proper living wage, affordable housing and access to healthy living choices e.g. teaching children basic cooking skills, access to subsidised or free sport, fitness opportunities etc.".* Focus group participants also suggested introducing universal proportionalism; *"at the moment things such as sports clubs,*

physical activity focuses etc are geared towards higher socio-economic groups or do not focus on other intersects who find it harder to be active such as women & girls or specific ethnic groups".

Regarding access to health information, a number of focus group participants highlighted the need to work more closely with communities for whom English is not their first language and/or those with limited digital literacy. One participant summarised that *"those who have English language limitation should have to have options that best suit them such as interactive dummies, modules, video clips, level of understanding testing tools. Also, can use simple charts. FM radio and other means of accessing health and NHS health service information".* Survey respondents also noted that better information routes for those who may not own smartphones should be given, as *"a significant proportion of these people - certainly, many more than the council members are aware of - have not been able to use contact-tracing for COVID".* This points to the need for innovative and diverse means of disseminating health information and education to ensure accessibility for all.

Poverty was considered to be a major driver of health inequities; this encompasses issues of geography, housing, socioeconomic status and employment. For example, one respondent explained that *"lack of income should not mean poor health… People living in deprived areas generally having poorer health, linked to poor housing, lower educational achievement and lower income*". Focus group participants highlighted the need to ensure access to services and support regardless of geography. Specifically, they noted that deprivation, isolation and poor health exist beyond areas populated by social housing. One survey respondent commented that "*Often they are aware how to live healthy lives, but lack the affordable amenities to do so it may need some support to take that first step",* Respondents therefore highlighted the importance of addressing the gap between awareness and availability of services across regions and income brackets.

In order to address inter-group health inequalities and ensure locally-relevant services, participants highlighted the need for inclusion and prioritisation of community perspectives. As noted, *"diverse communities have a range of knowledge and understanding about health and wellbeing issues in our local communities*", suggesting the value of incorporating local knowledge to understand community health needs. This includes involving ethnically diverse groups, who are already at higher risks of chronic diseases, and those who are disadvantaged by language and cultural barriers. Poverty and low socioeconomic status (linked to housing, employment, education), racial disparities in health access and outcomes, and gender identity and sexuality were all identified as major drivers of health inequality during focus groups.

The impact of the built environment on health inequalities and outcomes, including access to green spaces, good air quality, and safe cycle/walking paths, was also noted in focus groups. Participants highlighted the need to address disparities in access to a healthy external environment to promote health and wellbeing, with respondents suggesting that improving air quality was *"associated with everything from dementia to asthma"*. Focus group participants also specified that "*affordable housing with green space could really improve the health and wellbeing for disadvantaged families".* A holistic approach to the built environment was expressed with participants noting its impact on both physical and mental health, and suggesting diverse ways to improve it, such as via changes to transport and outdoor spaces.

Figure 1. Visualisation of words frequently used by focus group participants and survey respondents for priority 1

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

Supporting people at higher risk of bad health outcomes was found to be a key priority across Reading, West Berkshire and Wokingham. 35% of all survey respondents agreed that "significant change" is required within this priority area. Below are the comments and feedback from participants or respondents who said "there were significant changes needed" in this priority.

During focus groups, people facing higher risk of bad health outcomes were outlined to have either a continuing or new need for support (including before and during COVID-19). Key groups identified as facing higher risk of bad health outcomes include, but are not limited to: those living with dementia; rough sleepers; unpaid carers; people who have experienced domestic abuse; and people with learning disabilities.

In order to support people with dementia, respondents suggested *"an offer of ongoing support pre and post diagnosis that is equitable to all ages and inclusive to all"*. Consultees also noted the importance of a "timely diagnosis", post-diagnosis care, and a strengthened "care pathway from diagnosis to death". This includes "dementia-friendly" access to activities and facilities to support social contact and regular exercise. It was noted that although dementia should be *"grouped with mental health*", it should also be *"addressed as a standalone*" issue. Participants felt that dementia should be *"an identified priority in its own right" to ensure appropriate patient management and care.* Several survey respondents suggested increasing social and mental health support for dementia patients and their carers, as well as for older people to prevent cognitive decline.

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Focus group participants emphasised a rise in homelessness in their communities, as well as those at risk of homelessness; *"[I] still see homeless people on the streets and rapid rise in use of food banks indicates that many families are struggling with even the most basic of human needs"*. Survey responses also pointed to the health risks associated with this rise in homelessness, and particularly the "need to end the cycle of homelessness, drugs and crime". Solutions identified included supporting those Not in Education, Employment, or Training (NEET) into work; improving access to emergency and permanent housing, providing advice services (on issues ranging from budgeting to mental health); and encouraging community-based responses. For example, one survey respondent noted the *"lack of adult education and its funding to further literacy and numeracy (in particular) amongst the unemployed and poorer sections of society".* Continuing, they suggested that addressing *"this in itself would enhance employment opportunities, increase aspirations and thereby a better standard of living."*

Many participants pointed to the importance of the promotion of a healthy diet and good nutrition to reduce poor health outcomes for those most at risk. One focus group participant noted that showing people *"how to create nutrition and healthy meals on a budget"* would be an opportunity to promote healthy diets. Further suggestions included promoting healthy eating and providing outdoor gyms and free exercise classes to equalise access to the knowledge and resources needed for a healthy lifestyle. Participants noted that this should be coupled with frequent and widespread advertisement of these services to ensure that high-risk groups are aware of available support.

Importance was also placed on promoting the value of carers, particularly unpaid carers. Suggestions included raising community awareness of their importance and providing more services to support their health and carry out their responsibilities *"These services need to be better funded, but also greater awareness is required by the public, so communities as a whole are more supportive*", suggested one focus group participant. Similarly, one respondent pointed to the need to redress the lack of recognition of "*family unpaid carers especially for older adults"*. Focus groups also highlighted an increased need in respite care for those acting as unpaid carers for a loved one. The importance of increasing social support and social cohesion was noted by several survey respondents; one of the comments suggested tackling *"loneliness and isolation - this has an impact on many of the other priorities, if people feel connected, they will be more resilient to challenges which may make them less in need of other services"*.

Participants outlined the need for *"greater support"* for those who have experienced domestic abuse. In particular, consultees noted the need for improved visiting and ongoing support for those at home, as well as the importance of support for men who have experienced domestic abuse. Survey respondents pointed to the lack of awareness and access to services for those who have experienced domestic violence – *"it would also be good to see more support for victims of domestic violence being advertised".*

Survey respondents highlighted the need for learning disability-inclusive services and community activities. Respondents commented that "they need more activities, with transport included. Cooking, tailored exercise classes", and that "more long-term support is needed, possibly a stepping stone program". Better training for all health staff to understand the needs of people with learning disabilities and their carers were noted as key suggestions; *"There is still a lot of work that could be*

done to improve the health of those with learning disabilities by simply working together with the local voluntary sector and without a huge investment of funding."

Figure 2. Visualisation of words frequently used by focus group participants and survey respondents for priority 2

Priority 3: Help children and family in early years

Around 40% of all survey respondents across the 3 local authorities considered this to be an "extremely important" issue. Below are the comments and feedback from participants or respondents who said "there were significant changes needed" in this priority.

"Sometimes I would like to have help with childcare". Focus groups identified how mothers feel isolated and unsupported, with issues exacerbated by COVID-19. Limited childcare and youth support services, including due to COVID-19 closures has meant increased challenges, particularly for young, single or new mothers. Some noted *that "funding for youth service activities has been decimated. Better funding for local authority services for young people and for sports facilities is needed". Focus group discussions highlighted barriers such as* loss of self-esteem and expensive childcare; these were often worsened by mothers losing jobs and partners. Despite experiencing these challenges, there was also limited awareness of support services available to parents and families. Focus group participants said, "it's very important that families are aware of the local opportunities and resources which are open to them". The need to support working parents was also noted in both survey and focus groups responses; some commented that *"childcare for full time working parents outside of school hours is extremely expensive and options are limited".*

Focus groups touched on how the wellbeing of parents is largely linked to the development of their children – participants discussed how parents are able to influence their children when they themselves have good relationships, and are emotionally and financially secure as part of a wider

resilient community. A survey respondent noted that "*maternal mental health"* should be addressed, and the community should work on removing stigma around it.

Focus groups highlighted how families with young children often struggle economically. The lack of valuable structural and social support was described, and included concerns that *"family hubs [were] closed"*. Focus groups also underlined the limited access and diversity of services offering help to young families. Some survey participants also noted that *"children's centres were a great hub and source of practical and emotional support"* for children and that they *"wish[ed] to see more provision".* Many noted that the family activities should include outdoor and/or exercise activities; one participant said, *"Personally I am not active enough, I would like activities available for families and better facilities like parks and swimming pools to encourage this."*

It was also identified that *"it's very unclear what support is available"* to families. Focus groups underlined that the replacement of universal services with targeted services has, in part, led to the stigmatisation of receiving child support. In addition to this, certain families do not immediately meet the criteria for requiring support within targeted services, and so it is easy for them to *"slip through the net".*

Figure 3. Visualisation of words frequently used by focus group participants and survey respondents for priority 3

Priority 4: Good mental health and wellbeing for all children and young people

Over 70% of people aged 45 or younger, and about 50% of all survey respondents, considered good mental health and wellbeing for all children and young people to be an extremely important issue. Below are the comments and feedback from participants or respondents who said "there were significant changes needed" in this priority.

"Many families are struggling to support their children". Focus groups discussed that people who live in deprived or disadvantaged circumstances are more likely to have a mental health problem than those who live in the most affluent areas. Focus groups also underlined that children in families at-risk of mental health conditions are more likely to develop a condition as adults. The importance of early prevention programmes was also highlighted. These would focus on ensuring the resilience of children and young people through services such as safe communication spaces, community-based activities and accessible youth clubs. One survey respondent commented that *"as part of the provision for the young, free access to arts and activities […] would all held resilience to mental and physical health of the children and young people".*

"Not enough support in schools." Focus groups highlighted how children and young people require additional support during the COVID-19 pandemic due to the stresses of isolation; it has been recognised that young people are likely to be suffering more in the later, rather than earlier, stages of the pandemic due to ongoing lockdowns. With the reopening of schools, participants drew attention to the need for *"dedicated support staff to draw on and support children and not just rely on teachers to do that in addition to their already busy roles."*

Several focus group participants and survey respondents noted the long waiting times for Child and Adolescent Mental Health Services (CAMHS), and the implications of this for young people in need of urgent and/or long-term support. Access to such services was viewed as *"important especially during the pandemic, as so many social interactions and relationship[s] have been affected."* Respondents also noted the need for *"more specialist support*" to safeguard the mental health and wellbeing of children and young people. As noted above, this included suggestions for the expansion of school-based mental health support, which in turn could help to reduce the pressure on CAMHS.

Figure 4. Visualisation of words frequently used by focus group participants and survey respondents for priority 4

Priority 5: Good mental health and wellbeing for all adults

Over 70% of people 35 years of age or older, and about 50% of all survey respondents, considered good mental health and wellbeing for all adults an "extremely important" issue; more than 40% of all respondents believe that "significant change" is required in this priority area. Below are the comments and feedback from participants or respondents who said "there were significant changes needed" in this priority.

"Not everyone is online." Focus groups revealed the impact of the digital divide on access to mental health and wellbeing support and particularly how this affects older people. For instance, participants highlighted that not all individuals know where and how to search for help online. Additionally, it was expressed how loneliness and isolation amongst older people could be overcome through forming both online and in-person community networks.

Focus group participants described that physical health is often *"linked to mental health"*; Individuals who have mental health conditions may end up in a vicious cycle of poor physical and mental health owing to the challenges of maintaining a consistent income, housing and social connections - all critical for maintaining good physical and mental health . Participants commented on the need to improve non-clinical interventions, such as *"social prescribing and green spaces*", accessible and subsidised exercise classes, and arts and wellbeing courses.

"Ethnically diverse communities find it difficult to access mental health resources". Focus group discussions highlighted the challenges for non-fluent and non-native English-speaking communities in accessing mental health resources; these included the lack of communication of available services and culturally appropriate resources. In addition, there were opinions about the need to raise public awareness to reduce stigma surrounding mental health and care-seeking, especially for groups not previously familiar with mental health resources. For example*, as "many BAME people find it difficult to access mental health resources", there is a "need for more interpreting resources".* In addition, *"competency cultural training*" was suggested to improve the cultural sensitivity of mental health support workers when *"dealing with all types of trauma".*

Improving the timeliness and quality of mental health services was considered a key priority by both focus group and survey participants. Similar to responses about CAMHS, focus group participants felt that *"the wait time for referrals for mental health issues is too long"*, while "*the duration of treatment is inadequate to resolve the issue".*

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Figure 5. Visualisation of words frequently used by focus group participants and survey respondents for priority 5

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5. CONCLUSION

Through the online survey and focus group discussions, public engagement has been at the heart of the development of the Health and Wellbeing strategy for Berkshire West. Residents were able to help identify key themes surrounding the current state of health and wellbeing of Berkshire West and what could be done better. Quantitative analysis of survey responses through a robust scoring system identified 5 priorities to improve health and wellbeing in their communities.

In addition to this, extensive qualitative analysis of free text in surveys and focus group discussions ascertained the results of the quantitative data; allowing the public consultation to inform both the main areas of focus for the five priorities as well as the priorities themselves. These priorities as outlined in the health and wellbeing strategy are: 1) to reduce health inequalities between groups; 2) to support individuals at high risk of poor health outcomes; 3) to help children and families during the early years of life; 4) to promote good mental health and wellbeing for children and young people; 5) to promote good mental health and wellbeing for all adults.

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6. References

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7. APPENDICES

APPENDIX A: SCORING SYSTEMS

Survey data analysis

1. The first ranking system used was to establish what respondents ranked as number 1. This allowed us to understand what people considered the most important issue. However, this was not an intuitive method to give an overview of all the priorities, as consideration would only be given to what responders placed as their number 1 priority, rather than their top 5.

2. The second ranking system allowed us to consider all 11 priorities equally when ranking them. This was done by assigning each priority a score (in accordance with where the priority ranked out of 11) and then totalling the scores. This allowed for a better understanding of the data spread in terms of the ranking. All 11 priorities were equally considered when ranking.

3. The third ranking system assumed that responders gave more importance to what they considered a top 3 priority when answering the survey. Thus, more weight was put on these responses. The scores were then totalled as they were in (2).

Regardless of which scoring systems was used, the top 5 was consistently the same (in no particular order):

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help young children and families in early years
- Good mental health and wellbeing for all children and young people
- Good mental health and wellbeing for all adults

Focus group and free text analysis

Following the 18 focus group discussions, thematic analysis was done to categorise the issues raised into the 11 priorities. Top 3 priorities were ranked using the same scoring system as (2).

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APPENDIX B: Overall results on the ranking of priorities

	Counts			Rankings		
Priorities	#1	Average Score (total)	Weighted Score (top 3 weighted more)	**#1**	**Average Score (total)**	**Weighted Score (top 3 weighted more)**
Reduce the differences in health between different groups of people	467	17495	20294	**1**	4	4
Support individuals with high risk of bad health outcomes to live healthy lives	345	20080	23329	**2**	**1**	1
Help families and young children in early years	277	18143	20816	4	**2**	3
Reduce the harm caused by addiction to substances (smoking, alcohol or drugs)	120	14527	15865	8	8	8
Good health and wellbeing at work	48	12859	13768	11	11	11
Physically active communities	151	14591	16103	7	7	7
Help households with significant health needs	118	15747	17145	9	6	6
Extra support for anyone who has been affected by mental or physical trauma in childhood	86	14428	15613	10	9	10
Build strong, resilient and socially connected communities	245	14107	15718	6	10	9
Good mental health and wellbeing for all children and young people	308	18136	20827	**3**	**3**	2
Good mental health and wellbeing for all adults	258	17126	19481	5	5	5

Footnote: The table shows that the top 5 priorities remain the same and this is shown in green. The red cells show the lowest 3 priorities. Number 1 represents the most important priority and 11 shows the least important priority.

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APPENDIX C: Questions included in the online survey

1. How important do you think each of the potential priorities are to helping you and your community to live happier healthier lives?
    a. Extremely important, Very important, Somewhat important, Not so important, Not at all important
2. In order of importance, one being the most important, how would you rank the potential priorities?
3. Are there any other priorities you think we should consider including in the draft strategy that we haven't mentioned in previous questions?
    a. Please tell us what priorities you like to see included and why
4. How much change do you think is required for each priority (asked for each individual priority)
    a. No change, some change, significant change, Don't know
    b. Please tell us the reasons for your response, including details of any changes you think are needed
5. Have you or your family had any health and wellbeing concerns recently
6. Would you like to tell us briefly what they are? You can skip this question if you would rather not tell us
7. Are you, your family or other people you care for able to get all the help or support you/they need for any health and wellbeing problems?
8. Has the help or support been sought during the COVID-19 pandemic
9. Are there any further comments you would like to make

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Build Back Fairer: The Covid-19 Marmot Review

Report being considered by:	Health and Wellbeing Board
On:	20th May 2021
Report Author:	Sarah Rayfield
Item for:	Discussion

1. Purpose of the Report

To provide a summary to the Board on the report by the Institute of Health Equity: Build Back Fairer: The Covid-19 Marmot Review.

2. Recommendation(s)

This paper is to inform the Board of the report and provide a basis for a discussion on how it should be applied to the work of the Health and Wellbeing Board in West Berkshire.

3. How the Health and Wellbeing Board can help

For the Board to take account of the recommendations within the report.

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

4. Introduction/Background

4.1 Immediately prior to the Covic-19 pandemic, The Marmot Review 10 years on reported that the increase in life expectancy had stalled in the UK with social and economic inequalities increases. In addition, life expectancy for the poorest people was falling

4.2 Health is closely linked to social determinants: the conditions in which people are born, grow and live, work and age and inequities in power, money and resources

4.3 The gradient in healthy life expectancy is even steeper than that of life expectancy. People living in more deprived areas are living shorter lives but spending more of their life in ill health compared to those living in less deprived areas.

4.4 Covid-19 has highlighted and amplified the inequalities that were already present in our society.

4.5 Age standardised mortality rates from Covid-19 follow the same social gradient as death rates from all causes. The causes of inequality in death in general, overlap with causes of death from Covid-19.

4.6 Mortality rates from Covid-19 are particularly high amongst British people who self-identify as Black, Bangladeshi, Pakistani and Indian. Most of this is linked to

deprivation rather than explained by pre-existing health conditions. It is impacted by crowded housing and being more exposed to the virus at work and at home. These conditions are the result of longstanding inequalities and structural racism.

4.7 The relative cumulative age standardised all-cause mortality rate in 2020 has been highest in the UK compared to all other European countries. The report describes four potential reasons why the pandemic toll is so high in England:

(1) The governance and political culture has reduced social cohesion and inclusiveness and failed to recognise health and wellbeing as a priority for the population

(2) Widening inequities in power, money and resources have generated inequalities in health in general and in Covid-19 specifically

(3) Government policies of austerity have reduced public expenditure in the decades prior to the pandemic. Public services have been depleted with lower income groups particularly disadvantaged

(4) Health had stopped improving with a high prevalence of the health conditions that increase mortality from Covid-19

4.8 The economic impact of the pandemic is significant. The youngest age group (16-24 years) has the highest unemployment cumulative growth. Low income workers are most likely to be in sectors that have been shut down. Employment recovery from Covid-19 is likely to be hardest in areas of greater deprivation.

5. Supporting Information

5.1 There are a number of factors associated with higher mortality from Covid-19. Many people have experienced more than one of these factors and these risks are cumulative resulting in a much higher mortality rate. This should be considered in the roll out of treatments and vaccinations and in efforts to prevent spread

(1) England has had higher mortality rates from Covid-19 compared to other European countries.

(2) Certain underlying health conditions significantly raise the mortality from Covid-19. This includes diabetes, cardiovascular disease and chronic obstructive pulmonary disease.

(3) The more deprived a local authority, the higher the Covid-19 mortality rate has been.

(4) The pandemic has shown a close association between underlying health, deprivation, occupation and ethnicity. Mortality has been particularly high in the North West and North East.

(5) Living conditions: overcrowded living conditions and poor-quality housing are associated with higher risks of mortality from Covid-19.

(6) Occupation: being a key worker, unable to work from home and being in close proximity to others has put individuals at higher risk. This has

particularly been the case for those in health and social care, as well as other key workers such as taxi and bus drivers.

(7) It is now well recognised that individuals from ethnically diverse communities have much higher mortality risks compared to white people in England. This is in part due to living in more deprived areas and being in high risk occupations, but there is also evidence that individuals may not have been sufficiently protected by PPE and other safety measures.

5.2 Even before the pandemic, the UK ranked poorly in child wellbeing – ranking 27th out of 38 in the UNICEF report card. Clear and persistent socioeconomic inequalities in educational attainment have persisted since 2010.

5.3 Covid-19 has had a particular impact on early years and school-age education. Children already experiencing disadvantage have been harmed by closures of early years settings and levels of development have been lower than expected among poorer children. Parents with lower incomes have experienced significant stress when young children have been at home. Children from disadvantaged families have had less access to online learning and educational resources and have been impacted by inequalities in the exam grading systems. Children with special educational needs (SEND) have been particularly disadvantaged by the school closures.

5.4 Covid-19 has had a significant impact of children's learning and their personal, social and emotional wellbeing. This has particularly been the case for parents who have continued to work outside of the home, with stress related to reducing family finances, poverty, larger family size and overcrowded households. These have impacted the capacity of parents to support their young children during lockdowns.

5.5 Inequalities in education are widening. Schools from deprived areas have been less able to provide online learning, with more deprived children less likely to have a suitable space at home to study. Wealthier parents have been more able to compensate for loss of learning through additional tutoring and educational resources as well as having more time to support their children's education.

5.6 Covid-19 has had wider impacts on inequalities for children and young people. Indications are that child poverty will increase further with food poverty among children and young people already increasing significantly. The mental health of young people has deteriorated during the pandemic with lack of access to appropriate services. Exposure to abuse at home has risen. Unemployment among young people is rising more rapidly than among other age groups with declining availability of apprenticeships and training schemes.

5.7 Countries that controlled the pandemic better than England have seen less impact on employment and wages. Rising unemployment and low wages will lead to worse health and increasing health inequalities. Unemployment has been protected by the Coronavirus Job Retention Scheme (furlough) but is expected to rise considerably following the end of the scheme in April 2021.

5.8 Low income workers are most likely to have been furloughed, resulting in a 20% pay cut. This is likely to have pushed many into poverty, without the buffer of savings. One third of people in the bottom decile for earnings were employed in shuttered sectors compared with less than 10% in the top three income deciles. Self-employed

workers have been hit particularly badly, many having to stop working but being ineligible for the furlough scheme. The crisis has also highlighted the pre-existing difficulties and low pay in the social care sector – one in 10 care workers is on a zero hours contract and 70% earn less than £10 per hour

5.9 While the measures put in place for Covid-19 have had a negative economic impact on much of the population, the level of impact has varied according to prior socioeconomic position, religion, occupation, age, ethnicity and disability. This is resulting in further widening of income inequalities in the UK. Young people and those from Black and Minority Ethnic groups have been most impacted by decreases in income. Disabled people have also been disproportionately harmed by the economic impacts of containment.

5.10 Even before the pandemic, food insecurity was a significant concern in the UK with the Trussell Trust estimating 8-10% of households had experienced either moderate or severe food insecurity between 2016 and 2018. During March to August 2020, four million people in households with children experienced food insecurity (14% of households).

5.11 The physical, economic and social characteristics of housing, places and communities play an important role in people's mental health and wellbeing. However, inequalities between places have been widening since 2010 with regressive cuts to public services negatively impacting more deprived areas the most. Places that were already deprived will find recover from Covid-19 more difficult and are likely to experience even greater deprivation and ill health after the pandemic.

5.12 Housing is a key determinant of health and overcrowded housing has emerged as a high risk factor for Covid-19 infection, as well as being associated with poor mental and physical health. During the lockdown periods, people have spent much of their time in their own homes, which in some cases has increased exposure to unhealthy and overcrowded conditions. Inequalities related to access to outdoor space have increased and housing costs have become an even greater burden for many. The economic impact of Covid-19 will lead to an escalation of homelessness. In March 2020, funding was provided to local authorities to provide accommodation for those sleeping rough. However, since then there have been increases in rough sleeping and homelessness, along with reduced access to support services as many have had to move online.

5.13 The original Marmot review in 2010, found that many unhealthy behaviours are driven by the conditions in which people are born, grow, live, work and age (the social determinants of health). Inequalities in health behaviours and health have contributed to inequalities for Covid-19 mortality. The longer term health impacts of containment measures are creating a new public health crisis, increasing inequalities. The public health system needs a strengthened focus on the social determinants of health in order to address this and to ensure full and equitable recovery from Covid-19.

6. Options for Consideration

6.1 The recommendations within the report are divided into a number of sections which are now described.

6.2 Recommendations to reduce the inequalities in mortality from Covid-19 include:

(1) Consider proportionate allocation of measures to prevent Covid-19. For example focusing vaccination efforts on people in particularly high risk occupations and geographical areas.

(2) Ensure that Personal Protective Equipment is available and its use is enforced.

(3) Provide adequate financial support for workers who are unable to work due to Covid-19 and the requirement to self-isolate.

6.3 Recommendations to reduce the impact on early years and reduce the inequalities in education include:

(1) For Early Years In the short term: improve access to parenting support programmes, increase funding rates for free childcare places to support providers and to allocate additional governmental support to early years settings in more deprived settings.

(2) For Education in the short term: to address inequalities in laptops – particularly for more disadvantaged students; to increase the focus on equity in assessments for exam grading; to roll out catch up tuition for children in more deprived areas; to provide additional support for families and students with SEND and to urgently give excluded students additional support and enrol those who need it into Pupil Referral Units.

(3) For Early Years in the medium term: increase levels of spending on the early years, ensuring allocation of funding is proportionately higher for more deprived areas; improve the availability and quality of early years services (including Children's centres); increase pay and qualification requirements for childcare workforce.

(4) For Education in the medium term: restore the per-student funding for secondary schools at least in line with 2010 levels.

(5) For Early Years in the long term: Government should prioritise reducing inequalities in early years development.

(6) For Education in the long term: to put equity at the heart of national decisions about education policy and funding; to increase attainment to match the best in Europe by reducing inequalities.

6.4 Recommendations to improve outcomes for children and young people include:

(1) In the short term: to take measures towards reducing child poverty (for example, increasing child benefit for lower income families and extending free school meal provision); urgently address children and young people's mental health including training more teachers in mental first aid; increase resources for preventing abuse and identifying and supporting children; develop and fund additional training schemes for school leavers; further support young people's training, education and employment schemes to reduce the numbers who are NEET; raise minimum wage for apprentices and further incentivise employers to offer these schemes; prioritise funding for youth services

(2) In the medium term: to reduce levels of child poverty to 10%; to increase the number of post-school apprenticeships and support in work training; improve prevention and treatment of mental health problems among young people

(3) In the long term: to reverse the decline in mental health of children and young people and improve levels of wellbeing from the present low rankings nationally; to ensure that all young people are engaged in education, employment or training up to the age of 21.

6.5 Recommendations to create fairer employment and good work for all include:

(1) In the short term: provide subsidies or tax relief for firms that recall previously dismissed workers; extend the Coronavirus Job Retention Scheme to cover 100 percent of wages for low income workers and self-employed workers; to enforce living wages

(2) In the medium term: reduce the high levels of poor quality work and precarious employment; invest in good quality active labour market policies; increase the national living wage to meet the standard of minimum income for healthy living

(3) In the long term: establish a national goal for everyone in full time work to receive a wage that prevents poverty and enables a healthy life; ensure the social safety net is sufficient for people not in full time work to receive a minimum income for healthy living; engage in a national discussion on work life balance

6.6 Recommendations on ensuring a healthy standard of living for all are as follows:

(1) In the short term: increase the scope of the furlough scheme to cover 100% of low income workers; eradicate benefit caps and lift the two child limits; provide tapering levels of benefits to avoid cliff edges; end the five-week wait for Universal Credit and provide cash grants for low income households; give sufficient Governmental support to food aid providers and charities

(2) In the medium term: make permanent the £1000 a year increase in the standard allowance for Universal Credit; ensure that all workers receive at least the national living wage; eradicate food poverty permanently and remove reliance on food charity; remove sanctions and reduce conditionalities in benefit payments

(3) In the long term: put healthy equity and wellbeing at the heart of local, regional and national economic planning and strategy; adopt inclusive growth and social value approaches nationally and locally to value health and wellbeing as well as, or more than, economic efficiency; review the taxation and benefits system to ensure that they achieve greater equity and are not regressive.

6.7 Recommendations to create and develop healthy and sustainable places and communities include

(1) In the short term: increase grants for local government to deal with the Covid-19 crisis; increase government allocations of funding to the voluntary and community sector; increase support for those who live in the private rented sector; remove the cap on council tax; urgently reduce homelessness

(2) In the medium term: increase deprivation weighting in the local government funding formula; strengthen resilience of areas; reduce sources of air pollution from road traffic in more deprived areas; build more good quality homes that are affordable and environmentally sustainable

(3) Long term: invest in the development of economic, social and cultural resources in the most deprived communities; ensure 100% of new housing is carbon neutral by 2030; aim for net-zero greenhouse gas emissions by 2030, ensuring that inequalities do not widen.

6.8 Recommendations to strengthen the role and impact of ill health prevention include:

(1) In the short term: funding for Public Health to be increased with spending focused proportionately across the social gradient; Public Health to develop capacity and expand focus on social determinants of health

(2) In the medium term: to develop social determinants of health interventions to improve health behaviours and reduce inequalities; Public Health to inform the development of a government health inequalities strategy

(3) In the long term: a National Strategy on Health Inequalities; build a Public Health system that is based on taking action on the social determinants of health and reducing health inequalities.

7. Proposal(s)

7.1 Although the containment response to the Covid-19 pandemic continues, it is also necessary to start to look towards how we will recover. The pandemic is an opportunity to build a fairer society and address the widening health inequalities that have been highlighted by Covid-19.

7.2 It is proposed that this will require both a commitment to social justice and putting equity at the heart of local decisions, along with specific actions taken to create healthier lives for all.

7.3 It is proposed that the Health and Wellbeing Board considers the recommendations as outlined in the report and above and to use these to inform recovery planning locally

8. Conclusion(s)

The purpose of this paper is to provide a summary of the report on the pandemic, socioeconomic and health inequalities in England and to provide an opportunity for discussion of how the recommendations could be implemented locally.

9. Consultation and Engagement

Not applicable

10. Appendices

Nil

Background Papers:

Build Back Fairer: The Covid-19 Marmot Review (The Pandemic, Socioeconomic and Health Inequalities in England)

Health and Wellbeing Priorities 2019/20 Supported:

☒ First 1001 days – give every child the best start in life
☐ Primary Care Networks

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 addressing health inequalities.

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Agenda Item 11

The Health Inequalities Taskforce

Report being considered by:	Health and Wellbeing Board
On:	20th May 2021
Report Author:	Sarah Rayfield
Item for:	Decision

1. Purpose of the Report

1.1 To update the Board on the establishment of a Health Inequalities Taskforce for West Berkshire Council.

1.2 To propose that the Taskforce is formalised as a sub-group under the Health and Wellbeing Board and that it should start to report to the Board via the Steering Group.

2. Recommendation(s)

For the Health and Wellbeing Board to formalise the new Health Inequalities Taskforce and agree the Taskforce reporting into the Board via the Steering group.

3. How the Health and Wellbeing Board can help

To support the development of the Taskforce and to provide feedback on membership and initial plans for the scoping of health inequalities in West Berkshire.

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

4. Introduction/Background

4.1 Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. This can be the differences in care that people receive, but also the difference in opportunities people have to lead healthy lives including both behavioural risks to health and the wider determinants of health, such as housing.

4.2 West Berkshire is an affluent area, with many of our health indicators being better than national averages. However, this is not the case for everyone living in our area. We know that people living in our most deprived areas will live on average 5–6 years less than people living in our least deprived areas. In addition, people living in our most deprived areas will spend less of their lives in good health, with a reduced Healthy Life Expectancy of 5-6 years on average. There are other examples of inequalities across our area including economic inequality, and deaths from preventable causes.

4.3 The Covid-19 pandemic has both highlighted and exacerbated existing health inequalities, starkly demonstrating the importance of the social and wider determinants of health.

4.4 The Build Back Fairer report (The Covid-19 Marmot Review) by the Institute of Health Equity set out the disproportionate impact of Covid-19 on the different parts of our society. It included a number of recommendations, including the need for a commitment to social justice and putting equity at the heart of local decisions, in order to use recovery from Covid-19 as an opportunity to build a fairer society.

4.5 The most recent West Berkshire Joint Health and Wellbeing Strategy (2017 – 2020) included "Tackling inequalities in health" as one of the cross cutting themes underpinning the main priorities for the Strategy.

4.6 Through engagement with both partners and the public as part of developing the new Health and Wellbeing Strategy for Berkshire West, it was clear that health inequalities were felt to be vital to future work of the Health and Wellbeing Boards. The new draft Strategy therefore includes the priority of "Reduce the differences in health between different groups of people" both as a priority in its own right, but also as a pillar sitting underneath the other four priorities.

4.7 In addition, the refreshed West Berkshire Council Strategy 2019 – 2023 includes the priorities to "Ensure our vulnerable children and adults achieve better outcomes" and to "Support everyone to reach their full potential".

4.8 In response to this, we have set up a Health Inequalities Taskforce with the purpose of providing a co-ordinated approach and oversight to work undertaken to address health inequalities in West Berkshire.

4.9 The membership of the Taskforce includes representatives from Public Health, Education, Equality and Diversity, Building Communities Together, Adult Social Care, Children's Services, Transport, Housing, Planning and the Berkshire West Clinical Commissioning Group.

4.10 It is proposed that the Health Inequalities Taskforce be responsible for developing the delivery and action plan to address the first priority in the new Health and Wellbeing Strategy: "Reduce the differences in health between different groups of people".

4.11 The initial phase of developing this delivery plan will include:

(1) A deep dive into local data to fully understand and scope out what our inequalities are and who in our area is experiencing them

(2) Mapping out current work and initiatives that are already in place to address health inequalities

(3) Working with our communities and partners to understand our local picture, building on the engagement already undertaken as part of the development of the new Health and Wellbeing Strategy

(4) The use of evidence to understand what works

4.12 The Taskforce will also work to support the adoption of a Health in All Policies approach at West Berkshire Council. This approach looks to incorporate health considerations into decision making across all sectors, policy and service areas, thereby taking a collaborative approach to address the wider determinants of health.

5. Supporting Information

This paper is supported by both the draft Health and Wellbeing Strategy for Berkshire West, and also the paper summarising the Build Back Fairer: The Covid-19 Marmot review.

6. Options for Consideration

To support the establishment of the Health Inequalities Taskforce.

7. Proposal(s)

To formalise the new Health Inequalities Taskforce and its reporting mechanism to the Health and Wellbeing Board via the Steering Group.

8. Conclusion(s)

A Health Inequalities Taskforce has been set up in response to the increasing recognition of the importance of inequalities in health in West Berkshire and need to provide a coordinated approach to work undertaken in this area. It will be responsible for developing the delivery plan for priority one in the new Health and Wellbeing Strategy.

9. Consultation and Engagement

The work of the Health Inequalities Taskforce will take account of the engagement already undertaken as part of the developing the new Health and Wellbeing Strategy and will seek to work with communities and individuals as part of developing the delivery plan to implement this Strategy.

10. Appendices

Appendix A: Health Inequalities Taskforce Terms of Reference

Background Papers:

None

Health and Wellbeing Priorities 2019/20 Supported:

☒ First 1001 days – give every child the best start in life
☐ Primary Care Networks

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 the differences in health between different groups of people

Officer details:
Name: Sarah Rayfield
Job Title: Acting consultant in Public Health
Tel No: *
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West Berkshire Council Health Inequalities Taskforce
Terms of Reference

1. GENERAL

1.1. These terms of reference set out the membership, remit, responsibility and reporting arrangement of the West Berkshire Council Health Inequalities Taskforce

2. PURPOSE

2.1. The purpose of this group is to provide a coordinated approach to work undertaken to address health inequalities in West Berkshire

2.2. The main task for the group will be to develop a delivery and action plan to address priority 1 (Reduce the differences in health between different groups of people) of the new Berkshire West Health and Wellbeing Strategy 2021 - 2030

2.3. This will be done by joined up working and improved communication between stakeholders and group members and development of actions to support the system as a whole

3. RESPONSIBILITIES

3.1. The group is responsible for mapping out health inequalities in West Berkshire and to develop a shared understanding of which of our communities are most in need

3.2. The group will assess how Covid-19 has differentially impacted our local population and develop actions to mitigate the long term impact of Covid-19 from increasing existing health and social inequities

3.3. The group will provide oversight to the work ongoing across the local authority to address reduce health inequalities, ensuring a life course approach

3.4. The group will work towards implementation of a Health In All Policies approach at West Berkshire Council

4. MEMBERSHIP

4.1. The group consists of representation from the following

- Public Health
- Education
- Equality and Diversity
- Building Communities together
- Adult Social Care
- Children’s services

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- Transport
- Housing and Planning
- Berkshire West Clinical Commissioning Group

5. FREQUENCY OF MEETINGS

5.1. The group will meet monthly

5.2. If a designated member is unable to attend, they should endeavour to send a replacement in their place

6. ACCOUNTABILITY

6.1. The group is proposed to report to the West Berkshire Health and Wellbeing Board

6.2. The group will also align with other relevant streams of work including

6.2.1. Covid-19 recovery
6.2.2. Refresh of the Council plan
6.2.3. The Children's Delivery Group
6.2.4. Engaging and Enabling Communities

7. REVIEW DATE

7.1. Membership and chairing arrangements will be reviewed annually. Next review date will be May 2022

Approval Date:

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Covid-19 First Wave Survey & Post First Wave findings in West Berkshire

Report being considered by:	Health and Wellbeing Board
On:	20 May 2021
Report Author:	Healthwatch West Berkshire
Item for:	Discussion

1. Purpose of the Report

This report from Healthwatch West Berkshire highlights patient and public feedback in relation to systems response to the Covid-19 pandemic and makes recommendations for how this response could be improved.

2. Recommendation(s)

Healthwatch West Berkshire recommends that the Health and Wellbeing Board: notes the findings of the report and implements its recommendations to improve current and future responses to national pandemics.

3. How the Health and Wellbeing Board can help

We would ask the Board to ensure responses are required from the relevant agency identified and to endorse and action the report's recommendations.

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

4. Introduction/Background

4.1 A survey was carried out jointly by Healthwatch Reading, Healthwatch West Berkshire and Healthwatch Wokingham between June 2020 and August 2020.

4.2 Healthwatch West Berkshire (HWWB) added a number of additional questions to make the most of the opportunity to engage with our residents. HWWB has also had an ear to the ground throughout the pandemic.

4.3 This report covers the additional questions included by HWWB, as well as other information gleaned since the survey closed. It provides the views of 301 respondents and those in touch subsequently with HWWB.

5. Supporting Information

The report highlighted a number of areas where HWWB considers that improvements are needed to respond to issues highlighted in the survey, including:

- Maintaining Covid-19 volunteering energy and broadening the community response hub membership;

- Targeting support for both public and front-line staff, including the EDC (Ethnically Diverse Communities), based on need and risk;
- Improved timely integrated communications
- Tangible positive action to show that carers are truly valued and will be looked after;
- Mental health support is faster, more universally offered and less reliant on a 'medicalised' only pathway;
- Phlebotomy services be radically transformed;
- NHS dental services undergo a total national root and branch re-design;
- Identifying the vulnerable and mitigating embedded inequalities;
- Staff wellbeing in all Health and Care settings to be risked assessed after lockdown 2021 measures are eased;
- Testing needs to be patient centred not system centred;
- Appropriate Patient Access to Care, avoiding digital exclusion;
- Barriers to accessing appointments and fear of infection;
- Amend the Health & Social Care estates accessed by the public, to be fit for purpose during any future pandemic or similar crisis.

6. Options for Consideration

The Health and Wellbeing Board can choose to implement Healthwatch West Berkshire's recommendations in full or in part, or it can choose to continue with current service provision. Healthwatch West Berkshire's preferred option is to implement the recommendations in full as per the proposal below.

7. Proposal(s)

Healthwatch West Berkshire proposes that the Health and Wellbeing Board asks the relevant agencies to provide initial responses to each of the issues and recommendations raised in the report, and to set up a Covid learnings task and finish group to determine appropriate actions.

8. Conclusion(s)

8.1 The Healthwatch survey has highlighted a number of issues faced by West Berkshire residents and highlights potential areas where the health system's response could be improved in response to the current Covid-19 pandemic and also future pandemics.

9. Consultation and Engagement

9.1 Due to the timing of the surveys and subsequent analysis and reporting of the results, it has not been possible to consult the Health and Wellbeing Steering Group prior to coming to Health and Wellbeing Board.

9.2 The report is informed by 301 survey responses from West Berkshire residents and by other feedback received by Healthwatch West Berkshire from March 2020 to February 2021. The report has been ratified by Healthwatch West Berkshire's Independent Board for consideration. Healthwatch has also spoken with many voluntary sector organisations, including carer and community groups.

10. Appendices

Appendix A - Covid-19 First Wave Survey & Post First Wave findings in West Berkshire

Background Papers:

"People's experiences of health and social care services during the first Covid-19 lockdown- Healthwatch Reading, Healthwatch West Berkshire, Healthwatch Wokingham" https://www.healthwatchwestberks.org.uk/2021/03/peoples-experiences-of-health-and-social-care-services-during-the-first-covid-19-lockdown/

NHS 2020 Staff Survey re Recc 9
https://www.england.nhs.uk/statistics/2021/03/11/2020-national-nhs-staff-survey/

Health and Wellbeing Priorities 2019/20 Supported:

☐ Give every child the best start in life
☐ Primary Care Networks

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 improving access to and quality of services, improving early diagnosis, reducing early mortality, and reducing health inequalities

Officer details:

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Covid-19 First Wave Survey & Post First Wave findings in West Berkshire

Feedback & Recommendations

healthwatch West Berkshire

Contents

"I just think the NHS has done a great job over this pandemic in very difficult circumstances."

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INTRODUCTION

Healthwatch is an independent, statutory organisation responsible for ensuring the patient/public voice is heard. It also monitors health and social care services on behalf of patients. There is a local Healthwatch in every area of England.

As the most important part of the Healthwatch role is listening to the views, experiences and thoughts of residents, at this time it is important that we know how the pandemic has affected individuals and families across our region, hence this survey.

What you have to say about your experiences is important and as committed members of the community we have the authority to make your views heard and campaign for change.

A survey was carried out jointly by Healthwatch Reading, Healthwatch West Berkshire and Healthwatch Wokingham. However, Healthwatch West Berkshire (HWWB) also added a number of additional questions to make the most of the opportunity to engage with our residents. HWWB has also had an ear to the ground throughout the pandemic.

This report covers the additional questions included by HWWB, as well as other information gleaned since the survey closed, as this is more up to date. It provides the views of 301 respondents and those in touch subsequently with HWWB.

Genuine quotes are included to support the text and additional quotes are included within the Appendix.

DRAFT

EXECUTIVE SUMMARY

The COVID-19 crisis has challenged and affected us all, although in different ways. Our survey and subsequent feedback highlight some of the key issues.

Feedback via online consultations was generally good, with more positive comments than negative ones towards Health services. The survey did not probe social care services in any real depth, an unfortunate omission. Only through good local networking was it possible to capture and feedback social care issues to help improve support to West Berkshire residents.

Telephone and online services generally were thought of positively, although there were some people who were disadvantaged because of lack of hardware and/or their confidence with technology or means to 'connect'. This was made more difficult for some because they were not offered a choice of the how they could contact services. Therefore, it was not known whether they had any difficulties or not.

Getting an appointment 'seems' quicker and easier, although access to technology may be necessary to do so.

Young people have generally been affected less physically, but are suffering socially, mentally, and economically. However, with new variants of COVID-19 this could alter.

It has also become clear that there was a huge anxiety created in the public as everyday services moved online, changed location, were suspended, or just stopped operating. Major issues arose around services such as Phlebotomy, Memory Clinics, Health Visiting, Scans and specifically Dental, which effectively ceased to operate in any meaningful way for many months in the first half of 2020.

Things were made worse by a huge gap in communications around non COVID-19 services. It became clear there were huge holes in pandemic planning for many services and certainly not enough resources in system communications teams locally. Coping with the fast-moving changes in Health/Social Care/Council Services was needed and was quickly arranged with the setting up of the Voluntary Response Hub. Sadly, NHS England disallowing timely local communications, with unnecessary central NHS control, increased the communication vacuum and learning from this is essential going forward.

Another disappointing aspect was the fact that West Berkshire Council, who monitor care homes and Domiciliary Care services, suspended Care Quality Meetings. These meetings monitor Care Homes and Domiciliary Care services. Listening to feedback & challenge from partners would have been helpful. The West Berkshire Integration Board Meetings responsible for discussing joint working between Health & Social Care were also suspended. It would have been helpful for cut-down meetings or reports to have taken place and this missed an opportunity to highlight local Health and Social Care issues that were affected by service changes during the pandemic's first wave. There were certainly issues around true integration and gaps reported by the public that would have been good to share. Often just having the right people in the room solves an issue.

EXECUTIVE SUMMARY (CONT)

Of major concern was the Health & Wellbeing Board (H&WB) deciding not to meet to discuss how the system was working as the pandemic initially spread. It does beg the question if it is not important in the face of a 100-year event what is its role?

The Berkshire West CCG, & specifically Royal Berkshire Hospital, did foster good practice by providing information through weekly meetings with local Healthwatch across Berkshire West initially. We became able to really understand the impact of changes to services and share important feedback from the public. This sharing of information worked both ways and considerably helped us to answer public questions that arose.

It became clear that cancelling key program Boards such as Planned Care, Mental Health & LD and Primary Commissioning was unhelpful, if understandable, with the system pressures of COVID-19. Shortened alternative 'situation report' (sitrep) meetings would have provided an opportunity to offer public/patient feedback to the relevant officers, as well as a vehicle to disseminate out to the public through the Healthwatch daily/weekly 'digest'.

The recommendations of this report have been given a high degree of consideration and it is important that these are received and reflected upon by those with the power to shape local and national Health, Social Care, and general wellbeing policy. We should celebrate all the heart-warming successes & positives from community and professionals alike in combating this deadly pandemic.

However, we cannot have sacrificed so much as a society and then fail to enshrine the learning from those sacrifices. We must capture both the negative and the positive aspects and ensure the public testimony is heard!

(Healthcare Staff who died during the Covid 19 pandemic)

Recommendations Synopsis

Recommendation 1 -Maintaining Covid Volunteering Energy & Broadening the Community Response Hub Membership

Recommendation 2 – Targeting support for both public and front-line staff, including the EDC (Ethnically Diverse Communities), based on need and risk

Recommendation 3 – Improved Timely Integrated Communications

Recommendation 4 – Tangible positive action is taken to show that Carers are truly valued and will be looked after

Recommendation 5 - Mental Health support is faster, more universally offered and less reliant on a 'medicalised' only pathway

Recommendation 6 - Phlebotomy Services be radically transformed

Recommendation 7 - NHS dental services undergo a total national route and branch redesign

Recommendation 8 - Identifying the vulnerable and mitigating embedded inequalities

Recommendation 9 - Staff wellbeing in all Health and Care settings to be risk assessed

Recommendation 10 - Testing needs to be patient centred not system centred

Recommendation 11 – Appropriate Patient Access to Care, avoiding digital exclusion

Recommendation 12 – Barriers to accessing appointments and fear of infection

Recommendation 13 - Amend the Health & Social Care estates accessed by the public, to be fit for purpose during any future pandemic or similar crisis

DRAFT

Recommendation 1 - Maintaining Covid-19 Volunteering Energy & Broadening the Community Response Hub Membership

COVID-19 has brought out the best of our volunteering spirit. The challenge now is to capitalise on this positivity and maintain the engagement. We need to make sure that those who want to help can continue to do so and those who need help get it.

West Berkshire's Community Hub was felt to be a helpful and positive development by those who made contact. However, there were difficulties for some with access and some were given a signpost to another information point when they had expected a referral to a service or immediate help. It is important to always consider, when services are setup digitally, how those who are digitally excluded can have access.

a) **West Berkshire Council (WBC)/Berkshire West Clinical Commissioning Group (BWCCG) should consider building on the local community response hub to create a joint Community/NHS Volunteer 'Reserve'. This could be called upon when there is a need and/or as an emergency response e.g. vaccinations, extreme weather events, major incidents, staff respite, etc**

b) **The Health and Wellbeing Board (H&WB) should consider broadening the membership of the Community Hub so that not only can it manage, administrate, and signpost enquiries - but also have the ability to solve some of the problems. For example, it would have been helpful if the CAB, local Healthwatch and key voluntary sector organisations (Foodbank, Furniture Project, Age UK, Fairclose) had been included operationally. Additionally, a greater integration with NHS volunteers service would be helpful and should be requested from NHS England**

Action by: H&WB/BWCCG/WBC/NHS England

Recommendation 2 – Targeting support for both public and front-line staff, including the EDC (Ethnically Diverse Communities), based on need and risk

Marginalised groups, particularly the Ethnically Diverse Communities (EDC), those people in deprived areas and older people in care homes, have suffered particularly badly in the pandemic. We must redouble our efforts to stop this re-occurring, enshrine reducing health inequalities into all programs and work towards fairer, more equal, and more inclusive communities.

Currently blunt instruments such as age, level of assets, or a building's normative title i.e. Care Home/Community Hospital are used to determine who is helped and where resources can be used. Leaving out vulnerable residents in places incorporated as '*Supported Living*', '*Shared Lives*' and '*Homeless Hostels*'. It must be asked why government left these establishments off the PPE and infection control assistance programs at the beginning of the pandemic?

This also had an impact on the protection of key frontline staff in Health/Social Care/ Emergency Services/Logistics who needed to be involved with these residents. Better use of population health/risk data based on *actual* vulnerability (including years of life lost) to drive support used for the wider general population would in the long term reduce health inequalities and increase life expectancy for this cohort, not just around COVID-19.

a) **The H&WB ensures all system partners use up to date Population Risk Assessment Management and data more appropriately to target care resources to where they are needed without exceptions or inconsistencies based on categories/coding, but on need/vulnerability**

b) **The H&WB ensures system partners correctly code and record outcomes from the EDC and other communities at the highest risk, benchmarking locally and nationally over the next five years to monitor material improvements**

Action by: DHSC (Department of Health and Social Care)/MHCLG (Ministry of Housing Communities & Local Government)/NHS England/ PHE (Public Health England)/BOB ICS (Bucks, Oxon, Berks West Integrated Care System)/ BWCCG/ West Berkshire Public Health/ WBC Adult Social Care

Recommendation 3: Improved Timely Integrated Communications

The messaging coming down from NHS England/Public Health nationally and via the national media has not been consistent with the messaging and activity locally. This has caused confusion and anxiety. Messaging both nationally and locally needs to be consistent, especially in a situation where the message is complex and the situation stressful.

Inconsistent messaging has left many feeling unsure about what they can and cannot do – i.e.: were particular departments closed, should they attend hospital appointments, should they contact the department or should they wait to be contacted. In addition, in some cases there was no communication at all(e.g. Dental services); this led to the rumour-mill being set in motion, which in turn led to the dissemination of incorrect information and unnecessary stress for many.

a) **BOB ICS, BWCCG, WBC, WB Public Health ensure communication teams in both Health, Local Authority, Public Health are properly resourced to guarantee they can communicate *ALL* relevant messaging to the public in a timely, clear way that reduces uncertainty, lowers anxiety, helps clarity of message and speeds up patients accessing treatment appropriately - telephone lines to GPs often blocked because of this!**

b) **BOB ICS, BWCCG, WBC, WB Public Health need to ensure accessible or translated communications are available simultaneously to the vulnerable e.g. EDC, the disabled, LD community in line with the Equality Act & NHS Accessibility Standards. So not an *afterthought* or leaving the public relying on Doctors of the World, Sign Health, Mencap etc**

c) **WBC, the H&WB write to NHS England to ensure in future locally relevant non-controversial communications can be published with local agreement *quickly*. Additionally, that more sensitive communications are authorised through a swifter process. This would make sure that local information, as it relates to national media information, is always explained fully to West Berkshire residents & they are not kept in the dark**

d) **That residents are told if there is no additional or new information in relation to services, treatments, as silence increases anxiety and the spread of misinformation**

Action by: Action by: NHS England/Healthwatch England/BWCCG/ H&WB/PCNs/WB Public Health/WBC/WBC Adult Social Care

Recommendation 4 – Tangible positive action is taken to show that Carers are truly valued and will be looked after

Support for *Carers* (unpaid) was a significant problem during the pandemic. Many saw their own support or respite disappear altogether. For example, those with a personal budget, or those needing access to treatment and help through assessments pathways all found them largely cancelled or postponed. This was especially problematic for those looking after residents with Dementia or early memory difficulties. Additionally, the rules for Carers around isolation and testing were felt to be confusing. Many felt utterly abandoned as they could not access day centres, help from other family members, support from friends/neighbours, or shielded over an extended period with consequences on their own wellbeing.

It is hoped that with the rolling out of vaccines that such extreme difficulties will be diminished or avoided going forward. However, it is important to monitor the situation closely to make sure that local delivery matches local aspirations, and that the Carer's voice is sought *and heard* when vital support services are amended or cancelled. Ideally all changes should be done in a co-produced way with Carers & their groups.

a) **H&WB undertake pandemic planning and learning as it relates to Carers (unpaid) and those being looked after. This to include where a service is suspended, so that the contingencies necessary to offer mitigation & support are put in place and actively monitored for effectiveness while the service remains suspended. This should be co-produced with Carer groups & relevant voluntary services, so the consequences of service suspension are fully recognised**

b) **Additionally, the H&WB oversees the setup of a help/crisis number with partners for rapid response assistance for Carers, similar to the NHS Rapid Response & Treatment Team, to avoid 'carer crisis'. This could be working in co-ordination with the revised Community Hub, ASC, Community Health Teams**

c) **The H&WB launch a new *'Carers Charter'* and a joint WBC, BWCCG, TuVida*, *'Carers Card'*. This card to recognise the carer role and be coded for ALL systems, no matter who is in touch with the carer & the cared for. Application for this card to be by either the carer or cared for, across all services, such as GPs, Hospitals or WBC Social Care, to ensure no Carers are 'lost'. To encourage carer registration the card could offer new, 'meaningful' benefits, e.g., Council tax reduction, discounted prescriptions, eye tests, reduced travel costs & NHS parking**

Action by: H&WB/WBC/BWCCG/BHFT/NHS England

*Carers support provider in West Berkshire

Recommendation 5 - Mental Health support is faster, more universally offered and less reliant on a 'medicalised' only pathway

Mental health difficulties have been reported nationally to be a major cause for concern, and this has been highlighted through our survey. It also appears that mental health is declining further in later phases of the pandemic as lockdown returned. The needs of people with new mental health issues and/or those with lower-level mental health difficulties are of particular concern. Difficulties in just accessing services and long-standing capacity problems of MH services and MH support in Primary Care challenge us not to just medicalise *all* mental health problems or leave patients receiving little or no help until issues become serious.

a) **The H&WB, BWCCG, BHFT, Primary Care Networks (PCNs), Mental Health Action Group (MHAG) with support from the BOB ICS, increase the speed of the rollout of Mental Health specialists/support in primary care settings e.g., PCNs following that mandated nationally & piloted in East Berkshire CCG**

b) **BWCCG, WBC, H&WB work with significant partners e.g., Health Education England (HEE) and the Thames Valley Berkshire Local Enterprise Partnership (TVBLEP) to recruit and retrain many of the people whose jobs have disappeared in new roles such as Mental Health (MH) social prescribers who can refer to community groups or refer back to clinicians. For example, people in public facing careers, such as hospitality, retail etc, could be retrained cost effectively (because they already have significant appropriate skills) to provide initial patient facing Mental Health triage support at primary care or alongside ASC Community Mental Health Team**

c) **Ensure the voluntary sector has sufficient support, training, funding to help take on lower-level MH issues, or as people recover from more serious MH issues. To be effective it has though, to be easy to find or be referred to e.g., from Community Hub, Parish Councils, VS, family and friends**

Action By: H&WB/BWCCG/BHFT/MHAG/Community Hub/HEE/ Thames Valley Berkshire LEP/BOB ICS/NHS ENGLAND

"Raised anxiety leading to lack of sleep. Mainly as unable to support family and friends face to face, and not able to access my regular exercise at the Leisure Centre."

Recommendation 6 - Phlebotomy Services be radically transformed

Phlebotomy (Blood tests) services require attention both locally and nationally. This became an area of great concern for patients during the pandemic when even emergency blood tests were taking three weeks to book. Inequalities arose because some surgeries were still able to undertake emergency blood tests in very quick turnaround, but those referred to bigger centres, such as West Berkshire Community Hospital, had longer waits. Concerningly, Royal Berkshire Hospital (RBH) largely suspended its walk in & phlebotomy services except to inpatients.

It appeared that staffing was an issue as well as infection control, although we are pleased to report that five new staff appointments have now been made locally and services are almost back to normal. Regular blood tests have been vital for many with long term conditions and those recovering - so good information on the likely effects of changes to monitoring of their condition via regular blood tests should be factored into pandemic planning and any planned service transformation.

a) **The H&WB/HEE/NHS England/General Pharmaceutical Council consider supporting additional Phlebotomy/vaccination training courses for those existing key staff to develop additional skills. This would enable a 'bank' of specifically skilled staff set up on which to draw in case of staff shortages or to improve waiting lists**

b) **The 'lottery' on availability of blood tests between secondary care provided services and GP provided services needs addressing, so ALL patients have equal timely access. Payment disparities in where services are provided may also be a driver & should be looked at urgently**

c) **HEE/NHS England/General Pharmaceutical Council cooperate to develop the training of staff in pharmacies nationally to be able to also offer phlebotomy services. Pharmacies already have experience of vaccinations & using tracked medical courier services for testing, refrigeration facilities on site, etc**

Action by H&WB/HEE/NHS England/General Pharmaceutical Council

"Bloods could have been taken at surgery which would have been a lot better and easier to manage than me having to travel to hospital where Covid patients were being cared for."

Recommendation 7 - NHS Dental services undergo a total national route and branch re-design

There is a need to revisit the complete closure of the ***dental*** services at the start of the pandemic. There were problems with setting up the emergency hub, difficulties with sourcing PPE for dentists, poor communications and there remains an issue of equality with this service.

It appears that NHS dentistry has been scaled down to such an extent it is almost impossible to access, although by paying privately a service can seemingly be quickly accessed. The pandemic not only highlights these key issues in community dental services, but also the fundamental inequalities of those able to pay for private dental care against those requiring NHS services. For example, people were offered very long waits, which disappeared when there was an ability to pay.

It became apparent during the pandemic that dental services for those without the means to pay for private dentistry simply were inadequate and patients were forgotten and left to wait months for treatment in, sometimes, excruciating pain. Years of under investment in community dental services created huge waiting lists of up to two years excluding thousands from good oral health often leading to other medical complications and decrease in life chances and expectancy.

Services for some of the most vulnerable e.g., new mums, rough sleepers, those with LD disappeared. No exception or extensions were offered, for example, to mums who could not access their 12-month entitlement to free dental care, due to the inability to access any NHS Dental services during the pandemic.

It also appears the public has a completely different idea of how NHS Dentistry works to that of commissioners and that you need to register with an NHS dentist to access any treatment. This confusion and fear of cost leads to a huge proportion of people not accessing dental services of any kind with the resultant poor results for oral health in adults and children. Community Dentistry was already over-stretched pre-pandemic and in need of a complete overhaul with adequate resourcing to close the inequality gap in relation to good oral health.

a) **NHS England considers a total national route and branch redesign of NHS Dental services and creation of a new service *The National Health Dental Service*, rather than the current NHS Dental services as an arm of an unaccountable centralised NHS specialist commissioning team**

b) **H&WB requests NHS Dental commissioning for the South East to attend a special meeting to discuss future dentistry/community dentistry services, both in the short and medium term, with patient and voluntary sector involvement**

Action by: H&WB/DHSC/NHS England/General Dental Council

"I'm told I could go private by the same ones that tell me they are full. I can't afford it and shouldn't have to pay''

Recommendation 8 - Identifying the vulnerable and mitigating embedded inequalities

Vulnerable people were disadvantaged during phase one of the pandemic. However, the voluntary sector stepped up to the mark magnificently; their kindness and support was very much appreciated.

There were difficulties for these vulnerable groups with 'vulnerability' taken too prescriptively e.g., Care Homes only/over 65s. In trying to identify and support vulnerable groups there were/are major gaps in provision and regulatory monitoring is necessary. A person identified as 'vulnerable' may not actually be so, but a person not identified as 'vulnerable' may indeed be so. Means testing leaves vulnerable, frail and elderly people unable to access help even though they may be asset rich but cash poor – heating or eating! Hostels and supported living are not classified as '*care homes*', so this area was left initially in the hands of only WBC to attempt to offer support to some incredibly vulnerable people.

Some appointments were postponed because of the pandemic and some people avoided services because of fear of infection.

Those whose life expectancies and general health is so much poorer than the general population, such as those in supported living, sheltered accommodation, homeless hostels, shared lives, were excluded from the 'vulnerable' group.

The Ethnically Diverse Community has been identified as a vulnerable group nationally but has not been treated in the same manner as other high-risk groups with special emphasis on accessibility to care and information, cultural sensitivities, and reasonable adjustments.

a) **DHSC/WBC and the H&WB introduce a greater flexibility and more holistic approach to assessing individuals and/or groups in offering support or care e.g. ethnically diverse, LD, rough sleepers/socially isolated/new mums/disabled**

b) **The Ethnically Diverse Community should be treated in the same manner as other high-risk groups with special emphasis on accessibility to care, translated information, cultural sensitivities, and other reasonable adjustments**

c) **Those in supported living, sheltered accommodation, hostels, shared lives should all have been included without thought into the 'vulnerable grouping' as their life expectancies and general health is so much poorer than the general population. Population Health Management should assist with this, but many barriers to help are currently in place due to poor 'categorisation' and the failure to look at the person/cohorts holistically**

Action by: DHSC/WBC/H&WB

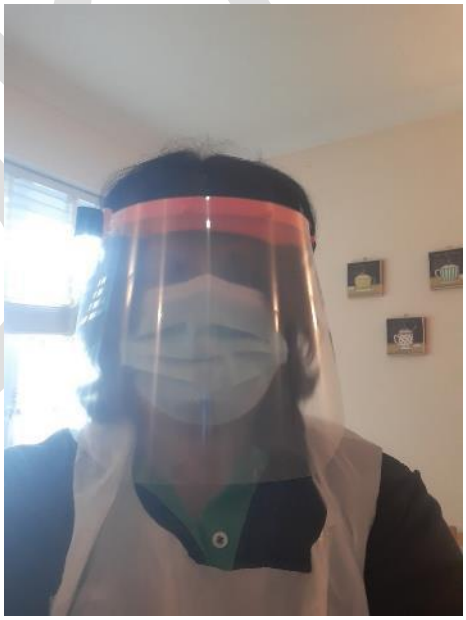
Recommendation 9 - Staff wellbeing in all Health and Care settings to be risked assessed

Front line health and care staff have been affected enormously, in part due to the length of the pandemic. This has had a huge impact on their wellbeing and may well be storing up high numbers of staff who may 'collapse' once the worst of the pandemic is over*. With staff shortages across Health and Social Care it's vital that frontline and key workers are given additional help and are seen to be appreciated to mitigate burnout and increased staff just walking away at the end of the pandemic.

a) **The H&WB oversees an audit of all frontline staff to risk assess if there is a need for additional help, counselling or leave from work. Senior System Organisations urgently consider retraining other staff/ex-staff/volunteers to offer short term respite or stepped down help for patients to give the staff some short-term respite. The Emotional Health Academy model successfully uses part qualified students to fulfil a vital role, and finding a short-term cohort could ensure the NHS/ Social Care does not collapse due to huge increases in staff absence or those deciding to leave the profession altogether due to the sustained pressure of the extended pandemic going on for so long**

b) **Staff get an increased holiday period post pandemic for one year e.g. 28 days holiday to 30 as a '*Thank you*' & an additional small break**

Action by: DHSC/NHS England/WBC/HEE/TVBLEP/H&WB



*(*Half of staff who cared for covid patients suffered stress-related illness, national survey reveals, HSJ https://www.hsj.co.uk/workforce/half-of-staff-who-cared-for-covid-patients-suffered-stress-related-illness-national-survey-reveals/7029666.article)*

Recommendation 10 - Testing needs to be patient centred not system centred

Testing was responsible for many issues highlighted to HWWB that caused problems for the public. The need to get tested prior to an outpatient appointment being one. When an outpatient appointment was booked the hospital could book a test at their own testing site, in the case of RBH in the South Car park, but could not book patients into the local testing facility at the Newbury Show Ground. So, the frail and elderly often with transport issues, were asked to do a forty-mile round trip on public transport or try to access a much-diminished voluntary driver service (due to the age of many of the drivers). In fact, the hospital told people to book it themselves if they wanted to use the showground site, often with dates available for testing coming up after the three-day window requested by the hospital prior to the appointment date. This led to some not going to their outpatient appointments or in many cases the hospital trust having to take the risk and see an untested person.

There was much unease at those being discharged initially without complete knowledge of whether the person was COVID-19 positive or not. This often failed to take into account the frailty of the Carer at home and risk assessments should be done holistically to include the whole family.

a) **All, and any testing systems need to be able to communicate with local NHS systems fully and easily to smooth the patient journey often for the frailest**

b) **Testing capacity should be flexible and be able to accommodate patients needing tests for outpatient appointments in good time. Tests should always be undertaken for those being discharged back home or into care homes ensuring that tests are always done & the results known to all who need to know**

Action by: DHSC/WBC/HEE/TVBLEP and the H&WB

Recommendation 11 – Appropriate Patient Access to Care, avoiding digital exclusion

Digital Access runs throughout our survey with many references to it. However, digital access means *digital exclusion* for a significant number. Although a fear or lack of confidence will decline as digitally enabled adults grow older, availability/cost of hardware and access to fast broadband service for some and cognitive decline with age of our most vulnerable is likely to remain. This will include some learning-disabled people, some on low incomes and some who will not use IT enough to warrant purchase of hardware. Additionally, there is still some housing, including in rural areas where internet reception is very problematic.

a) **BWCCG and Primary/Secondary Care settings review if/how their systems allow the most appropriate appointment method to be always offered to each patient. Some patients find the use of technology intimidating and they may not be comfortable or able to use it and may be only able to have access face-to-face. It is vital this should include home visits for housebound patients and those shielding or fearful of visiting the practice**

b) **Additionally, offering an appointment option with the most appropriate member of the practice rather than only the GP e.g., Physio, Practice Nurse, Pharmacist, Paramedic should be seen as the norm and all 'comms' should reflect this new model nationally - not *'Go & see your GP'* for every campaign. Language choices matter, creating demand surges that cannot be reasonably met should always be considered by national bodies**

c) **Ensure patient records have the preferred method for contacting the patient recorded for each record across all systems using 'Connected Care' fully and that this is routinely checked/updated at appointments, medication reviews or re-ordering of prescriptions by whatever department, whether health or social care. This should be monitored by the PPG's and local Healthwatch with assistance from key systems organisations**

Action by NHS England/Public Health England/BOB ICS/BWCCG PCNs & Acute Trusts

Recommendation 12 – Barriers to accessing appointments and fear of infection

A significant number of people have avoided, and still are avoiding contacting services, as they do not want to take up GP/others' time or they feel that there are other people more in need. This has been highlighted nationally, and there is now a realisation that some diseases are being picked up late with dramatic consequences. People also reported being fearful of catching COVID in hospital or at other health services in person. This fear remains an issue although efforts have been made to communicate the safety contingencies put in place that lower the risk to the public.

In addition, 'do not attend'(DNA) numbers pre-COVID were always a substantial issue for the NHS. It is even more important now to find the root cause of DNAs, as infection control measures during COVID-19 reduces the numbers of appointments for other patients even further.

a) **NHS England commissions local Healthwatch across England to investigate with the public why so many did not seek healthcare for non-COVID-related issues and review other pre-Covid non-attendance issues e.g., "did not attend" (DNA) especially for outpatient appointments. This would help to understand what would improve attendance going forward & reduce wastage of vital healthcare resources**

b) **The H&WB oversee GPs/Primary Care Networks (PCNs), Hospitals and Secondary Care settings revisiting their appointment invitation letters/texts to patients and use Patient Participation Groups (PPGs)/the Public/EDCs to feed back on their readability/tone. West Berks Patient Panel/Patient Leaders to discuss, action and feed back to the H&WB their findings within 12 months**

Action by: NHS England/Healthwatch England/BWCCG/H&WB/ PCNs/WB Public Health/WBC/WBC Adult Social Care

Recommendation 13 - Amend the Health & Social Care estates accessed by the public, to be fit for purpose during any future pandemic or similar crisis

Where surgery or secondary care visits are necessary, attention is needed to provide an appropriate, safe waiting area that does not put people at risk. This will require amending the Health/Social Care Estate to make sure that other harm is not an unexpected consequence of any amendments. Where is it necessary to close a service/practice, it is important to put in place a contingency plan regarding transport to where the service is transferred before changing the service - not waiting for complaints to mount up or a need to *not be met*.

GP Surgeries, Secondary Care, Social Care should *consider* how in the short-term they can put in place socially distanced seating for those needing to rest, as well as a covering from the elements, e.g. pop-up gazebo/part covered walkways etc. WBC Planning team to assist or suspend rules short-term, as is done with emergency services, mobile communication masts or emergency road works.

In the longer-term surgeries/secondary care/social care introduces Pandemic Enabled Design (PED) for all existing and *new* health or social care public facing facilities (e.g. the Royal Berkshire Hospital Redevelopment Project). This to include an audit of the existing estate and include consultation with experts from Infection Control, Public Health, transport, planning, and the PPGs/Parish Councils/local Healthwatch. The latter bodies to report back on progress to the Health and Wellbeing Board.

A similar body to then also look at service changes in a pandemic to ensure that unexpected consequences or access problems are mitigated. For example, the pandemic has shown the need for separate entrance and exits to services, additional car parking and changes to public transport routes.

a) **BOB ICS/BWCCG/PCNs ensure GP Surgeries, Secondary Care, Community Mental Health/Social Care consider how in the short-term they can put in place spaced seating for those who need them, coverings from the elements if outside e.g. covered walkways, 'pop-up' gazebos. WBC Planning Team assist or suspend planning rules short term, as happens with emergency services, telecommunications masts, road works etc**

b) **H&WB/BWCCG/BOB ICS/WBC ensure surgeries/secondary care/social care/Community Mental Health buildings introduce Pandemic Enabled Design (PED) to all existing and ANY new building. This to include an audit of the existing estate with consultation from experts from Infection Control, Public Health, transport, planning, Patient Panel Groups (PPGs), Community Groups, Parish/Town Councils/disability groups/local Healthwatch**

c) **PPGs, user groups with local Healthwatch report back to the H&WBB/BOB ICS/BWCCG on progress**

Action By: NHS England/MHCLG/BOB ICS/H&WB/BWCCG/WBC/PPG

RESPONSES TO RECOMMENDATIONS

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11 May 2021

Andrew Sharp
Chief Officer Healthwatch West Berkshire
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Dear Andrew

Thank you for asking for my comments on the draft Healthwatch report on the first COVID-19 wave. The insights within the report are helpful, and it would be good to share it more widely in the South East.

You have asked me to specifically comment on recommendations 2, 3 and 11.

Recommendation 2
We support both components of this recommendation.

In its current form Public Health England is supporting the development of population health management for Integrated Care Systems. We are providing advice, products, tools and workshops to develop skills in population health management. This is a key component of our work as the public health functions transfer into other organisations.

DRAFT

The expertise in local authority public health departments is critical to bringing a more in depth understanding of the needs of the population and the inequalities that exist.

It is encouraging to see the importance this report places on understanding the needs of the population and reducing inequalities.

Recommendation 3
We agree that timely and clear communications that everyone can understand is important. PHE strives to produce national materials that can be adapted locally. Our communication experts liaise with local partners to ensure they are used to best effect.

We provide press releases and put up spokespeople where this is useful in agreement with the local Directors of Public Health.

The rapidly evolving situation and changing guidance and rules have made it difficult to keep clear and simple messaging. However, this is absolutely what we strive to achieve.

Recommendation 11
The main part of the recommendation is not for Public Health England. I support the ongoing work to ensure communication channels reach as much of the population as possible. Considering and reducing digital exclusion remains a priority.

Other recommendations
Finally, I would like to comment on recommendation 13. I agree that we should use the experience of COVID 19 to consider how we can make our ways of working and estate ready for any subsequent pandemic. I would like to add that we should learn from the impact the current changes have made on a number of other infectious diseases, such as influenza and norovirus, and consider what changes may be valuable over Winters in general.

Your sincerely

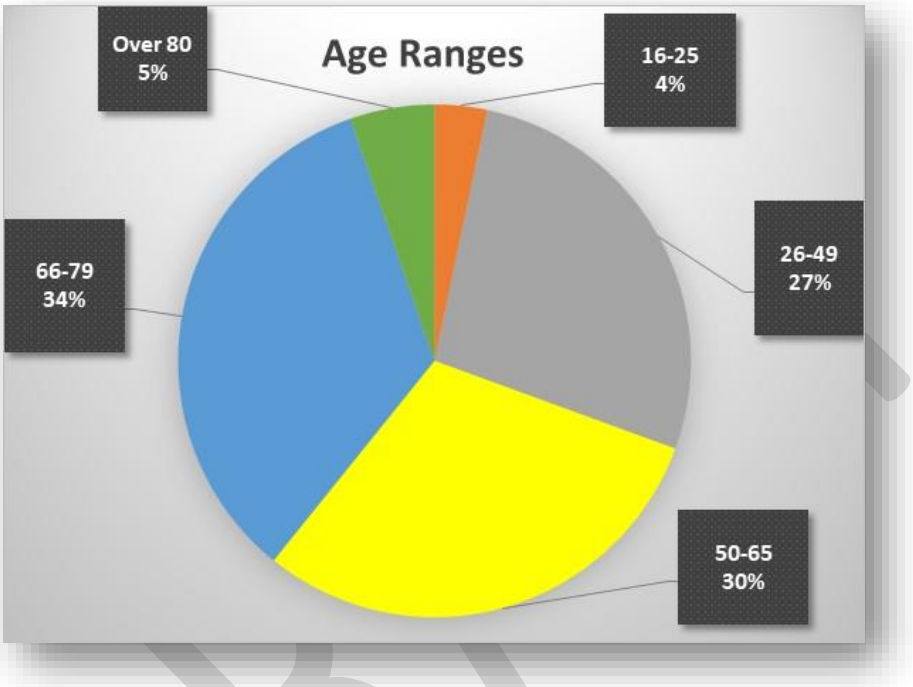
Alison Barnett
Regional Director, Regional Director and
NHS Regional Director of Public Health

DRAFT

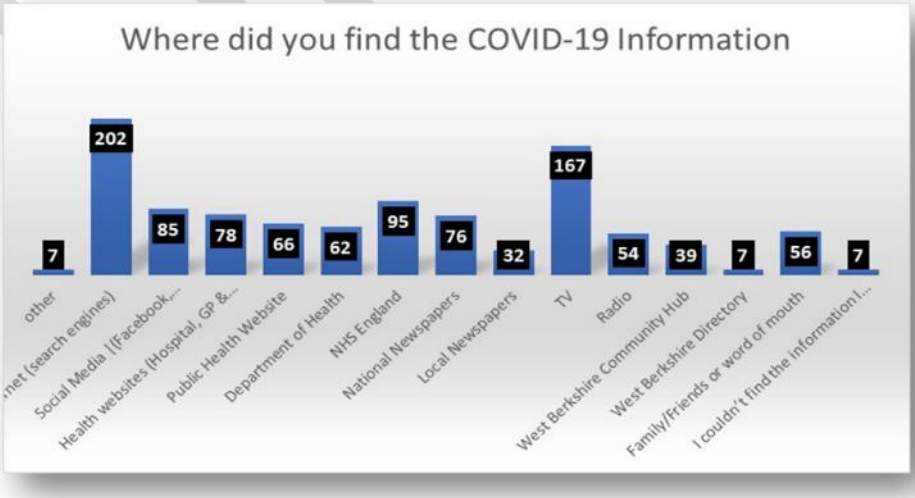
WHO WERE THE RESPONDENTS?

Most respondents were between 26 and 79 with those 16 – 25 or over 80 making up the small remainder. Nearly three quarters were female, and the majority identified as White (91%) with 6% identifying as BAMER and 3% as of mixed/multiple ethnicities.

15% identified as disabled with 84% identifying as not and 1% preferring not to say. The majority of people responded for themselves with a small proportion of their respondents (8%) responding for a relative, partner or close friend. 63% had used NHS/Social care since lockdown on March 23, 37% had not.



FINDING AND UNDERSTANDING INFORMATION

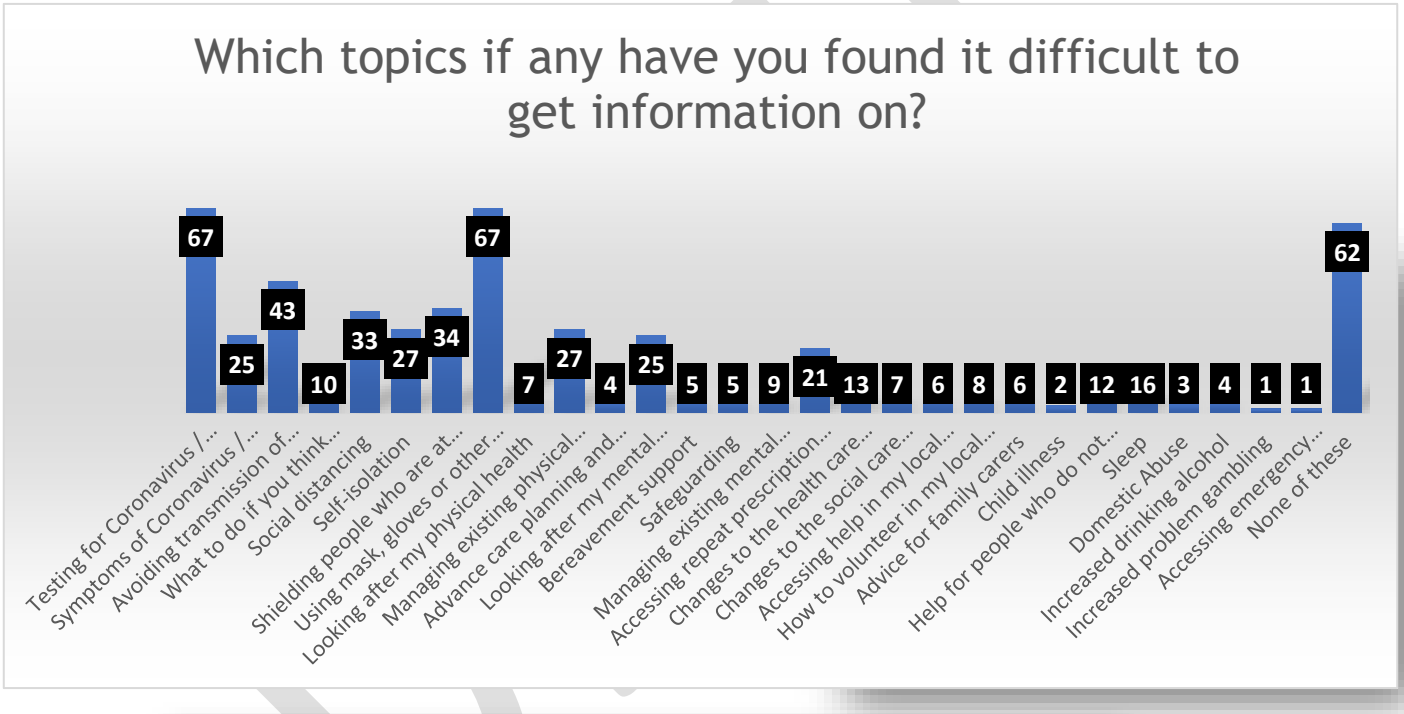


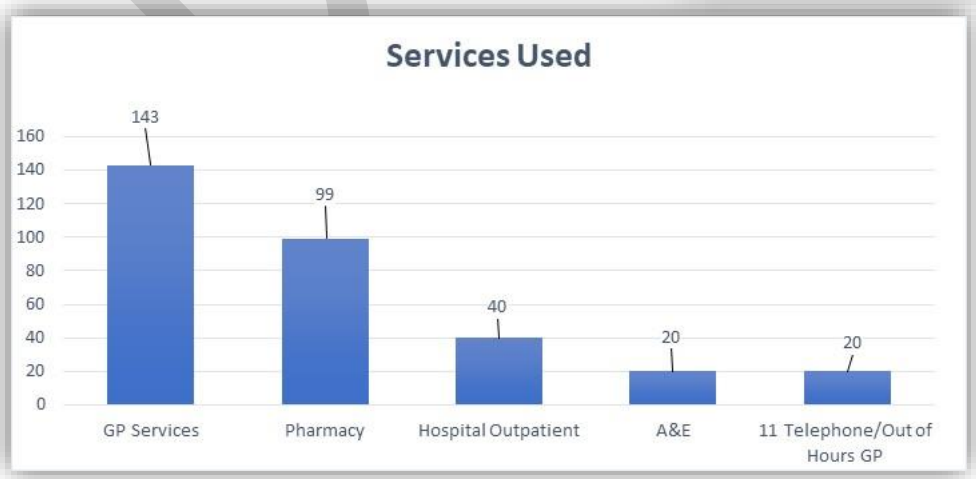
Most people (202) found information through a search engine followed by TV (167). Surprisingly only seven used the West Berks Directory. This may be something that would benefit from further investigation as it may influence where resources are used to greater effect.

The majority of respondents felt well informed and able to understand the information presented. A lesser number felt that keeping up to date with information about safety was easy. However, since the survey there have been reports that information about the 'rules' is reported to be confusing particularly regarding the different tiers in different geographical areas.

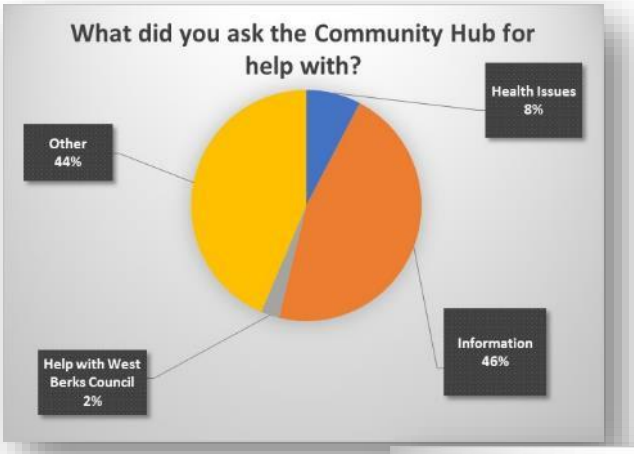
> *"I am really confused as to what I can and can't do. I like to go for a coffee but don't know if I am allowed to sit inside, although I see many people doing this."*

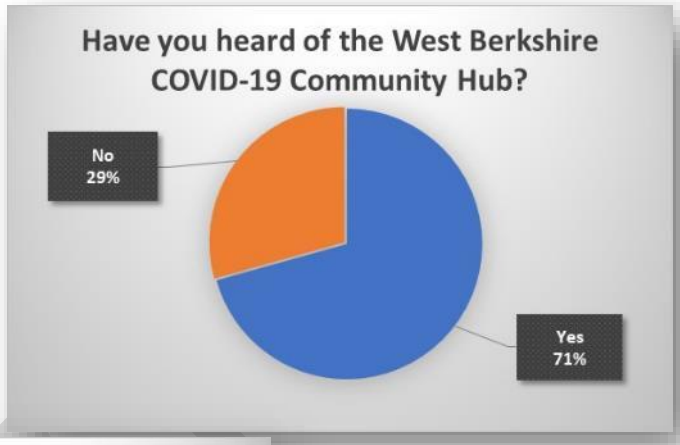
WEST BERKSHIRE COMMUNITY HUB

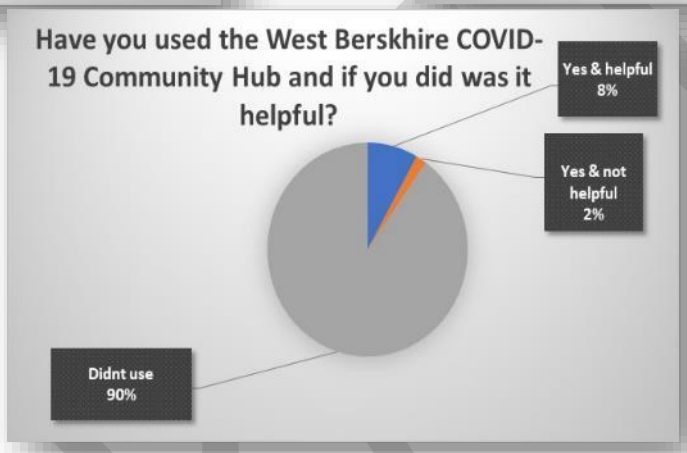




West Berkshire quickly set up a Community Hub to provide information about services and voluntary groups who could help/support people where necessary. This service was promoted through the council website, letters to residents' partners including Parish Councils, VS, local media, and a significant proportion of people knew about it.







Of the 301 who responded, more people found the service helpful than not with nearly half the respondents giving 'information' as their reason for contact.

"Can my relative go to the garden centre?"

"I want to stop the Government food parcel."

"How can I volunteer?"

However, there were difficulties with access for some people to the hub.

"I registered to volunteer, but no contact made"

"I am a Home Carer for my Mum, 88 with Dementia & Heart Failure and I find it a mystery that her need for 35+ hours per week Care were not passed by the DWP to the West Berks Community Hub so I have had to be very proactive in my role."

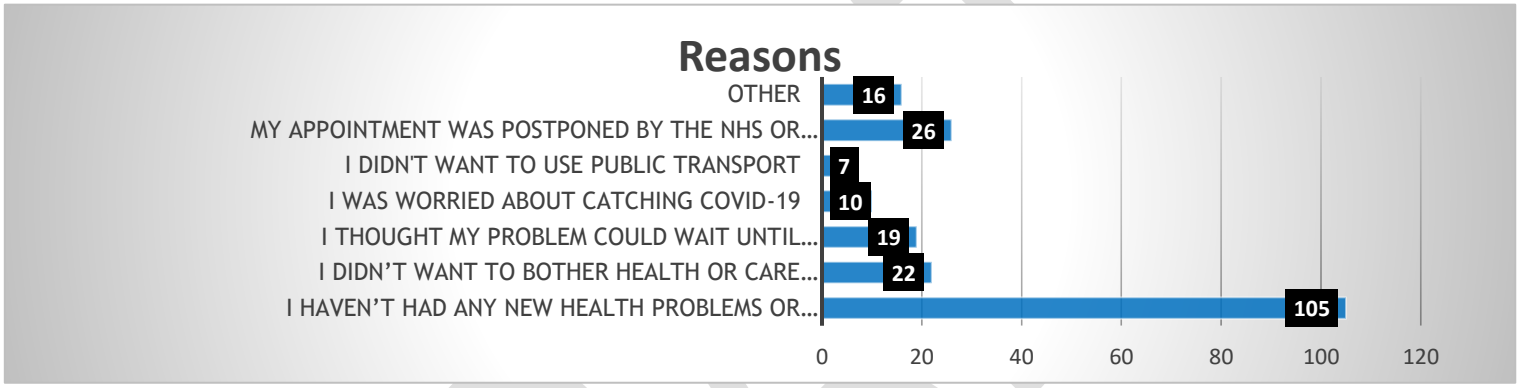
COVID TESTING/INFORMATION

A number of people found the distance they had to travel to get a test was too far and that getting results was problematic. This was not unusual more widely in the early days and much has been ironed out, particularly locally.

"I still do not positively know if I had Covid-19 after 4 months without an antibody test. It would have been reassuring to know either way, but I do appreciate the difficulties in having this done."

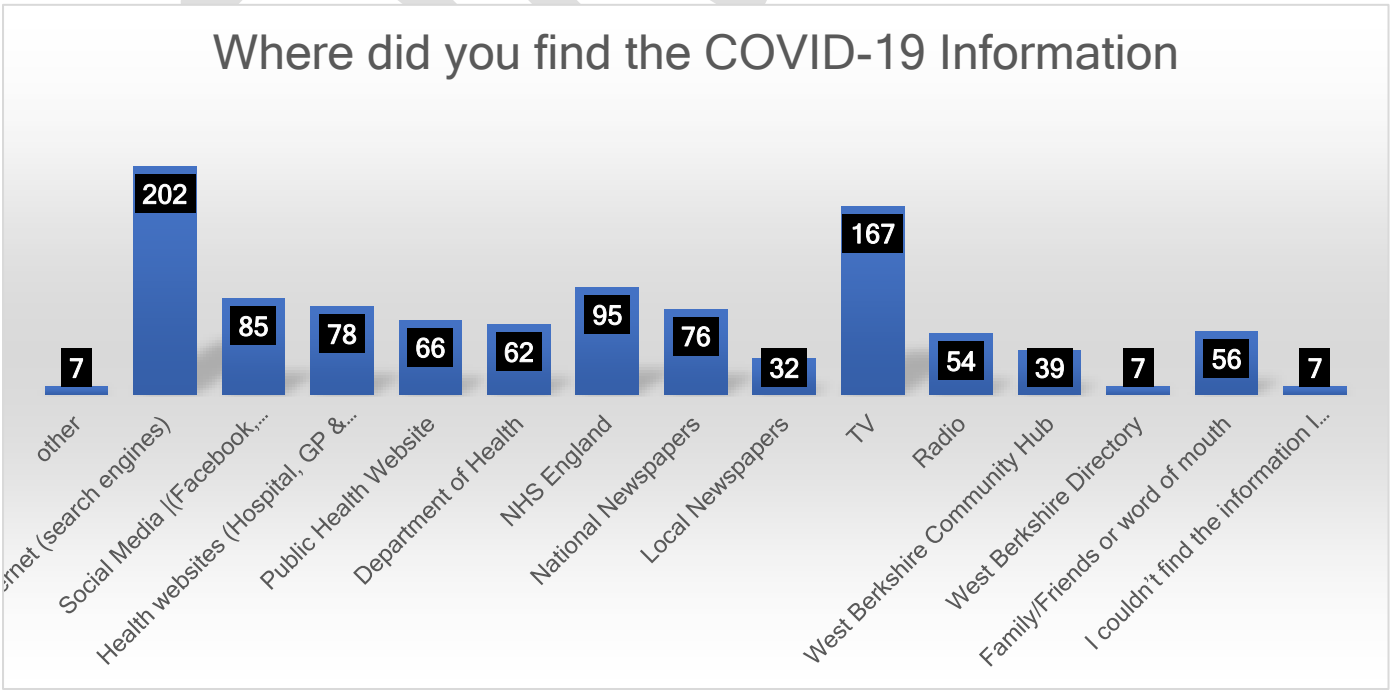
"Testing for husband had to be in Oxford which meant a lot of travelling."

Reasons given why respondents did not access services varied. A significant number did not have any new health or care needs, which is heartening. Some appointments were postponed because of the pandemic and some people avoided services because of fear of infection.



Most respondents found information from the internet, with the television coming second, followed by NHS England.

GP services were the most used, followed by pharmacy and thence hospital.



HOW PEOPLE FELT ABOUT THEIR HEALTH AND CARE SERVICES AND VOLUNTEERS – *over 100 people left comments*

In general people were very appreciative of the services they received and there is clear support for the NHS. Services are about people and the people who stepped up locally are a reflection of how things could be going forward if we can maintain the community and caring momentum.

The comments are too numerous to include here but please see Appendix 2.

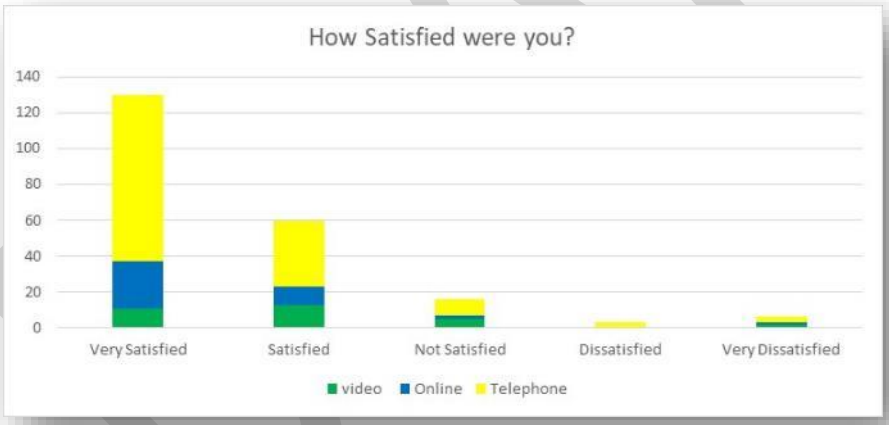
"Thank you, all the NHS staff, for always helping us."

"Thank you to the pharmacists for keeping going."

"Thank you to all our wonderful NHS who have kept working through the crisis, despite being underfunded, understaffed and under protected (due to the policies incompetence of the government) Additionally, thank you to the EI volunteers who collected medicines for us throughout the crisis."

HOW PEOPLE FELT ABOUT THEIR GP SERVICES

In the main people were happy with the service they received from their GP and appreciated the difficult times.

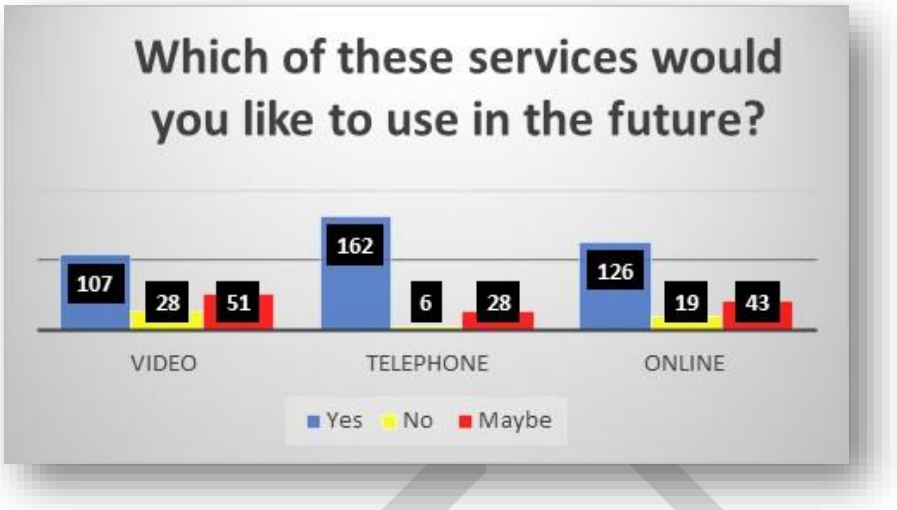


"I was given precise instructions of how to attend the surgery for my blood test and was taken in on time. They minimised my time inside the surgery."

"Amazing care from my GP who called me every day."

"I believe I got Covid-19 in March following a trip to France. Whilst not having all of the symptoms, I had significant breathing problems, fatigue, and loss of smell. So, I took Paracetamol and remained in bed for two weeks. I was still unable to fill my lungs fully after 8 weeks and wondered whether my lungs had been damaged by the virus. Having contacted e-consult, my GP arranged for me to have a chest x-ray and blood test at Basingstoke hospital. The blood test suggested I might have a blood clot, so I was summonsed back to the hospital the same day for further tests. The diagnosis was that I was suffering from Post Viral Syndrome since when I am feeling considerably better and reassured."

It was felt that having the choice of a telephone consultation was good. Video consultations, where these took place, were also appreciated and it was suggested that there would be a benefit for the choice of these opportunities to be extended.



"Telephone appointments really work, and video chat would be even better."

"Telephone appointments really work, an Excellent service. Spoke to my own GP. Had good consultation and prescription sent to my usual pharmacy, video chat would be even better."

"Being able to talk the problem through was helpful and quick. Saving time for everyone."

"Sent my query via email. My GP called me back. I am very happy with the information."

"Providing options of telephone/video or face-to-face consultations was extremely good. As someone who suffers from a number of ongoing conditions, including depression/ anxiety it is helpful to have the option for telephone consultations, which are easier to deal with."

The extended choice of a video consultation was mentioned as being something that would be appreciated. However, it should be noted that this is not for everyone.

"I had a telephone consultation which was fine, but I think offering video consultations as an option as well as phone would be beneficial."

There were comments about some people appearing to not be concerned about safety and this causes concern.

"Not wearing masks in surgery."

"Some people weren't social distancing."

Unfortunately, one GP Practice had to close because of staff shortages, and this meant that it was quite a way to get to the sister surgery which caused quite some problems for some people.

"Disappointing that our village GP closed completely meaning that we had to travel 4 miles to our sister surgery for all prescriptions and appointments. Prescriptions took up to 14 days to be ready."

There were also concerns about access to surgeries and waiting times outside, often in the cold and wet.

"On arrival I was expected to stand outside under a gazebo. There were no chairs provided. She raised this with the surgery after waiting 15 mins. No apology or provision of chair. Simple kindness lacking."

GP access was mentioned as problematic.

"I think getting through to the doctors is hard enough but now it is even harder."

"GP very slow to offer any help Just said probably Covid, call back in 4 weeks if no better… We did… And again, a month later."

HOSPITAL AND EMERGENCY SERVICES

People were appreciative of services when needed although lack of communication was an issue for some.

"I had a scan at West Berks which went well. On time and very efficient."

"Ultrasound scan - very efficient, with quick feedback both personally and to GP (Basingstoke Hospital)."

"GP telephone contact & Savernake Hospital Physio OPD were prompt & very helpful."

"Rang as elderly neighbour fell 111 phone call operators was brilliant and sent ambulance."

"Felt very safe at both Royal Berks and the Community hospital."

"The nurse is kind and very helpful. She called me back when I mention to the doctor that I could not make an appointment at the fertility clinic at Maidenhead."

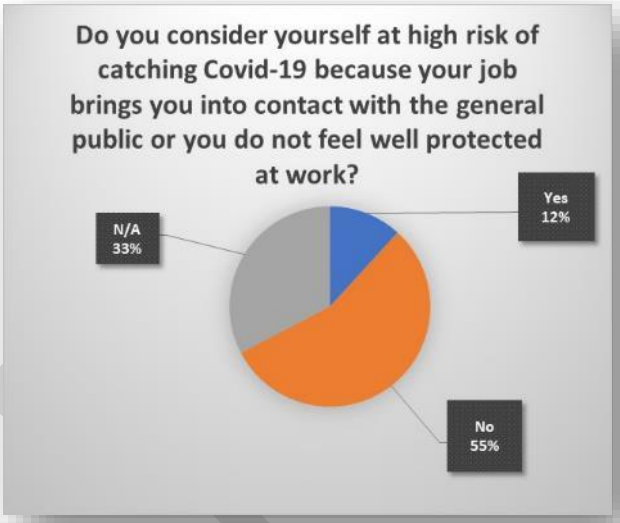
"As result of cancellations. All went well. Hospital protection procedures very good. However I had a letter from rheumatology about self-isolation at the beginning of lockdown, but now it is ending, I have been sent no follow up information about what I should do. I have some dental problems, urgent but not emergency, and I can't get an appointment at all at the moment."

"Better communications with family members of patients in hospital with Covid-19 and therefore unable to visit."

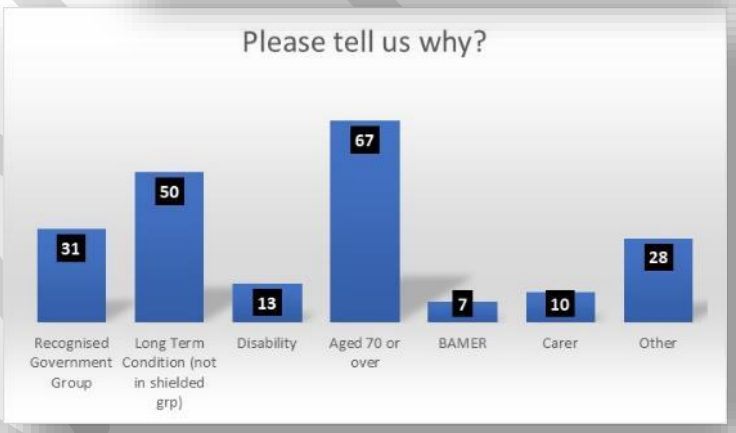
"Some of the other patients weren't social distancing."

"Not really, the only issue was that it took nearly as long for the ambulance staff to put on their PPE as it did for it to arrive! Totally understand the need for it though so it's not a complaint!"

FEELINGS OF VULNERABILITY



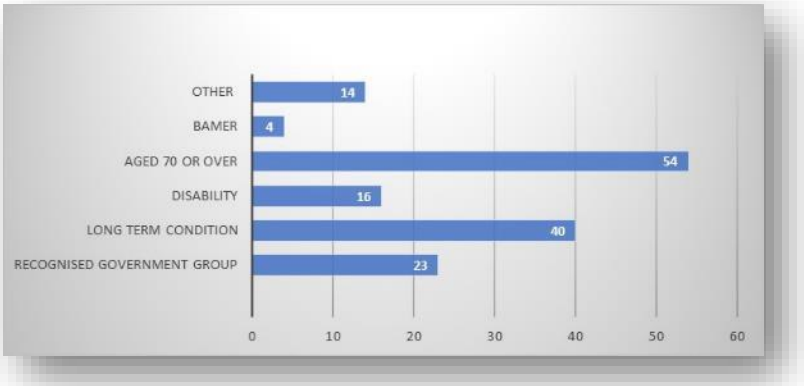
A small number of respondents considered themselves to be at high risk of catching COVID because of their job. Roles mentioned included: Teacher, Waitress, Government, Volunteer, Complimentary Health Practitioner, Nursery Nurse, Ambulance Driver, Pharmacist.



67% thought themselves at high risk if they caught COVID-19 with being 70 or over causing the most concern. This was followed by those with a long-term condition but not in the shielded group (50%). A third were in a recognised Government group of which 89% had received a letter to shield.

73% of respondents cared for and/or supported someone who was considered to be at high risk with being aged 70 or over being given as the main reason followed by a long-term condition.

8% of cared for people had additional communication needs: British Sign Language user, Braille/audio/large print, Easy Read, other language, stroke survivor, learning disability, Downs Syndrome, hearing loss. Also, in this category are those with memory difficulties, dementia, or difficulties in understanding and/or retaining information.



PHLEBOTOMY

There were difficulties when bloods were an important part of monitoring a person's illness, as in diabetes. Delays have been evident because the supply of the necessary reagent was a national problem. One person was told to go to Bracknell but found that Royal Berkshire patients were excluded.

Currently there is a three-week delay for appointments which are taken on a priority basis and it is preferred that these are made online. For a significant number of people this can be problematic and is a digital disadvantage because they may not have access to hardware and/or not be confident with the technology. The current NHS view is that disadvantage people should seek the support of family and/or friends.

Burdwood Surgery is offering phlebotomy on a Sunday, but appointments are only being taken two weeks in advance.

Contracts with surgeries have ceased (except for Burdwood) but the phlebotomy staff were employed across the area so not an additional service.

This is an area where developing patients' confidence to self-test may be safer and easier and more resource efficient for both patients and GP.

"Bloods could have been taken at surgery which would have been a lot better and easier to manage than me having to travel to hospital where Covid patients were being cared for."

DENTAL

Throughout COVID-19 several additional services had to be closed, particularly dentists. The problem this caused was highlighted with us extensively.

"Orthodontists and dentists still haven't opened despite being allowed to due to shortage of PPE."

"I am waiting for dental surgery on the NHS which was cancelled. I have not received any form of contact from the dentist I was referred to either cancel the appointment or attempt to reschedule."

"Better planning for services like Dental, District Nursing, Blood tests." '

"Dental appointment cancelled and now instead of having a filling the tooth will probably need to come out, which in my case need a general anaesthetic as can't open mouth wide enough for back tooth extraction."

"I was told that no new NHS patients are being taken on because there is a huge backlog BUT if I want to go private, I can be seen next week'

PHARMACIES

Pharmacies, a mainstay for some during phase one appeared to have some difficulties although there were also positive comments relating to out of area transfer. Going forward pharmacists are starting to be involved at surgeries to support GPs. Pharmacists have completed five years of health training so are an invaluable resource that has not been well used.

"I was able to have my prescriptions from London transferred quickly and efficiently to be collected in West Berks. My prescription was also extended to 2-month supply, which was extremely helpful. My assisted Covid test which I booked online and completed at Newbury racecourse was flawless - easy to book, impeccably managed, no queue and results returned quickly."

"Medication was delivered the same day, by Neighbourcare, very efficient."

"Yes. I needed an inhaler urgently, hence the 1st phone call and prescription was actioned quickly."

However, some people felt …

"Chaotic prescription process from GP to pharmacy led me to change to online pharmacy which is much better. They chase the GP whereas local pharmacy doesn't."

"Pharmacy - tell you order is ready you get there to find stuff missing and need to go back next day. They advise you it now takes 7 working days to process your repeat prescriptions. Unacceptable time."

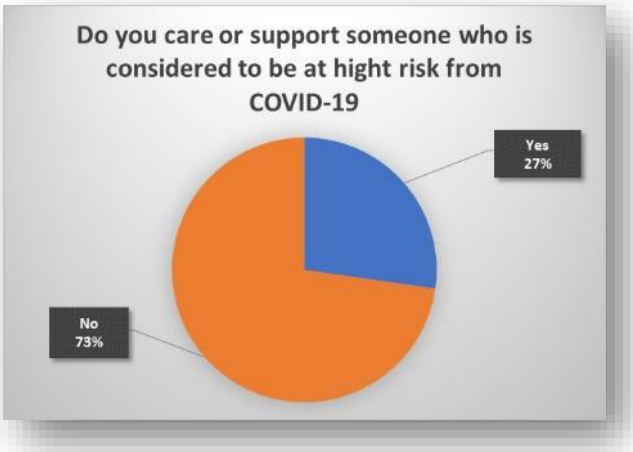
"Would have been better if the pharmacy allowed people to have prescriptions delivered."

"Pharmacy could be open to providing urgent meds when go has said they need to be provided same day, instead of refusing."

CARERS

Vulnerable people were disadvantaged during phase one although the voluntary sector stepped up to the mark magnificently and the kindness and support was very much appreciated.

"Carer of my son and his wife who have Down's Syndrome. Excellent from someone employed by Mencap."



However, there were particular difficulties for these vulnerable groups.

"For the first District Nurse visit she had no PPE. On the 2nd visit her apron was very flimsy. My daughter was more scared of her than she was of us. I am surprised that I was not identified as needing shielding as I receive full rate attendance allowance and my daughter receives the Carers Allowance."

"I had to go into the equivalent of shielding to be one of two people shielding a third person. The one in need of care has been forgotten about. Nobody seems to want to know or care about him."

"With Complex Mental Health Needs/Learning Disabilities - no real support for him because his needs are "too complex", but he is intelligent & persistent enough to keep

on "knocking on doors" to access help - has eventually had 2 lots of "Talking Therapies" over the last 15-18 mts. Interestingly, when he most needed help following an emotional breakdown session a year ago, which led to someone else contacting 999/police for help, he had 3 visits from the CRISIS team then the Mental Health Senior cancelled all help for at least 3mts!!! I do find support from the Mental Health Carers Support Group."

Where the usual support for carers was suspended there were particular difficulties, and this requires attention in the following phases of the epidemic.

> *"Difficult circumstances but I would have liked to have had some respite, once a week for a couple of hours, but not sure how it could have been possible I had contact with the mental health crisis team which was helpful until I found I could not tolerate the medication I was given and was criticized for stopping them and they were angry with me making me even more suicidal by their attitude."*

"Registered Carer for adult son with Complex Mental Health Needs/Learning Disabilities - no real support for him because his needs are "too complex", but he is intelligent & persistent enough to keep on "knocking on doors" to access help - has eventually had 2 lots of "Talking Therapies" over the last 15-18 mts. Interestingly, when he most needed help following an emotional breakdown session a year ago, which led to someone else contacting 999/police for help, he had 3 visits from the CRISIS team then the Mental Health Senior cancelled all help for at least 3mts!!! I do find support from the Mental Health Carers Support Group."

> *"I have Bipolar Disorder, a genetic weakness to stress and Anxiety. I am a carer to my husband and waiting to hear from the Autism Assessment Triage Team at CAMHS about both of my daughters. The not knowing when any help may be available, and the lessening of support within their school community has put extra pressure on me."*

POSITIVE ASPECTS OF COVID-19

Some people felt that the initial lockdown was an opportunity to slow down and do some of the things that they had previously had little time to do. Some valued the time that being furloughed offered to spend time with family. For some children/young adults who were on the autistic spectrum there were reports that being at home was a positive experience, whilst for others this was a break in the usual routine and so was problematic.

> *"The quietness of all around, being able to hear birds, nature and having the time to spend in the garden."*

> *"Initially I was worried about catching Covid 19 but as time went on, I became less worried and found plenty of things to do during lockdown such as gardening, walking and cycling which helped my mental well-being. Also time to do DIY etc which made me feel happy and satisfied."*

> *"I am lucky to have space and a garden, so have found the peace and quiet from less cars, no planes, and more relaxed daily living very nice! I appreciate I am very fortunate and that so many people have had a very different experience."*

"Have enjoyed life slowing down and having time at home with my family without pressures of work (both my husband and I were furloughed allowing time for life to catch up!"

EFFECTS ON FAMILY MEMBERS

The knock-on effects on family members where lockdown meant sharing space and/or being around people for a greater length of time caused difficulties for some.

"Just very hard never having any personal space/ time alone at home, nor seeing my family (parents, brother etc)."

"The restrictions not accounting for having several isolated family members who live alone. This causes a huge burden of communication on me and leaves me unable to provide what they crave - physical contact with another human being. In fact, at first it prevented even visual contact. In a lack of understanding that some families had no childcare for children at and under school age and two parents who were still working full time. Creating an impossible situation. There was no guidance as to how to cope with this situation."

CHILDREN/HOME SCHOOLING

Home schooling was of considerable concern and the strain this put on some families, which remains where children are sent home due to some showing COVID symptoms. For children with additional needs and those who were struggling to keep up anyway this group is extremely disadvantaged as are those who do not have access to technology. Schools bring a routine and a structure that many found losing to be very stressful.

"3 young children (none of whom want to do any schoolwork, or cooperate with each other, or help do anything around the house, one experiencing symptoms of autism and not coping with lockdown or being near his older brother at all, eventually regressing back into nappies despite being fully trained for 2 years) and husband works away. I could go on, but that is just the tip of the iceberg."

"I am a single mum with a 9-year-old. I rely on community clubs, kids' activities and clubs, leisure centres and parks just to get by during the week. I do not have many friends or family support so being able to go to group activities is crucial for me. Currently I am at home home-schooling, and the constant 24/7 at home with nowhere to go (apart from walks) is really getting to me. I absolutely hate it. And it is not yet clear if these types of activities will open up again even after Sept. I really don't know how to keep myself mentally healthy if these groups activities don't start up again soon."

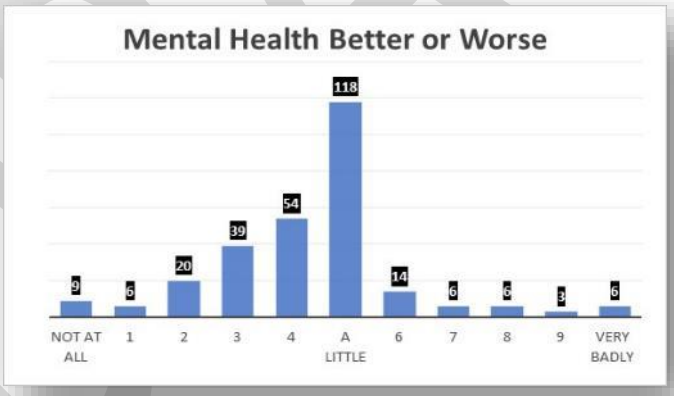
"Attempting to keep up with work and home school children at the same time has made the last few months relentless. I feel exhausted and like I am not doing my job to the standard I would usually achieve."

"All school structure disappearing overnight, felt lost, didn't know what I should do anymore."

MENTAL HEALTH

Mental health difficulties have been reported Nationally as rising during COVID-19. In this survey, 59 respondents said they had a little difficulty affected by COVID-19 with 118 saying it was made worse as time went on.

"My eldest daughter went into isolation with me, and the District Nurses came for essential blood tests, albeit less frequency. My daughter used the Community hub and arranged for food to come and prescriptions."



Reasons given included: (please see Appendix 2 for all reasons)

"Inevitable anxiety. Trying to process the information and statistics associated with the Covid virus."

"Lack of access to the communities I belong to eg via U3A, health club, lack of access to health."

"Not being able to see my parents or favourite colleagues easily".

"Isolated."

"Initially having to share space with husband working from home. Husband also not talking."

"Concern and anxiety about delayed health assessments."

"Unhappiness about not being able to do planned & booked leisure activities and plan and goon holiday."

"Previous anxiety around driving resurfaced as I hadn't driven a long (50 miles) distance for 3 months."

"Isolation is used as a form of punishment and it's torture and to see people breaking lockdown rules makes you think why bother."

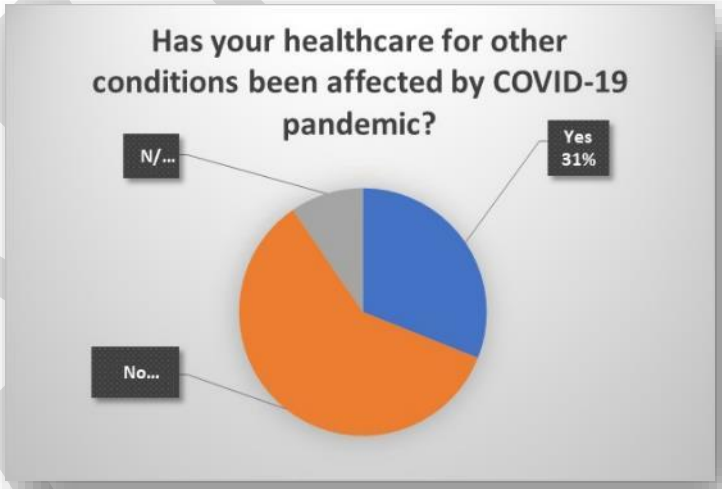
"Crave - physical contact with another human being. In fact, at first it prevented even visual."

"Under school age and two parents who were still working full time. Creating an impossible situation. There was no guidance as to how to cope with this situation."

"Widowed 2016 and comfortable with living alone in right house, but less resilient than expected with lock-down and distant family."

OTHER CONDITIONS AND COVID-19

A significant number of respondents had surgery and/or appointments postponed or cancelled. This has been reported Nationally and there is now an awareness of the delays, etc as an issue. However, it is relevant to report the problems experienced locally.



"I need a hearing aid but the appointment to fit it was cancelled I need a knee replacement, that has been delayed indefinitely I have had a referral for physiotherapy that has been delayed."

"Cardio appointment postponed."

"Investigations of raised Ferritin levels put on hold. Difficulty obtaining meds. Lack of unsolicited info about whether I'm high risk due to Lymphoma."

"Awaiting ambulatory EEG test for epilepsy, was expected in April but not even heard from hospital. Asked for phone call from consultant but not rung back."

However, for some people a delay or altered intervention was not a problem.

"Delayed additional incisions following melanomas. Changed lymph node removal to ultrasound. (It was explained, and I am happy with this.)"

"Delayed operation but does not make a great difference to everyday life."

BEREAVEMENT

People affected by bereavement, whatever the time since their loss, have often felt marginalised. Deaths from the virus leave loved ones often feeling guilty because they were prevented from 'holding a person's hand' or 'being there'.

"The death of my husband from coronavirus, whilst going through the illness myself."

"Lost my daughter to lung cancer very suddenly last year and lockdown has coincided with many painful anniversaries."

"My husband died two years ago, and I've found the loss very hard. It is particularly hard now because being confided would have been so lovely. I also hear lots on the media about bubbling, but I don't have anyone to bubble with."

THANK YOU

Healthwatch West Berkshire would like to thank all the members of the public who took the time to fill out the survey and everyone who has been in touch to feed back about the services in West Berkshire.

Thanks to board member Karen Swaffield for co-authoring the report and all of our amazing volunteers and board members for their help.

APPENDIX 1 – ADDITIONAL QUOTES TO TEXT INCLUSIONS

MENTAL HEALTH POSITIVES

Has not changed	I have been fine at home	Hasn't changed at all	No change in my mental health
Getting out in the garden daily when the weather was good. Also time to do DIY etc which made me feel happy and satisfied	Kept active physically and mentally reality of life alone as a widow	Out walking a lot	Life is less confusing in some ways because it has been lived in one place without appointments and deadlines. I've missed socialising
Despite living alone and not going out I have kept in touch regularly with family and friends via video and phone and have done regular online exercise classes	Not being required to commute, able to work from home. Luckily, I'm a resilient personality and just get on with things but others may not be so resilient!	Spending real time with my family and trying new things out plus being able to continue my job	Furloughed, lack of control
Nothing much, but lockdown is depressing. I'm 75 and the future does not look attractive	Slower pace of life. More time to relax and undertake jobs that bothered me around house and in life, better sleep, better work/life balance	Less stress working from home	They advised focussing on books and music rather than the news. So I took up a new music-based hobby and this has really helped me. I feel far better now
Getting mentally ill on VE Day - getting temperamental and losing sleep and concentration. So I contacted the Samaritans by email. They helped me gather my thoughts in a positive way	Control yourself, talk to the people, exercise, be in contact with the family	Not having to commute	Taken more physical activity
Not so much pressure to get basic things done so we can get involved in social activities. Less stress as we can't do childcare for grandchildren is the biggest factor but also stressful not to be able to see them as they have cystic fibrosis so are shielded	Being on furlough has given me quality time with my family, spending more time gardening, maintaining house and exercising, my eldest child came back to live with us for 8 weeks, and I haven't had to go to a job I don't like much. I haven't enjoyed having to socially distance, though we have been good, and idiots in eg supermarket on essential shopping trips have been annoying. I have liked seeing good changes eg more people out walking as a family, no airplanes, less pollution. But now that's all changing. I haven't liked holiday plans changing, which stopped me scattering my mum's ashes	Less demands on my time, less responsibilities. It's been like a long holiday a complete break from usual routine has been refreshing	

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MENTAL HEALTH CHALLENGES

Relative isolated in a small studio flat with no garden. Felt he could not go out. His social life is usually a walk round the shops in town	Lack of access to the communities I belong to eg via U3A, health club, lack of access to health and life enhancing activities normally available to me	Not being able to see my parents or favourite colleagues easily	Anxiety for others (my own children, NHS staff) balanced by improvement in my own routines, slowing down
All routines taken away no support	Too many unknowns increased anxiety. Being at home and unable to have time by myself to relax. Working from home under conditions that are more stressful than at work!	Worry about those people not coping and what will happen to already disadvantaged people following Covid	I don't know I have Dementia and know there is a Plague so I cannot go out in my daughter's car for our rides to the countryside
Isolation. Not being able to go out or see friends and family. General lack of stimulation	I have had some minor health issues which have added to the anxiety, and feeling I am on my own	More anxious about going out. It would be good to know the local risk AM I over worrying about the risk of shopping	Work has been more stressful- managing others anxiety Then knowing I am the risk to my family not using school as needing to limit additional risk
Just a bit lonely / I am not sleeping well	Worry about the future Juggling too many responsibilities (home school and increased workload due to COVID-19	The loss of being able to just go out and see people	Lack of socialisation Fear for my partner and children who are high risk Having to work full time and home school 4 children in 3 different year groups
The stress of keeping the kids occupied and being unable to go out to see friends	Not knowing you are doing things correctly and the guilt that comes with that	Support of friends and family. Christian Faith and advice from a counsellor (private)	Bit stressful with the kids lack of face-to-face social contact. family member died and I couldn't visit them, have a proper funeral and wake, can't go through grieving process
Being furloughed and unable to work. The unknown, pressures of home-schooling and keeping family safe, Not seeing family members. No income as partner made redundant. Have suspected coronavirus	Anxiety, bereavement, changing routines, uncertainty about the medium-term future, inability to plan, not able to get to outdoor places, theatre or church which are usually the places I go to unwind.	Anxiety of the unknown, fear of going to supermarket any kind of possible contact. Media stories, had to remove myself from social media & watching news	Started a new job. Was furlough after 15 days. Job now at risk of redundancy. No respite from my caring responsibilities. Less exercise. Eating worse. Increased anxiety around risks to loved ones
Lack of social contact and no church though we do have online.	I live alone - lack of face-to-face contact, hugs etc. I don't think I realised just how vital it is that we are able to see and touch each other	Shielding relative	Living on my own in isolation (my children live abroad, and my brother lives two hours . the only family I have)
No respite for 2016 hours as isolated in a house with my Demented mother	Lack of information on when I will be able to have the investigations, I was referred for in	Illness myself and unable to access help with caring for children etc	Thoughts of returning to work with no childcare (recept age, currently attending school 10- 14 on Mondays and Fridays)
Missing my friends and family. Not being able to hug them	Unable to meet with friends and having to stay with the children 24-7. Nowhere to get head space	Miscarriage and too much time to think	Living with someone who suffers with extreme anxiety and occasional paranoia

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Unable to meet with friends and having to stay with the children 24-7. Nowhere to get head space	Miscarriage and too much time to think	Living with someone who suffers with extreme anxiety and occasional paranoia	Isolation from family members
Sanity Measures - non Covid time - are many social (plus voluntary) activities (Foodbank volunteer & Volunteer Theatre Usher) plus many Folk-Dance Activities (evenings/weekends/weeks away). All now inactive but catching up by email & phone. Zoom meetings for Church Groups I have volunteered as a Phone Contact for those isolated/Shielding. Now more time at home with a complex mental health needs adult son - can be tense, generally ok, but increases stress.	February. Worrying about whether to chase the GP practice or radiology department Isolation was my biggest fear. Being alone for long periods of time made me anxious and everything lost its meaning. The coping strategies I usually use to manage my mental health were taken away. Leaving my flat for a while when I feel anxious helps. Not knowing whether things would ever be 'normal' again made me very anxious	The death of my father during lockdown. Not being able to meet people in support group. Not going out so finding hard with sleep and tackle depression anxiety. As a family not being able to all meet up and grieve properly. Feeling of isolation as not meeting for mutual support with friends. Just not the same only phone calls miss physically being in the same place as others as this helps with depression	Not being allowed face to face contact with friends and family. Worries over how my children are coping (both primary school age). Worries over my brother who lives alone. Feelings of sadness due to not being allowed to do my job or any of the social activities or types of exercise that I would normally do during my week. Anxiety over having to go the shops due to social distancing rules - every shop does things differently and trying to keep up with opening hours, one way systems, queueing systems both outside and at checkouts, how to pay, checking whether hand sanitiser is provided at the shop entrance and whether it's optional or essential to use the one in the shop or if I can use my own, whether I can go with someone else/on my own/take a child, how to get past someone blocking a narrow aisle, the list goes on and on
Boredom, anxiety, news overload at the beginning when I was watching or listening to everything I could find. Worrying about family not living with me, especially when they contracted mild COVID19, and we're on their own at home	Diagnosed with cancer, and not knowing whether early diagnosis or spread. However, a series of tests done within 4 to 6 weeks, which in comparison to national average was excellent but 3 weeks would have been possible as the team probably knew which test, I would have to have, from the very beginning	Just because I have not been in contact with other carers and have been unable to go out and meet friends, which means I have been with my husband 24/7 without me time	Missing family and friends. Access to normal dance classes. Unable to hold my own yoga classes. Video is not the same, live or recorded.
Lack of access to activities that improve my mental health. Staying home has given me lots of time to dwell on negative thoughts	Inability to hug friends and family	Very anxious about catching covid, not enough information about the risks locally	Difficult not seeing family, especially our granddaughter
Limitations on social contact. Loss of access to gym	Not being able to go out and see friends	Worried for family and friends. Also have lost a friend to Covid19, aged 63 with no underlying health issues	Lack of confidence in the government due to perpetual lying, which means I feel uncomfortable about going out and about
Initial isolation and lack of outdoor exercise was hard to accept then once restrictions lifted concerns about social distancing Even in streets and parks. So many people seem unaware of correct procedure	My being tactile and my visual impairment making it harder to observe the social distancing rules and people ignoring the social distancing by walking too close to me	Lost my daughter to lung cancer very suddenly last year and lockdown has coincided with many painful anniversaries	I think it's anxiety about what will happen to my children & grandchildren in years to come rather than thinking of myself
Difficult not seeing family, especially our granddaughter	Knowing I couldn't go out, feel like I was getting cabin fever	Worry about health	Level of pain from hip problems
The pressure of running a household of 5 people, working and home-schooling. The worry about friends or family getting ill. The lack of food in the beginning.	Concern about financial situation due to potential job losses. Anxious about going to shops as many people do not wear masks or social distance	Whilst I try to stay positive it is a difficult time re families/work and the future, sometimes feel abandoned bu health services	The worry about catching it, also living alone and dealing with things n my own is harder anyway, coming out of 3 years of cancer treatment doesn't help

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Loneliness / Adaptation Isolation and lack of personal contact with family and friends. Lack of freedom to go where and when I wanted	Just isolating at home was difficult. Going to shop weekly to get food was somewhat stressful and still is rush of life has slowed down, more compelled to take care of myself	Poor Government handling of crisis utterly amateur and corrupt over ventilators/PPE/testing	I now feel more introverted than before. Contacting anyone (even friends and relatives) feels more difficult now
Raised anxiety leading to lack of sleep. Mainly as unable to support	Stuck indoors all day with limited interaction with others	Being stuck indoors at times	Isolation and conflicting instructions
Anxiety	social contact outside of my family	Anxiety about other family members	Loneliness and fear It's primarily the panic due to media.
family and friends face to face, and not able to access my regular exercise at the Leisure Centre.	Fear of the unknown. Social isolation. Loneliness	Worry about catching the virus or having it with no symptoms and passing it on to a vulnerable person ie my parents	Forced me to finally give up teaching Adults which I love, not being able to see and cuddle my family, delays in my treatment
Feeling isolated from family members	Self-Isolation for not able socialise with family and friends	Am better now I can see my family, but was distraught at the beginning because I missed my family so much?	Being forced to stay at home and slow down daily life helped, spending time with my children.
Constantly being around family and having to home school	Anxiety has increased considerably worrying about my health and that of family members	Don't know, probably the isolation	Not able to go out and see my friends, Negative messaging everywhere Death
Being self-isolated, alone at home	Uncertainty, mixed messages	A little worse for not attending Gym	Confusion from Prime Minister and stopping of daily TV
Well, reading the news and graphs about COVID made me very depressed. I was obviously	Being alone and not in contact with others can make people feel lonely	Postponement of Op. Restricted Shopping trips to Supermarket and Garden centres. No visits to DIY and other shops. disruption to regular routine	Lack of info Family member dying in Newbury Care Home No info from local MP
Being locked in our home was a change in the routine and my daily life. Not being able to go out and seeing family/friends	Overall anxiety about isolation Anxiety about keeping myself and those I care about safe and well	Being apart from my parents and daily worries hasn't helped though.	Concern about transmission of the virus by others not taking care to isolate, sanitise etc despite family members asking her Level
Particularly my daughter, as she works as a Respiratory Physio in a hospital. I feel quite concerned about the future. I am now experiencing a resurgence of depression, which I have had before	Only some mild concerns about future and I am just under 70 with asthma so I took the recommended precautions	As a widow with no siblings and no children I feel forgotten about. There seems to be a lot of talk about children and grandparents but not a lot of provision for people in my circumstance	

Appendix 2 - Messages of Thanks for the NHS/Keyworkers

Overall good support during the lockdown and NHS supports nicely	Chapel Row Surgery for the efficient and safe apt with the Phlebotomist - Maria - and to their staff in their Dispensary for safe & well organised collection of medications	Boots at Thatcham Medical Centre and Boots Northbrook street really helpful and it felt safe going there.	Big hugs and love to all working for nhs.

Church st practice wantage was fantastic on the two occasions that I visited them. Lloyds pharmacy wantage are fantastic.	I would like to thank Dr Emma Alcock and Sian Robinson at Hungerford Surgery - amazing but then all the staff at Hungerford surgery are too.	Shared lives officer in Newbury was so kind, looking out for us , giving her time with care & kindness.	I have been well looked after by my surgery. Reception/pharmacists everyone helpful.
Hungerford GP surgery. The telephone appointment was quickly arranged and answered my concerns as well as a face-to-face appointment would have done.	Kintbury & Woolton Hill staff, especially the reception and pharmacy teams, have been amazing.	Orthopaedic team at NHH for putting my concerns to rest.	Our GP practice has been exemplary.
My thanks to GP surgery reception staff	Dr Graham Stiff at Strawberry Hill was professional, friendly, thorough and inspired keeping well	District Nurses GP - Strawberry Hill WB Community Hub Boxford Parish Clerk and Volunteers Group	Thanks to pharmacy and volunteers for deliveries
Thank you to Jackie Scott Epilepsy Nurse for taking so many calls and helping to get swab arranged when system said no! Thank you to Jason, Danielle and Kate in RBH A & E for being so kind to special needs person during very stressful time.	I was very impressed with the response at the surgery and the follow up call from Dr Helyer. Also, I was very pleased with the response which I got from the Neighbourhood care team when they arranged for my meds to be collected and delivered to my home.	Very caring and helpful care from Dr Hardwick of Chapel Row Surgery and All the nurses who visited.	WELL DONE to all! Just think the government could have done better!
Thanks to all those at RBH, JR and Windsor hospitals for care for detached retina.	It was the woman on the 111 line who laughed - with me, not at me - who made me feel like a real person and not just another phone call	Chapel Row surgery seem to be managing telephone appointments well!	Day Lewis Pharmacy Newbury next to the Strawberry hill medical centre. Absolutely brilliant and go above and beyond.
Thank you to the Thatcham Family Hub, especially Rhys Lewis. Also huge thank you to the team at West Berks Minor Injuries. Can not thank you all enough for the exceptional help and the sacrifices you have made.	Thanks to all at Eastfield House surgery, very helpful	Thank you SO much to Dr Howells at Kintbury, and also to the doctor and nurse who saw me at Newbury Racecourse. Covid 19 was very frightening, and I felt taken care of and reassured - you were amazing.	Woolton Hill surgery responded extremely quickly to a problem that my husband had. Thank you!
I like to thank all at the Thatcham medical practice, especially Dr Mothram who has helped my mother in-law over this period with bowel and lung cancer. Also, the staff in Riyal Berkshire hospital and tower bridge hospital who have been so caring for her when we can't be there. Amazing people and have saved her life.	Neighbourcare Community Support which sprang into action early and has helped the surgery with delivery of medicines and had numerous volunteers who can be called upon for help with individuals as needed.	I would like to say a big thank you to Kirsty Crozier at the Churchill Hospital, Oxford who has been at the end of a telephone or with a quick online response to any questions I have asked regarding my treatment, my drug deliveries, my appointments, or anything else I have raised. She has been wonderful.	Eastfield House surgery have been brilliant. I see the nurses regularly and there has been contact with them when I have not been able to go in. I have been in contact with Anna Bird, the social prescriber. She's very nice.
Boots Chemist Thatcham - for continuing under great pressure and risk to themselves. One member of staff was going home she saw how long the queue was and went back in to help sort it..	I would particularly like to thank the Pharmacist at my local surgery for her assistance plus the other members of the prescriptions department and all the staff at the Practice.	My surgery was The Burdwood Surgery, they are always great however I wouldn't want to single anyone out, we have a fabulous NHS staff/service who always deserve our gratitude and thanks.	- Bin men who came every week during lockdown NHS staff for everything they do especially during lockdown All teachers that continued throughout lockdown

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Dr Rutter at Burdwood Surgery was amazing and really took the time to understand what was going on with me and do what she could to help.	Thanks to Falkland surgery nurse pharmacist and to reception. Thanks to Basingstoke Hospital A and E team	THANK YOU to everyone working on the front line .... you have all been magnificent and gone above and beyond your remit.	Thatcham Surgery were amazing. Swift ring back on two occasions, great online consultation and sending prescription to my local pharmacy immediately.
Thanks to the Community Nurses, Surgery & Community Hub	Allergy Clinic at Frimley Hospital - spoke to a very lovely doctor.	Overall good support during the lockdown and NHS supports nicely	Thanks to paramedics Daniel White & Tom Simcox from South Central Ambulance Service. They were just great!!
I'm awaiting a dental appointment as I lost a crown at the beginning of lockdown but fully understand that this might not be possible for some time. Luckily no pain so far.	Estelle Fox-Masters at Richmond Fellowship, Garland Court for being friendly, patient and understanding.	Thank you so very much to all working for the NHS during the pandemic	Very grateful to see doctor at Thatcham Health Centre for what was a very little thing compared to what they were having to cope with. Thank you!
Dr Christine Corder at The Burdwood Surgery	I just think the NHS has done a great job over this pandemic in very difficult circumstances.	The NHS has been and still is fantastic and now is the time to rectify some access issues so that we all can use its services effectively	Huge thanks to trauma orthopaedic at west Berkshire hospital and the day surgery team – amazing service. Felt very safe
The Pharmacy at the Downland Practice has adapted very well to life during lockdown. The staff there have always been very polite, efficient and eager to help.	Thanks to all Community Hub volunteers and staff providing support in delivering food boxes, hot food and prescription to the needy one during this crisis- Well-done	COVID 19 has made your lives hell. Don't waste this chance to really make great changes - a real digital driven revolution is now possible. Grab the opportunity	I believe the NHS have been incredible although G. Ps need to improve the service
Thank you to Chieveley surgery and Oxford Churchill Hospital day surgery unit staff.	Thanks NHS and all key workers Also thanks to west Berkshire health watch for organising this survey	Thank you to Burdwood Surgery. Very helpful and efficient staff. A particular mention for Nurse Julie fo being so helpful and friendly.	I would like to thank all the staff involved in helping Covid patients and their families and wish them a safe future.
Big thank you to g p practice and all staff from cleaning staff porters and all medical staff stay safe god bless all of you	Tadley Medical Practice, The Candover Clinic and North Hampshire Basingstoke Hospital, especially the Ambulatory Care Unit.	I really appreciated 111 when I spoke to them, they were so supportive and helpful and issued the antibiotics I needed.	Thank you to Dr Bahia at Burdwood Surgery who listened and understood my concerns and took the time to call me back as a follow up.
Downland Practice Surgery for safely, efficiently and with a smile dispensing medicine	Thank you to Dr Bahia at Burdwood Surgery who listened and understood my concerns and took the time to call me back as a follow up.	I'm very grateful to our amazing NHS, Health Care Workers, keyworkers and volunteers who have kept our country running.	Many thanks to Strawberry Hill Medical Centre Dr Irfan - very swift reply about blood test.

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Engaging and Enabling Local Communities

Report being considered by:	Health and Wellbeing Board
On:	20 May 2021
Report Author:	Sam Shepherd, Programme Manager, Local Communities
Item for:	Decision

1. Purpose of the Report

The purpose of this briefing is to outline a proposed vision and governance structure for the 'engaging and enabling local communities' work programme and make some associated recommendations for the Health and Wellbeing Board.

2. Recommendation(s)

The Health and Wellbeing Board is **RECOMMENDED** to:

a) **AGREE** the proposed vision for engaging and enabling communities (under section 5.2)

b) **AGREE** the proposal for a 'Community Alliance' to oversee the work pertaining to 'engaging and enabling communities'.

c) **AGREE** the proposal for a Stakeholder Forum to create channels of communication and influence with a wider network of community, voluntary and resident Groups.

3. How the Health and Wellbeing Board can help

Beyond the acceptance of the recommendations set out in this report, the Board are asked to lend their collective and partnership leadership to 'engaging and enabling' communities as a way of working in West Berkshire. Board members could assist the further promotion of the approach by:

a) Socialising the 'engaging and enabling communities' approach with respective organisations; influencing policy where possible to support and promote community engagement

b) Identify existing good practice within member organisations of good engagement (both formal and informal), co-design, co-creation and co-production

c) Help identify opportunities where organisations can share priorities and design solutions alongside communities (including businesses, community groups, voluntary and community sector partners, Town and Parish Councils or residents)

d) Identify members of staff who are well placed to provide a link around engaging and enabling communities.

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

4. Introduction/Background

4.1 Engaging and enabling communities is a way of working which takes a community-centred approach. It focuses on the social determinants of health, which are evidenced to have major influences on both physical and mental health. The programme is aimed at supporting community life, social connections, community resilience and the development of locally-determined solutions to local challenges. All of these activities seek to maximise the health and wellbeing of West Berkshire's communities.

4.2 Engaging and enabling communities compliments and supports the strategic direction and priorities of both the Council and partners brought together through the Health and Wellbeing Board. It aligns with the West Berkshire 2036 [1]Vision and the new Health and Wellbeing Strategy; which are both underpinned by principles of engagement and empowerment.

4.3 The approach is also a key plank of delivering West Berkshire Council's Communications and Engagement Strategy (agreed by the Executive in October 2020). It seeks to build on the strong history of work between West Berkshire Council and its residents, communities, voluntary sector, town and parish councils and partner organisations.

4.4 In working towards a community-centred model; the relationship between public services and the people who use them needs to be transformed so people are empowered to have greater influence over their health and wellbeing. We need to work alongside our residents, stakeholders and communities.

4.5 We need to ensure we are hearing the views of all of our communities in West Berkshire. We need to build on what we know works both from our recent experience with responding to Covid-19 and from best practice (locally and from elsewhere) to better collaborate with our communities, businesses, town and parish, voluntary and community colleagues. Most importantly, we need to strengthen and build trusted connections that all support the delivery of solutions which best suit the time, place and community concerned.

4.6 Other streams of work which engaging and enabling communities seeks to align with (not duplicate) is the work of the HWB Engagement Group, the Health Inequalities Task Force, social prescribing and work to address Covid vaccine inequalities.

5. Proposal(s)

5.1 The slides in appendix A outline a proposed vision and mission, principles, benefits and governance structure for the engaging and enabling communities work. The Health and Wellbeing Board are asked to agree the proposals in appendix A and most specifically in this section of the report.

5.2 The proposed vision is:

*Understanding and supporting the community connections that help **everyone** in West Berkshire shape thriving communities and create local solutions to challenges*

5.3 To drive forward the programme and strands of work, it is proposed that a Community Alliance be established that brings together organisations from the statutory,

[1] https://info.westberks.gov.uk/CHttpHandler.ashx?id=46989&p=0

community and voluntary sector to provide the collaborations, influence and resources to unlock local connections and solutions.

5.4 To ensure that the wider view of communities across West Berkshire are fed through to the Community Alliance, it is proposed that a 'Stakeholder Forum' be established. This would connect up the network of community, voluntary and resident organisations; giving these groups a channel of communication and influence.

6. Conclusion(s)

This report and accompanying slides has outlined a proposed vision and governance structure for the engaging and enabling local communities work programme and made associated recommendations for consideration by the Health and Wellbeing Board.

7. Consultation and Engagement

The following Groups and stakeholders have been consulted in the preparation of the report:

- Chair and Vice-Chair of the Health and Wellbeing Board
- Lead and Deputy Lead Portfolio holders for Health and Wellbeing at West Berkshire Council
- Health and Wellbeing Board Steering Group
- Chair of the HWB Engagement Group
- Building Communities Together Partnership
- Community Support Hub, Core Group
- West Berkshire Council's Customer First Programme Board, which includes key senior officers such as the Chief Executive, Executive Director for People and Service Director for Communities and Wellbeing

8. Appendices

Appendix A – Data Protection Impact Assessment

Appendix B - Engaging and Enabling Communities proposal

Background Papers:

West Berkshire Council's Communications and Engagement Strategy:
Comms Engagement Strategy 2020 - FINAL.pdf (westberks.gov.uk)

Health and Wellbeing Priorities 2019/20 Supported:

☒ Give every child the best start in life
☒ Primary Care Networks

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 offering a community-centred approach to the social determinants of health.

Officer details:

Name:	Sam Shepherd
Job Title:	Programme Manager for Local Communities
Tel No:	07920 101875
E-mail Address:	Sam.Shepherd1@westberks.gov.uk

Appendix A

Data Protection Impact Assessment – Stage One

The General Data Protection Regulations require a Data Protection Impact Assessment (DPIA) for certain projects that have a significant impact on the rights of data subjects.

Should you require additional guidance in completing this assessment, please refer to the Information Management Officer via dp@westberks.gov.uk

Directorate:	People
Service:	Communities and Wellbeing
Team:	Building Communities Together
Lead Officer:	Sam Shepherd, Programme Manager, Local Communities
Title of Project/System:	Engaging and Enabling Communities
Date of Assessment:	6 May 2021

Do you need to do a Data Protection Impact Assessment (DPIA)?

	Yes	No
Will you be processing SENSITIVE or "special category" personal data? Note – sensitive personal data is described as "*data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation*"	☐	☒
Will you be processing data on a large scale? Note – Large scale might apply to the number of individuals affected OR the volume of data you are processing OR both	☒	☐
Will your project or system have a "social media" dimension? Note – will it have an interactive element which allows users to communicate directly with one another?	☒	☐
Will any decisions be automated? Note – does your system or process involve circumstances where an individual's input is "scored" or assessed without intervention/review/checking by a human being? Will there be any "profiling" of data subjects?	☐	☒
Will your project/system involve CCTV or monitoring of an area accessible to the public?	☐	☒
Will you be using the data you collect to match or cross-reference against another existing set of data?	☒	☐
Will you be using any novel, or technologically advanced systems or processes? Note – this could include biometrics, "internet of things" connectivity or anything that is currently not widely utilised	☐	☒

If you answer "Yes" to any of the above, you will probably need to complete Data Protection Impact Assessment - Stage Two. If you are unsure, please consult with the Information Management Officer before proceeding.

Engaging and Enabling Communities

20 May 2021

Health and Wellbeing Board

West Berkshire COUNCIL

What are we trying to achieve?

Engaging & Enabling West Berkshire

Understanding and supporting the community connections that help **everyone** in West Berkshire shape thriving communities and create local solutions to challenges

Working together to support connected and thriving communities

Principles

Trust: this is the central principle. Healthy connections are based upon on the trust between people and organisations; all other principles mutually support the development of trust.

***Sharing priorities and solutions*:** this will ensure that plans take account what is important to, and what works within, each community.

Clarity of roles and expectations: this will ensure we understand what we can expect from one another in how we work together.

***Including everyone*:** this will ensure the voice of everyone is heard. We will need to work smarter and harder to hear the voices of those seldom-heard.

Building on what is working well: this will ensure that the strengths which exist within communities themselves and within organisations already working with communities are honoured.

Being open to listening, learning and innovating: this will ensure that we hear ideas and can be dynamic in how we collectively bring about change that will benefit West Berkshire.

***Driven by what is important to communities*:** this will ensure that outcomes and solutions are delivered according to what local communities most need and want.

What will be different in our communities?

Residents

- Influence the decisions and services that affect their lives
- Know how to, and feel confident in getting help when they need it
- Feel connected to their community
- See that health, wellbeing and education outcomes are good for everyone

Community and voluntary sector organisations

- Feel valued by residents and partners alike
- Influence the decisions of statutory service providers
- Feel a greater sense of community ownership and investment

Communities and community groups

- Influence the decisions of service providers
- Have support for priorities and solutions they have identified
- Feel confident in adapting to change

Elected Members, Town and Parish Councils

- Feel well supported in their community roles
- Have collaborative relationships with statutory service providers as well residents and communities
- Feel supported to innovate and deliver their priorities

Statutory Service Providers

- Have confidence they understand and are responding to the views and needs of everyone in the community
- Deliver more responsive and innovative services; based on strengths within the community
- Be providing more early help and support

Examples of quantifiable changes:

- Numbers of residents and community groups engaged with the council and their satisfaction with engagement will increase (6-12 months)
- Percentage of services which are designed alongside and involve communities will increase (12-24 months)
- Educational, health and economic outcomes will be the same, regardless of background or circumstance (long term)

West Berkshire COUNCIL

How we will work differently

We will:

- ✓ Listen to the views of our communities and make appropriate responses
- ✓ Better understand priorities for **all** of our communities
- ✓ Create opportunities to design solutions alongside communities
- ✓ Deliver actions in partnership with our communities

Ways of working:

- ➢ We will provide leadership of place and bring interested parties together
- ➢ Where we are not best placed to lead, we will collaborate and facilitate
- ➢ We will think ‘partnership’ first; nothing for communities without communities

Case Studies: Learning from elsewhere

Co-production in Oxfordshire

- In 2016 Oxfordshire County Council (OCC) decided it wanted to make co-production its normal way of working in Adult Social Care.
- Co-production is a way of thinking; it (usually) requires a shift in mind-set to include and consider people as equals in a process. It requires both a set of values and skills to be successful as a collaborative problem-solving exercise.
- Co-production was used in a 'Moving Into Adulthood' project which reviewed the way Oxfordshire County Council supported young people and their families through transition from children's services to adult services.
- The project was co-produced and involved a total of 108 people. A project group, made up of young people, parents and frontline staff, was formed and met several times throughout the year.
- The group talked to other people who could not come to the meetings and then put together a presentation, which they then presented to the Directors of Children's and Adult Services at Oxfordshire County Council.
- The presentation made suggestions about what changes should be made to the way people are supported to move from children's to adult services.
- In response; the Directors developed a single transitions team.

Social Value in Bristol

- The Public Services (Social Value) Act came into force on 31 January 2013. It requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits.
- Before they start the procurement process, commissioners need to think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.
- Bristol City Council transferred one of its building assets to a voluntary sector partner and in executing social value through this process, the Council was able to secure a number of benefits for the community.
- A row of premises owned by the Council was transferred to the North Bristol Advice Centre (NBAC) to convert into a community shop.
- As well as helping to solve a long-running lack of fresh fruit and vegetables in the area, NBAC has converted the upper floors of the building to house its employment support project and to create workspace for new social enterprises.
- Instead of selling off the building, the council has used it to help resolve long-standing issues identified by residents of this area.

Case Studies: Local example

Community Conversations

- Community Conversations commenced in 2016 and are 'owned' by the Health and Wellbeing Board.
- They have been conducted in a number of places where issues have been identified (community safety and wellbeing issues). The approach use a restorative practice method to support communities to help themselves.
- The Building Communities Together Team co-facilitates a conversation of interested parties in a local area. Members of the community who play an important role locally were trained to be 'Community Anchors'.

Example: Hungerford & Lambourn:

- A group of 7 volunteers started a youth club for children with additional needs who attend a mainstream secondary school. This is now running successfully and is affiliated to Berkshire Youth.
- 'Depression Alliance' expanded their services into Hungerford to work with people who have mental health problems using peer to peer support groups.
- A group of faith based volunteers came together to provide a Christmas dinner for around 50 people who would otherwise have been on their own thus reducing social isolation.
- A multi agency professionals forum has been established. The discussions are thematic including anti-social behaviour and domestic abuse.

Example: Purley Residents Support Committee

- Residents wanted a new way of addressing the problems within their area
- A 'world café' approach saw many residents actively engaged and coming up with some really good ideas to address local issues.
- 14 people came forward for Neighbourhood Watch.
- Drug awareness sessions were run for parents.
- Campaigns were run on reducing litter and dog fouling.
- The TVP alerts system was promoted amongst residents.
- Information and assistance was given to the community on reducing speeding and inconsiderate parking.

Delivering Engaging and Enabling Communities

EELC: Project streams

Established

- Voluntary Sector Prospectus
- Community Emergency Planning
- Flood wardens
- Library volunteers
- Member bids
- West Berkshire Lottery Community Fund
- Services commissioned and delivered with the VCSE (e.g. Citizens Advice Bureau)
- Established, informal and day-to-day relationships (e.g. Children's Centres/Emergency Planning/highways, Planning)

Evolving

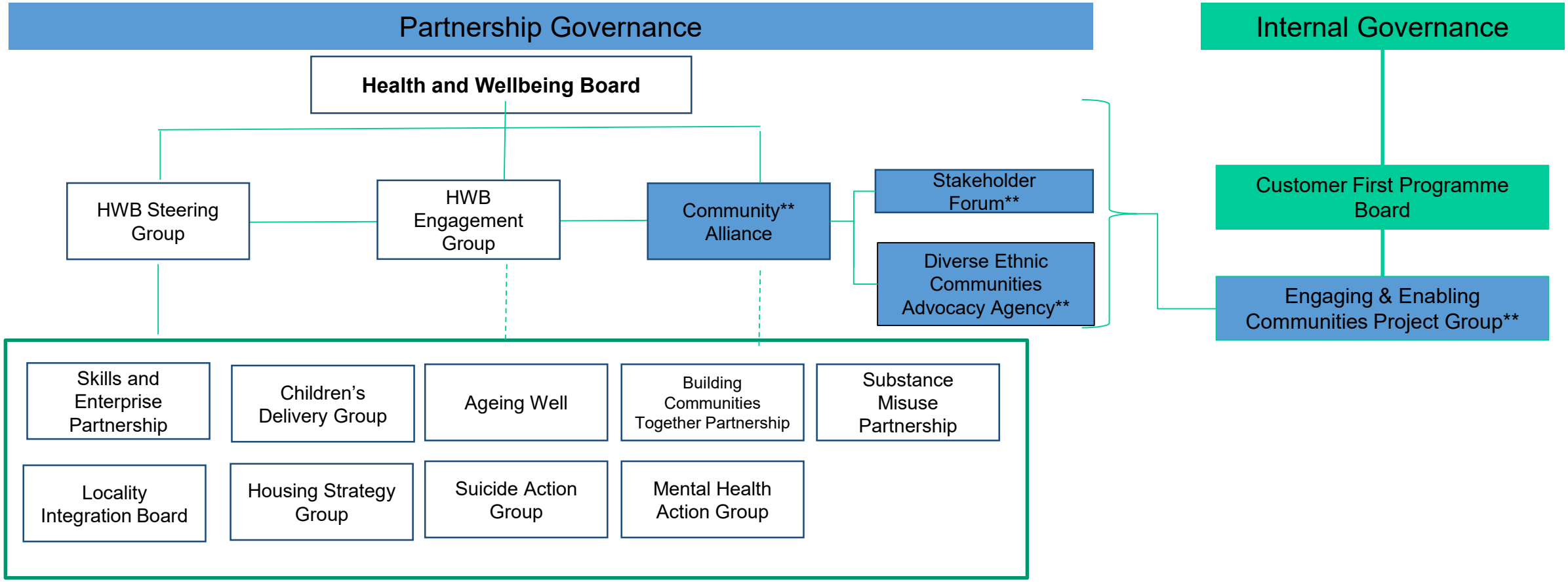
- Communication and Engagement Strategy
- BCT Team alignment
- Community Support Hub (Core Grp)
- Covid Member bids
- Community Conversations
- Distribution of CIL
- Public Health Community Wellbeing model
- HWB engagement
- Parish Planning
- Devolution
- Community Champions
- Community Resilience database
- Community bonds

Emergent

- Voluntary and Community Sector Support
- Diverse Ethnic Communities Advocacy service
- Co-production framework
- Town and parish engagement
- Community Alliance
- Surviving to Thriving grants for mental health
- Social Value policy
- Spontaneous volunteer management
- Local Climate Action Planning

Red text are actions in the Communications and Engagement Strategy

Governance



** Structures not yet in place

West Berkshire COUNCIL

Timeline

Date	Key Milestones
April- June 2021	• Scoping and initial work to develop a co-production framework for West Berkshire • Phase II of VCSE engagement to understand sector needs • Work with the Diverse Ethnic Community Advocacy Service provider to plan ahead of go-live • Commence review of engagement with town and parish councils • Development of a Community Alliance
June 2021	• Diverse Ethnic Community Advocacy Service go-live date
July- Oct 2021	• Initial meeting(s) of the West Berkshire Community Alliance • Draft co-production framework developed for engagement
April 2022	• Co-production framework in place • Establish a Community Stakeholder Forum to provide two way engagement and dialogue between voluntary sector, statutory partners and the WBCA

Health and Wellbeing Board Forward Plan 2020/21 (All meetings are on a Thursday, starting at 9.30am in the Council Chamber except where otherwise stated)

There is a fire alarm and lockdown alarm in the Council Chamber at 10am on Thursdays.					
Item	**Purpose**	**Action required by the H&WB**	**Date Agenda Published**	**Lead Officer/s**	**Those consulted**
24 June 2021 (TBC) - Workshop					
22 July 2021 - Board meeting					
Programme Management					
Delivery of Health & Wellbeing Strategy - Q4 2021/21	To present the performance dashboard for the delivery of the Joint Health and Wellbeing Strategy and highlight any emerging issues.	For information and discussion	14/07/2021	Gordon Oliver	Health and Wellbeing Steering Group
Strategic Matters					
West Berkshire Vision 2036	To provide a progress report and consider whether the vision needs to be updated	For information and discussion	14/07/2021	Nick Carter / Catalin Bogos	Health and Wellbeing Steering Group
Joint Health and Wellbeing Strategy	To provide a progress Report on the development of the strategy and associated delivery plan	For information and discussion	14/07/2021	Matt Pearce / Sarah Rayfield	Health and Wellbeing Steering Group
West Berkshire Domestic Abuse Board	To approve the terms of reference for the West Berkshire Domestic Abuse Board	For decision	14/07/2021	Jade Wilder	Health and Wellbeing Steering Group
Voice of Disability	To report back on the recommendations made in relation to the Healthwatch VoD report	For information and discussion	14/07/2021	Andrew Sharp	Health and Wellbeing Steering Group
Cultural Hertage Strategy Action Plan	To report progress in developing the action plan.	For information and discussion	14/07/2021	Paul James	Cultural Heritage Strategy Delivery Board
Operational Matters					
COVID Recovery	To provide an update on development and implementation of the Recovery Strategy	For information and discussion	14/07/2021	Joseph Holmes	Health and Wellbeing Steering Group
Integrated Care Partnership Transformation Programme	To provide an update on current ICP activity	For information and discussion	14/07/2021	Andy Sharpe	Health and Wellbeing Steering Group
Review of Health and Wellbeing Board Sub-Groups	To consider options for the structure of the Health and Wellbeing Board Sub-Groups to reflect the priorities identified in the Joint Health & Wellbeing Strategy.	For decision	14/07/2021	Gordon Oliver	Health and Wellbeing Steering Group
Review of Health and Wellbeing Board Terms of Reference	To consider how the terms of reference for the Health and Wellbeing Board and Steering Group should change to reflect the new Strategy.	For decision	14/07/2021	Gordon Oliver	Health and Wellbeing Steering Group
September 2021 (TBC) - Conference					
30 September 2021 - Board meeting					
Programme Management					
Delivery of Health & Wellbeing Strategy - Q1 2021/22	To present the performance dashboard for the delivery of the Joint Health and Wellbeing Strategy and highlight any emerging issues.	For information and discussion	22/09/2021	Gordon Oliver	Health and Wellbeing Steering Group
Strategic Matters					
Joint Health and Wellbeing Strategy	To provide a progress Report on the development of the strategy	For information and discussion	22/09/2021	Matt Pearce / Sarah Rayfield	Health and Wellbeing Steering Group
Leisure Strategy	To present the Leisure Strategy, which is due to be adopted in Summer 2021.	For information and discussion	22/09/2021	Paul Anstey	Health and Wellbeing Steering Group
Cultural Hertage Strategy Action Plan	To present the draft action plan for endorsement before it goes to Executive for approval	For information and discussion	22/09/2021	Paul James	Cultural Heritage Strategy Delivery Board
Operational Matters					
COVID Recovery	To provide an update on development and implementation of the Recovery Strategy	For information and discussion	22/09/2021	Joseph Holmes	Health and Wellbeing Steering Group

Integrated Care Partnership Transformation Programme	To provide an update on current ICP activity	For information and discussion	22/09/2021	Andy Sharpe	Health and Wellbeing Steering Group
09 December 2021 - Board meeting					
Programme Management					
Delivery of Health & Wellbeing Strategy - Q2 2021/22	To provide the performance dashboard for the delivery of	For information	01/12/2021	Gordon Oliver	Health and Wellbeing Steering
Strategic Matters					
Annual Public Health Report	To present the annual report into the health and wellbeing of people in Berkshire as prepared by the Director for Public Health.	For information and discussion	01/12/2021	Meradin Peachey	Health and Wellbeing Steering Group
Draft Pharmaceutical Needs Assessment	To agree the draft Pharmaceutical Needs Assessment for public	For information	01/12/2021	Sarah Rayfield	Health and Wellbeing Steering
Operational Matters					
COVID Recovery	Update on development and implementation of the Recovery Strategy	For information and discussion	01/12/2021	Joseph Holmes	Health and Wellbeing Steering Group
Integrated Care Partnership Transformation Programme	To provide an update on current ICP activity	For information and discussion	01/12/2021	Andy Sharpe	Health and Wellbeing Steering Group
17 February 2022 - Board meeting					
Programme Management					
Strategic Matters					
West of Berkshire Safeguarding Adults Board	Presentation of Annual Report for 2019/20	For information	09/02/2022	Teresa Bell - Independent Chair of	Health and Wellbeing Steering
Operational Matters					
April 2022 (TBC) - Workshop					
19 May 2022 - Board meeting					
Programme Management					
Delivery of Health & Wellbeing Strategy - Q3 2021/22	To provide the performance dashboard for the delivery of	For information	01/12/2021	Gordon Oliver	Health and Wellbeing Steering
Strategic Matters					
Operational Matters					

West Berkshire
COVID-19 Briefing

10th May 2021

Situational Awareness

The latest Public Health England (PHE) Situational Awareness Report shows that weekly case rates have increased for West Berkshire, up from 25.9 per 100k in the previous week to 30.9 in the latest reporting period. The over 60's saw a slight increase in rate per 100k to 9.9 in the same periods

Situtational awareness indicators from the 28/04/2021 to 04/05/2021, in comparison to previous 7-day period

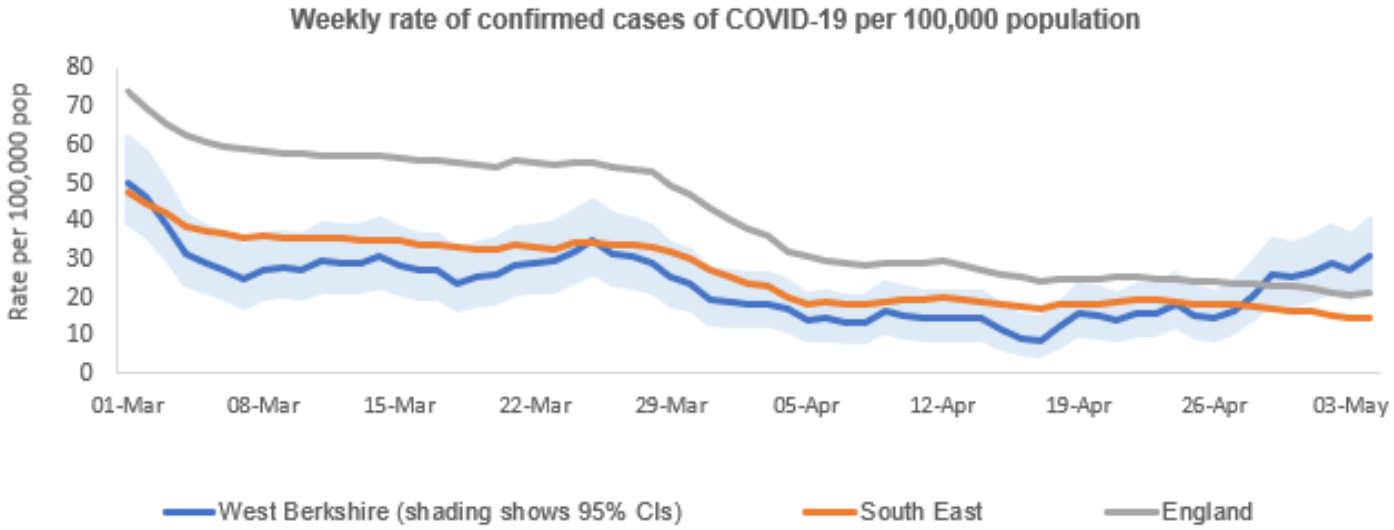
Area	Individuals tested per 100.000 population (7-day moving average)		Percentage individuals test positive (weekly)		Cases per 100.000 population - all ages (weekly)		Cases per 100.000 population - 60+ (weekly)		Number of confirmed cases (last 7 days)	Total community outbreaks (Last 7 days)
Bracknell Forest	301.3	↓	0.4	↓	16.3	↓	8.1	↓	20	-
Reading	398.8	↓	0.8	↑	25.3	↑	7.4	→	41	-
Slough	336.3	↓	1.8	↓	38.8	↓	18.6	↓	58	-
West Berkshire	286.3	↓	1.1	↑	30.9	↑	9.9	↑	49	-
Windsor and Maidenhead	323.6	↓	0.8	↓	25.1	↓	13.7	↑	38	-
Wokingham	264.8	↓	0.3	↓	11.1	↓	0.0	↓	19	-
South East	342.8	↓	0.4	↓	14.7	↓	5.6	↓	1,311	
England	339	↓	0.8	→	21.4	↓	7.2	↓	12,055	

Source: PHE Regional Situation Awareness Report

Confirmed cases for residents of West Berkshire

Total cases at 08-May (cumulative since 1-Mar-20): 6,436

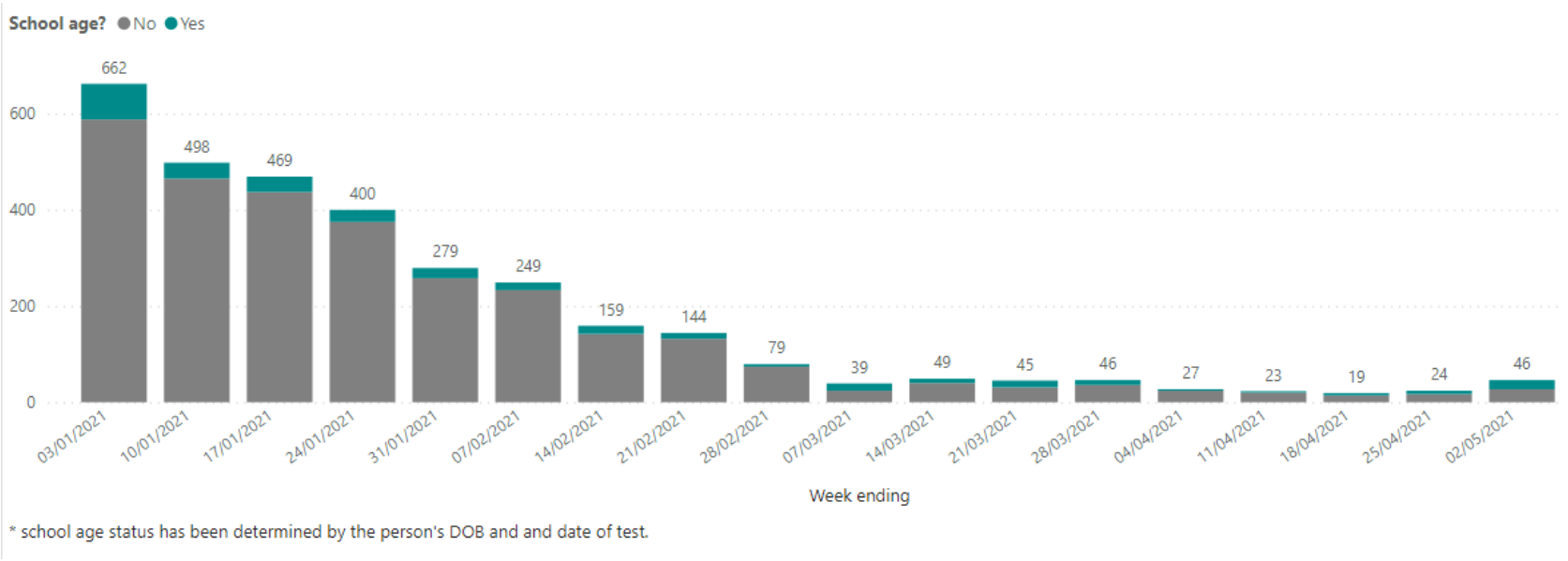
		20-Apr-21	27-Apr-21	04-May-21
Number of cases in West Berkshire during previous 7 days		24	26	49
Weekly rate per 100,000 population	West Berkshire	15.1	16.4	30.9
	South East	18.3	18.0	14.6
	England	24.8	23.6	21.4



Source: Public Health England: Coronavirus case tracker

Further analysis of recent rise in cases

The week ending 18th April saw the lowest number of new cases, 19, that West Berkshire has recorded in 2021. Since then, cases have started to rise with the week ending 2nd May seeing a 100% rise compared to the previous week. A large proportion, 41% of cases in the week ending 2nd May were people of school age at time of testing.



Further analysis of recent rise in cases

Across Berkshire, the proportion of cases being of school age at time of testing has been increasing in recent weeks

% of cases who were school age at time of test, by local authority and week ending date

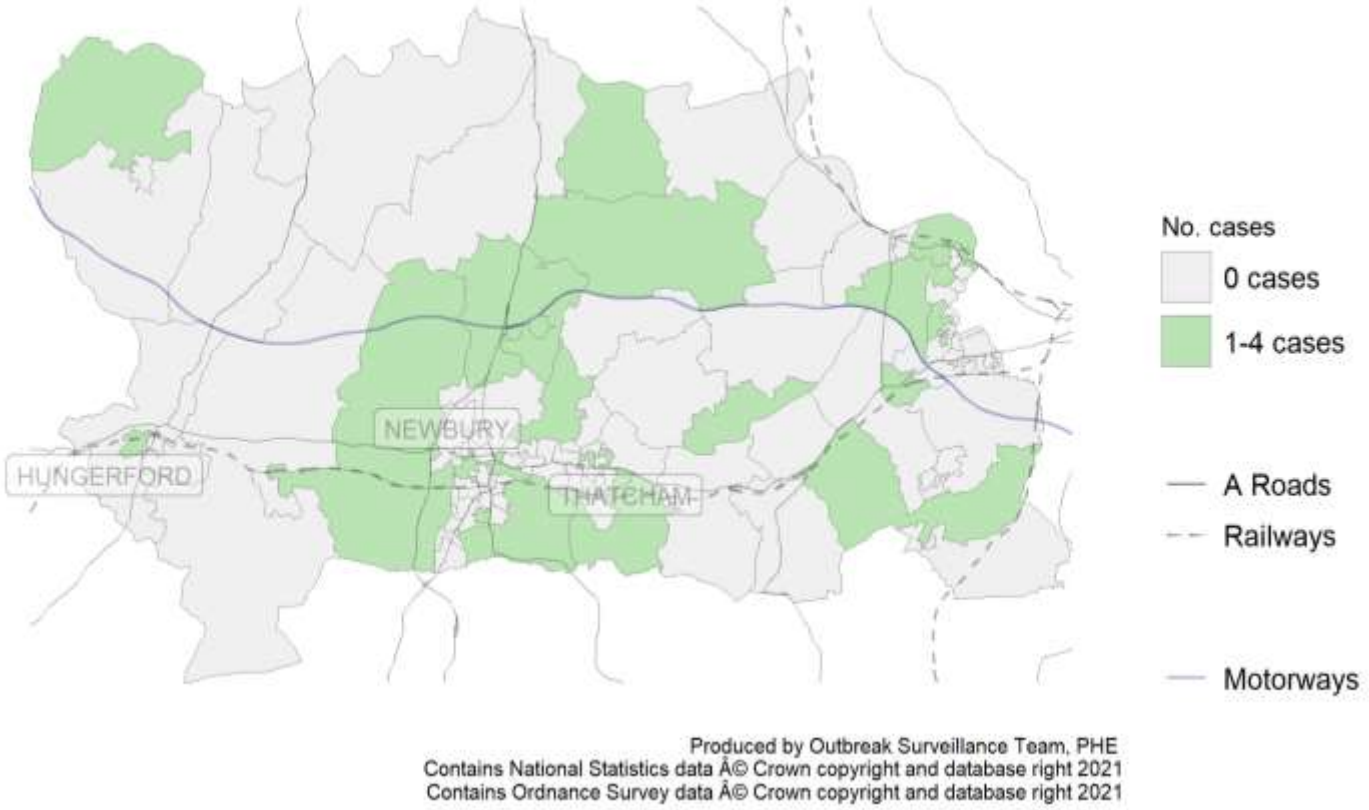
LA	14/02/2021	21/02/2021	28/02/2021	07/03/2021	14/03/2021	21/03/2021	28/03/2021	04/04/2021	11/04/2021	18/04/2021	25/04/2021	02/05/2021
Bracknell Forest	15.0%	6.2%	8.3%	4.3%	18.4%	20.0%	31.1%	7.7%	17.6%	25.0%	23.8%	42.9%
Reading	11.1%	5.4%	6.4%	7.5%	15.9%	12.7%	17.2%	13.2%	15.7%	16.7%	23.3%	12.5%
Slough	10.7%	8.1%	13.2%	16.0%	25.2%	16.2%	31.3%	22.9%	14.2%	27.7%	15.8%	30.0%
West Berkshire	9.5%	8.3%	6.3%	38.5%	18.4%	31.1%	21.7%	11.1%	13.0%	26.3%	29.2%	41.3%
Windsor & M	10.0%	15.5%	8.5%	6.4%	16.4%	32.5%	39.8%	26.2%	15.2%	37.1%	26.1%	34.4%
Wokingham	6.0%	11.1%	6.5%	13.8%	20.0%	35.9%	20.0%	13.8%	28.6%	17.2%	32.6%	26.9%

Total cases

LA	14/02/2021	21/02/2021	28/02/2021	07/03/2021	14/03/2021	21/03/2021	28/03/2021	04/04/2021	11/04/2021	18/04/2021	25/04/2021	02/05/2021
Bracknell Forest	60	97	60	47	38	35	45	26	34	28	21	21
Reading	90	130	109	53	69	71	58	38	51	42	43	40
Slough	177	309	167	125	135	117	128	105	106	94	76	70
West Berkshire	74	144	79	39	49	45	46	27	23	19	24	46
Windsor & M	50	110	71	78	55	83	98	42	46	35	46	32
Wokingham	50	90	93	58	55	64	60	29	35	29	43	26

Situational Awareness

Number of COVID-19 cases (Pillars 1 and 2 combined) in most recent 7-day period (May 2 to May 8 2021), by West Berkshire LSOA

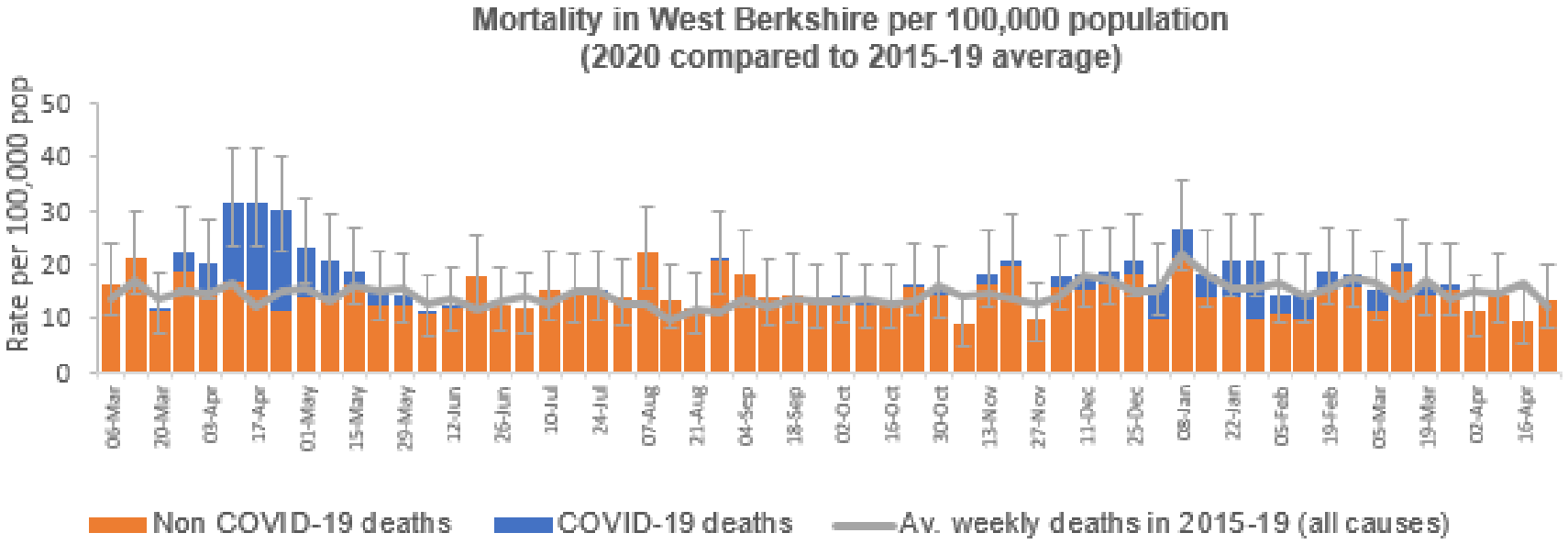


Produced by Outbreak Surveillance Team, PHE
Contains National Statistics data Â© Crown copyright and database right 2021
Contains Ordnance Survey data Â© Crown copyright and database right 2021

Deaths

There have been 252 COVID-19 related deaths during the pandemic. No new deaths have been recorded since the week ending 26th March 2021 in West Berkshire.

Since the beginning of the pandemic there has been an 18% increase (an additional 247 deaths) in all cause mortality compared to the 2015-19 average



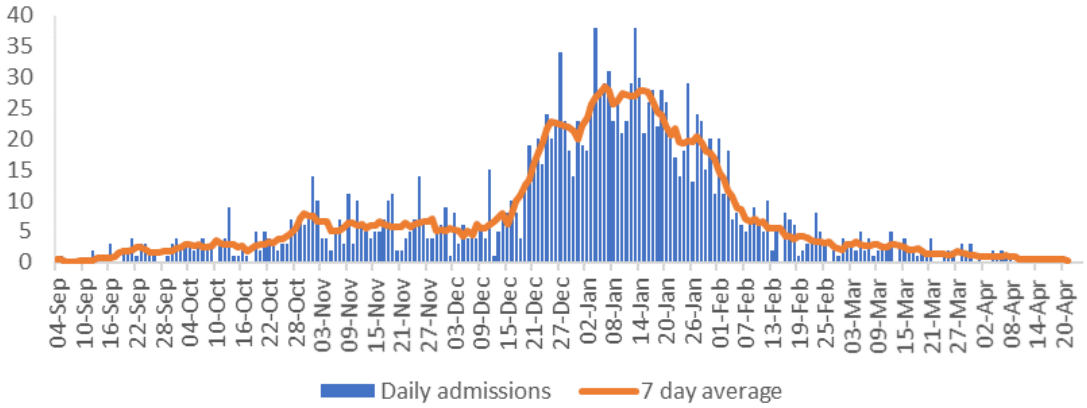
Source: Office for National Statistics; Death registrations and occurrences by local authority

Hospital activity

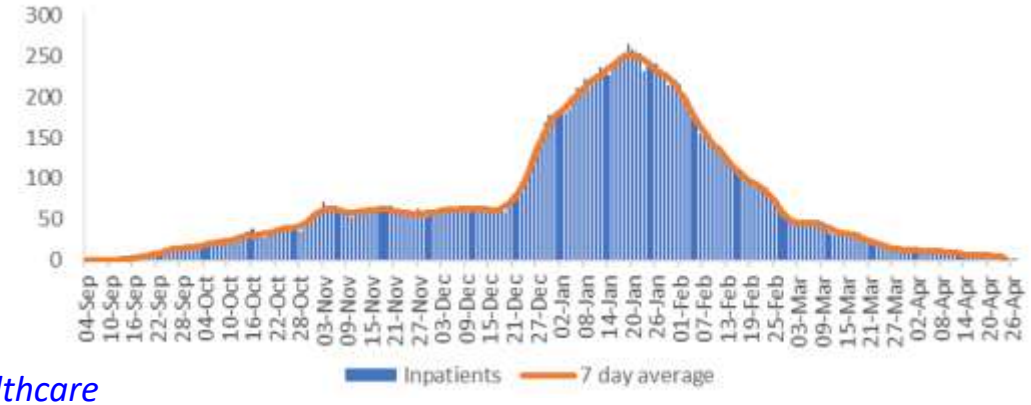
The number of admissions for Covid-19 patients in Royal Berkshire Foundation Trust hospitals remains low. There were no admissions on 25th April.

On 27th April, 2 patients were in RBFT hospitals for COVID-19 with no one on mechanical ventilation.

Number of patients admitted to hospital with COVID-19 – Royal Berkshire NHS Foundation Trust



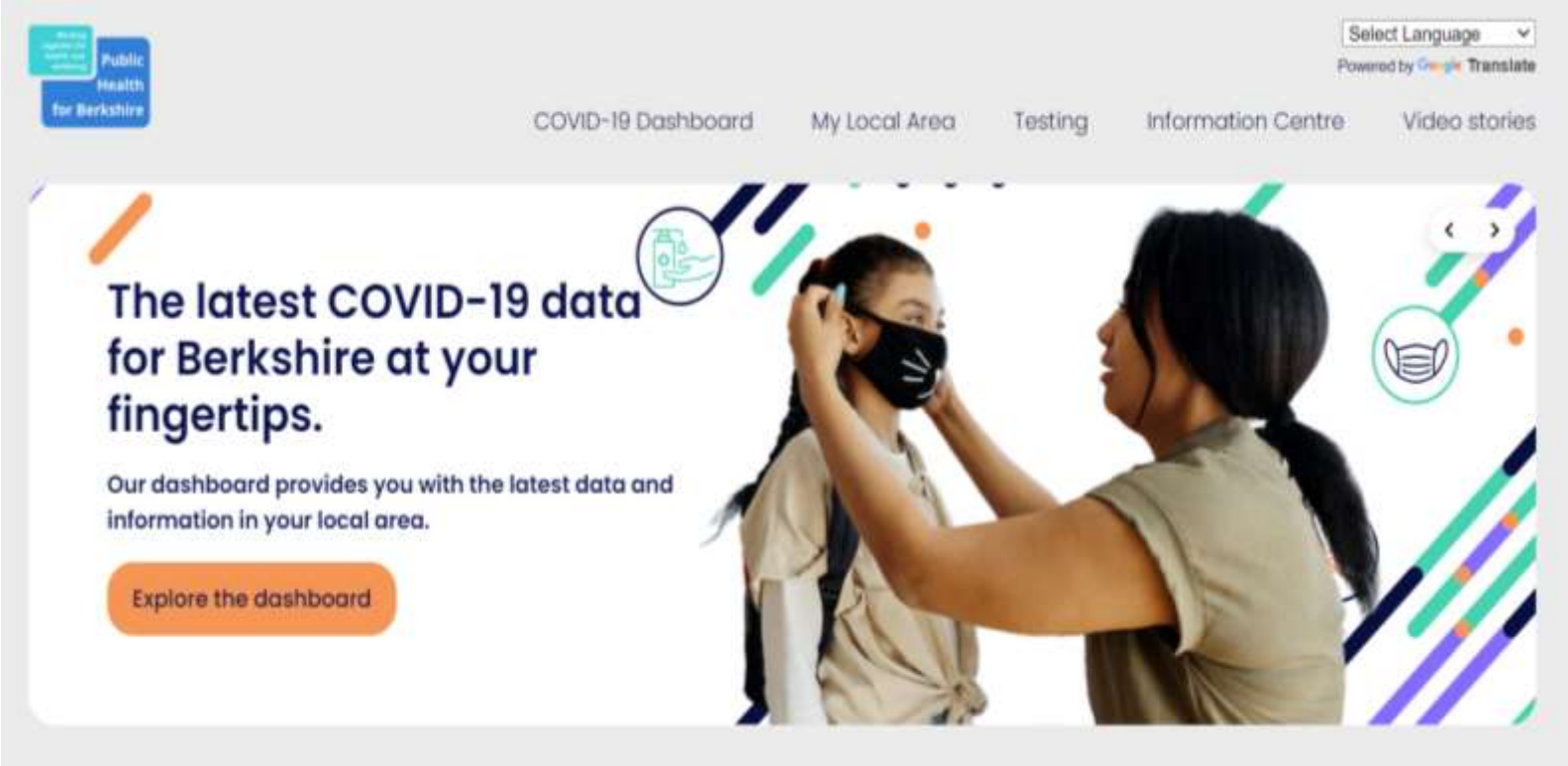
Number of patients in hospital for COVID-19 – Royal Berkshire NHS Foundation Trust



Source: https://coronavirus.data.gov.uk/healthcare

For more information

For the latest Berkshire COVID-19 data (cases, NHS 111 triages and deaths) please visit our website: https://www.berkshirepublichealth.co.uk/



Additional information on national, regional and neighbourhood-level data can also be found at the main government website: https://coronavirus.data.gov.uk/

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Housing matters:

West Berkshire's Housing Strategy 2020 - 2036






West Berkshire Council

Contents

1 Foreword - why housing matters

Hilary Cole
Executive Portfolio Holder, Planning and Housing

Housing is a key Indicator of health with good quality housing having a positive impact on our health and well-being. This has become more apparent during 2020 when we have spent more time at home managing the impact of Covid-19 and the changes that we have adjusted to.

The pandemic has highlighted the challenges faced by many residents in maintaining and accessing safe, secure and affordable housing. This will influence how the Council supports residents in creating stable communities and settled homes. The pandemic has exposed issues such as informal shared housing arrangements.

Housing is a key strategic priority for West Berkshire Council. This strategy is intended to be a high-level document, that sets out how we will work with our partners and stakeholders to support a balanced housing market across West Berkshire to meet residents' needs. The strategy encompasses the period to 2036, which as well as aligning with the Council's other corporate strategies, reflects the time it takes to influence and effect change within any housing market.

This strategy aims to provide strategic direction for the Council and our partners and will enable the delivery of the two challenging priorities these being;

- Enable every resident to have access to a home that meets their needs
- Reduce homelessness

While we want to lead and influence in the housing market, we recognise that the Council cannot successfully deliver this strategy alone and that our partners and stakeholders also have key roles to play. The delivery plan set out at the end of the housing strategy details the key actions that will help us to achieve our strategic priorities. This will be undertaken in collaboration with our established strong partnerships in the district.

I would like to thank the many residents, partners and stakeholders who have taken the time to engage with us during the preparation of this strategy and whose thoughts and comments have helped to shape our vision for housing across West Berkshire.

2 Introduction

Housing is more than having a roof over our head or having somewhere to sleep – having a place to truly consider to be 'home' plays an essential role in all our lives. Our homes are acknowledged as being a key indicator of our health, with poor housing often contributing to poor health. The presence of a balanced housing market across West Berkshire is therefore critical to ensuring that residents' health and well-being is safeguarded and that their housing needs and aspirations are met in respect of the availability, location, size, and affordability of homes across all tenures.

This Housing Strategy sets out West Berkshire Council's strategic housing priorities and details a range of actions that the Council intends to take in partnership with relevant partners and stakeholders to support residents to access good quality housing while preventing homelessness and rough sleeping.

The strategy sets out the context both nationally and locally which, alongside the Council's strategic vision, frame our priorities and the actions and interventions detailed within the delivery plan.

"The presence of a balanced housing market across West Berkshire is critical to ensuring that residents' health and well-being is safeguarded."

3 Our District

West Berkshire has an estimated population of
158,500
(2019)

1,659
older people and vulnerable adults accessing long term support (Jan 2021).

Healthy life expectancy at birth at 70.1 years for females and 66.4 for males are
higher
than the England average (2014-16). Similarly, life expectancy at birth, at 84.5 for females and 81.1 for males is higher than the national average.

West Berkshire covers an area of
272 square miles
which is over half of the geographical area of the county of Berkshire. Nearly three quarters of West Berkshire is classified as part of the North Wessex Downs Area of Outstanding Natural Beauty (AONB).

In October 2019 there were
232
long term empty homes in West Berkshire

In 2019 the Council assisted
117 residents
secure a total of £1.1m Disabled Facilities Grant funding for aids and adaptations to live safely in their homes

The total number of households in West Berkshire is
65,000

Since 2001 census, an average of
376 new homes
have been built each year.

151 Children in Care (Feb 2021)

840 Children in Need Feb 2021 (including Children in Care and those subject to a Child Protection Plan)

In 2020
1,533
homeless approaches were made

Average house price was
£340,000
(June 2020)

Between 2015 and 2019 the average monthly cost of privately renting has increased by
10%

In West Berkshire the median house price is
9.6
times the median income level (2019)

13.4%
of housing is owned and managed by housing associations and registered providers – lower than the national average of
17.1%

In November 2020 there were
9 people sleeping rough in West Berkshire

"Supporting people to buy or rent their own homes; preventing homelessness, improving options for older people and protecting the most vulnerable."

4 The national context

The Government's 2017 White Paper – 'Fixing our Broken Housing Market[1]' – sets out the Government's intention to boost housing supply and create a more efficient housing market. It also recognises that increasing housing supply could not be met by the Government in isolation. The White Paper acknowledged that in the shorter-term the nations housing needs and aspirations needed to be addressed. This includes supporting people to buy or rent their own homes; preventing homelessness, improving options for older people and protecting the most vulnerable.

The White Paper sets out the support required to enhance the capacity of local authorities and the house building industry to build the new homes that each local area needs, with the proviso that partners are required to turn the proposals into reality.

While building more homes is clearly a key contributor to balancing the housing market, there are a range of other factors that influence the effectiveness of the market both nationally and locally.

The impact of Covid-19 and a potential post Covid-19 recession will have a significant impact on the housing market. It will affect supply and demand and over time the longer term implications will emerge.

Preventing homelessness and rough sleeping

Homelessness has the potential to touch any household. There are a number of common drivers including loss of employment, relationship breakdown and domestic abuse, although vulnerable households are over represented. In many cases residents threatened with homelessness may not be used to the welfare benefits system. The negative perception of homeless households is often unwarranted.

Nationally, housing affordability remains a key driver for homelessness. Loss of private rented accommodation is consistently one of the top reasons for homelessness across the country. This is often due to rent arrears or a proposed rent increase. Affordability also limits the ability for many households to access home ownership.

Since April 2018, the introduction of the Homelessness Reduction Act 2017 has resulted in local authorities having additional powers and duties (in accordance with the relevant legislation) to assist residents who are threatened with homelessness, with the primary emphasis placed on the prevention of homelessness.

Homelessness legislation provides a safety net for those households who are impacted by homelessness. In many cases, councils are obliged to provide temporary accommodation and other assistance until homelessness is relieved. Where the homeless household does not secure accommodation themselves, councils may secure accommodation either in the private rented sector or through 'affordable housing' let through a Registered Provider[2] to end homelessness.

Rough sleeping is often the most visible form of homelessness and regularly impacts on the most vulnerable residents who often have complex needs. Preventing rough sleeping is a key Government priority and in 2018 its Rough Sleeping Strategy was published[3]. The strategy set out the vision for halving rough sleeping by 2022 and ending rough sleeping by 2027.

As part of this bold vision the Government have provided funding opportunities for local authorities to reduce rough sleeping through the Rough Sleeper Initiative (RSI) and the Rapid Rehousing Pathway (RRP).

[1] https://www.gov.uk/government/publications/fixing-our-broken-housing-market

[2] Registered Providers are registered and regulated by the Regulator of Social Housing. Registered providers include local authority landlords and private registered providers (such as not-for-profit housing associations and for-profit organisations)

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733421/Rough-Sleeping-Strategy_WEB.pdf

Enabling the delivery of affordable housing

Social housing, originally provided by local authorities, is now more often delivered by Registered Providers. Registered Providers provide both affordable rented and home ownership products designed to assist households who are struggling to access market housing.

The key mechanism for the delivery of affordable homes is through the planning process, where developments of certain sizes are conditional on the delivery of affordable housing as set out in local planning policies.

The definition of affordable housing is provided by the National Planning Policy Framework (NPPF)[4] and this was updated in 2018 to include a range of alternative products to supplement social rent, affordable rent and shared ownership including starter homes and build to rent.

The Council is currently reviewing its Local Plan. This will set out the Council's proposed position on affordable housing for new developments. This will be examined by the Planning Inspectorate when the plan is formally submitted in 2022.

Supporting private sector housing

Across the country private housing represents the largest tenure, with 83% of homes privately owned in England and 17% owned by councils, Registered Providers and other public bodies[5].

Councils currently have a wide range of enforcement interventions to maintain and improve private sector housing standards. These powers are applicable across all tenures. Whilst most commonly used to improve private rented accommodation, they can also be utilised to improve owner-occupied and Registered Provider owned homes.

Empty homes represent a wasted resource and councils have a range of powers to intervene and return properties back into use. Legislation can be used to tackle dilapidated empty homes that impact on the visual amenity of the neighbourhood. However, some empty homes are needed to ensure that the housing market operates as efficiently as possible.

For those living with a disability, housing can have a greater impact on health and wellbeing, for example, where access to facilities is difficult or even impossible. The statutory Disabled Facilities Grant (DFG) and Home Repair Assistance Grants provide the framework that enables councils to administer grants for aids and adaptations. This helps residents remain independent in their own home for longer.

[4] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/810197/NPPF_Feb_2019_revised.pdf
[5] Table 100: number of dwellings by tenure and district, England, https://www.gov.uk/government/statistical-data-sets/live-tables-on-dwelling-stock-including-vacants

5 The local context

This Housing Strategy aims to address the challenges and opportunities that present themselves across West Berkshire. Consequently considering the local context is essential to ensure that our strategic approach is fit for purpose and meets the needs of our residents.

Demographics

West Berkshire has a relatively young population at present, however this is expected to change significantly in future years with the population becoming older and household size reducing. This will impact on the future requirements for the type and size of housing.

The demographic change during the life of this strategy will drive an increased focus on housing for older people, residents who need support to live independently, and for those with specialist care needs, as well as smaller homes to accommodate smaller household size.

As illustrated in Table 1, the population of West Berkshire is projected to contract by 0.9% over the next 16 years to 2036. Of particular importance is the projected increase in older people across West Berkshire. It is projected that the cohort of people aged over 85 will double, while those residents aged over 75 will increase almost by 46.9% over the same period.

Table 1 – Projected demographic change across West Berkshire 2019-2036[6]

3. Age range	Population		
	2019	2036	% Change
0-4	8,800	7,655	-13%
5-9	10,300	7,964	-22.6%
10-14	10,400	8,925	-14.1%
15-19	9,400	8,749	-6.9%
20-24	7,000	6,955	-0.6%
25-29	7,900	8,266	4.6%
30-34	8,700	7,711	-11.3%
35-39	9,600	8,339	-13.1%
40-44	10,300	9,181	-10.8%
45-49	11,900	9,739	-18.1%
50-54	12,500	10,148	-18.8%
55-59	11,400	10,309	-9.5%
60-64	9,700	10,375	7%
65-69	8,500	10,860	27.8%
70-74	8,500	10,129	19%
75-79	5,800	8,226	41.8%
80-84	4,000	6,130	53.2%
85+	3,800	7,410	95%
Total	**158,500**	**157,070**	**-0.9%**

*This projected decline in population does not equal a decline in demand for homes.

[6] ONS National population projections (from NOMIS)

Housing supply and demand

The Council's Local Plan[7] details local planning policies that support development across West Berkshire until 2026. The Council is currently in the process of reviewing the Local Plan for the period to 2036[8].

The current Local Plan details a requirement to deliver 10,500 homes during the 20-year Local Plan period[9] – a net requirement of 525 new homes each year. It is expected that a similar housing supply requirement will be included in the emerging Local Plan in due course.

The Council's Strategic Housing Market Assessment (SHMA)[10] details the key drivers for the local housing market, including housing need. The SHMA indicates that in order to meet housing need, new housing developments should provide an affordable housing mix comprising of 70% social rented homes and 30% shared ownership homes[11].

Across West Berkshire, current planning policy requires affordable housing to be delivered on all sites in excess of five homes. With up to 40% of homes required to be provided as affordable housing on large green field sites[12].

The SHMA sets out the need for affordable homes of different sizes and tenures as shown in Table 2, with an emphasis on the delivery of smaller affordable homes. This aligns with demographic change, however, to ensure that smaller homes are fit for the future they should be designed with double bedrooms wherever possible.

Given the projected demographic change, and the increase in population of those aged over 75, it is likely that the need for smaller homes will increase during the period of this strategy. This is also likely to increase the demand for a range of specialist housing solutions to meet the needs of the ageing population.

Self Build and Custom house building

Self build and custom housebuilding is a key element of the Government's agenda to increase supply of new housing. Legislation has been introduced to support this initiative including:

- The Self-build and Custom Housebuilding Act (March 2015)
- The Self-build and Custom Housebuilding (Register) Regulations 2016 (Commenced 1st April 2016)
- Housing and Planning Act 2016

To meet this need West Berkshire Council maintains a register of individuals who have expressed an interest in self and custom-build homes. The Local Plan Review contains a specific policy promoting this provision. Furthermore, the Council will work with partners to establish how serviced plots may be effectively provided to meet the demand.

Delivering affordable housing

West Berkshire Council does not own social housing stock following the transfer of all Council-owned housing stock in 1989[14] to Sovereign Housing Association[15].

Table 2 - Housing tenure bedroom need in West Berkshire 2020[13]

Housing Tenure	1 bed	2 bed	3 bed	4+ bed
Market	5 – 10%	25 – 30%	40 – 45%	20-25%
Affordable	20- 25%	35 – 40%	30-35%	5 – 10%

[7] https://info.westberks.gov.uk/localplan
[8] https://info.westberks.gov.uk/localplanreview2036
[9] Core Strategy Planning Policy CS1
[10] https://info.westberks.gov.uk/CHttpHandler.ashx?id=40949&p=0
[11] Core Strategy Planning Policy CS6
[12] https://info.westberks.gov.uk/CHttpHandler.ashx?id=36374&p=0
[13] Table 140, SHMA 2016
[14] The stock was transferred by Newbury District Council
[15] Formerly known as West Berkshire Housing Association

This was one of the first large-scale voluntary transfers (LSVTs) and Sovereign owns and manages over 6,500 affordable homes across West Berkshire.

The Council actively works with a number of Registered Providers who operate within West Berkshire to deliver a range of affordable homes to meet the needs of our residents. There are over 9,000 affordable homes managed by registered providers in the District[16].

The Council enables access to affordable homes managed by our Registered Providers through planning policies and the housing register. The number of applicants on the housing register has seen an increase from 2,029 to 3,624 in the year from March 2019 to March 2020, a rise of over 79%.

Housing and the economy

Employment opportunities are critical to delivering a balanced housing market. Across West Berkshire the number of jobs per working age person is higher than the average. Similarly there is a greater proportion of adults who are economically active. However, there is a risk that where employment opportunities do not match the skills of local residents, the inward employment migration that results can place pressures on the local housing market. In addition, the potential post-Covid-19 recession will also have an impact on unemployment, potentially removing housing opportunities for local people and increasing the reliance on social housing.

Housing affordability is inextricably linked to economic activity. West Berkshire Council's Economic Development Strategy 2019-2023 sets out how the Council intends to work with its partners to address economic challenges. This strategy should therefore be read in conjunction with the Economic Development Strategy and the 2021 post-Covid refreshed Economic Development Strategy.

Across the South East affordability is a critical issue in all segments of the housing market. Residents are struggling to secure affordable and sustainable housing, whether for home ownership or seeking to rent. In many areas the cost of home ownership relative to earnings is high. In West Berkshire the average cost of a home[17] is £340,000, which is almost ten times that of average earnings[18].

For those seeking to rent their home, average private rents have increased by just over 20% to meet demand[19]. In West Berkshire this is often driven by professionals seeking accommodation near their place of work. This presents affordability challenges for local residents. People in privately rented accommodation pay the highest housing costs compared with home-owners with mortgages and social housing tenants[20].

Private rental values in West Berkshire show a significant increase in monthly rental from 2013 to 2019 (as illustrated in table 3.)

Table 3 - Private rental values in West Berkshire since 2013[21]

Monthly rental values (£s)	Year					
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Mean	870	941	1,014	1,007	1,041	1,050
Lower quartile	650	725	750	750	779	795
Median	795	850	880	895	925	925
Upper quartile	950	1,000	1,150	1,150	1,200	1,200

[16] Table 100: number of dwellings by tenure and district, England, https://www.gov.uk/government/statistical-data-sets/live-tables-on-dwelling-stock-including-vacants

[17] Median house prices for administrative geographies: HPSSA dataset 9, https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/medianhousepricefornationalandsubnationalgeographiesquarterlyrollingyearhpssadataset09

[18] ONS, House price to residence-based earnings ratio,Table 5b, https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/ratioofhousepricetoresidencebasedearningslowerquartileandmedian'

[19] Valuation Office Agency: private rental market statistics, https://www.gov.uk/government/collections/private-rental-market-statistics#2019

[20] MHCLG, English Housing Survey- Housing Costs and Affordability, 2018-19, 2020, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/898397/2018-

[21] Valuation Office Agency: private rental market statistics, https://www.gov.uk/government/collections/private-rental-market-statistics#2019

For residents who are on low incomes, including those who are in receipt of welfare benefits, the continued low level of Local Housing Allowance (LHA)[22] reduces the availability of affordable accommodation. This is due to the resulting low value of Housing Benefit or (the housing costs element of) Universal Credit relative to market rent levels.

It is expected that the affordability challenges facing many private renters will remain moving forward, unless there is a significant injection in the capacity within the private rental market.

Households affected by the under occupation charge often face affordability issues and the delivery plan sets out how the council can help to address this.

The private rented sector is characterised by a younger age profile than other forms of market housing. Private renters in the 25-34 age group form the largest group by age nationally[23]. At the same time the age of private renters is increasing[24] and can be attributed to the affordability challenges facing private renters in moving into home ownership.

Recent reforms relating to welfare benefits also have the potential to impact on housing affordability[25]. At the end of March 2019 there were 156 West Berkshire households affected by the welfare benefit cap. There were 481 households affected by the under-occupation charge – 416 households subject to a 14% deduction, and 65 subject to a 25% deduction.

The challenges relating to affordability are often felt hardest by key workers who may struggle to secure suitable accommodation local to their workplace. It is estimated that there are around 9.8m key workers across the country making up just over 30% of the workforce in the South East[26]. Women are twice as likely to be key workers as men. Younger and older people who are key workers are more likely to be in low-paid employment[27].

There are a range of definitions for key workers and West Berkshire Council defines a key worker using the Thames Valley Local Enterprise Partnership definition as set out in Appendix 2.

The Council's Allocations Policy provides additional preference to key workers to support their applications for social housing. We are also working collaboratively with our Registered Providers. The aim is to increase the range of affordable housing that is available for keyworkers.

Table 4 - Private rental and LHA values in West Berkshire - 2018/19[22]

Monthly rental values (£s)	Property size				
	Studio	1 bed	2 bed	3 bed	4 bed
Mean rental value	592	742	925	1,160	1,844
LHA rate (Newbury)	319.22	568.14	718.90	865.80	1,213.68
LHA rate (Reading)	351.61	682.98	865.80	989.91	1,365.52

[22] Valuation Office Agency: private rental market statistics, 2019, https://www.gov.uk/government/collections/private-rental-market-statistics#2019
[23] ONS, UK private rented sector: 2018, 2019, https://www.ons.gov.uk/economy/inflationandpriceindices/articles/ukprivaterentedsector/2018
[24] ibid
[25] The Impact of Welfare Reform Bill measures on affordability for low income private renting families, Shelter, 2011, https://england.shelter.org.uk/__data/assets/pdf_file/0007/334726/Impact_of_Welfare_Reform_Bill_measures_on_affordability_for_low_income_private_renting_families.pdf
[26] A £10 minimum wage would benefit millions of key workers, TUC, May 2020, https://www.tuc.org.uk/research-analysis/reports/ps10-minimum-wage-would-benefit-millions-key-workers
[27] ibid

Homelessness

In December 2019 the Council adopted a new Preventing Homelessness and Rough Sleeping Strategy[28] based on a housing needs assessment underpinning and informing the interventions that the Council will take (with its partners) to prevent and reduce homelessness and rough sleeping.

Homelessness is increasing across the country. During 2018/19 1,765 households presented to West Berkshire Council as being threatened with homelessness. Less than one-third were assisted by the Council under our homelessness duties to prevent or relieve their homelessness.

Across West Berkshire in 2018/19, the most common reason for being threatened with homelessness was the loss of a private rented sector tenancy. This accounted for 23% of households. The next most common reason was due to family or friends no longer being willing to accommodate.

During 2018/19 the lead applicant in homelessness applications (i.e. the head of the household) was most commonly aged 25-34 (29% of applications) and 10% of presentations were made by applicants over the age of 55.

In 2019 the Council adopted its own plan for preventing and reducing rough sleeping – 'Reducing Rough Sleeping in West Berkshire: A plan to ensure that no-one has the need to sleep rough'. This plan sets out the actions that the Council will take to prevent and reduce rough sleeping working in partnership with a range of partners operating in the homelessness sector.

During 2018/19 the Council received £211k in Rough Sleeper Initiative (RSI)[29] funding and this increased to £261k for 2019/20 and £475k for 2020/21. This funding has been used to deliver a range of interventions agreed with and monitored by the Ministry of Housing, Communities and Local Government (MHCLG). Further funding of £102k was awarded to the Council in 2019 for delivery of Rapid Rehousing Pathway (RRP)[30] interventions.

Nationally rough sleeping has risen year on year since 2010, until a reduction in 2018. In West Berkshire, during the same period, the number of people sleeping rough has fallen from a peak of 23 in 2014. This number dropped to 9 rough sleepers in November 2020.

Table 5 shows the most recently published data comparing numbers in West Berkshire to national and regional figures. The drop in numbers in West Berkshire can be attributed to the success of strong partnership working locally. Table 6 sets out West Berkshire's performance in comparison with the rest of the county of Berkshire.

Table 5 - Rough sleeping in England and West Berkshire since 2010[31]

Area	Year									
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
England	1,768	2,181	2,309	2,414	2,744	3,569	4,134	4,751	4,677	4,266
South East	310	430	442	532	609	827	956	1,119	934	900
West Berkshire	5	6	11	8	23	15	14	20	18	10

[29] MHCLG, https://www.gov.uk/government/news/new-government-initiative-to-reduce-rough-sleeping
[30] MHCLG, https://www.gov.uk/government/publications/rapid-rehousing-pathway-2019-to-2020-funding
[31] Rough sleeping snapshot in England 2019, Table 1, https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2019

Table 6 - Rough sleeping across Berkshire 2019[32]

Local authority	Number of rough sleepers [33]	Number of rough sleepers per 1,000 households [34]
Bracknell Forest	22	0.44
Reading	28	0.40
Slough	25	0.45
West Berkshire	10	0.15
Windsor and Maidenhead	40	0.63
Wokingham	10	0.15

Specialist accommodation

There is a range of specialist accommodation that is required to meet an individual's needs. This includes extra care housing for those requiring a specialist health care setting, sheltered housing, young person's supported accommodation, hostel accommodation for single homeless persons, housing schemes for people with a learning disability, families of children with disabilities or for individuals with mental health needs.

The Housing Strategy in conjunction with West Berkshire Council's Market Position Statement 2020-23 Adult Social Care, sets out how the Council will meet the needs for specialist accommodation.

West Berkshire Council is delivering a specialist Housing First scheme with partners. This is to provide housing for rough sleepers with complex needs who would ordinarily be refused housing. The provision of a tenancy enables support to be better provided to tackle specific complex needs.

Gypsy, Traveller and Travelling Showperson communities are often disadvantaged in accessing affordable housing solutions as suitable sites can be challenging to deliver. West Berkshire Council currently manages one Gypsy/Traveller site within the district and there is also a site accommodating Travelling Showpersons. The Council's specialist 'Gypsy and Traveller and Travelling Showperson Accommodation Assessment' (2019) provides a detailed assessment of need for these groups.

Housing solutions

Councils use two main approaches to support residents who are homeless or threatened with homelessness into sustainable accommodation – allocations of social housing and private rented sector tenancies.

Councils are required to adopt a Housing Allocation Policy that sets out how social housing will be allocated to residents and the qualifying criteria. West Berkshire Council's Policy prioritises applicants based on individual circumstances, with the aim of ensuring that applicants with the greatest need have the highest priority.

Homes are let through a choice-based lettings scheme. Applicants are able to choose the social housing properties on which they wish to place bids. The applicant with the highest priority is offered the tenancy. This is in contrast to schemes where the Council allocates accommodation directly to the applicant with the greatest priority.

To further assist households who are threatened with homelessness, the Council is able to secure private sector tenancies as an alternative to social housing to fulfil its homelessness obligations. In order to achieve this the Council offers a range of incentives to improve partnership working with private landlords to increase supply of appropriate tenancies.

[32] Ibid
[33] Ibid
[34] Calculated using data from Table 100: number of dwellings by tenure and district, England, https://www.gov.uk/government/statistical-data-sets/live-tables-on-dwelling-stock-including-vacants, and Rough sleeping snapshot in England 2019, Table 1, op cit

As well as providing mechanisms to support residents to access social and private rented sector homes, the council also enables residents to remain in their homes with the help of aids and adaptations and granting Disabled Facilities Grants. Table 7 illustrates the number of DFG's awarded from 2015-2019.

Table 7 - **Number of DFG's awarded from 2015-2019**

	Number of DFGs awarded
2015	145
2016	77
2017	103
2018	116
2019	117

Data based on calendar years, January to December

West Berkshire has a low number of empty homes, with 232 long-term empty homes (those that have been empty for over six months) as of October 2019. This is the lowest proportion (3.4%) in Berkshire, with the next lowest proportion of empty homes being 5.5%, and the highest proportion being 12.0%.

Properties that have been empty for over two years are subject to the Empty Homes Premium, which enables the Council to apply a penalty under Council Tax legislation. In West Berkshire, this can result in the owner of a long-term empty home paying up to four times the annual Council Tax rate.

Park homes provide an important housing solution for residents, many of whom are often retired. Park homes are in effect temporary, moveable structures and owners lease pitches on large sites. They pay a site fee and are responsible for ensuring that their home is kept in good repair.

Privately-owned park home sites are required to be licensed by the local authority. Following historical poor practices within the park home industry, that in some cases resulted in residents being significantly disadvantaged, the Government strengthened the regulation of park home sites through the Mobile Homes Act 2013.

"To further assist households who are threatened with homelessness, councils are able to secure private sector tenancies as an alternative to an allocation of social housing to fulfill its homelessness obligations."

Environmental considerations

West Berkshire Council declared a climate emergency in July 2019. The Council's Environment Strategy 2020 – 2030 sets out approaches to tackle the current climate crisis and achieve carbon neutrality by 2030. This strategy should therefore be read in conjunction with the Environment Strategy.

Housing is a key contributor to national carbon emissions. This is through the development of new-build homes and refurbishing existing properties. Everyday energy use in homes accounts for 14% of the UK's emissions alone.

Whilst there are challenges of energy efficiency across the housing stock, there are specific challenges relating to park homes and Gypsy / Traveller sites. These homes often have poor energy efficiency due to thin and uninsulated building fabric and the solutions to create efficient homes tend to be more expensive.

Approximately 12% of West Berkshire is at risk of flooding, whether that be from groundwater, surface water or river water. While the planning process provides appropriate mitigation for new housing development and the provision of new flood alleviation measures for certain areas (Thatcham), flooding remains a concern for existing housing stock in areas identified as remaining at risk.

There remain a number of areas of challenge associated with reducing the negative environmental impact of housing, including:

- Reducing the reliance on steel and concrete based building materials;
- Increasing the use of engineered timber construction methods in the context of fire safety regulation;
- Reducing the reliance on the oil and gas network for heating and cooking appliances;
- Increasing the use of low-carbon sources of heating such as heat pumps and heat networks;
- Accelerating the uptake of renewable energy, energy efficiency and insulation measures;
- Improving indoor air quality and ventilation associated with thermal insulation;
- Improving water efficiency;
- Improving flood protection for homes at risk of flooding;
- Improving the levels of green spaces associated with housing, including trees on streets, vegetation on roofs, and sustainable drainage systems;
- Providing for pedestrians, cyclists, public transport users and electric vehicle owners.

Many of the above measures are currently restricted through finance gaps, i.e. there is a cost associated with change. There is a risk that the increased costs associated with embracing environmental considerations may impact on future viability of housing development, in particular the delivery of affordable homes[35].

There are opportunities to explore the potential savings associated with innovation. For example, the speed of construction utilising modular timber-framed construction methods has the potential to offset the additional costs often associated with this approach, when factoring in the additional revenue potential arising from earlier completions[36].

[35] CLG, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/6288/1905485.pdf

[36] Smart construction, KPMG, 2016, https://assets.kpmg/content/dam/kpmg/pdf/2016/04/smart-construction-report-2016.pdf

6 Our vision

West Berkshire Council's corporate vision- 'Working together to make West Berkshire an even greater place in which to live, work, and learn' – is supported by the West Berkshire Vision 2036 that details priorities for the Council across five key areas and commits to creating:

- A West Berkshire where everyone has what they need to fulfil their potential
- A West Berkshire with a housing mix with something for everyone
- A West Berkshire that welcomes business, enterprise and industry into a productive, growing and dynamic local economy
- A West Berkshire where the health and wellbeing of residents of all ages and backgrounds is good
- A West Berkshire with beautiful, historic and diverse landscapes and a strong cultural offering

These commitments aim to maintain West Berkshire's status as a great place to live, work and learn whilst rising to the challenges we anticipate facing in the future.

Building on our Strengths – the Council's Corporate Strategy 2019-23 – sets out six priorities that align with the Council's vision:

- Ensure our vulnerable children and adults achieve better outcomes
- Support everyone to reach their full potential
- Support businesses to start, develop and thrive in West Berkshire
- Develop local infrastructure, including housing, to support and grow the local economy
- Maintain a green district
- Ensure sustainable services through innovation and partnerships

7 Our priorities

This Housing Strategy aims to build on our previous successes and provide strategic direction for both the Council and our partners to continue to support a thriving housing market across West Berkshire through the following twin priorities:

Priority 1 **Enable every resident to have access to a home that meets their needs**

Priority 2 **Reduce homelessness**

The Housing Strategy priorities will be delivered through the Housing Strategy Delivery Plan as well as a range of strategies and plans that link to the Housing Strategy as set out below:

8 Delivering our priorities

This part of the strategy sets out what we are going to achieve and why. It identifies areas for action and intervention and will frame our strategic priorities. Further detail and information is set out in the Housing Strategy Delivery Plan.

Priority 1 Enable every resident to have access to a home that meets their needs

There is a shortfall in the provision of housing of all tenures across West Berkshire. The current Local Plan details that 520 homes are required to be built year on year to meet local housing demand. The emerging Local Plan is likely to reach a similar conclusion, although the overall annual requirement has yet to be determined it is likely to be in the range of 525 – 600 dwellings per annum.

We will engage with landowners and developers to deliver the level of new homes as required through the Local Plan

We will lead on innovative new delivery vehicles to provide new housing solutions in the area

In order to deliver new homes through development opportunities, we will utilise the Council's joint venture vehicle to contribute to the delivery of new homes

We will deliver a Council owned housing company to provide much needed affordable rented accommodation in the district

A thriving housing market is reliant on a buoyant economy across West Berkshire to lever in appropriate housing investment across all tenures and sub-markets. A strong local economy supports demand for housing and promotes West Berkshire as a place to live.

The provision of employment opportunities also improves income levels and helps to mitigate the negative impact of welfare benefit reforms.

For West Berkshire to be a place where businesses choose to invest in housing, we need to ensure that our systems and processes are fit for purpose and interactions with businesses are effective and efficient. We need to ensure our policies and decision making are robust to improve deliverability of development proposals.

We will proactively engage with developers and Registered Providers to provide advice in respect of development opportunities with the aim of removing unnecessary burdens and to be more responsive to business needs

The Council and its housing partners utilise a range of resources when assisting residents with housing-related interventions. This can range from delivering aids and adaptations to enable a vulnerable resident to remain in their own home, through to securing temporary accommodation to relieve homelessness.

These transactions have the potential to contribute positively to the local economy providing local businesses are utilised wherever practicable.

We will promote the use of local businesses in delivering value for money housing-related services wherever practicable

A vibrant and well-balanced housing market relies on West Berkshire providing the housing solutions that our residents want and can afford across all tenures of the housing market.

Young people and key workers experience significant challenges in accessing affordable rental or home ownership products.

We will ensure that key workers are afforded priority within our Housing Allocations Policy to assist with securing low-cost housing

We will undertake research to identify the level of demand for affordable rent and discounted home ownership products from young people and key workers which will influence an ongoing review of our delivery plan

For vulnerable residents this includes the provision of a suitable range of affordable supported housing within the District.

We will review the delivery of supported housing solutions across the District

West Berkshire has an ageing population and the number of residents requiring alternative housing solutions to enable them to live longer healthy lives will increase year on year. While the use of aids and adaptations will provide sustainable solutions for some residents to remain in their own homes, there will be a growing demand for innovative housing suited to the lifestyle of older residents.

We will review the delivery of Extra Care and Older Persons' housing schemes to meet the needs of an ageing population

The private rented sector across West Berkshire has an insufficient supply of smaller homes, in particular single-person shared accommodation to meet the demand. This is in part due to the housing make up within the district but also due to competing demands from professional renters who are often able to pay a premium to secure accommodation.

We will engage with private sector landlords to increase the supply within the private rented sector, and in particular within the HMO (houses in multiple occupation and shared houses) sector

Demand within the social housing sector is high, driven by the affordability challenges facing many residents due to the disparity between housing costs (i.e. mortgage and rental payments) and their salaries.

The position is compounded by the low level of social housing stock that is present within West Berkshire that further increases demand for affordable accommodation.

We will engage with developers and Registered Providers to maximise delivery of affordable homes to meet the needs of residents within mixed tenure and inclusive neighbourhoods

Housing is a key indicator of health and poor housing directly impacts on poor health and well-being. This is obvious when considering health and safety hazards that may be present within the home (e.g. trip hazards resulting in physical injury) but is less obvious when considering psychological hazards (e.g. poor security resulting in a fear of crime and resultant stress and anxiety).

Poor housing can also have a negative impact on future life chances. For example, children who grow up in overcrowded homes are less likely to attain high levels of educational achievement. This can limit future employment prospects and increases the risk of them living in poor housing in their adult life.

Nationally the poorest housing conditions can be found in the private rented sector. Due to the size of the sector a small minority of homes in poor condition can equal a significant number of homes.

We will deliver a private sector stock condition survey to better understand the housing conditions within the private sector housing stock in West Berkshire

The majority of private landlords seek to comply with the diverse array of regulatory requirements that govern their business, however, often they are simply unable to keep pace with regulatory change. This often restricts landlords from meeting their legal obligations despite their best intentions.

We will deliver a private sector landlord forum as a vehicle for providing regulatory updates and sharing best practice as a means of improving standards within private rented accommodation

Self-regulation of the private landlord sector is a valuable method of improving the image of the sector. This provides residents with a valuable indicator as to whether a private landlord is likely to act professionally. There are a number of private landlord accreditation schemes that operate across the country. These provide training and development for landlords as well as enforcing codes of practice to ensure that landlords act professionally in their business.

We will introduce a private landlord accreditation scheme across West Berkshire to promote the business of being a professional landlord

We will review enforcement of poor housing conditions within the private rented sector in accordance with the Public Protection Partnership's Private Sector Housing Policy. This will ensure that we are maximising our ability to improve private sector housing conditions

The Council's private sector housing regulatory service is currently provided as part of the Public Protection Partnership. This delivers Environmental Health and Trading Standards services across West Berkshire, Bracknell Forest and Wokingham. As such there are competing demands for resources to focus on private sector housing conditions and consequently capacity to improve the private rented sector is limited.

West Berkshire has an ageing population and the need to support independence is expected to grow year on year as residents become less able to lead healthy lives within their homes. There is currently limited information available to inform the future delivery of housing for older people and the needs of disabled residents across West Berkshire.

We will undertake a needs assessment to determine estimated future need for housing that meets the needs of older residents, disabled residents, and other residents whose needs are not suitably met by general needs housing

As well as homes needing to be affordable in terms of mortgage and rental payments, they need to be efficient and affordable to live in when it comes to heating and energy costs. This is particularly important for those on low incomes or who are vulnerable for other reasons. Fuel poverty can be tackled through a range of solutions that can help to make homes more energy efficient and bring down monthly costs for residents. These solutions also play an important part in the meeting of carbon reduction targets set out in our Environment Strategy.

We will promote measures available to residents that will help reduce their heating and energy costs.

We will take opportunities to bid for funding to deliver improvements in energy efficiency particularly focusing on low income households and vulnerable residents.

Priority 2 Reduce homelessness

The prevention of homelessness and rough sleeping remains a clear focus for the Council as the most effective intervention to secure housing solutions for residents who are threatened with homelessness. The interventions required to maximise performance in this area are discussed in detail in the Council's Preventing Homelessness and Rough Sleeping Strategy.

We will deliver the actions set out in the Council's Preventing Homelessness and Rough Sleeping Strategy

The loss of private rented accommodation is the main driver for homelessness within West Berkshire and alongside the high demand for private rented accommodation local residents face significant challenges in securing affordable private rented accommodation.

We will introduce a package of measures to incentivise private landlords to accommodate residents who are threatened with homelessness to reduce the need for the Council to secure temporary accommodation under its homelessness obligations

Newbury is a key hub for many housing services that support our most vulnerable residents. However, the delivery of these services can result in other vulnerable people migrating from other local authority areas and in its extreme form can increase the incidence of rough sleeping.

Rough sleeping is the most visible form of homelessness and within West Berkshire is largely found in and around Newbury town centre and consequently can have a negative impact on the perceptions of both local residents and visitors to the town which may influence future shopping behaviours.

We will continue our work with our partners to reduce rough sleeping through a range of interventions focussed on supporting individuals to access accommodation pathways appropriate to individual needs

We will continue to deliver Rough Sleeping Initiative projects as agreed with the Ministry of Housing Communities and Local Government to reduce the number of people sleeping rough or at risk of sleeping rough

The provision of services for single homeless people are currently focussed in Newbury. This has the potential to disadvantage service users in both the western and eastern areas of the district. As the need for services has increased the Council has commissioned services including hostel provision.

We will review the provision of support services for the single homeless, including the provision of smaller units of hostel-type accommodation distributed throughout West Berkshire to better meet local need.

"The Housing Strategy Delivery Plan will provide the full detail of how the Council intends to deliver on the priorities set out in this strategy"

Appendix 1 – Key achievements from the previous Housing Strategy

We have reflected on our achievements through the previous Housing Strategy period and these are set out below grouped by theme:

Homelessness prevention

- Prevented 1,835 households from becoming homeless through early intervention between April 2010 and March 2015 with an average of 2,200 each year since
- Housing Options service awarded NPSS Silver Award for operational good practice
- Introduced a Making Every Adult Matter (MEAM) partnership to challenge systemic barriers impacting on residents with complex needs, including rough sleeping, offending, mental health and substance misuse

Rough sleeping

- Working with partners the number of rough sleepers has reduced from a peak of 23 in 2014 to 10 in November 2019
- Introduced the Rough Sleeper Task and Targeting Group in 2014 to tackle rough sleeping through multi-agency working
- Successfully bid for Rough Sleeper Initiative funding resulting in an allocation of £211k in 2018/19, and a further £261k for 2019/20 to tackle rough sleeping
- Successfully bid for Rapid Rehousing Pathway funding of £102k for 2019/20 to improve the housing pathways for people sleeping rough

Delivery of affordable homes

- Delivered 336 affordable homes between April 2010 and March 2015 with an average of 127 each year since

Provision of Housing Assistance

- Approved on average over 100 Disabled Facilities Grants (DFGs) each year to assist disabled residents to live independently in their homes
- Processed 1,798 applications for Discretionary Housing Payments (DHPs) to support residents receiving Universal Credit or Housing Benefit to remain in their homes at a point of crisis
- Introduced the West Berkshire Collective Energy Switching Scheme in 2016, saving over 660 households a total of £148,916 since the scheme started.

Providing support to vulnerable residents

- Introduced the Making Every Adult Matter (MEAM) approach in 2017 to break down barriers preventing vulnerable adults from accessing key Council services

Gypsy and Traveller accommodation needs

- Allocated 8 pitches for Gypsies and Travellers at New Stocks Farm, Aldermaston
- Allocated 24 plots for Travelling Showpersons at Long Copse Farm, Enborne
- Approved 2 pitches for Gypsies and Travellers at Woolhampton
- Delivered the Gypsy and Traveller and Travelling Showperson Accommodation Assessment 2019
- Completed preparatory work to enable the refurbishment and redesign of the Council's Gypsy/ Traveller site

Partnership working

- The Homelessness Strategy Group formed to represent the diverse range of strategic partners working within West Berkshire to prevent homelessness and/or support homeless households
- Introduced a Housing First partnership providing sustainable accommodation with targeted support for entrenched rough sleepers with complex needs.

Appendix 2 – Key worker definition

The Thames Valley Local Enterprise Partnership definition of the job roles that are considered to be key workers comprises:

- Clinical staff employed by the NHS (excluding doctors and dentists)
- Teachers, including further education teachers and Early Years/nursery teachers
- Police officers and community support officers
- Frontline police staff (civilians) may also be eligible in some areas
- Prison officers and some Prison Service staff in prisons
- Probation officers (senior or not) and, for intermediate rent only, trainee probation officers
- Local authority (LA) or local education authority (LEA) or NHS social workers
- LA therapists (including occupational therapists and speech and language therapists)
- LA social care assessment staff
- LA educational psychologists
- LA/LEA/NHS nursery nurses
- LA planners
- LA clinical staff
- Uniformed staff, below principal level, in fire and rescue services
- Armed forces personnel and some civilian Ministry of Defence (MoD) personnel (i.e. clinical staff, MoD police officers and uniformed staff in the Fire and Defence Service), also including some discharged personnel
- Highway Agency traffic officer staff
- LA environmental health officers/practitioners.
- All care staff working in care homes, supported living and Extra Care Housing settings.
- All care staff providing domiciliary care (care at home)

Appendix 3 – Glossary Explanation of terms

Glossary

AONB- Area of Outstanding National Beauty

DFG- Disabled Facilities Grant

LSVT- Large Scale Voluntary Transfer

RP- Registered Provider

RRP- Rapid Rehousing Pathway

SHMA- Strategic Housing Market Assessment

RSI- Rough Sleeper Initiative

RRP- Rapid Rehousing Pathway

LSVTs- Large Scale Voluntary Transfers

NPPF- National Planning Policy Framework

LHA- Local Housing Allowance

MHCLG- Ministry of Housing, Communities and Local Government

Affordable housing- housing for sale or rent, for those whose needs are not met by the market (including housing that provides a subsidised route to home ownership and/or is for essential local workers); and which complies with one or more of the following definitions:

- Affordable housing for rent: meets all of the following conditions: (a) the rent is set in accordance with the Government's rent policy for Social Rent or Affordable Rent, or is at least 20% below local market rents (including service charges where applicable); (b) the landlord is a registered provider, except where it is included as part of a Build to Rent scheme (in which case the landlord need not be a registered provider); and (c) it includes provisions to remain at an affordable price for future eligible households, or for the subsidy to be recycled for alternative affordable housing provision. For Build to Rent schemes affordable housing for rent is expected to be the normal form of affordable housing provision (and, in this context, is known as Affordable Private Rent).

- Starter homes: is as specified in Sections 2 and 3 of the Housing and Planning Act 2016 and any secondary legislation made under these sections. The definition of a starter home should reflect the meaning set out in statute and any such secondary legislation at the time of plan-preparation or decision-making. Where secondary legislation has the effect of limiting a household's eligibility to purchase a starter home to those with a particular maximum level of household income, those restrictions should be used.

- Discounted market sales housing: is that sold at a discount of at least 20% below local market value. Eligibility is determined with regard to local incomes and local house prices. Provisions should be in place to ensure housing remains at a discount for future eligible households.

- Other affordable routes to home ownership: is housing provided for sale that provides a route to ownership for those who could not achieve home ownership through the market. It includes shared ownership, relevant equity loans, other low cost homes for sale (at a price equivalent to at least 20% below local market value) and rent to buy (which includes a period of intermediate rent). Where public grant funding is provided, there should be provisions for the homes to remain at an affordable price for future eligible households, or for any receipts to be recycled for alternative affordable housing provision, or refunded to Government or the relevant authority specified in the funding agreement.

Climate Emergency - West Berkshire Council declared a Climate Emergency in July 2019 and thus committed to the creation of a strategic plan to work towards carbon neutrality in the district by 2030.

Corporate Vision - West Berkshire Council's corporate vision is 'Working together to make West Berkshire an even greater place in which to live, work, and learn'.

Disabled Facilities Grant - The statutory Disabled Facilities Grant regime provides the framework that enables the Council to administer grants for aids and adaptations to help residents remain independent in their own home for longer.

Discretionary Housing Payments - A Discretionary Housing Payment is a discretionary and short-term payment made in the United Kingdom that helps people in receipt of Housing Benefit or Universal Credit with their housing costs.

Hostel Accommodation - Hostels are generally non-self-contained and cater for an identifiable group of people, such as people who would otherwise be homeless. They are defined as a building with domestic accommodation.

Housing Market- The Housing Market refers to the supply and demand for houses/properties, usually in a particular country or region in this instance West Berkshire.

Large Scale Voluntary Transfers - A Large Scale Voluntary Transfer involves the council transferring ownership of its homes with the agreement of its tenants to a new or existing Registered Provider (RP).

Local Housing Allowance- Local Housing Allowance was introduced on 7th April 2008 to provide Housing Benefit entitlement for tenants renting private-sector accommodation in England, Scotland and Wales.

Local Plan - A plan that sets out detailed policies and specific proposals for the development and use of land in a local area, authority or district and guides most day-to-day planning choices and decisions.

Long Term Empty homes- These long-term empty homes have been empty for over six months. Properties that have been empty for over two years are subject to the Empty Homes Premium which enables the Council to apply a penalty under Council Tax legislation. In West Berkshire this can result in the owner of a long-term empty home paying up to four times the Council Tax for an occupied property in the same band.

Making Every Adult Matter (MEAM) - Making Every Adult Matter is a coalition of national charities working together to support local areas across the country to develop effective, coordinated services that directly improve the lives of people facing multiple disadvantages.

Public Protection Partnership - Delivers environmental health and trading standards services across West Berkshire, Bracknell Forest and Wokingham.

Rapid Rehousing Pathways - The Rapid Rehousing Pathway was launched as part of the Rough Sleeping Strategy in August 2018. The pathway brings together 4 policy elements (Somewhere Safe to Stay, Supported Lettings, Navigators and Local Lettings Agencies) that will help rough sleepers, and those at risk of rough sleeping, access the support and settled housing they need to leave the streets for good.

Registered Provider - The term registered provider is defined in Housing and Regeneration Act 2008 as a provider of social housing.

Rough Sleeper Initiative- The Rough Sleepers Initiative is designed to accommodate homeless people with emergency hostels.

Shared Accommodation - Shared accommodation is when renters share specific spaces in the property. Typically, each renter has their own bedroom and shares other rooms like the living area, kitchen and sometimes the bathroom.

Sheltered Housing- Sheltered housing is a term covering a wide range of rented housing for older and/or disabled or other vulnerable people.

Social Housing- Social housing is the term given to accommodation which is provided at affordable rates, on a secure basis to people on low incomes or with particular needs. Social housing properties are usually owned councils, or by non-profit organisations such as housing associations also known as Registered Providers.

Strategic Housing Market Assessment - A Strategic Housing Market Assessment is an assessment of future housing requirements in an area.

Under occupation charge- If someone is assessed as having more bedrooms in their accommodation than is necessary, they will be under-occupying that property. This means they will get a reduction on their Housing Benefit. Under-occupying is also known as 'Bedroom Tax'.

Welfare Benefit Cap - The benefit cap is a British Coalition government policy that limits the amount in state benefits that an individual household can claim per year.

Housing Strategy Delivery Plan

	Action	Outcome	Performance measures	Risk management		Start	Completion	Owned by
				Risks	Mitigation			
	Priority 1 Enable every resident to have access to a home that meets their needs							
1.1	**Engage with landowners and developers to deliver the level of new homes as required through the Local Plan**	Annual delivery of new housing to exceed published Local Housing Need (currently 507 dwellings per annum)	Planning consents and the delivery of new homes matches the Local Plan requirement	Reduction in scale of planning application received for housing development	Current land supply provides for 7.8 years of housing delivery	April 2021	March 2036	Housing Service Manager/Planning Policy Service Manager
1.2	**Utilise the Council's joint venture delivery vehicle to contribute to the delivery of new homes**	Increase the number of additional homes delivered by 2036	Annual delivery of new homes	Insufficient viable development opportunities	Mixed tenures considered to cross-subsidise delivery	April 2021	March 2036	Housing Board
				Delays in obtaining planning consent	Development forward plan reviewed by Housing Board			

Action		Outcome	Performance measures	Risk management		Start	Completion	Owned by
				Risks	Mitigation			
1.3	**Deliver a Council-owned housing company to procure private rented accommodation let at rents that are affordable for residents**	Housing company established	Incorporation agreed by Housing Board	Business case not agreed	Review feasibility and project brief	In progress	December 2022	Housing Board
1.4	**Proactively engage with developers and Registered Providers to provide advice in respect of development opportunities with the aim of removing unnecessary burdens and to be more responsive to business needs**	Reduction in time taken to reach planning decisions for major developments	Time taken to make decisions in respect of major development applications	Resources	Review resources and submit a pressure bid if required	April 2021	March 2022	Development Control/Planning Policy Service Managers

	Action	Outcome	Performance measures	Risk management		Start	Completion	Owned by
				Risks	Mitigation			
1.5	**Work with registered providers to establish and implement schemes to assist with under occupation.**	Increase in under-occupied homes released	Number of under occupiers identified and provided with support and assistance	Under-occupiers do not want to move	Investigate reasons for not moving and implement support package to assist with moving	June 2021	March 2022	Housing Board
1.6	**Promote the use of local businesses in delivering value for money housing-related services wherever practicable**	Procurement exercises for housing-related services promoted to local businesses	Percentage of procurement exercises promoted to local businesses	May need a procurement exercise to ensure housing related service are delivered	Market research and support from Procurement Team	April 2021	January 2022	Housing Service Manager

Action		Outcome	Performance measures	Risk management		Start	Completion	Owned by
				Risks	Mitigation			
1.7	**Ensure that key workers are afforded priority within our Allocations Policy to assist with securing low-cost housing**	Allocations Policy sets out priority for key workers	Number of housing allocations made to key workers	The emerging housing Allocations policy is not adopted.	Revise policy to ensure adoption.	In progress	March 2021	Housing Service Manager
1.8	**Undertake research to identify the level of demand for affordable rent and discounted home ownership products from young people and key workers**	Key worker review completed	Review reported to Housing Board	Resources	Use of external consultants to deliver review	July 2021	March 2022	Housing Board
1.9	**Review the delivery of supported housing solutions across the District**	Supported housing review completed	Review reported to Housing Board	Resources	Use of external consultants to deliver review	March 2021	September 2021	Housing Board
1.10	**Review the delivery of Extra Care housing schemes to meet**	Extra Care housing review completed	Review reported to Housing Board	Resources	Use of external consultants to deliver review	June 2021	January 2022	Housing Board

Action		Outcome	Performance measures	Risk management		Start	Completion	Owned by
				Risks	Mitigation			
	the needs of an ageing population							
1.11	**Engage with private sector landlords to increase the supply within the private rented sector, and in particular within the HMO (houses in multiple occupation and shared houses) sector**	Increased number of high-quality HMOs within the private rented sector	Number of licensed HMOs	Resources	Increase staffing through utilising enforcement income	April 2021	March 2024	Public Protection Partnership
1.12	**Engage with developers and Registered Providers to maximise delivery of affordable homes to meet the needs of residents within mixed tenure and**	Increase in number of affordable homes completed by 10% each year	Number of affordable homes completed	Site viability	Facilitate use of external funding, e.g. through Homes England	April 2021	Annually	Housing Service Manager

Action		Outcome	Performance measures	Risk management		Start	Completion	Owned by
				Risks	Mitigation			
	inclusive neighbourhoods							
1.13	**Deliver a private sector stock condition survey to better understand the housing conditions within the private sector housing stock in West Berkshire**	Private sector stock condition survey completed by specialist contractor	Survey reported to Housing Board	Budgetary pressure	Subject pressure bid	June 2021	December 2021	Housing Board
1.14	**Deliver a private sector landlord forum as a vehicle for providing regulatory updates and sharing best practice as a means of improving standards within private rented accommodation**	Quarterly private landlord forum established	Landlord forum dates	Lack of interest from private landlords	Devise forum in conjunction with a national landlord association to increase relevance and market the forum to a larger audience	April 2021	April 2022	Public Protection Partnership

Action		Outcome	Performance measures	Risk management		Start	Completion	Owned by
				Risks	Mitigation			
1.15	**Introduce a private landlord accreditation scheme across West Berkshire to promote the business of being a professional landlord**	Private landlord accreditation scheme launched	Number of accredited private landlords	Lack of interest from private landlords	Devise forum in conjunction with a national landlord association to increase relevance and market the forum to a larger audience	June 2021	September 2021	Public Protection Partnership
1.16	**Review enforcement of poor housing conditions within the private rented sector in accordance with the Public Protection Partnership's Private Sector Housing Policy to ensure that we are maximising our ability to improve private**	Increase private rented sector dwellings improved each year	Number of private rented sector dwellings improved	Resources	Review use of civil penalty income to increase resources	April 2021	March 2024	Public Protection Partnership

Action		Outcome	Performance measures	Risk management		Start	Completion	Owned by
				Risks	Mitigation			
	sector housing conditions							
1.17	**Undertake a needs assessment to determine estimated future need for housing that meets the needs of older residents, disabled residents, and other residents whose needs are not suitably met by general needs housing**	Housing needs assessment completed	Review reported to Housing Board	Resources	Use of external consultants to deliver review	June 2021	January 2022	Housing Board
1.18	**Implement a review mechanism regarding eligibility for a DFG application.**	The number of DFG applications subject to review, will be approved and evidenced by eligibility will increase.	Review of DFG applications will form part of performance report	Accessibility of service and ability to provide information as part of the review due to circumstances out of our control i.e. Pandemic	Developing recovery plans to address risks posed from circumstance out of our control.	February 2021	December 2021	Housing Service Manager

Action	Outcome	Performance measures	Risk management		Start	Completion	Owned by
			Risks	Mitigation			
	Priority 2 Reduce homelessness						
2.1	**Deliver the actions set out in the Council's Preventing Homelessness and Rough Sleeping Strategy**	Actions detailed in the Preventing Homelessness and Rough Sleeping Strategy delivered	Project update reports considered by the Housing Board	As detailed in the Preventing Homelessness and Rough Sleeping Strategy action plan		In progress	March 2025	Housing Service Manager
2.2	**Introduce a package of measures to incentivise private landlords to accommodate residents who are threatened with homelessness to reduce the need for the Council to secure temporary accommodation under its**	Private landlord incentives implemented	Number of households threatened with homelessness prevented from becoming homeless through use of landlord incentive	Poor take up of incentives by landlords	Use private landlord forum to promote incentive scheme	In progress	March 2021	Housing Service Manager

	Action	Outcome	Performance measures	Risk management		Start	Completion	Owned by
				Risks	Mitigation			
	homelessness obligations							
2.3	**Continue our work with our partners to reduce rough sleeping through a range of interventions focussed on supporting individuals to access accommodation pathways appropriate to individual needs**	Eliminate rough sleeping by 2027	Number of rough sleepers as identified at the annual November count	External factors influence rough sleeping	Ensure the service is flexible to meet changing demands	In progress	November 2027	Housing Service Manager
2.4	**Continue to deliver Rough Sleeping Initiative projects as agreed with the Ministry of Housing and**	Rough Sleeping Initiative projects delivered as agreed with MHCLG	Annual reporting to MHCLG	Change in needs of rough sleeping cohort	Projects under continuous review with MHCLG with the ability to flex projects to meet emerging need	In progress	March 2021	Housing Service Manager

Action		Outcome	Performance measures	Risk management		Start	Completion	Owned by
				Risks	Mitigation			
	Local Government to reduce the number of people sleeping rough or at risk of sleeping rough							
2.5	**Review the provision of support services for the single homeless, including the provision of smaller units of hostel-type accommodation distributed throughout West Berkshire to better meet local need.**	Review of support services completed	Review reported to Housing Board	Resources	Use of external consultants to deliver review	July 2021	March 2022	Housing Board

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Berkshire West Tobacco Control Alliance Plan 2021-2023

Report being considered by:	Health and Wellbeing Board
On:	20 May 2021
Report Author:	Caroline Stevenson
Item for:	Information

1. Purpose of the Report

1.1 To inform the Health and Wellbeing Board of the 2021-23 Tobacco Control Alliance Plan for Berkshire West.

2. Recommendation(s)

2.1 To note the plan, which shows how the alliance and partners will carry out data collection, project work, intelligence led enforcement and educational provisions, both in schools and target areas, to reduce the impact of smoking on our communities and to individuals.

3. How the Health and Wellbeing Board can help

3.1 The plan requires that Health and Wellbeing Board members be informed of the work carried out by the Tobacco Control Alliance Berkshire West and the Board is asked to support the action delivery points within the plan.

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

4. Introduction/Background

4.1 Public Protection are involved with preventing illegal tobacco and underage sales. Due to a Local Area Agreement in 2006 regarding lowering the level of youth consumption of both tobacco and alcohol, we became more involved in general tobacco control work, forming a local tobacco control alliance with Reading and Wokingham in 2010.

4.2 The alliance has always been proactive and using local test purchase, illegal tobacco intelligence reports, school attitudinal surveys and PHE fingertip data, we have run a number of successful campaigns and projects. These include work in targeted primary schools using theatre and workshops to really engage with key stage 2 pupils regarding the health harms of smoking.

4.3 Over a three year period (2016-19) we engaged with over 2,500 pupils in 64 schools. The 2020 schools attitudinal survey (an annual school survey that the alliance has run for the last ten years) showed pupils that took part with our health harm education work are much less likely to have ever smoked (8.4% in general cohort v 3.8% in

those that had received this provision)-a good example of ROI. We aim to continue this work in primary schools in 2021.

4.4 Work with a local housing association started in 2020, regarding smoke free homes. This is another project that is having a real impact on reducing the effect of smoke on those living with smokers.

4.5 More recently we are providing regular podcasts and online presentations for secondary schools, and working with BOB colleagues on an e-cigarette position statement.

4.6 The alliance partners are from a wide ranging backgrounds-including Public Health, PPP, RBFR, HMRC, NHS (maternity and mental health disciplines) and the stop smoking service.

4.7 The Berkshire West Plan 2021-23 seeks to:

- Prevent young people in Berkshire West from trying smoking.
- Support every smoker to quit by promoting local stop smoking services and key behaviour changes messages.
- Support work that eliminates variation in smoking rates with vulnerable groups where smoking prevalence is highest.
- To offer support and advice on smoke-free policies and best practice.
- To promote local and national campaigns which aim to minimise harm to both smokers and others.
- To work with partners to act as ‘exemplars’ for creating supportive smoke-free environments and workplaces.
- To continue to support and promote understanding of the impact of tobacco on health and health inequalities and seek commitment from others to support change.
- To promote the positive outcomes of enforcement activities and to continue to raise awareness of the impact of illegal tobacco on communities.
- To work with partners to share good practice and tobacco related intelligence so that it may be acted upon.
- To support and empower communities to reduce the harm caused by tobacco.

5. Supporting Information

5.1 The tobacco alliance, and its delivery plans are voluntary - we are looking at the Berkshire West Tobacco Control Alliance work and delivery plans being added to Service Level Agreements this year.

5.2 The Alliance has been in existence for ten years, this is the third plan produced.

5.3 The alliance and planned work are delivered through existing resources and budgets from PPP, Public Health and Wellbeing Teams, and from Proceeds of Crime Act (POCA) funding (funds provided through legal action by Trading Standards teams in recovery of proceeds of unlawful activity).

5.4 The PPP provided work across Bracknell, West Berks and Wokingham, the Tobacco Control Alliance (TCA) works across the Western area of Berkshire, covering the UAs

of West Berkshire Wokingham and Reading. The Health and Wellbeing Boards in Reading and Wokingham also being asked to adopt the plan.

5.5 The TCA and the plan delivery reporting could link more closely to the work of the work of the Substance Misuse Harm Reduction Partnership, this would enable progress reporting through them.

6. Options for Consideration

6.1 The report is for information only.

7. Proposal(s)

7.1 Note the Berkshire West Tobacco Control Plan 2021-2023. The HWB will be kept informed on the work of the alliance.

8. Conclusion(s)

8.1 The alliance team has grown holistically, and we feel now is the time when we show more accountability to HWB Board Members, This could be reported via the Substance Misuse Harm Reduction Partnership. Our aim is to be more proactive in engagement with quit champions, inviting them to events and actively participate in development of the TCA, to ensure the activities we deliver on is as embedded into our communities at a very local level.. We need to adapt our reach to young people, to better engage with them, with the aim of growing a smoke free generation.

9. Consultation and Engagement

9.1 Directors of Public Health of each of the three Unitary Authorities responsible for the Berkshire West Tobacco Control Alliance, alliance members and Public Protection Manager Sean Murphy.

10. Appendices

Appendix A – Tobacco Control Action Plan 2021-23

Background Papers:

https://ash.org.uk/information-and-resources/reports-submissions/reports/profile-of-16-17-year-old-smokers/

https://publicprotectionpartnership.org.uk/about-us/campaigns/tobacco-and-alcohol-education/

https://www.gov.uk/government/publications/tobacco-control-plan-delivery-plan-2017-to-2022

https://info.westberks.gov.uk/jsna

Health and Wellbeing Priorities 2019/20 Supported:

☒ Give every child the best start in life
☐ Primary Care Networks

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 providing a delivery plan and associated project plans around stopping young people from becoming smokers, assisting every smoker to quit smoking, protecting families and communities from tobacco related harm and supporting effective tobacco enforcement.

Officer details:

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Berkshire West | Tobacco Control Plan | 2021-2023






"Bringing together partners to support and promote opportunities to work effectively together to reduce the impact of tobacco on individuals and communities"

WOKINGHAM BOROUGH COUNCIL

Reading Borough Council
Working better with you

West Berkshire Council

Our vision is to bring together partners to support and promote opportunities to work effectively together to reduce the impact of tobacco on individuals and communities.

In order to take the agenda forward this delivery plan sets out a clear vision for tobacco harm reduction in Berkshire West. This consists of targets and aspirations aimed at:

- Stopping the inflow of young people recruited as smokers
- Motivating and assisting every smoker to stop their dependence on tobacco
- Protecting families and communities from tobacco related harm
- Supporting effective enforcement

Partnership working formalises commitments to the tobacco control agenda. It can also add value to existing activity by providing an opportunity to exchange information, guide work, collaboration and evaluating and sharing this work, in addition to developing new activity to take forward across the alliance area. It brings together different expertise that can contribute to wider learning and understanding of the tobacco control agenda.

A holistic approach is taken to the discharge of our responsibilities relating to the control of tobacco products. The approach includes:

- Proactive and reactive enforcement
- Health promotion and awareness campaign with retailers and the wider community
- Comprehensive education programme with and for young people

The Alliance have successfully used a partnership approach involving the NHS, HM Revenue & Customs, local school improvement teams and youth focused charities and community groups & RBFRS.

The Tobacco Control Alliance Aim

Reduce the harm caused by tobacco use.

Our mission statement is

"To protect Berkshire West communities from tobacco related harm through education and enforcement"

The Alliance partners seek to:

- Prevent young people in Berkshire West from trying smoking.
- Support every smoker to quit by promoting local stop smoking services and key behaviour changes messages.
- Support work that eliminates variation in smoking rates with vulnerable groups and groups where smoking prevalence is highest.
- To offer support and advice on smoke free policies and best practice.
- To promote local and national campaigns which aim to minimise harm to both smokers and others.
- To work with partners to act as 'exemplars' for creating supportive smoke-free environments and workplaces.
- To continue to support and promote understanding of the impact of tobacco on health and health inequalities and seek commitment from others to support change.
- To promote the positive outcomes of enforcement activities and to continue to raise awareness of the impact of illegal tobacco on communities.
- To work with partners to share good practice and tobacco related intelligence so that it may be acted upon.
- To support and an empower communities to reduce the harm caused by tobacco.

Objectives

To bring together key partners to achieve a greater impact in implementing a shared action plan:

1. To provide support in reducing inequalities, so emphasis on support to target groups.

2. Prevent and reduce the uptake of smoking among young people

3. Assist every smoker to quit

4. Provide educational support to protect families and communities from tobacco related harm

Reporting arrangements and governance

Share good practice and to actively respond to consultations on tobacco control. Members of the Alliance will continue to be supported through their own organisations reporting arrangement and governance – however the Alliance will jointly ensure there is a clear action plan published and made publicly available. This will be updated quarterly and outcomes will be reported to the following:

1. Public Protection managers

2. The Health and Wellbeing Boards for each Unitary Authority via Public Health consultants/lead officers and into the new joint HWB strategy

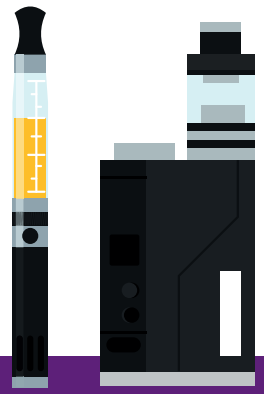
3. Regional Tobacco Control teams

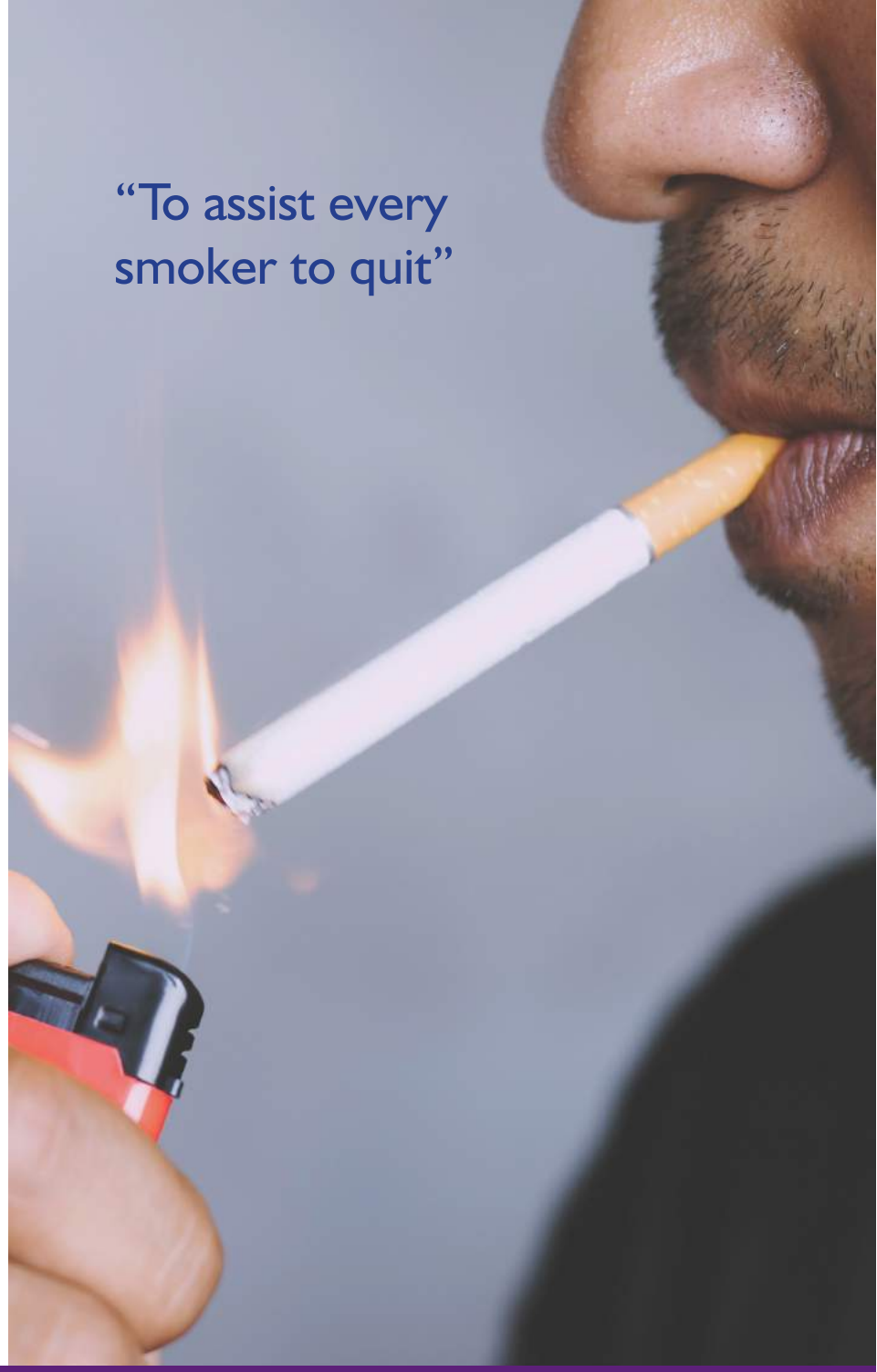
4. Frequency of Meetings: **Quarterly**

Governing Principles of the Alliance

The Governing Principles of the Alliance are as follows:

- Work in partnership
- Gather, share and/or use the full range of data to inform tobacco control work
- Use tobacco control to help tackle health inequalities
- Deliver consistent, coherent and coordinated communication
- Support the provision of an integrated stop smoking approach to support local need
- Build and sustain capacity in tobacco control
- Tackle cheap and illicit tobacco
- Influence change through advocacy
- Prevent young people from becoming tobacco dependent or support them to become tobacco free
- Advocate and promote smoke free spaces and environment
- Provide support and guidance regarding NRT and electronic cigarette provisions.





Local Delivery Plan to support National Delivery ambition

1. Prevention First, A smoke free generation

- Provide all secondary schools in Berkshire West with Public Health England [PHE] Rise Above Tobacco resource links
- Offer and provide smoking related health presentations in targeted schools
- Carry out annual attitudinal survey in targeted secondary schools-pupils attitude to smoking and drinking
- Collate and analyse the results of the survey and publish annually, use the data for prioritising test purchase operation sites, and to assist with targeted projects areas.
- Promote Very Brief Advice [VBA] training to key health professionals e.g. school nurses, Personal, Social and Health Education [PSHE] staff and frontline youth services staff.
- Support schools providing Young Health Champions peer mentors within the school. The support could be in the form of course tutoring/Proceeds Of Crime Act (POCA) payment of course material and/or becoming a registered centre for the Royal Society of Public Health [RSPH] accredited course.
- Review sanctions for tobacco retailers breaking laws designed to protect young people.
- Look to provide training regarding impact of underage sales and sales of illegal tobacco products to magistrate panels etc. providing information regarding the impact of tobacco crime and provide sentencing guidance.
- Provide Responsible Retailer Training to all independent tobacco retailers, with an emphasis on those not meeting the test purchase operations criteria.

2. Stamping out inequality and eliminating variance in smoking rates

- Support national prevalence estimates but capturing and using local data/intelligence to help inform partners i.e. annual school survey results, evaluation/survey's from school session and other targeted work;
- Identify smoking variance in local smoking rates –use PHE fingertip data and local data sets.
- Identify and work with wider community partners to support with key messages and localise approaches to tobacco control.
- Ensure there is work which focuses on reducing harm from second hand smoke and other novel tobacco products.
- To scope out work which responds to emerging tobacco/nicotine market i.e. sales of e-cigarettes..
- To work with partners to identify opportunities to focus resource and support in local areas/target groups where evidence shows high prevalence/risk of harm.
- To support and promote targeted intervention: ie. smoke free homes to those in rental accommodation.
- Support work with maternity services to implement smoke free policies and train relevant staff on use of CO monitors and brief intervention programme
- To promote and support local Mental Health Trust in their delivery of smoke free trust; Identifying opportunities for closer partner working.

- To support Royal Berkshire Fire & Rescue Service in the delivery of their Smoke free homes work
- To support local Trusts and commissioners in the provision of CO Monitoring use and practice within pre and post-natal and promote local referral pathways into stop smoking services
- Work towards ensuring all CO results are recorded in MSDS (maternity services data sets).
- Smoke free work with Mental Health Services-training staff as brief intervention advisors.
- Support and promote the implementation of NICE guidance and emerging UK Tobacco legislation following Brexit.
- To support and promote national and local campaigns.
- To support with Making Every Contact Count initiatives and training focusing on frontline-social care and health staff and settings
- To promote the value of Very Brief Advice training to all staff.

3. Supporting all smokers to quit

Whilst reaching every smoker is important and will be the main focus, we know that there are significant variations of smoking rates in some of our communities. This has been recognised in the national plan and therefore the Alliance will support this by focusing resource and work on target groups, including:

1. **Those with a mental health condition;**
2. **Pregnant women and their partners;**
3. **Routine and manual workers; and**
4. **Black, Asian and minority ethnic communities.**

- The Alliance will collaborate to identify and report on ways in which we are providing additional support to these 4 target groups – for example the work we have done with routine and manual workers on smoke free homes - The Whole 9 yards project, work with local hospital neo and post- natal work and work with staff at Prospect Park Hospital.
- The Alliance will also report on numbers of quitters in each area and report back on work through the local and national campaigns- for example -Stoptober National No Smoking Week, New Year's resolutions. Running a publicity campaign regarding best practice quit attempts-combination of medication and behavioural support.
- Look to finding and supporting smoke free local places champions.
- Campaign work regarding health harm of smoking in public buildings -GP surgery screens/library screens and public access screens in UA areas.

4. Evidence based innovation

- Monitor impact of e cigarettes and other novel tobacco products and share emerging evidence to help inform local work;
- Provide smokers and the public with clear evidence based accurate information on these products and the harm/effect they may pose to those using them.
- Stop at The Stop campaigns - with publicity support from Reading Buses and access to screens in Local Authority reception areas.
- CLeaR Peer Assessment report to be provided.

- Contribute to regional and national evidence base through the evaluation of local work/projects and sharing of best practice with other regional and national tobacco control leads.
- Proactively contribute to tobacco control agenda either through local responses to consultations or requests from Public Health England, NHS or Action on Smoking and Health for shared experience or local evidence.

5. A smoke free NHS and public places

- Supporting local NHS settings to help smokers using, visiting and working in the NHS to quit smoking.
- Provide a project report on work done to date regarding the Stop before the Op work and review requirement of other NHS related relevant projects.
- Support smoke free public places - implement smoke free play parks and gather/assess public opinion smoke free main streets and at bus/train station concourses in Newbury, Reading, Wokingham and Woodley town centre.

6. Effective enforcement

- Investigate the data sources and intelligence data base information to comprehensively evaluate policies and services regarding smoking related ill health, support services and smoking products
- Illegal tobacco test purchases, follow up on intel
- Provide a single source illegal tobacco report line
- Under age sales-test purchase operations using volunteers under the age of 18.
- Review the impact of the new tobacco regulations
- Review any effect of exit from EU.
- Limit direct contact with tobacco industry and maximise transparency between government and the tobacco industry.