Notice of Meeting

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Health and Wellbeing Board

Thursday 21 July 2022 at 9.30am

in Council Chamber Council Offices
Market Street Newbury

This meeting can be viewed online at: www.westberks.gov.uk/hwbblive

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Date of despatch of Agenda: Wednesday, 13 July 2022

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: Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health and Wellbeing) (Chairman), Dr Abid Irfan (BOB Integrated Care Board) (Vice-Chairman), Supt Zahid Aziz (Thames Valley Police), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Prof Tracy Daszkiewicz (Director of Public Health, Berkshire West), Councillor Lynne Doherty (Executive Portfolio: Leader and District Strategy and Communications), Matthew Hensby (Sovereign Housing), Vacancy (West Berkshire Council Service Director, Communities and Wellbeing), Jessica Jhundoo Evans (Arts and Leisure Representative), Dr Janet Lippett (Royal Berkshire NHS Foundation Trust), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing)), Sean Murphy (Public Protection Manager), Gail Muirhead (Royal Berkshire Fire & Rescue Service), Garry Poulson (Voluntary Sector Representative), Belinda Seston (BOB Integrated Care Board), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (West Berkshire Council Executive Director, People), Councillor Joanne Stewart (Executive Portfolio Holder: Adult Social Care), Reva Stewart (Berkshire Healthcare Foundation Trust) and Councillor Martha Vickers (Shadow Spokesperson (Lib Dem) for Health and Wellbeing)

Also to: Dr Zakyeya Atcha, Dr Joel Mulimba (Healthy Dialogues), Gordon Oliver (Principal Policy Officer), and Tom Dunn (Principal Policy Officer)

Agenda

Part I

Page No.

Standard Agenda Items 1

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; and
- Andrew Sharp – Chair of Trustees for West Berks Rapid Response Cars

5 **Public Questions** 25 - 26

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

(Note: There were no questions submitted relating to items not included on this Agenda.)

6 **Petitions** 27 - 28

Membership of the 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.

7 **Membership of the West Berkshire Health and Wellbeing Board** 29 - 30

To agree any changes to Health and Wellbeing Board membership.

Items for discussion

Strategic Matters

8 **Buckinghamshire Oxfordshire and Berkshire West Integrated Care System Update** 31 - 48

To provide an update on the formation of the new bodies at 'system' and 'place' level and associated strategy development.

9 **Annual Report from the Directors of Public Health** 49 - 86

To present the annual report on the health of the people of Berkshire for 2021/22.

10 **West Berkshire Pharmaceutical Needs Assessment** 87 - 224

To present the draft Pharmaceutical Needs Assessment and explain the consultation process.

11 **Suicide Prevention Strategy Update** 225 - 228
To provide the Health and Wellbeing Board with an update on the Suicide Prevention Strategy. In addition to gain the Board's approval for the change in approach and endorsement for the timeframe to make the amendments to the existing strategy, and to agree the approach of putting in place a principles document to ensure work continues on this agenda and can be monitored whilst the amendments are made.

Operational Matters

12 **GP Numbers in West Berkshire** To Follow
To provide a briefing on current numbers of GPs per head of population in West Berkshire.

Other Information not for discussion

13 **Berkshire West Clinical Commissioning Group's Annual Report and Accounts 2021/22** 229 - 386
To present the Berkshire West Clinical Commissioning Group's Annual Report and Accounts for 2021/22.

14 **Members' Question(s)** 387 - 388
Members of Health and Wellbeing Board to answer questions submitted by Councillors in accordance with the Executive Procedure Rules contained in the Council's Constitution.

(Note: There were no questions submitted relating to items not included on this Agenda.)

Standard Agenda Items 2

15 **Health and Wellbeing Board Forward Plan** 389 - 390
An opportunity for Board Members to suggest items to go on to the Forward Plan.

16 **Future meeting dates** 391 - 392
- 29 September 2022
- 8 December 2022
- 23 February 2023
- 25 May 2023 (subject to change)
(All meetings to 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.

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Health & Wellbeing Board – 21 July 2022

Item 1 – Apologies

Verbal Item

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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, 19 MAY 2022

Board Members Present: Councillor Graham Bridgman (Chairman), Councillor Dominic Boeck, Councillor Lynne Doherty, Garry Poulson (Volunteer Centre West Berkshire), Belinda Seston (Berkshire West Clinical Commissioning Group), and Councillor Martha Vickers

Board Members in Attendance Remotely: Dr Abid Irfan (Berkshire West CCG) (Vice Chairman), Dr Zakyeya Atcha (Public Health Consultant), Zahid Aziz (Thames Valley Police), Jessica Jhundoo Evans (Corn Exchange), Matthew Hensby (Sovereign Housing Association), Dr Janet Lippett (Royal Berkshire Hospital), Councillor Steve Masters, Gail Muirhead (RBFRS), Sean Murphy (Public Protection Manager), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (Executive Director (People)), and Reva Stewart (Berkshire Healthcare NHS Foundation Trust.

Also Present: Thomas Dunn (Principal Policy Officer), Gordon Oliver (Principal Policy Officer)

Also in Attendance Remotely: Amanda Lyons (BOB Integrated Care System), Catalin Bogos (Performance Research Consultation Manager), Paul Coe (Service Director - Adult Social Care)

Apologies for inability to attend the meeting: Prof Tracy Daszkiewicz (Director of Public Health), Councillor Joanne Stewart and Councillor Rick Jones

PART I

1 Minutes

The Minutes of the meeting held on 17 February 2022 were approved as a true and correct record and signed by the Chairman.

2 Actions arising from previous meeting(s)

Progress on actions from the previous meetings was noted. Observations were made in relation to the following actions:

- 169 – It was noted that this action was very old. This was due to the Chairman of the Health and Wellbeing Engagement Group having left and not being replaced. It was agreed to close this action and for Sean Murphy to explore alternative ways to achieve the desired outcome.
- 181 – It was noted that Andrew Sharp and Niki Cartwright had yet to meet.
- 189 – The review of the Health and Wellbeing Strategy Delivery Plan in response to workshop feedback was ongoing.
- 183 – Councillor Martha Vickers was not aware of having received the information on the eating disorder service. Gordon Oliver to investigate.
- 186 – It was agreed that this action could be closed. However, a fresh action should be opened to report on progress.

3 Declarations of Interest

There were no declarations over and above the standing declarations of interest from Councillor Graham Bridgman and Andrew Sharp.

4 Public Questions

There were no public questions submitted to the meeting.

5 Petitions

There were no petitions presented to the Board.

6 Membership of the West Berkshire Health and Wellbeing Board

The Board noted the current membership, which had been presented at the Annual Meeting of Council on 10 May. The Chairman explained that there was a statutory core membership of the Health and Wellbeing Board, with roles for the Council and CCG. The Leader of the Council appointed four elected members from the administration, and the Liberal Democrats and Green Party each nominated a representative. Other statutory members included the Director of Adult Social Services and Director of Children's Services (in this case fulfilled by the Executive Director of People), the Director of Public Health and a representative of the Clinical Commissioning Group. All other members were appointed by the Board.

The Chairman suggested that it was a good practice to regularly review and confirm the membership. Members were invited to nominate substitutes if they had not already done so.

Councillor Martha Vickers asked about representation from Sovereign Housing, since she was not aware of them having attended previous meetings. Matthew Hensby confirmed that he regularly attended or sent a deputy.

Councillor Vickers also asked about representation from young people. It was highlighted that young people were represented through the Health and Wellbeing Board's Steering Group and its Sub-Groups. Councillor Dominic Boeck stressed that his portfolio was solely focused on children and young people. He highlighted that the Council was doing more to engage with this demographic and he indicated that any concerns would be brought to the meeting as appropriate.

It was noted that the CCG was a statutory representative on the Board, but they were due to be replaced by the Integrated Care Board. Dr Abid Irfan had raised this with Catherine Mountford (Director of Governance at the ICB) but had not heard anything since.

The Chairman observed that the CCG's role would need to be replaced within existing legislation.

Amanda Lyons indicated that the Health and Care Act had just received Royal Assent and publication was awaited. Also, the DHSC would be providing guidance for Health and Wellbeing Board and this may incorporate advice about changes to membership. It was suggested that a 'place' representative from the ICB would be the natural solution and ideally this person would have clinical expertise.

It was noted that it may be Dr Irfan's last meeting. The Chairman thanked Dr Abid Irfan for his contribution as Chairman of the Steering Group and Vice Chairman of the Board and expressed his hope that he would continue in the role.

Addressing Councillor Vickers' point, Garry Poulson explained that the Volunteer Centre clerked the Special Educational Needs Voluntary Sector Board, which was comprised of organisations that represented children / families' needs. They also clerked the Children and Young People's Voluntary Sector Board. Relevant Council officers were invited as necessary. Assurances were given that issues would be raised with the Board as necessary.

Belinda Seston indicated that she would provide details of her new substitute. The Chairman asked Belinda to pass on his thanks to Jo Reeves for her contribution.

The Chairman summarised the changes to the Membership. He welcomed Dr Janet Lippett as the Royal Berkshire NHS Foundation Trust representative and noted that her substitute was Andrew Statham. It was noted that a new Service Director for Communities and Wellbeing had been appointed and Zakyeya would act as substitute until the new person was in post.

The Chairman proposed that the current Membership be approved. This was seconded by Councillor Lynne Doherty. At the vote the Motion was carried.

RESOLVED that the Health and Wellbeing Board Membership be approved.

Councillor Lynne Doherty noted that the employer representative had been a vacant position for some time despite efforts to fill the role. She asked if different mechanisms would be needed to engage local businesses.

Andrew Sharp indicated that he had approached several organisations, but without success. He felt that businesses did not see what they would get out of attending. He also felt that it would be difficult to find someone who could represent the diverse range of businesses in West Berkshire. He suggested that it would be difficult to recruit someone unless the offer changed or it was filled by an association representative.

Garry Poulson suggested that a meeting with an agenda focused on businesses might be more attractive. He highlighted local business breakfast clubs, which could be used to find small businesses representatives.

Councillor Doherty noted that the Economic Development Team had launched a new website (https://www.businesswestberks.co.uk/), which could be used to tell businesses about how they could get involved. She also suggested that the Board could go to businesses rather than expecting them to join the Board.

Councillor Doherty proposed that the employer representative be removed from the list of Health and Wellbeing Board Members. The motion was seconded by the Chairman. The indicative vote of those present in the room and those attending remotely was in favour of the motion. At the formal vote, the motion was carried.

RESOLVED that the employer representative be removed from the list of Health and Wellbeing Board Members.

7 Buckinghamshire Oxfordshire and Berkshire West Integrated Care System Update

Amanda Lyons (Interim Director of Strategy and Partnerships) presented the item on the BOB ICS update (Agenda Item 8).

The Health and Care Act 2022 was approved on 28 April and the focus was on establishing the Integrated Care Board (ICB) by 1 July. Activities undertaken in April and May included:

- ICB Constitution submitted to NHS England on 20 May.

- Consultation on the Working with People and Communities Strategy.
- Integrated Care Partnership (ICP) working group had met.
- The Readiness to Operate Statement had been subject to Internal Audit and Regional Office review.
- The CCG Staff TUPE transition consultation had closed and the interim ICB team was in place.

In relation to the System Delivery Plan:

- This had been submitted to NHS England - it set out the year 1 establishment plan for the ICS while the ICP Strategy was in development.
- The Plan focused on the ICB architecture (governance and staff transition) and ICS development.
- The Strategy was published on the ICS development microsite: https://bobics.uk.engagementhq.com/strategic-delivery-plan
- The focus of recent weeks had been on the establishment of the ICB on 1 July. Work on the ICS would take precedence once the ICB and ICP were established.

Development of the ICS was based on the four aims set out in the White Paper:

  - Improving population health and healthcare
  - Tackling inequalities in outcome, experience and access
  - Enhancing productivity and value for money
  - Helping the NHS to support broader social and economic development

ICS development roadmap:

- Various workstreams were progressing for ICB architecture and ICS development.
- It was stressed that these were not focused on operational planning and delivery for the NHS

Key outcomes:

- April 2022 milestones had been achieved
- Good progress had been achieved in working towards the July 2022 milestones.
- Recruitment for the place executive director was underway

Managing the ICS development programme:

- This was intended to be a 'living document'.
- There were key roles for the ICB and ICP, and the Place Based Partnerships (PBPs).

ICP Strategy:

- There was a degree of ambiguity about the ICP Strategy.
- The Strategy must be completed by 31 December 2022, which was a tight timescale, so preparatory work had already begun:
  - Looking at the 5 Health and Wellbeing Strategies and the NHS Core 20 plus 5 analysis of health inequalities.
  - Establishing close working relationships with ICS Directors of Public Health.
  - Understanding the requirements of the Health and Care Act 2022.
  - Developing an ICS level fact base, including a Joint Needs Assessment.

BOB ICS Emerging Vision:

- This would be developed in collaboration with system health and care partners.
- Preparatory work to start in April 2022, but the core vision and strategy development would coincide with the formation of the ICP Board on 1 July 2022.

- Current priorities of the ICS included:
    - Elective care recovery
    - Provision of urgent and emergency care
    - A focus on child and adolescent mental health services and temporary staffing

ICP Strategy Development – preparatory phase:

- Key activities were highlighted
- It was expected that children and young people would feature prominently in the Strategy

The Chairman noted that there were three rather than five Health and Wellbeing Strategies, since there was a joint strategy adopted by the three local authorities in Berkshire West.

The Chairman also highlighted significant disquiet amongst elected Members at the lack of involvement in the development of the ICP.

It was noted that the ICB membership was yet to be finalised – the three partner members from the local authorities, NHS Trusts and Primary Care Networks were yet to be appointed.

Councillor Martha Vickers agreed the importance of involving elected Members, since they were an important channel of communication to residents who may not be aware of the changes. She expressed concern that health services remained accessible so patients did not have to travel unnecessarily.

The Chairman noted that the NHS Trusts and PCNs would not change. He emphasised that delivery of the Health and Wellbeing Strategies would be key, but conversations were needed with the ICP as to how this would happen.

Garry Poulson highlighted that he had been working with colleagues across the BOB region to ensure that the community and voluntary sector's voice was heard within the new framework. He also noted that Healthwatch was working hard to ensure that the patient voice was heard. He stressed it was important to have involvement at the start of the commissioning process and asked that someone from the Berkshire West CVS should be involved to represent the sector's voice on delivery.

Andy Sharp welcomed the comments about children and young people being important. However, he was concerned about membership of the development group and the lack of representation from Children's Services. He suggested that there was a similar issue in terms of Public Health involvement.

Action: Andy Sharp and Amanda Lyons to discuss options for widening the membership of the development group.

Andrew Sharp welcomed the improved engagement of the Healthwatch serviced by the ICS in recent months. However, concerns remained about how the programme boards were changing and about poor stakeholder communications, with key partners often missing from meetings. He stressed the need to have a whole system approach.

Dr Abid Irfan confirmed that work was ongoing with the new Chief Medical Officer to review the various programme boards. Structures may not be finalised by 1 July, but he was confident that it would happen with the new leadership. He agreed about the need to have the right people involved.

Amanda Lyons welcomed the comments. She stressed that there would be involvement of the voluntary sector and Healthwatch in developing the ICP Strategy. She indicated that there would be work around community engagement, which would involve elected

Members and stressed the importance of the preparatory phase. She indicated that she had been given mixed messages in relation to the Berkshire West Health and Wellbeing Strategy. She was pleased to see consistent priorities across all of the BOB Health and Wellbeing Strategies, but the challenge would be in catching the local nuances.

The Chairman noted that in order to achieve synergies between the ICP and the Health and Wellbeing Boards, it would be helpful to engage the Chairmen of the Health and Wellbeing Boards. This would help to avoid duplication of efforts in progressing aspects of the delivery plans.

Action: Amanda Lyons and Councillor Graham Bridgman to discuss how best to engage of Health and Wellbeing Board Chairmen.

8 West Berkshire Vision 2036 Update

Catalin Bogos (Performance, Research and Consultation Manager) presented the item on the West Berkshire Vision 2036 Update (Agenda Item 9).

It was noted that the vision was owned by everyone and not just the Council. It was adopted in January 2019 and set out the long-term local aspirations to 2036. The vision had 5 'hopes for the future' and 58 'we will' statements (aspirations).

The document was assessed in the light of Covid and other events such as the war in Ukraine, but it was agreed that much of the vision was still relevant, so it was proposed to refresh the vision rather than re-write it.

The first step was to review progress made against each of the 'we will' statements by inviting feedback from officers and partner organisations. Feedback to date showed that the majority of statements were 'work in progress'. The priority around eliminating rough sleeping had already been achieved, but it was recommended that this be retained. It was felt that most of the other statements should be retained, but some were no longer felt to be relevant or were considered to be 'business as usual' activities and should therefore be amended or deleted. A few new statements had been proposed.

The needs analysis was being updated. Census 2021 data was awaited, which would provide information on the local population and structure. Feedback from the Residents' Survey would also be incorporated. The focus would be on evidence relating to domains that were more likely to have changed. This work would inform the revised set of aims in the Vision.

Key areas of focus would include:

- Covid-19 impacts
- The sustainability agenda
- Inequalities / equity / fulfilling potential
- Understanding changes compared to the initial analysis
- Links with other strategies and plans
- Incorporation of experience regarding community engagement

Efforts were being made to engage with seldom heard demographics, and to conduct qualitative consultation rather than relying on online questionnaires.

Prioritised groups included:

- People not part of groups that are already represented
- Younger people
- Rural communities
- East of the district
- Areas with pockets of deprivation

- Groups with lower response rates in the Residents' Survey
- Residents who do not think about the distant future
- Business community
- Voluntary sector

Initial comments included:

- A section on wellbeing / mental health / dealing with loss
- People are connected and supported – need to harness the Covid experience
- The need to tackle loneliness
- A section on spiritual wellbeing
- The need to address active drug dealing in a new neighbourhood
- Clarity for signposting and reporting issues, with more face-to-face interaction
- Housing availability for homeless / people on benefits
- Progressive / stage based solutions for homelessness
- Equal opportunity
- Infrastructure integration, access to public toilets and affordable transport for people who are struggling
- Rent affordability
- Electric cars / fuel / heating affordability
- Stop building unsustainable homes
- Phone connectivity in rural areas to support home working

The key tasks in updating the vision were:

- Refine the list of aims
- Establish 'we will statements' with input from partners
- Write the vision document and design work
- Formal public consultation (July to September 2022)
- Approval with final adoption at Health and Wellbeing Board in December 2022

Councillor Martha Vickers noted the current cost of living crisis and suggested that more could be done to ensure that people had information about the benefits they were entitled to, and support available from the Council, as well as community initiatives. She also welcomed the inclusion of sustainability issues within the vision.

The Chairman stressed that it was a vision document rather than a strategy or delivery plan. He indicated that the aim was to understand what had changed since the vision was first adopted in 2019.

9 Safeguarding Adults Update for Health and Wellbeing Board (Q3 2021/22)

Paul Coe presented the Safeguarding Adults Update report (Agenda Item 10).

Members were reminded that the West of Berkshire Safeguarding Adults Board had presented their Annual Report to the last meeting. This had incorporated data from Reading and Wokingham, and the Health and Wellbeing Board had requested further information about the local picture in West Berkshire.

It was noted that in addition to scrutiny and governance undertaken by the Berkshire West Safeguarding Adults Board, quarterly reports were taken to the Council's Corporate Board. Further scrutiny would occur when the CQC inspections process was introduced.

The key metrics were around: making people safer, reacting quickly, provision of advocacy for those who needed it, and also application of the Making Safeguarding

Personal principles (i.e. hearing the views of the individual first, understanding what they wanted to achieve and being led by them).

The current situation in West Berkshire was described as “busy, but well–managed”. The key question was whether an increase in volume was a cause for concern because more people were unsafe, or a good thing because the service was more aware of concerns and was acting to make those people safer.

Councillor Lynne Doherty welcomed the clarification provided by the report, which highlighted that 98% of services users achieved the outcomes they were looking for. This demonstrated that the Council was listening to and working with residents.

Sean Murphy highlighted the issue of financial abuse. Trading Standards had continued to see a significant volume of fraud, particularly targeted at vulnerable residents. The service was working to safeguard people from further fraud. He asked if this was something that the Adult Social Care Service was aware of.

Paul Coe confirmed that the service routinely collected data on the type of abuse and its source. Often the source of the abuse was someone who should be trusted (e.g. family members or carers).

Action: Sue Brain to contact Sean Murphy to discuss the issue of financial abuse.

Councillor Steve Masters noted that the figure for conclusions within 30 days was between 50 – 60% and asked how this compared to historical performance. For those that were not concluded within 30 days, he asked how many were still live after 90 days and whether this was related to the complexity of the case or lack of resources.

Paul Coe confirmed that complexity was the main issue and conclusion of a case was a high bar. The Service aimed to ensure that all appropriate actions had been taken. He offered to provide further data on longer-term cases. Overall, he felt that the service was concluding more cases more quickly than in previous years, but he undertook to check and confirm if this was the case.

Action: Paul Coe to provide further data on longer-term safeguarding cases and on performance relative to previous years.

10 Hampshire Pharmaceutical Needs Assessment

The Chairman introduced the report on the Hampshire Pharmaceutical Needs Assessment (Agenda Item 11).

It was noted that the closing date for the consultation was 5 June 2022. Health and Wellbeing Board Members had been notified of the consultation so they could respond individually should they wish to do so. The report proposed that a joint response was not considered necessary, because NHS England would be responding and they had a better knowledge of cross-boundary issues.

Councillor Dominic Boeck noted that residents living in Aldermaston might use surgeries and pharmacies in Hampshire and asked about the extent of the consultation.

Zakyeya Atcha agreed that this was the reason why Hampshire was consulting with neighbouring Health and Wellbeing Boards. She highlighted that Health and Wellbeing Boards had a statutory duty to receive and engage with Pharmaceutical Needs Assessments (PNAs) to ensure that communities had access to the services provided by community pharmacies. She suggested that if individual Members wanted to highlight specific issues, then they could raise them directly. However, there was an important role for NHS Improvement to ensure that services were available, accessible and met the necessary requirements for local pharmaceutical services in each area.

Councillor Boeck asked if services users were being consulted. He indicated that he would pass on the details to affected parishes.

Zakyeya Atcha noted that it was a formalised process. Each PNA looked at the needs of the local population, the services that already existed, their proximity to key areas of population and whether local GP practices were dispensing practices. The consultation presented an opportunity to raise concerns.

The Chairman proposed to accept the report's recommendation. This was seconded by Councillor Lynne Doherty. The indicative vote showed that those in the room and those attending remotely were in favour of the motion. At the formal vote, the motion was carried.

RESOLVED that Members of the West Berkshire Health and Wellbeing Board should consider the consultation on the Hampshire Pharmaceutical Needs Assessment and make individual representations where they feel there was an issue that they wished to raise.

11 Berkshire West Place Based Partnership Transformation Programme

Belinda Seston (Interim Director of Place Partnerships) gave a presentation on the Berkshire West Place Based Partnership Transformation Programme (Agenda Item 12).

The presentation related to the identified priorities for 2022/23. These were mapped to the Berkshire West Health and Wellbeing Strategy priorities and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System priorities.

The Cardiovascular Disease priority was new for 2022/23, with Dr Tracy Daszkiewicz as sponsor. The programme built on the success of previous work on building a musculoskeletal pathway. The key focus was on early detection, since patients were often diagnosed in acute settings when they had experienced heart failure. Consideration was being given to using digital tools to support people in terms of any escalation / exacerbation of their condition.

Multi-Disciplinary Team (MDT) Working was the second priority. It was noted that there were robust teams in place. There had been significant increases in mental health issues as a result of Covid. The focus was on identifying people with low level mental health needs. Digital tools were being used to understand the population profile.

The third priority was Children and Young People's Mental Health, which was an established programme. Reporting was via the Children's Board as well as being monitored through the Unified Executive. The importance of reducing stigma was recognised together with identifying and treating problems to deliver the best outcomes. A far-reaching programme of activities was planned.

The fourth priority was around the Additional Roles Reimbursement Scheme for the workforce. £6.3 million would be made available over the next four years to build resilience within Primary Care and support the development of Primary Care Networks. The workforce was identified as a key issue and attention was focused on joint or rotational posts, to try and prevent organisations taking staff from each other. Work was ongoing with educational providers and partners to increase the number of staff within Primary Care. Efforts were being made to diversify the workforce and build MDTs by employing physiotherapists, social prescribers and physician associates.

Rapid Community Discharge had been designated as a priority by the Unified Executive. National funding had ended in March 2022. The Integrated Care System made additional funding available in April and May as part of transitional arrangements. Services would then revert to the pre-pandemic operating model and local leaders from the NHS and

local authorities would be meeting to discuss what the optimal model for discharge would look like and how this could be funded.

Councillor Lynne Doherty noted that the presentation contained a lot of information, but because it had been presented at the meeting, there had not been time for Members to read and process the information and then formulate questions. She questioned whether presentation should have been provided in advance of the meeting.

The Chairman acknowledged the criticism. He undertook to distribute the slides after the meeting and suggested that Members could send individual questions directly to Belinda Seston and if there were any outstanding issues, then an item could be brought to a future meeting. He acknowledged that these were ongoing issues that would require a whole-system approach.

Action: Gordon Oliver to circulate the presentation to Members with the minutes.

Andrew Sharp highlighted the CQC report on Huntercombe Hospital that had just been published and suggested that it was odd that the Health and Wellbeing Board was not being warned of such issues. He expressed concern that the Board was watching passively rather than actively being engaged.

Belinda Seston accepted the criticism and offered to discuss this with colleagues.

Action: Belinda Seston to have a discussion with the Unified Executive about how they could be more agile and report back.

12 Response to Council Motion on Provision of Defibrillators in West Berkshire

The Chairman introduced the report on the Response to the Council Motion on Provision of Defibrillators (Agenda Item 13).

The Motion submitted to Council by Councillor Adrian Abbs had been discussed at a previous meeting and officers had undertaken to do additional research. Discussions had taken place with town and parish councils to understand where defibrillators were within the community and whether they were registered on the Save a Life app.

It was noted that Councillor Abbs had been invited to the meeting, but was unable to attend.

Zakyeya Atcha highlighted that the paper had been informed by a lot of information, particularly around how useful it was to have defibrillators in phone boxes or within local areas. She highlighted that there were other factors that needed to be considered, such as accessibility, maintenance and replacement at the end of their service life. She stressed that in sparsely populated areas, the most important thing was to provide basic life support and to call the paramedics. The report's recommendations focused on what could be done to improve local knowledge and skills through basic life support training and increasing awareness of the Save a Life app. She stressed that if funding were to be allocated, then consideration needed to be given as to how it would be used and the long-term sustainability of that funding.

Councillor Martha Vickers noted that provision of defibrillators was an issue that Councillor Abbs was passionate about. She noted that the evidence was that the effectiveness of the defibrillators was not conclusive, but even if they were to only save a few lives, then they had value. She highlighted the importance of working in partnership with town and parish councils regarding the funding and management of the defibrillators. She agreed that the most important thing was provision of education on life support and hoped that funding could be found. She supported the report's recommendations.

Sean Murphy observed that there were a number of water safety events and undertook to review whether these could be extended to include information on defibrillators.

Action: Sean Murphy to look at incorporating information on defibrillators into planned water safety events.

Garry Poulson supported the report's recommendations. He indicated that having defibrillators in phone boxes would ensure maintenance of the phone boxes themselves.

The Chairman agreed that it was a good idea to place defibrillators in phone boxes if they were in the correct locations and not already being used for other purposes. However, he noted that they could be installed in other locations.

Andrew Sharp noted that first aid and lifesaving skills were often not prioritised, but in other countries training was part of the school curriculum, and there was a significant difference in outcomes as a result. He felt that the Board should come up with a programme to fund and / or encourage employers and others to run regular courses. He observed that while safeguarding training was widespread, lifesaving training was not.

The Chairman agreed and highlighted that this was captured as part of the report's recommendations.

The Chairman proposed to accept the report's recommendations. The motion was seconded by the Councillor Lynne Doherty. The indicative vote showed that those in the room and those attending remotely were in favour of the motion. At the formal vote, the motion was carried.

RESOLVED that the Health and wellbeing Board:

(a) Contacts West Berkshire Council's elected Members to remind them that they are able to use their Members' bids to part-fund community defibrillators.
(b) Signposts town and parish councils to existing sources of funding for public access defibrillators.
(c) Reminds town and parish councils of the need to undertake regular maintenance checks of AEDs and suggests that they nominate a 'guardian' for each unit.
(d) Encourages South Central Ambulance Service to identify any units that are approaching the end of their useful service life.
(e) Gives consideration to funding a programme of First Aid training in schools and colleges and the wider community, to include the use of defibrillators. (If the Council was to support first aid training, then funding would need to be identified.)
(f) Encourages residents to download the Save a Life app as part of a publicity campaign to support British Heart Week (7-15 June 2022).

13 Leisure Strategy

The Board noted that the Leisure Strategy had been adopted. Members were invited to contact Councillor Howard Woollaston if they had any questions relating to the strategy.

14 Members' Question(s)

There were no questions submitted to the meeting.

15 Health and Wellbeing Board Forward Plan

Members were invited to comment on the Health and Wellbeing Board Forward Plan. No comments were received at the meeting, but it was noted that there would be a further presentation on how the Place Based Partnership could be more agile in engaging with the Health and Wellbeing Board on key issues.

16 Future meeting dates

Board Members were invited to note the dates of future meetings.

(The meeting commenced at 9.30 am and closed at 11.27 am)

CHAIRMAN …….

Date of Signature …….

Actions arising from Previous Meetings of the Health and Wellbeing Board

Ref	Meeting	Action	Action Lead	Agency	Agenda item	Status	Comment
153	24/09/2020	Seek another peer review of Health and Wellbeing Board.	Cllr Graham Bridgman	WBC	Health and Wellbeing Board Meetings	**In progress**	Initial enquiries made regarding the process.
160	28/01/2021	Develop Covid Recovery Dashboard Tracker to monitor the broader effects of the pandemic on our community	Zakyeya Atcha	WBC	Member Questions	**Complete (07 July 2022)**	This is completed and is being used. It can be viewed on the Berkshire Observatory website: https://westberkshire.berkshireobservatory.co.uk/coronavirus
166	20/05/2021	Co-ordinate activity between the Inequalities Taskforce and the Integrated Care Partnership's Prevention and Health Inequalities Board.	Zakyeya Atcha	WBC	Inequalities Taskforce	**Complete (07 July 2022)**	Zakyeya Atcha regularly attends meetings of the Prevention and Health Inequalities Board to ensure alignment across the system and also set the foundations for coordination of activity going forward.
168	22/07/2021	Public Health and CCG to discuss data availability for the Covid Recovery Dashboard	April Peberdy / Belinda Seston	WBC / CCG	Covid Recovery Dashboard	**Complete (07 July 2022)**	This is completed and is being used. It can be viewed on the Berkshire Observatory website: https://westberkshire.berkshireobservatory.co.uk/coronavirus
174	30/09/2021	Consider how Priority 2 of the Health and Wellbeing Strategy can best be managed	Zakyeya Atcha	WBC	Berkshire West Health and Wellbeing Strategy 2021-2030	**In progress**	As part of the implementation of the Delivery Plan, owners for each action are being identified and a lead owner will be identified for Priority 2. This will be reported in the Q1 Delivery Plan Update to the September HWB meeting.
175	30/09/2021	Provide a breakdown of the delivery plan by year and identify quick wins	Zakyeya Atcha	WBC	Berkshire West Health and Wellbeing Strategy 2021-2030	**In progress**	Quick wins are being identified and will be provided as part of the Q1 Delivery Plan Update to the September HWB meeting.
181	09/12/2021	Niki Cartwright and Andrew Sharp to discuss support for CHC applicants.	Niki Cartwright / Andrew Sharp	CCG / Healthwatch	Review of Continuing Healthcare	**Complete (22/06/2022)**	Discussions have taken place
184	09/12/2021	Confirm representation on the ICB Board / ICP with Dr James Kent	Niki Cartwright	CCG	BOB ICS Update	**In progress**	ICB Board membership confirmed. For the ICP, a joint working group is developing the proposal for membership.
187	17/02/2022	The ICS to cover strategy development as part of a future update to the Health and Wellbeing Board.	ICS representative	BOB ICS	Integrated Care System Update	**Complete (21/07/2022)**	On the agenda for the July HWB meeting.
189	17/02/2022	Steering Group to review the workshop feedback and report back to the Board.	Zakyeya Atcha	HWB Steering Group	Health and Wellbeing Board Conference	**Complete (07/07/2022)**	Delivery Plan actions have been reviewed in light of the Conference feedback and subsequent discussions have taken place with Sub-Group Chairmen.
191	19/05/2022	Provide an update on progress in relation to the recommendations from the Healthwatch report on CAMHS	TBC	BHFT & WBC	Actions Arising from Previous Meeting(s)	**In progress**	It is proposed to bring a report to a future meeting (date TBC)
192	19/05/2022	Discuss options for widening the membership of the development group	Andy Sharp and Amanda Lyons	WBC & BOB ICB	BOB ICS Update	**Complete (22/06/2022)**	Discussed at the Development Group - the Chairman was not minded to expand the membership, but it was recognised that wider engagement in the development of the ICS was required and meetings with Chief Executives and Council Leaders have subsequently been arranged.
193	19/05/2022	Discuss how best to engage Health and Wellbeing Board Chairmen	Councillor Graham Bridgman and Amanda Lyons	WBC & BOB ICB	BOB ICS Update	**In progress**	Councillor Graham Bridgman has been in dialogue with Javed Khan
194	19/05/2022	Discuss the isue of financial abuse	Sue Brain and Sean Murphy	WBC	Safeguarding Adults Update for Health and Wellbeing Board (Q3 2021/22)	**Complete (22/06/2022)**	Discussions have taken place
195	19/05/2022	Provide further data on longer-term safeguarding cases and on performance relative to previous years	Paul Coe	WBC	Safeguarding Adults Update for Health and Wellbeing Board (Q3 2021/22)	**Complete (27/05/2022)**	Data provided to Councillor Steve Masters: % of case closures within 30 days: 2019/20 - 43.2% 2020/21 - 53.5% 2021/22 - 52.5%
196	19/05/2022	Circulate the presentation to Members with the minutes	Gordon Oliver	WBC	Berkshire West PBP Transformation Programme	**Complete (27/05/2022)**	Presentation circulated to all members
197	19/05/2022	Have a discussion with the Unified Executive about how they could be more agile and report back	Belnda Seston	CCG	Berkshire West PBP Transformation Programme	**In progress**	
198	19/05/2022	Look at incorporating information on defibrillators into planned water safety events.	Sean Murphy	WBC	Response to Council Motion on Provision of Defibrillators in West Berkshire	**In progress**	

Last Updated: 13/07/2022

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Health & Wellbeing Board – 21 July 2022

Item 4 – Declarations of Interest

Verbal Item

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Health & Wellbeing Board – 21 July 2022

Item 5 – Public Questions

Verbal Item

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Health & Wellbeing Board – 21 July 2022

Item 6 – Petitions

Verbal Item

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MEMBERSHIP OF HEALTH AND WELLBEING BOARD

Name	Role/Organisation	Substitute
Cllr Lynne Doherty	WBC Leader of the Council	Cllr Rick Jones
Cllr Graham Bridgman (Chairman)	WBC Deputy Leader of Council and Portfolio Holder for Health and Wellbeing	
Cllr Jo Stewart	WBC Portfolio Holder for Adult Social Care	
Cllr Dominic Boeck	WBC Portfolio Holder for Children, Young People and Education	
Cllr Martha Vickers	WBC Liberal Democrat Group Spokesperson for Health and Wellbeing	Cllr Owen Jeffery
Cllr Steve Masters	WBC Green Group Spokesperson for Health and Wellbeing	
Andy Sharp	WBC Executive Director, People (DASS and DCS)	Pete Campbell, Paul Coe
Tracy Daszkiewicz	Director of Public Health, Berkshire West	
Vacant	WBC Service Director – Communities and Wellbeing	April Peberdy
Sean Murphy	WBC Public Protection Manager, Public Protection Partnership	
Jessica Jhundoo-Evans	Arts & Leisure Representative	Katy Griffiths
Reva Stewart	Berkshire Healthcare Foundation Trust	
Dr Abid Irfan (Vice-Chairman)	Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (1)	Dr Heike Veldtman
Belinda Seston	Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (2)	Jo Reeves
Vacant	Employer Representative	
Andrew Sharp	Healthwatch West Berkshire	Mike Fereday
Gail Muirhead	Royal Berkshire Fire and Rescue Service	Paul Thomas
Dr Janet Lippett	Royal Berkshire NHS Foundation Trust	Andrew Statham
Matthew Hensby	Sovereign Housing	Lorraine Adams
Zahid Aziz	Thames Valley Police	Emily Evans
Garry Poulson	Voluntary Sector Representative	

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Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

ICS Development

Update for West Berkshire Health and Wellbeing Board

July 2022

Agenda Item 8

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

ICS Development update

- Update on ICS development since ICB Establishment 1 July
- Update on preparatory phase – ICP strategy development

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

ICS Development

Key ICS development activities completed April-June 2022

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

- Focus on activities required for safe transfer of CCGs' functions and staff and establishment of the Integrated Care Board as the new statutory NHS organisation

- All required actions completed by CCGs and assured by Internal Audit and Regional Office to support safe handover

- ICB Constitution approved by NHS England and forms part of establishment order

- ICB formally established (and CCGs dissolved) 1 July 2022

- ICP working group led by ICB Chair Designate Javed Khan OBE work up proposals for consideration by Strategic Leaders Oversight Group

The Act creates ICPs, ICBs and PBPs, all of which involve local authorities who manage social care

Integrated Care Partnerships (ICPs)
Joint committee between local authorities who manage social care and ICBs

Place Based Partnerships (PBPs)
Includes local authorities

Integrated care boards (ICBs)
NHS Statutory Body
Includes local authority partner member

Provider collaboratives
Providers coming together to deliver joined up services (may include local authorities)

ICB GOALS

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Tackle inequalities in outcomes, experience and access

Enhance productivity and value for money

To improve population health and healthcare

Help the NHS to support broader social and economic development

ICB GOALS

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Set the system priorities, with partners and the public

Allocate our finite funding, in line with the strategy

Orchestrate system working along whole patient pathways

Earn our seat at the table by focusing on where we add value

ICB Establishment 1 July 2022

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

- Board meeting held
  - Governance arrangements agreed
  - 2022/23 Operational and Finance Plan, BOB Green Plan and System Delivery Plan received

- Website for the ICB (www.bucksoxonberksw.icb.nhs.uk) still in development, currently contains core information including
  - Information about the Board and board members
  - Board members
  - Governance documents/arrangements
  - Contact information

ICB Board Members

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Role	Post holder
Chair	Javed Khan OBE
Chief Executive	Dr James Kent
Partner Member – NHS Trusts	Steve McManus
Partner Member – Primary Care	Dr Shaheen Jinah
Partner Member – Local Authorities	Stephen Chandler
Non-executives (minimum two)	Saqhib Ali Margaret Batty Tim Nolan Aidan Rave Sim Scavazza
Chief Finance Officer	Richard Eley (interim)
Chief Medical Officer	Dr Rachael De Caux
Chief Nursing Officer	Debbie Simmons (interim)
Member for Mental Health	Dr Nick Broughton
Associate NED (Digital)	Haider Hussain

Working with people and communities strategy

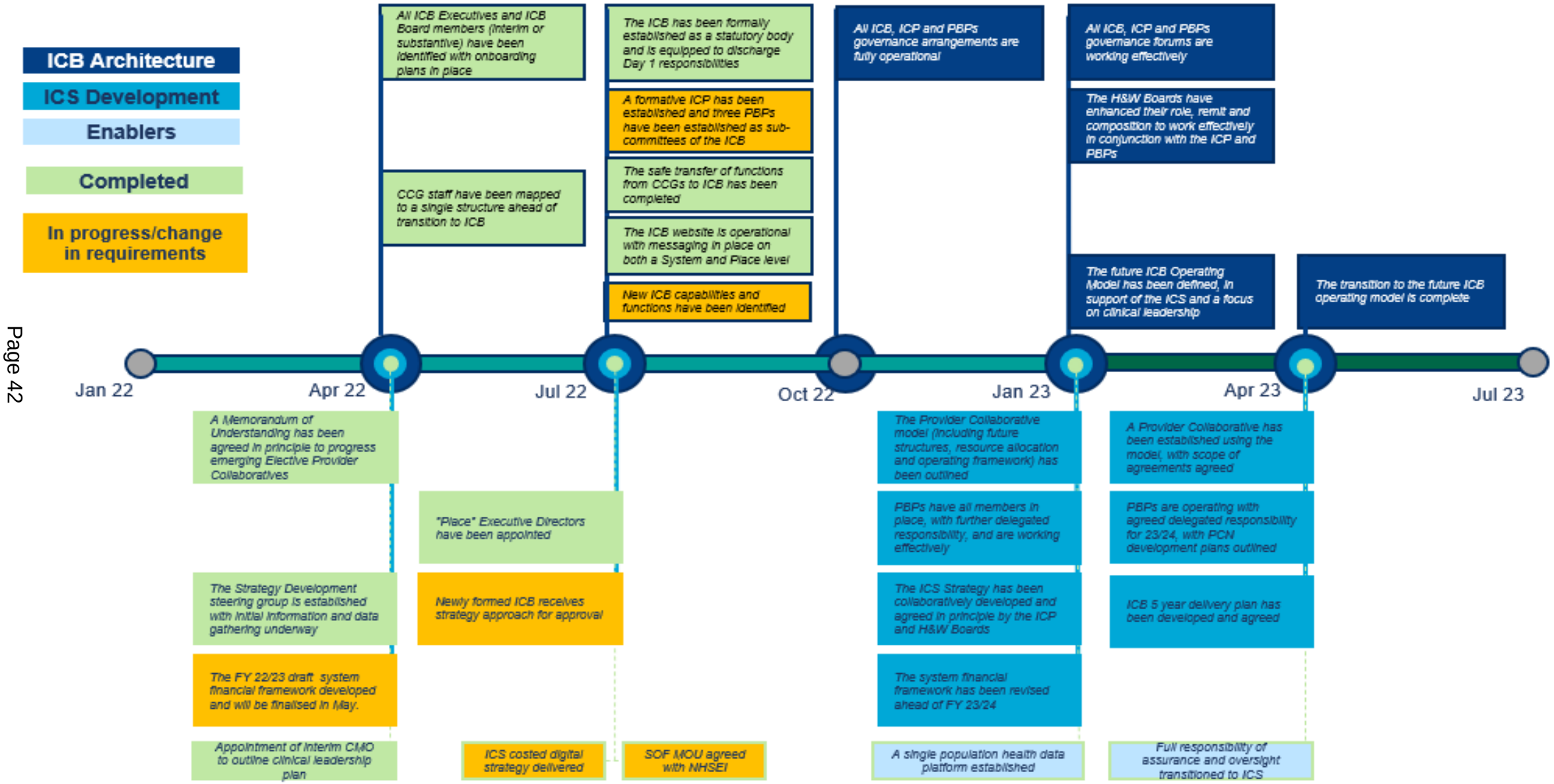
Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

- ICB wants effective engagement and partnership at the heart of its thinking, planning and delivery
- Developed our first draft through a range of engagement activities
- Feedback indicated support for principles and outlined approach but more detail required on how it would work in practice
- Draft submitted to NHSE presented to ICB Board on 1 July to note progress
- ICB to work with wider partners to develop approach prior to adoption by ICB Board in September

Development of Place Based Partnerships

- ICB wants delegation to place to support subsidiarity
- ICB has shared some early thinking on potential scope of delegation of its function/decision making powers to place
- For place to thrive other organisation will need to delegate some authority for joint decision making
- We will build on the existing collaborative partnership governance arrangements
- Further guidance is expected on the new legislative options available to the ICB

System Delivery Plan key outcomes over time update 1 July



Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

ICP strategy – pre ICP establishment preparatory phase

Integrated Care Strategy

1. Summary - July 2022

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Progress

- ✓ *DPHs provided updated HWB overviews and outlining level of synergies.*
- ✓ *Cadence of key engagement groups outlined including elected members, AHSN and Healthwatch.*
- ✓ *Two Strategy development steering groups held with membership spanning Local Authority, AHSN, Healthwatch, SCAS, ICB leadership and Trust representatives.*
- ✓ *Initial approach for public engagement outlined including initial scan of existing channels, groups and public forums.*
- ✓ *Broad strategy development "fact pack" creation underway and progressing as planned.*
- ✓ *Initial strategic framework drafted with key resources identified for input on structure and content.*

Looking forward

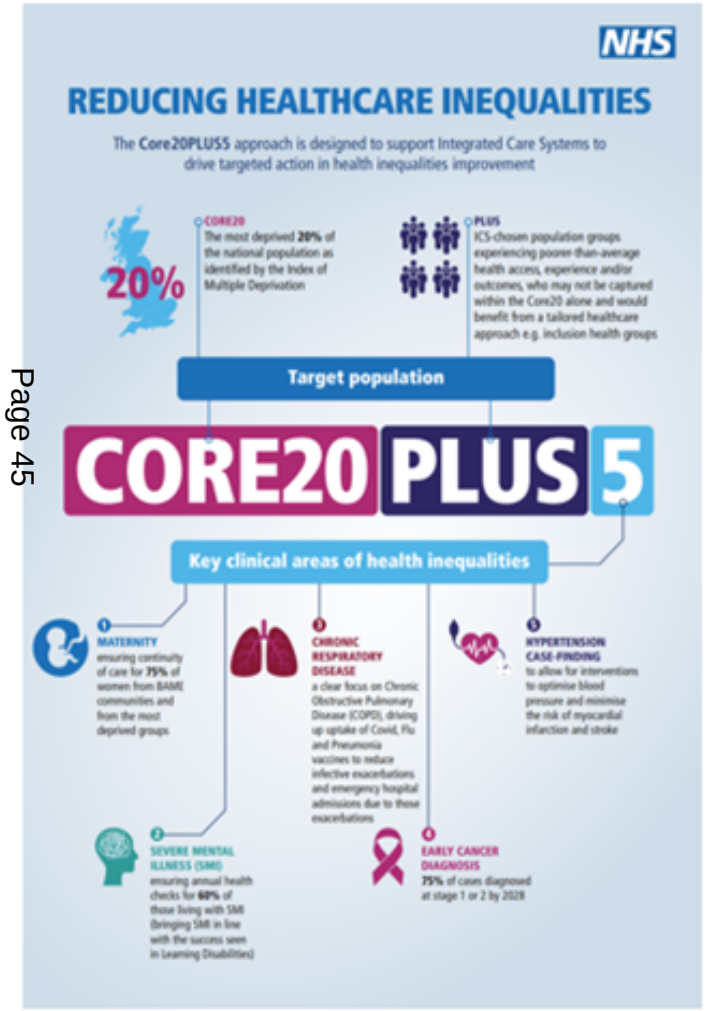
- *Define stratgy development principles with ICP*
- *Refine strategy development "fact pack".*
- *Work with specific health and care owners to validate strategic framework structure and develop suitable content and hypotheses.*
- *Align communication and engagement approach with broader ICB approach including:*
  - *validate engagement going forward*
  - *align to existing forums and groups*
  - *Align to new thinking including the ICB Working with People and Communities strategy.*
- *Develop more detail on the public engagement approach including purpose, outcomes, key questions and where existing channels do not suffice*
- *Prepare for initial strategy development day (Date TBC) in the context of a delivery plan through to 31 December 2022.*

Equitable Outcomes

Core20Plus5

Buckinghamshire, Oxfordshire and Berkshire West

Integrated Care Board



BOB have c58k in the most deprived 20% nationally

- **36k Oxfordshire** (mainly Oxford City & Banbury)
- **20k Berkshire West** (mainly Reading)
- **2k Buckinghamshire** (mainly Aylesbury)

Specific examples of where interventions have been made:

- **Nepalese Diabetes community** – Large population group in Reading, higher prevalence of Type2 Diabetes and worse health outcomes. Disparities included language challenges and cultural factors. A tailored intervention was co-produced with the Nepalese population and community leaders to improve diabetes outcomes.
- Oxfordshire did targeted work with **Bowel Screening in 65-74yo men** in Wantage who had not taking up offers from Primary Care
- Royal Berkshire Hospital have been focused on **inequalities in Did Not Attend/Outpatient** looking at drivers (ethnicity/deprivation/employment type etc), running sessions with specific population groups and have developed an AI/Tool to risk assess likely DNA to target calls with those most at risk of not attending.

Health index and actions by BOB ICS Local Authority

Summary

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Berkshire West

Rank out of 149

	Buckingham-shire	Oxfordshire	Reading	West Berkshire	Wokingham
Health Index	7	11	58	5	1
Healthy people	24	41	43	31	8
Healthy lives	10	11	55	5	1
Healthy places	99	102	118	93	56
5 lowest scores	MSK cancer depression housing affordability green spaces	MSK, cancer depression housing affordability homelessness	Air pollution MSK Young people's education, employment & training homelessness crime	MSK cancer distance to pharmacy distance to GP green spaces	MSK housing affordability air pollution cancer transport noise

Four out of five local authorities are in the highest ranks out of 149 in England in the overall health index

The good position continues in the healthy lives domain but deteriorates in the healthy places domain where all but one are in the lowest third

MSK and cancer score low across BOB

ICP strategy – Guidance

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

- Guidance due from Department of Health and Social Care week commencing 18 July
- ICP strategy needs to consider Population Joint Strategic Needs Assessment, HWB Strategy and NHS Mandate
- Initial review of the 2022 Health and Care Act has highlighted areas for inclusion in the ICP strategy

Areas covered in HWB Strategies	New areas
Shared vision and purpose	Integrated commissioning
Integrated health and care services	Integrated budgets
Integrated strategic plans	Integrated data sets
	Integrated health and care records

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Director of Public Health Annual Report

Report being considered by:	Health and Wellbeing Board
On:	21 July 2022
Report Author:	Tracy Daszkiewicz
Report Sponsor:	Tracy Daszkiewicz
Item for:	Discussion

1. Purpose of the Report

To share the Director of Public Health Annual Report with the Health and Wellbeing Board. The focus of the 2022 report is food sustainability. '*Helping tackle climate change – one meal at a time*'.

2. Recommendation(s)

For the Board to note the content of the report, and to share with networks.

3. Executive Summary

3.1 The Director of Public Health Annual Report for 2021/2022 has been developed jointly across Berkshire and is therefore the shared report of the Directors of Public Health for Berkshire West and Berkshire East. The focus of this year's report is Climate Change in relation to food sustainability.

3.2 This report, in line with our climate change focus, will not be printed, this is an online report that is presented through written content and supported by a range of case studies in the form of videos, highlighting some local food sustainability projects. This can be accessed here:

https://www.berkshirepublichealth.co.uk/public-health-annual-report-2021-22/

3.3 The Report is also available as a PDF under Appendix A.

4. Supporting Information

4.1 Since 1988 the Directors of Public Health (DPH) have been required to publish an annual report on the health of their population, this can be an overview assessment or based on a specific theme.

4.2 The annual report serves as a vehicle by which the DPH can highlight issues and areas of focus for universal or targeted attention to help protect or improve the health of their population.

4.3 The annual report remains a key method by which the DPH is accountable to the population they serve.

4.4 The Faculty of Public Health guidelines on DPH Annual Reports list the report aims as the following:

- Contribute to improving the health and well-being of local populations.
- Reduce health inequalities.
- Promote action for better health through measuring progress towards health targets.
- Assist with the planning and monitoring of local programmes and services that impact on health over time.

4.5 The Public Health Annual Report (PHAR) is the DPH's independent, expert assessment of the health of the local population. Whilst the views and contributions of local partners have been taken into account, the assessment and recommendations made in the report are those held by the DPH and do not necessarily reflect the position of the employing and partner organisations.

4.6 Each year a theme is chosen for the PHAR. Therefore, it does not encompass every issue of relevance, but rather focuses on a particular issue or set of linked issues. These may cover one of the three work streams of public health practice (health improvement, health protection or healthcare public health), an overarching theme, such as health inequalities, or a particular topic such as mental health or cancer.

5. Options Considered

None

6. Proposal(s)

For the Board to note and accept this year's Director of Public Health Annual Report.

7. Conclusion(s)

The Director of Public Health Annual Report is a statutory document and forms an aspect of the strategic planning process for protecting and improving the health and wellbeing outcomes in a given population, with a focus on working across social, economic and environmental factors to reduce health inequalities.

8. Consultation and Engagement.

Community and stakeholder engagement is not a requirement of the Director of Public Health Annual Report although we look to engage where possible. There has been community and stakeholder involvement in the production of this report.

Background Papers:

None

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

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

The Director of Public Health Annual Report, considers climate change and food sustainability, health inequalities are a key consideration and it supports all of the aims of the Health and Wellbeing Strategy.

Appendix A

Berkshire Public Health Annual Report 2021/22

Stuart Lines
Director of Public Health, Berkshire East

Tracy Daszkiewicz
Director of Public Health, Berkshire West

Berkshire Public Health Annual Report 2021/22

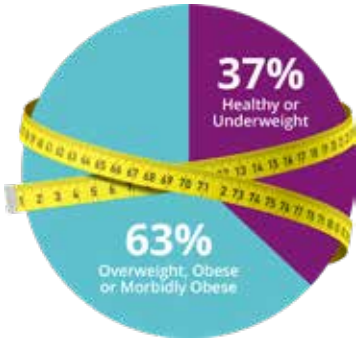
Helping tackle climate change, one meal at a time

Foreword

As the Directors of Public Health for Berkshire East (Bracknell Forest Council, the Royal Borough of Windsor & Maidenhead and Slough Borough Council) and Berkshire West (Reading Borough Council, West Berkshire Council and Wokingham Borough Council), we are delighted to present our joint independent annual report on the health of the people of Berkshire for 2021/22.

This year's report has a broad focus – on food.

At first glance this may seem a surprising choice, with little relevance to the current pandemic. In fact, the opposite is true. The choices we make every single day about what we eat have a profound effect not only on our individual health and susceptibility to various diseases, but also on the health of our planet.



As we know only too well, being obese or severely overweight increases the risk of both severe illness and death from COVID-19, with obese people at greater risk of hospitalisation, admission to intensive care, and death. Almost two thirds of adults in England are overweight or obese, with older people, those suffering from deprivation and certain minority ethnic groups even more likely to fall into this category.[1] This is a deeply shocking statistic and illustrates powerfully the importance of immediate action.

Our focus needs to be on food – where it comes from, how it is transported to us, the buying and disposal choices we make – in order to improve not only our health and well-being, but also to consider the wider implications in terms of the climate emergency.

We are in the unique and potentially frightening position of experiencing both a climate emergency and a global pandemic simultaneously. Both have brought home to us the close relationship we have with our environment and the interconnectedness we all share. Both can only be addressed through our concerted and collective efforts. Changing food production and eating habits at global, national, community and individual levels can play a huge part in achieving benefits for both.

We sincerely hope you enjoy reading our Annual Report and watching the wonderful video stories from around our county, and we encourage you please to stop and think about the small steps you can make to improving not just your own health but also the health of planet Earth.

Stuart Lines
Director of Public Health
Berkshire East

Tracy Daszkiewicz
Director of Public Health
Berkshire West

Acknowledgements

The Directors of Public Health Berkshire would like to thank the following people who provided unwavering commitment and expertise to developing the content, design and launch of our first ever digital Annual Report. We would also like to thank all those who participated in the great sustainability video stories that you can enjoy watching as you read through our report.

Meradin Peachey, former Interim Director of Public Health, Berkshire West
Tessa Lush, Communications & Marketing Principal, Public Health, Berkshire East & West
Becky Campbell, Public Health Intelligence Manager, Berkshire East
Sarah Shildrick, Public Health Intelligence Manager, Berkshire West
Katie Badger, Public Health Programme Officer Trainee, Reading
Aidan Gilbert-Ball, Public Health Programme Officer Trainee, Berkshire East
Charlotte Littlemore, Public Health Programme Officer, Royal Borough Windsor and Maidenhead
Dr Jacob Bishop, Lecturer in Crop Science and Production, School of Agriculture, Policy & Development, University of Reading
Gunter Kuhnle, Professor of Nutrition and Food Science, Department of Food & Nutritional Sciences, University of Reading
Rosi Jordon, Advisor, Sustainable Three Rivers

Website created by Reading Web Services and designed by Karen Bennett, Bracknell Forest Council.

Climate change commitments

Planet Earth is our home; yours and mine, wherever we live. Every one of us can act to help protect our planet and go some way to repairing the damage that has already been caused. Inspired by words from world leaders at COP26,[2] by the passion of Greta Thunberg, and the wisdom of Sir David Attenborough, we must all think about our own personal footprint on Earth. In the spirit of thinking globally and acting locally, we can all make small, individual steps which together can make big changes for the better. We encourage you to read through our report and take time to stop and think about the small steps you can take to improve your footprint on planet Earth.

COP26 (November 2021) was regarded as critical in terms of attempting to bring climate change under control. Governments, world leaders, scientists, activists, non-governmental organisations (NGOs), trade unions and business leaders met in Glasgow, with the main goal of assessing progress against the 2015 Paris Agreement and increasing commitments. Other key goals included generating at least $100bn in climate finance per year, putting an end to deforestation and our reliance on fossil fuels, plus encouraging investment in renewables.[2]

	1.5˚C	2.0˚C	IMPACT
Extreme heat Global population exposed to severe heat every 1 in 5 years.	14%	37%	2.6X worse
Sea-ice-free Arctic Number of ice-free summers	At least once every 100 years	At least once every 10 years	10X worse
Sea level rise Amount of sea level rise by 2100 (meters)	0.40m	0.46m	0.06m worse
Species loss: Plants Plants that will lose half their habitable area	8%	16%	2X worse
Species loss: Insects Insects that will lose half their habitable area	6%	18%	2X worse
Coral reefs Further decline in coral reefs	70-90%	99%	up to 29% worse
Fisheries Decline in marine fisheries	1.5 Million Tonnes	3 Million Tonnes	2X worse

The impacts of warming have revealed the catastrophic consequences of allowing the world to heat to more than the 1.5°C target set out in the Paris Agreement. Half a degree Celsius of extra warming (between 1.5°C and 2°C) will have grave consequences for communities and the natural world, with disproportionate impacts on indigenous people, low-lying and small island states and fragile ecosystems.[3]

In addition to a global commitment to phase down the use of coal, deals were agreed to end and reverse deforestation by 2030 and to cut global emissions of methane.[4] Livestock, manure, leaks from gas distribution networks and landfill waste all represent sources of methane. When released into soil or water methane will eventually escape into the air where it is slow to degrade. Methane is the second most significant greenhouse gas in the UK. [5]

Be aware that these deals or pledges were often vague and non-binding. We need to push for these pledges to be enforced through legislation. The Glasgow Climate Pact only keeps 1.5°C in sight if countries take concerted and immediate action to deliver on their commitment.[2] This means phasing down coal power, halting and reversing deforestation, speeding up the switch to electric vehicles and reducing methane emissions.

Are there examples of reversing the damage?

The great news is that positive change is absolutely possible. Over three decades ago, CFCs used in fridges, foam plastics and aerosol sprays were identified as the main cause of damage to the ozone layer, allowing harmful UV radiation into our atmosphere. Through concerted international co-operation and effort, CFCs were banned and the healing of the ozone layer began.[6] Scientists now predict the damage over Antarctica should be completely reversed by 2050.[7] This is an inspiring example of a relatively small change on a global level creating a huge difference.

Another positive example of small behaviour change relates to plastic bags. 7.6 billion single-use carrier bags were given to customers by major supermarkets in England during 2014; that's 140 per person, about 61,000 tonnes in total.[8] These bags take many years to degrade, can harm wildlife and often litter our seas, parks, streets and countryside. However, in October 2015, a small charge was introduced for single-use plastic carrier bags. By 2019/20 single-bag use had been reduced by 95%, a remarkable achievement.[8] This clearly demonstrates the power and impact of simple and easy changes to everyday behaviours.

Global Grub

Global Grub is a great place to connect through cooking by learning to cook new dishes and to take notice of new and exciting flavours. The project provides the opportunity for young people to make their own food, understand food, gain confidence in cooking, develop their communication skills, and socialise without paying a penny. This means young people are taught to cook, they can access the recipes simply through Tik Tok and are able to eat a healthy, more sustainable diet.

Our focus in Berkshire

We have agreed to focus our 2021 Annual Public Health Report on food; its production, distribution and consumption, and what we can do at each stage of the process to reduce its environmental impact, whilst also considering the importance of good food choices in improving health and well-being.

Throughout this report, we will explore the impact that food production has already caused to our planet and what we can all do to help reduce this by making small, accessible changes to the food we buy and what we eat. We provide lots of fascinating facts and figures, plus information about the impact of our food choices.

There is plenty of guidance and many suggestions in the form of action cards that can help both the environment and our nutrition, as well as improving our individual footprint on planet Earth.

Remember the words of Burke, the great political theorist and philosopher of the 18th century:

"Nobody made a greater mistake than he who did nothing because he could only do a little."

The climate change emergency in context

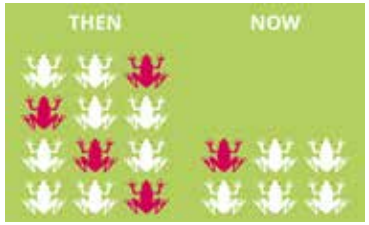
Understanding the evidence

For thousands of years, humans have generally lived in harmony with planet Earth. But since the Industrial Revolution human activity has had a much more significant impact on the planet's climate and ecosystems, with humans ultimately dominating nature in a way that threatens the Earth and the resources we need to survive.[3] An international group of scientists from 23 countries recently concluded that 150 years of industrialisation has undone 6,000 years of global cooling.[10]

Tipping Points for Planet Earth

Scientists have clearly shown that our survival depends on a stable and resilient planet, where the interactions of land, ocean, atmosphere and life work in harmony. This harmony is under threat from:

1. Climate change



2. The shrinking number and quantity of species

3. Nitrogen levels

(nitrous oxide is 300 times more potent than carbon dioxide and depletes the ozone layer – Soil Association)

4. Changes to land use

Climate change

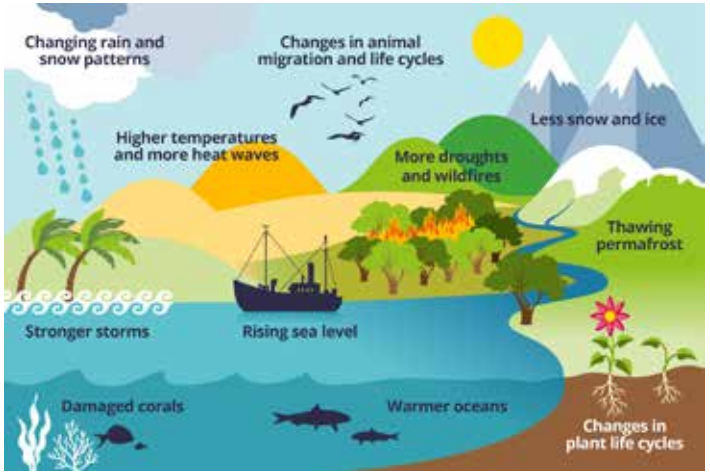
The United Nations defines climate change as long-term shifts in temperature and weather patterns, mainly caused by human activities, especially the burning of fossil fuels. Since the 1800s, there has been a steady rise in these human activities, particularly relating to the burning of gas, oil and coal. Over the last 50 years it has become apparent that our actions are having devastating effects on our climate.

Our planet is heating up. The Earth is now about 1.1°C warmer than it was in the late 1800s. The last decade (2011-2020) was the warmest on record.[12] Greenhouse gases such as carbon dioxide, nitrous oxide, water vapour and methane trap heat in the Earth's

atmosphere. Although sunlight can pass through the atmosphere, the gases prevent heat from leaving and so the earth gets warmer.

But temperature rise is only the beginning of the story. Because the Earth is a system, where everything is connected, changes in one area can influence changes in all others.

The consequences of climate change now include extreme weather events, among others, intense droughts, water scarcity, severe fires, rising sea levels, flooding, melting polar ice, catastrophic storms and declining biodiversity. The choices we make as a species are having a profound impact on our planet.



However, all is not lost!

Although it might be easy to believe that small actions are not worthwhile, in fact there are many small, straightforward steps we can all take to make a positive impact. Trees capture and store CO2, so increased planting in gardens, parks, wasteland and deforested areas is a big positive step. Changing meat and dairy agricultural practices to reduce the production of methane and protect forests, particularly rain forests, can also have a huge global impact.

Since 1990, 1 billion acres of forest has been lost. In the last fifty years, 17% of the Amazonian rain forest has been destroyed – an area the size of Israel is destroyed every year.[12] We need to plant more trees and stop the ravaging of these valuable habitats.

Evidence indicates that switching to a diet that reduces the consumption of red meat has health benefits. We can also reduce our carbon footprint by choosing to buy local, seasonal, unpackaged food where possible; by eating everything in our fridges so we waste less; and even just refilling a water bottle from the tap.

Woodlarks Café

The Woodlarks Café

The Woodlarks Café is situated in Swinley Forest and is aptly named after the bird which has historic routes to the forest. Over the last 12-18 months the café has undergone huge changes. The focus is to provide a more sustainable, environmentally friendly, and healthy café. The café has also changed its design with lots of infographics about recycling, food waste and being environmentally conscious. These include messages about recycling and minimising food waste.

The increasing rate of biodiversity loss

Our planet supports a remarkable variety of species, from animals and birds to plants, insects and microorganisms. Biodiversity underpins every part of our lives, including our livelihoods and wellbeing, yet it is under enormous threat and has been declining at a rapid rate in recent years. This is mainly due to human activities – land use changes, pollution and climate change for example.[14]

The demands of a growing, industrialised population are taking their toll in many deeply alarming ways. From sprawling cities and overfished seas to species-rich grassland, peatland and forests devastated to provide more land for agriculture, we can see the stark evidence all around us. Healthy biodiversity provides us with clean air, fresh water, good quality soil and crop pollination. If we want to

fight climate change, we urgently need to do all we can to improve our biodiversity. Every second counts!

Stop and Think about this shocking fact: climate change, pesticides, land change use resulting in habitat loss and disease have all contributed to the huge loss of bees and other pollinators in recent years. If we didn't have bees pollinating our crops, it would cost UK farmers £1.8 billion a year to do the job.[15] A decline in the bee population dramatically affects food production, biodiversity and the health of our gardens, plus fewer insects results in fewer birds. Since 1900 the UK has lost 13 species of bees and a further 35 are considered under threat.[16]

Although often more expensive, choosing organic food which hasn't been sprayed with chemical fertilisers is a highly effective way of decreasing the use of pesticides. Not only do these pesticides damage our eco-system, but they are also potentially harmful to us.

Did you know that non-organic grapes, oranges, raisins and sultanas come top of the '2022 Dirty Dozen' list of fruits and vegetables with the highest level of pesticide residues, compiled with official UK government figures?[16] In total, 122 different pesticides were found in the Dirty Dozen, with 25 chemicals found in just one kilogram sample of sultanas.[18]

So why not consider buying at least some of your fruit from organic outlets or even start to grow your own fruit and vegetables. And even easier, choosing a whole lettuce, preferably not wrapped in plastic, rather than a salad bag pumped with nitrogen gas is a great idea.

Food4families

Food4families was set up in 2010 by Reading International Solidarity Centre (RISC), to encourage more people to learn how to grow their own fruit and vegetables and enjoy the well-known health and wellbeing benefits of gardening. This would encourage people to adopt a more sustainable lifestyle. As well as learning to grow food and plants, landscaping also takes place where everything used is renewable or recycled material. One of the lessons of COVID-19 has been that green space is a key ingredient of a healthy society and the opportunity to grow food must be designed into our urban landscapes.

Therapy Garden

The therapy garden at West Berkshire Community Hospital (WBCH) provides an invaluable oasis and resource for patients, their visitors and carers, as well as staff. As a healthcare resource, it provides a range of activities and therapies for patients in a relaxing and peaceful outdoor space. It produces a range of fruit, vegetables and flowers as well as driving a much wider agenda in relation to supporting biodiversity and sustainability of the hospital site.

Have we succeeded in reversing any trends?

Yes. The cod recovery plan between 2006-2017, which included larger holes in nets so young fish could escape and limited fishing days, resulted in cod stocks increasing four-fold. However, this has fallen again by 31%, so action is needed once more.[19]

Yes. As a result of the Montreal Protocol and the reduction in the use of CFCs, the hole in the ozone layer is gradually closing.[20]

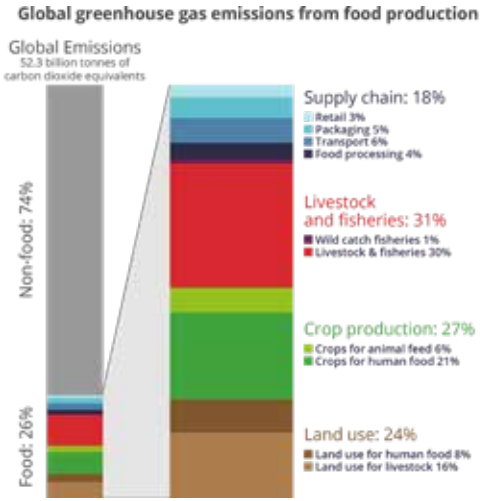
Yes. The introduction of a charge for single use plastic bags resulted in a 95% reduction in single-bag use.[8]

How food contributes to climate change

Food, Climate and Berkshire

Here in Berkshire, we've been looking specifically at our food – what we eat, how it's produced and what we throw away.

Did you know that food production is responsible for **26%** of the world's greenhouse gases?[21] And it's not just how the food is grown that affects the health of our planet, it is also the transport, processing, packing and distribution.



Sustainability

The most sustainable food is that which is in season and local, grown using natural sunlight rather than heated greenhouses. Fewer food miles, less carbon, more sustainability.

The Collerton Primary School

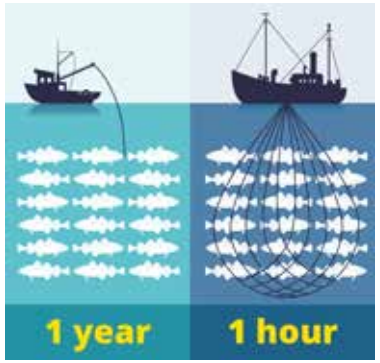
The Colleton Primary School has sustainability as a key part of its ethos. It runs an integrated skills-based cooking curriculum and focuses on growing seasonal fruit and vegetables for the children to cook, caring for hens and bees at school, leaf picking to make mulch and composting, plus recycling plastics. Up to 60 mixed age pupils attend the weekly Gardening Club to develop their skills and try food grown and harvested by them, on site. There's even an annual 'MasterChef' competition!

In order to eat sustainably, we need to meet our own needs without depleting our natural resources. This will allow future generations to meet their own needs too, whilst also maintaining an ecological balance. This sounds fairly straightforward but it's a bit of a minefield.

If we always fish in the same part of the sea and never allow the fish population to breed and grow again, what will happen? Simple: the fish supply in that area will eventually run out.

Even though we have 76 protected marine areas around our coast, industrial fishing continues to be rife within these zones. Super trawlers, with nets a mile long, are devastating our fishing stocks.

A Greenpeace 2022[22] report claims that one super trawler can catch more fish in one hour than a traditional fishing boat can catch in one year.



This alarming fact makes it vital that we all try to source our fish ethically. Have a look at 'Seaspiracy' from Netflix to learn more about some of the potential problems with trawler fishing and try to buy your fish from small companies that can guarantee the provenance of their fish. Also, always insist that the fish is **line-caught.**

Cutting down on the meat and dairy in your diet could be a good place to start according to the UN's Intergovernmental Panel on Climate Change (IPCC),[3] who report that the West's consumption of these is fuelling climate change. The new Climate Gap report by Ethical Consumer shows that UK citizens need to reduce meat and dairy consumption by at least 20% to meet UK climate targets.[23]

Did you know that the dairy industry is responsible for 3.4% of global CO2 equivalent emissions, almost double that of aviation?[24]

A recent study from the University of Oxford found that a 200ml glass of dairy milk causes three times the gas emissions of rice, soy, oat or almond milk (although rice and almond milk use a considerable amount of water too).

Dairy is high carbon, for not only do cows 'chew the cud' leading to the production of methane, but if they are fed on soya, there is a deforestation element to their footprint.[25] If your household gets through two and a half pints of milk a day, that's a tonne of CO2 per year, as much as a flight from London to New York. Almost 70% of a cow's milk footprint takes place on the farm, though of course transport packaging and refrigeration also play a part.

But there's a balance. Milk and dairy products, such as cheese and yoghurt, are great sources of protein and calcium. They can form part of a healthy, balanced diet. The fat in diary milk provides calories for young children, and also contains essential vitamins. Plus it is often produced locally, so minimises the travel required to get it to our fridge.

Eating less but buying better quality local meat is another way forward, though this is also fraught with complex problems. Undoubtedly, farmers who raise their animals outside all year, relying predominantly on green pasture, don't buy in tons of manufactured animal feed which probably contains soy. Plus,adopting the 'regenerative agriculture' model which uses animals such as pigs and chickens to prepare the ground for crops, leads to the preservation and improvement of the soil's carbon-storing ability. According to the National Farmers Union, British beef has a greenhouse gas footprint 2.5 times smaller than the global average.[26]

However, a 2017 study by Oxford University found that even pasture livestock are still net contributors to climate change. It's great to eat grass-fed, locally produced beef, but you also have to eat less of it. So 'make meat a treat' is a way to benefit both local farmers and the environment.[27]

Food: transport, processing, waste

Our food choices can have a direct and damaging impact on our environment.

Food miles are a way of attempting to measure how far food has travelled before it reaches the consumer. Whilst some food simply travels from the farm to a local shop or market, other types of food require transportation to factories for processing and packaging. Only then can this food be delivered to supermarkets or shops. And, of course, each journey and each process produces carbon emissions.

DEFRA (Department for Environment, Food and Rural Affairs) is the government department responsible for environmental protection, food production and standards, It estimates that food distribution is responsible for 25% of all miles covered by heavy goods traffic in the UK.[27] Food transport within and to the UK produces 19 million tonnes of CO2 annually – equivalent to around 5.5 million cars.[28]

A pear from Argentina will have travelled over 7,000 miles to reach the UK. All the energy needed to transport that pear from Argentina creates a carbon footprint, which represents the amount of greenhouse gases produced.[29] But if you choose a pear picked recently in the UK, it will have travelled far fewer miles to arrive in your fruit bowl. Buying food which is local and seasonal is always our best choice.

Stop and Think about where the food you're about to buy has come from.

Read the packaging and look for the country of origin. A supermarket strawberry this winter will have either been grown in a heated greenhouse or imported, both causing a heavy carbon footprint.

Some supermarkets are skilled at convincing us with clever packaging and reassuring brand names that products are home grown in the UK, when this is not the case. Have a look at Ethical Consumer 2022 for more information and examples. Other supermarkets have promised to support British farmers by not adopting fake farm brands.[30]

CROW

Crowthorne Reduce our Waste (CROW) was set up in 2018 as part of a local concern for the environment, with the initial aim to meet the objectives of the 'Plastic Free Communities' scheme. They work with individuals, community groups and businesses to minimise the village's contribution to the plastic crisis and in 2019 were awarded Plastic Free Communities Status by Surfers Against Sewage. Through positive change and action, the group believes it can influence the culture needed to stop plastic waste from overwhelming the world.

Food processing

Processed foods are not just microwave meals and ready meals. This term refers to any food that has been altered in some way during preparation.

Food processing can be as basic as freezing peas, canning carrots, baking bread, drying tomatoes or pressing sunflower seeds to produce oil. As you can see from this list, It would be a mistake to think that all processed food is unhealthy. Indeed, some ingredients need to be processed to ensure that they are safe to consume, as is the case when milk is pasteurised to remove harmful bacteria.

However, some common processed foods have high, unhealthy levels of salt, sugar and fat which can contribute to heart disease, diabetes, high blood pressure and other health issues. These include

- savoury snacks, such as crisps, sausage rolls, pies and pasties
- breakfast cereals
- meat products, such as bacon, sausage, ham, salami and pâté
- microwave meals and ready meals
- cakes and biscuits
- soft drinks
- some cheeses

For many of these foods, there are healthier alternatives

- Instead of breakfast cereals, try porridge oats with fruits and nuts as a healthier low-sugar and low-salt alternative
- Use left-over vegetables to make stock, then start soup-making
- Healthy snacks include fresh, dried or tinned fruit (in their juices, not in syrup), nuts and seeds, carrot and celery sticks, plain popcorn, teacakes or crumpets
- Enjoy some plain, unsweetened yoghurt flavoured with a little honey (preferably organic honey which is produced locally)

Although some ready meals claim to be healthy, they can vary in their salt, sugar and fat content. Always read the label and compare different products. The traffic light labels provide useful guidance on which products to choose.

The British Heart Foundation has lots of handy advice and this useful tool to check how healthy your regular food shopping is:
How healthy is your shopping basket? – Heart Matters magazine (bhf.org.uk)

Other processed foods contain lots of different ingredients which will already have travelled some distance before they are combined and wrapped in plastic and cellophane for the supermarket shelf.

Stop and Think about a supermarket pre-packaged fruit salad blending strawberries from Spain, pineapple from Costa Rica and grapes from Egypt.

- Each of these foods created food miles on their way to the factory where they were prepared and packed.
- They then gained more food miles on their journey to the supermarket.

Buy individual, unwrapped, organic (if possible) fruit, chop it up and add a splash of water to create the natural juice and you'll have your own home-made fruit salad in no time, plus no packaging to dispose of.

To find out the climate impact of what you eat and drink, choose from one of the 34 items in the calculator below and pick how often you have it.

Climate change food calculator: What's your diet's carbon footprint? – BBC News

All figures for each food in the calculator are global averages. If you cannot view the food calculator, ***click to launch the interactive content.***

Food surplus and waste

The UK produces more than five million metric tons of household food waste every year, more than 70kg per person.[31] In Berkshire, across Reading, Bracknell and Wokingham, about 33% of waste material by weight is food waste.[32] And wasting food is a climate disaster. It's not just the food we waste, it's all those resources that went into producing it.[33]

Did you know that 40% of groceries in the UK are sold on promotion and one in three UK shoppers impulse buy unhealthy food because it's on special offer.[34] So, it's best to try to avoid the promotions on unhealthy food.

Of course, if food has 'gone off', it needs to be disposed of, but as rotting food releases methane, something we're all trying to reduce, we must do so responsibly. Remember to use the food waste scheme that is run by your local authority that provides a small food waste bin to households, which is then picked up alongside the regular rubbish collection.

Share Wokingham

Share Wokingham is a community service set up as a result of the COVID-19 pandemic to support the local community with fresh food and other items which would ordinarily be wasted by major supermarkets. Share Wokingham receives perfectly good food from major supermarkets such as Aldi, Lidl, Marks and Spencer, Sainsbury's and Waitrose, local bakeries and local organisations, which they offer to the community. This can include fresh vegetables, fruit, pasta, rice, bread, and lots of cupboard essentials. There is no charge for the items they offer, and they are open to anyone who can come along, no referral needed.

Whitley Community Development Association

Whitley Community Development Association (WCDA) rescues food from landfill, that is safe to eat and provides it to the community. There is no means testing, the food is available to everyone. WCDA works with partner charities, Communicare and Reading Welfare Rights, to support residents with benefits and other welfare advice. WCDA builds trust with local residents thus enabling them to feel more comfortable in accessing a wider range of support from agencies they may previously have been reluctant to access. The organisation believes strongly that poverty does not equate to losing your pride.

There's a big difference between Best Before' labels and 'Use by Date' labels and it's easy to get confused. We need to remember that the 'Best Before Date' on the label doesn't mean that the food will be unsafe after that date, it just won't be at its best.[35]

However, the 'Use By Date' needs to be taken seriously as its focus is food safety. It's important to dispose of food responsibly if the 'Use by' date has passed.[35]

Weekly meal planning is the best way for us all to avoid unnecessary food waste.[36] It will reduce food waste and save money. And if we just don't feel like that cauliflower lurking in the vegetable drawer, instead of binning it, it can be blanched and frozen to use another time.

Before grocery shopping, check food cupboards and the fridge to see what can be used in next week's dishes and which ingredients are approaching their use-by date. Write a shopping list and stick to it.

Here are some other ideas for easy meal planning:

- Inexpensive, seasonal vegetables make tasty soups, from a simple leek and potato to a warming, spicy mulligatawny. **www.bbcgoodfood.com/recipes/leek-potato-soup**
- Make family mealtime fun by making pizza faces – ready-made bases, wraps or even crispy toast can be topped with cooked chopped onion and tomatoes, frozen sweetcorn, leftover sausage slices and home-grated cheese.
- A weekly chicken, roasted in the oven with potatoes, onions and carrots, will provide leftovers for school lunches and salads. And you can make stock with the bones!
- Love your leftovers – omelettes, pasta sauces, risottos and stir fries can all be made even tastier with chunks of Sunday roast, cubes of cheese and a garlic clove or two.

One more thing – always remember to check that the temperature of your fridge is set between 2°C – 5°C. This will ensure that your food stays fresh and edible for as long as possible.

What are we doing here in Berkshire?

Net Zero Carbon Research report puts Berkshire in the driving seat of our green future

Thames Valley Berkshire Local Enterprise Partnership (LEP) has published the first Berkshire Net Zero Carbon Research Report, sharing the first in a series of priorities that will ensure that Berkshire plays a leading role in the UK's drive to net zero carbon emissions. It's clear that the key to securing a sustainable future for our planet is to motivate all communities to work together to become carbon neutral. **The full report is available to download here.**

Our six Berkshire local authorities have all made climate change commitments through local strategies and plans. These recognise the importance of taking action now to achieve the national target of net zero carbon emissions by 2050.

Our plans focus on what can be done locally to make a difference, from reducing food waste and increasing recycling, to planting more trees and encouraging the development of community garden schemes.

Find out more about what your local authority has pledged by clicking on the links below:

Bracknell Forest Council

Reading Borough Council
Working better with you

Slough Borough Council

West Berkshire Council

Royal Borough of Windsor & Maidenhead

Wokingham Borough Council

Filling Good

Filling Good is a not for profit and locally owned community low waste shop. Its aim is to provide the most environmentally friendly, ethical, local, affordable, and waste-free products as possible, to inspire a sustainable lifestyle. It works on the basis that you bring your own containers, weigh them, fill them, and pay. There is a large product range, from any item (frozen or dried goods) all the way to washing detergent, clothes, and skincare products etc.

Waste not want not

All six of our local authority climate strategies are designed to reduce the amount of unnecessary, perfectly good food being sent to landfill. Rotting food produces methane, a greenhouse gas even more potent than carbon dioxide. If we stopped wasting food, about 6-8% of all human-caused greenhouse gas emissions could be eliminated.[33] Now more than ever, we need to remove food waste from our lives by avoiding over-shopping for groceries through knowing what's in our fridge/cupboards, careful menu planning and making the best use of left overs.

Across Reading, Bracknell, and Wokingham about 33% of waste materials for disposal by weight is food waste.[32] In Bracknell Forest in 2020, 16,516 tonnes of food ended up as refuse. In Reading, this was 12,590 tonnes.[32] These statistics are alarming and we need to take urgent action to prevent all this unnecessary waste.

Addressing food transportation is key if we want to reduce emissions that are damaging the atmosphere. The good news is that extensive green public transport projects and electrical vehicle policies are already up and running in Berkshire.

Bracknell Forest, RBWM, Reading, Slough, West Berkshire and Wokingham are all committed to reducing food waste through increasing food recycling via food waste collection.[37][38][39][40][41][42] Reading aims to increase kerbside food and waste recycling by 7% through waste collection and RBWM aims to increase food waste collection by 10%.[38][39] This is being delivered through food waste recycling bins. Bracknell and Reading have reported a reduction of 3,764 and 5,150 tonnes of food waste since the introduction of food recycling bins.[32]

Large distributors

A key national distribution company in Berkshire, Brakes, is working hard to reduce its impact on the environment in terms of food sustainability and states it is carbon neutral with no waste going to landfill. The company estimates that it is providing on average 3 tonnes of food per week to local charities and community organisations, which would otherwise have gone to waste. It also delivers waste to anaerobic waste systems, an effective way of reducing environmental impact. Plus, Brakes states that it is carbon neutral with no waste going to landfill.

There are many stores in Bracknell which support local organisations by providing food which would have otherwise been

wasted. It's encouraging to see that this trend is increasing in our area, for not only does it lead to a reduction in food waste, but it also helps those most in need. Waitrose recently produced a Food Waste Reduction Roadmap, endorsed by their own suppliers. This focuses on donating 7 million meals, representing 3 million kilos of food, saving nearly 9.5 million kilos of CO2.[43]

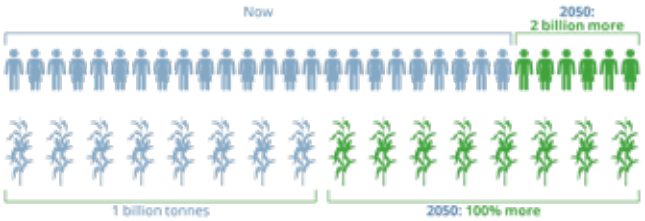
Additionally, some supermarkets have a less than perfect or wonky shape range, selling fruit and vegetables at a lower price due to their appearance. In the past, this food would usually have been thrown out, despite the taste and nutritional food being exactly the same. It's shocking to discover that over 3.6 million tonnes of food are wasted every year before it even reaches supermarket doors, due mainly to cosmetic specification.[44] Remember – it's what it tastes like that counts, not what it looks like!

Although many large food distributors are working constructively to improve food sustainability, we must remember that, according to the Waste & Resources Action Programme (WRAP), 70% of all food wasted in the UK takes place in the household .[45]

How can you as an individual, a family or an organisation reduce food waste further?

Global food

By 2050 it is predicted that there will be 10 billion people on the planet, two billion more than now – that's an increase of the entire population of Europe and Africa combined. To feed them, we'll need about an extra billion tonnes of cereal crops and 200 million more tonnes of meat every year.[46]



Did you know that today:

- Over 840 million people in the world go hungry every day yet 1.5 billion are overweight or obese. There's enough food to feed everyone on the planet but the global food system is unequal.[47]
- A third of all food goes to waste.[48]
- Food prices are volatile, meaning they go up and go down depending on the season, availability, production and transport costs.[49]
- 53% of the world's fisheries are at maximum capacity; 28% are over-exploited.[50]
- Climate change is reducing crop yields – the impact of warmer temperatures and increased (or decreased) rainfall is reducing the global production of staples such as rice and wheat. (Institute of Environment, 2021).[51]
- Rising energy costs make food more expensive to produce and distribute.[52]
- Agriculture is the largest global contributor of non-CO2 greenhouse gas emissions.[53]
- Agriculture has caused 75% of world deforestation, to produce more palm and soy oil, and for intensive meat and dairy production, including animal feed crops.[53]

What's happening in the UK?

By 2050, it is predicted that we'll have over 6 million **more** mouths to feed in the UK – that's twice the current population of Wales.[54] And our eating habits are changing, with 27% of adults eating at least one meal outside the home each week and 20% of us having a weekly take-away.[55]

With the dramatic and continuous rise in the cost of living when many people are looking to cut back and economise where possible, it is an ideal time to reverse these eating habits and shop local for healthy, nutritious and sustainable food cooked at home.

We are still doing most of our food shopping in supermarkets but there have been changes in how we shop for food and what we buy. We are increasing our use of:

- Online grocery shopping and fresh produce delivery boxes
- Digital takeaway apps
- Ultra-processed food, made in factories with industrial ingredients and additives, which now account for 50% of food purchases with UK shoppers buying more ultra-processed food than any other country in Europe.[56]
- Imported food – in 1988 the UK imported a third of its food. Now we import 50%.[57]
- Ethical, sustainable and healthy food which now makes up 11% of our shopping with meat consumption falling by just under 17% between 2008 and 2019.[58]
- Vegan and vegetarian diets, which have been adopted by 25% of 18 year-olds (YouGov).[59]

GOV UK - Food statistics pocketbook: prices and expenditure

What's leading our purchasing choices?

- Price
- Value for money
- Availability
- Advertising

Only **8% – 10% of average outgoings is spent on food in the UK** – less than any country in the world apart from the US and Singapore.[60]Back in the 1950s, the figure was **33%.**[61]

Even so, vulnerability to food insecurity has increased sharply over the last twenty years, according to the independent Food Aid Network. Even though there are at least twice as many food banks (2,600 plus) as McDonalds (1,300) in this country.[62] only one in seven people suffering from food insecurity makes use of them. So, once again, it's those who are most disadvantaged already who suffer the most deprivation, often resulting in poor health outcomes.

Pandemic pressures on our planet

The good news is that food waste fell by 34% in the first national lockdown[63] which shows that, through careful planning and purchasing, we can all waste less food, save money and help our planet

Did you know that the average person makes 221 trips to the supermarket every year?[64] The fact that trips to supermarkets were much less common during lockdown undoubtedly contributed to this reduction in food waste.

However... food and drink sales rose by 11% in 2020[65]

Calorie consumption rose between 5%-15%[66]

Alcohol sales rose by 27.6%[66]

Frozen meal sales rose by 19.1%[67]

Purchases of chicken, beef and pork products increased in 2020, even though there are many plant-based products available[67]

Deaths from alcoholic liver disease increased by 20.8%[66]

Health inequalities

Why can't everyone access a healthy, balanced plateful of food every day like the one in the picture above?

It is not simply the case that people from different socio-economic groups choose different lifestyle behaviours: the behaviours are shaped by the social and economic environments in which people live. For example, whether a person eats a healthy diet or not is not only dependent on choice but also on what food is accessible to them and how affordable it is. Affordability is dependent on agricultural policy, taxation, and the regulation of the content of processed food and drink[73]. In 2021, the households amongst the poorest 5th of all households in England would have to spend 40% of their disposable income on food to meet Eatwell Guide costs compared to 7% of the richest 5th of all households[74].

It's shocking to learn that those with the lowest income would need to spend 74% of their disposable income on food[68] to meet the government's official healthy eating recommendations.[69] This compares with only 6% of disposable income for the richest 10%.[64]

Adults living in the most deprived 40% of areas are significantly more likely than average to be overweight or obese as are children when measured in reception year and year six[71]. People living in areas of deprivation are also more likely to have multiple behavioural risk factors further increasing their likelihood of ill health and dying prematurely[72].

We have seen the impact of COVID-19 on people who are obese who are at a much greater risk of a poorer outcome if they contract the infection. In July 2020, Public Health England estimated that having a BMI of 35 to 40 could increase a person's chance of dying from COVID-19 by 40%, while a BMI greater than 40 could increase this risk by as much as 90%.[9] People who are severely overweight are more likely to suffer from other conditions such as diabetes and heart disease, leading to an increased risk of dying from COVID-19; and being obese appears to have an additional damaging effect of its own.

So, we're back to the bitter truth that those who are most disadvantaged in our society suffer the greatest negative impact in terms of health. It's little wonder that cheap, overly processed food is so appealing to those on a very tight budget.

Cost – many fresh foods cost up to three times more, calorie for calorie, than highly processed alternatives – so buy some of those 'wonky' vegetables and fruit from supermarkets that offer them. They taste just as good and cost much less. And remember to use fresh produce quickly or freeze it.

https://cookingonabootstrap.com/

Kitchen appliances – 2.8 million people in the UK don't own a freezer, 1.9 million live without a cooker and just under 1 million have no fridge.[70] And money to pay for the power to run these appliances is tight. www.moneysavingexpert.com provides links to councils, charities and energy advice lines which can help.

Over 3 million people in the UK can't reach a shop selling fresh ingredients within 15 minutes, by public transport. Many can't afford public transport at all, so choice is limited. Across Berkshire, there are various community transport schemes for those who cannot access mainstream public transport, including 'dial a ride' services, and voluntary car share. Berkshire Community Transport Schemes | Elderly Care in Berkshire (agespace.org)

If you are a job seeker actively seeking work, you may also be eligible for reduced bus fares in certain areas, for example through Reading Buses. Jobseekers – Reading Buses (reading-buses.co.uk)

Small steps towards big changes

Small steps towards big changes – local, national and global ideas and initiatives to improve our footprint

Local projects

There are some really great initiatives across Berkshire that demonstrate how to prevent wasting food surplus in major outlets whilst at the same time, providing access to free and good food to our residents who can benefit. In addition, every opportunity to encourage food growing should be taken, in a variety of settings such as at school, at home, in allotments. There are so many benefits not least the social interaction and physical activity it can bring.

Share Wokingham

Offers a range of free fresh produce which are end-of-day items or surplus stock from local supermarkets – no referral needed – just pop along.

www.sharewokingham.co.uk

Slough Allotment Project

A friendly, free gardening group for new mums and pregnant women to connect with nature, grow and harvest plants and build friendships while supporting physical and emotional wellbeing.

Slough Services Guide | Slough allotment project for pregnant and new mums

ReadingCAN

Climate Action Network is a voluntary, multi-stakeholder group working together towards a net zero, climate change resilient town by 2030. Lots of great tips for schools included.

https://readingcan.org.uk

What to Do about Climate Change — Tips for Schools by ReadingCAN

West Berkshire Community Hospital

(WBCH) has a therapy garden which provides an invaluable oasis and resource for patients, their visitors and carers as well as staff.

Therapy garden case study WBCH (final).docx (sharepoint.com)

Sure Start Whitley day nursery

Are ensuring their children develop environmentally healthy habits early on. They have planted a range of herbs, fruit and veg which the children are actively growing for eating at the nursery, thereby learning new words and observing nature at its best.

Sure Start Whitley Day Nursery | Reading Services Guide

Food4Families in Reading

A charity that supports residents learning about sustainable food choices through their allotments, outreach sessions and cookery courses, promoting healthy lifestyles and environmentally sustainable meals.

www.food4families.org.uk

Whitley Community Development Association

South Reading Community Hub has been distributing free food to the local community that has been 'rescued from landfill', for example food at its best before date, or overstocked. The food is available to all residents.

Whitley Community Development Association

Shop Local, Shop Green

Showcases the best local and independent business in West Berkshire to encourage long-term changes to shopping habits.

https://info.westberks.gov.uk/CHttpHandler.ashx?id=51

Hampstead Norreys Community Shop & Café

A multi-award-winning business where sustainability informs all its activities, from community projects to locally made artisan products to the sourcing of environmentally-friendly packaging and ingredients.

www.hncs.co.uk

Colleton Primary school in Wokingham

Has sustainability as a key part of its ethos. It runs an integrated skills-based cooking curriculum and focuses on growing seasonal fruit and veg for the children to cook with, caring for chickens and bees at school, leaf picking to make leaf mulch and composting, plus recycling plastics. Up to 60 mixed age pupils attend the weekly Gardening Club to develop their skills and try food grown and harvested by them, on site. There's even an annual 'MasterChef' competition!

Home – Colleton Primary School

Bracknell Forest Council

Offers a free composter to residents willing to downsize their general waste bin to a small one. They also sell compost from recycled garden waste at many recycling centres and provide links to suppliers of food digestors, water butts and wormeries at competitive prices.

Composting | Bracknell Forest Council (bracknell-forest.gov.uk)

Reading University – Menus of Change

Thanks to economies of scale, the university offers freshly prepared meals, avoiding excess salt, removing highly processed foods and adopting a plant-forward approach, for as little as £3. Ingredients are sourced from sustainable producers, including beef and fruit from the University's farms. Research is exploring the benefits to academic performance.

www.givingfoodmorethought.com

National projects

There are lots of great initiatives going on around the country and here are a few examples to give a flavour of what's possible locally, either at work or at home:

Switch Up Your Lunch

Oxford's annual veg pledge to encourage residents to eat well – more veg, less meat, using better quality animal products.

www.goodfoodoxford.org

Fairshare

A national network of charitable food distribution to school breakfast clubs, homeless shelters and older people's lunch clubs.

www.fairshare.org.uk

Edible Playgrounds

A schools' project to teach city children about growing and cooking healthy food.

https://youtu.be/wc80FUbQndM

Veg Cities

22 cities aim to increase availability and consumption of vegetables – already resulting in an extra 9.4 million portions of veg served by caterers, 7200 people trained in vegetable growing or cooking and 250 food waste projects.

www.vegcities.org

Good to Grow

An online platform and network encouraging involvement in local community gardens.

www.goodtogrowuk.org

UK Harvest

This food education charity redistributes quality excess food, collecting from many types of food providers and delivering directly to charities. Also partners with food manufacturer to repurpose surplus food into ready-to-eat meals for homeless refugees.

www.ukharvest.org.uk

Individual steps we can take

What can we do as individuals to leave a better footprint on planet Earth?

We can start by looking carefully at our shopping bags…

- Fresh fruit, vegetables, meat and fish – have they been farmed in the UK? Are they wrapped in plastic? Could we buy local, seasonal and packaging-free at a market, butcher or fish stall instead?
- Basics like bread – check the ingredients are free of palm or soy oil and that sugar and salt haven't been added in large quantities. Also remember that fructose is often as bad as glucose
- Cereal – a teaspoon of sugar weighs 5g – check how much is in each serving of breakfast cereal – how about porridge instead?
- Processed food – have a look at the ingredients – what are the additives for? Many orange cheeses are only orange because of added food colouring.
- Not all processed food is bad. Quick freezing preserves vegetables for longer, like peas. It's the ultra-processed food that isn't good for us as it will contain chemicals, colourings, sweeteners and preservatives.
- Not all vegan meals are healthy! If they're ultra-processed, they may have unhealthy amounts of salt, sugar, fat and additives – check the traffic-light labels.
- Food miles – where have the noodles and vegetables in a tub of stir-fry come from? Could we make the sauce ourselves, using mainly seasonal vegetables?
- We're still drinking 2.54 billion litres of bottled water in the UK every year. Tap water is safe. Metal bottles keep water cool. Ditch plastic bottles of water! Or why not try out one of the tens of thousands of Chilly's Refill stations? Just look for the sticker, go in and ask for water bottles to be filled up for free.
- When food goes past its use-by date, don't put it in the rubbish bin, either compost it in the garden or pop it in the special food waste recycling bins.

Cupboard love - healthy, inexpensive staples

- Tins of beans and pulses are ideal for bulking up stews and salads
- Tinned tomatoes are brilliant for pasta sauces, pizzas and adding to casseroles
- Tinned tuna, mackerel and sardines are tasty and great sources of Omega 3
- Oats are useful for breakfast porridge, fruit crumbles and granola bars
- Nuts can be expensive but a small handful of unsalted nuts is a good high protein snack

Conclusions

We can all make a difference and improve the health of ourselves and planet Earth by taking simple steps when thinking about the food we eat – where it has come from, how it has been grown and how we shop for our groceries. Shop for what you need, know what's in your fridge and avoid packaging where possible, cut down or stop buying pre-prepared ready meals, and check food labels to avoid high salt and sugar content. Need inspiration? Check out online recipes and cookbooks at your local charity shop.

It really is just a lifestyle and mindset change and we all have the choice to make that change. How about spending more on fresh, healthy ingredients and less on takeaways and ready meals? Better quality, less quantity. Collectively these small changes can make a big difference.

Just one half of a degree more of global warming will be a disaster for the earth, the birds, bees and animals who live on it, for us as these extreme weather conditions will continue and for the future of our children and grandchildren. In just 10 years, from 2011-2020, planet Earth was the warmest on record. We can reverse this trend, together.

So let's stop eating junk food and think about the footprint we are leaving on planet Earth and find ways to improve it. Your personal health and the health of our planet will thank you.

Recommendations

Shopping for your food

- Plan your meals to avoid over-buying which can lead to unnecessary waste
- Buy local and seasonal groceries as this will usually mean a reduction in transportation (fuel, CO2, energy) and often packaging, and they taste better
- If near to you, visit the smaller grocery shops and more visit them regularly to cut down on food waste often caused by over-buying in the big supermarkets
- Reduce the amount of farmed meat you eat and replace with fresh line caught fish, free range or organic chicken, pulses and vegetables and plant based products like tofu
- Check out the packaging and where possible, opt for compostable or recyclable packaging or better still, choose unpackaged food from local shops, markets, farm shops

Waste not want not

- Use leftovers (safely of course) to make snacks and meals like soups, sandwich fillers, casseroles
- Learn to make compost from peelings/tea leaves, coffee grounds and egg shells
- Learn to grow your own herbs and veg

Learn to grow your own

- Grow your own fresh herbs and vegetables; a few pots on a window sill, or even in the kitchen by the window, will work perfectly for herbs and tomatoes.
- Allocate a section of your garden (if you have one) to growing fruit and veg from peas to potatoes, radishes to raspberries

Disposing of any food waste

- Don't forget to use your food waste bin for vegetable peelings, egg shells, coffee grounds, tea leaves and more
- Consider creating your own compost heap from vegetable and fruit peelings – your Council may offer food composting bins

For local organisations

- Pledge your school, your business, your organisation to improve its footprint on planet Earth and take steps to make a positive impact
- Drive shared learning about sustainable food to encourage engagement and empowerment in this agenda
- Encourage community projects from allotments to care home gardens to donations of surplus food to food collection centres like Share in Wokingham and Bracknell
- Develop Community Workshops and Focus Groups aimed at mobilising your area to grow their own, avoid food waste and learn to shop efficiently

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[72] *Health Survey for England, 2017*
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[73] *The Dahlgren-Whitehead model of health determinants: 30 years on and still chasing rainbows.*
Dahlgren, G., & Whitehead, M.

[74] *The Broken Plate Report, 2021*
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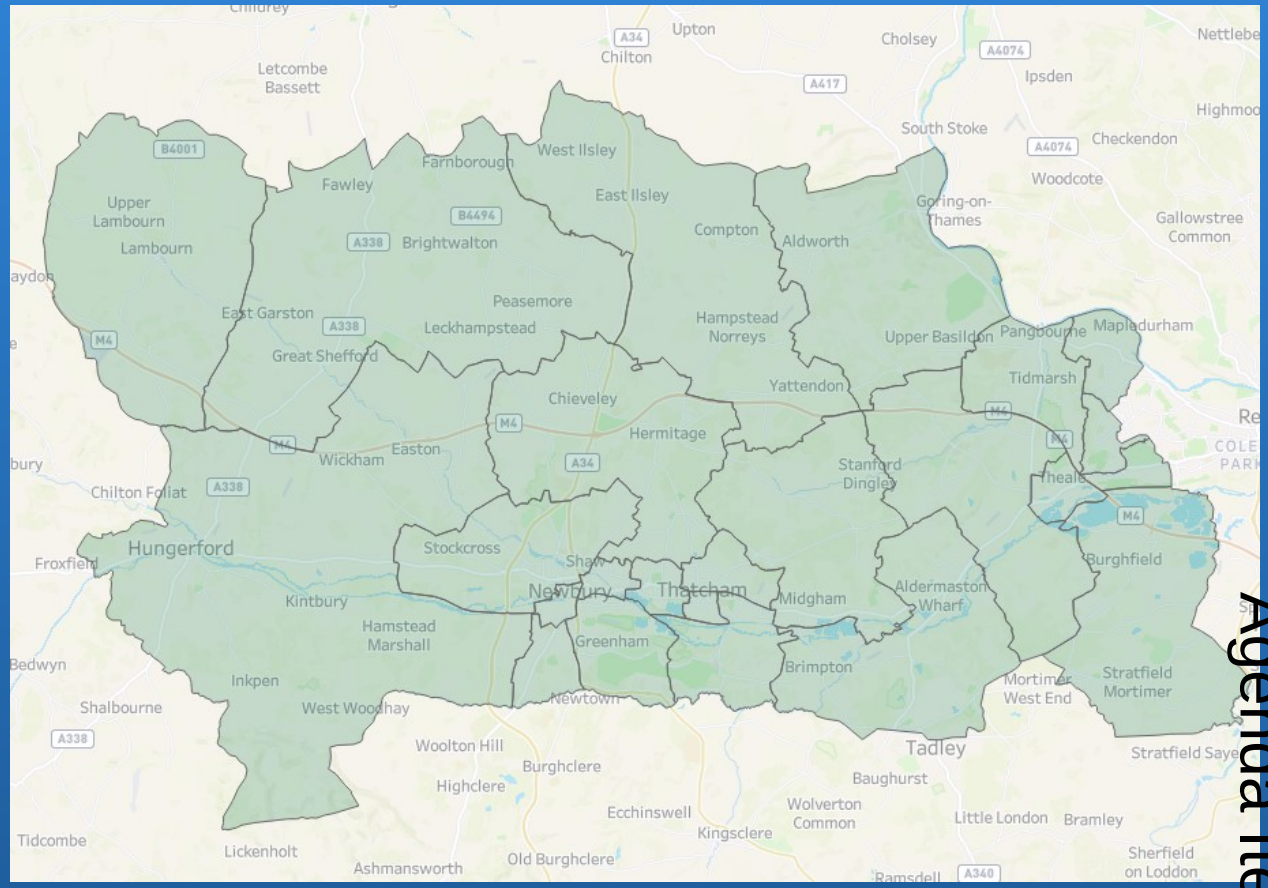
Production of the West Berkshire Pharmaceutical Needs Assessment 2022-2025

HWB Board Update
21st July 2022



Healthy Dialogue

What is the Pharmaceutical Needs Assessment?

Each Health and Wellbeing Board has a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA) (NHS Pharmaceutical Regulations 2013).

The purpose of the PNA is to:

- inform local plans for the commissioning of specific and specialised pharmaceutical services
- to support the decision-making process for applications for new pharmacies or changes of pharmacy premises undertaken by NHS England

The PNA assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of the West Berkshire residents and whether there are any gaps between 1st October 2022 to 30th September 2025.

Process of the PNA

The PNA includes the collation of information from a range of sources including:

- Nationally and locally commissioned services data
- Views from service users and the general public
- Pharmacy contractor survey
- National and local datasets
- Relevant national, regional and local strategies and policies

The governance of the production of this PNA was managed by the PNA steering group and the Berkshire East Public Health Hub.

The steering group membership consisted of representation from:

- Public Health Berkshire
- Local Pharmaceutical Committee Pharmacy Thames Valley
- Buckinghamshire, Oxfordshire, and Berkshire West (BOB), Integrated Care System
- NHS England Pharmacy Team
- Berkshire, Buckinghamshire and Oxfordshire LMCs
- Healthwatch
- Patient representative

Public Engagement

Over the period from 13th January 2022 until 4th March 2022 we engaged with 256 residents across West Berkshire. Using a **public survey,** we captured views and experiences on:

- Frequency and reason for use of pharmacy
- Accessibility of pharmacies
- Reasons for pharmacy use
- Protected characteristics (for equality impact assessment)

Using a **contractor survey**, we captured:

- Commissioned services they deliver
- Commissioned services they would like to deliver

Public and contractor engagement

256 respondents:

- 3% Black, Asian and Minority Ethnic Communities (1% preferred not to say)
- 48% over 65 years old
- 34% working full or part-time
- 20% have a disability

Overall, people are happy with the services they received and most chose their pharmacy based on location.

Most (98%) of respondents take 20 minutes or less to reach their pharmacy, 2% of respondents take 20-60 minutes.

Survey dissemination:

Berkshire Public Health webpage
West Berkshire Council Website
Council Newsletter
Next Door
West Berkshire Health and Wellbeing Community Panel
Healthwatch
Family Hubs
Adult Care Community Panel
Caring for Children Community Panel
Community United
Newbury College

Contractor engagement

- 19/21 community pharmacies responded (90%).

Public Consultation

The PNA is currently out for the 60-day consultation (10th June to 9st August 2022)

The consultation is published here: https://www.westberks.gov.uk/article/39410/Pharmaceutical-Needs-Assessment

The following statutory consultees have been invited to participate:

- Thames Valley Local Pharmaceutical Committee
- Berks, Bucks & Oxon Local Medical Committee
- Pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the health and wellbeing board
- Dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board
- Pharmacy contractors that hold a local pharmaceutical services contract with premises that are in the health and wellbeing board's area
- Royal Berkshire NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust
- South Central Ambulance Service NHS Foundation Trust
- Neighbouring health and wellbeing boards

What's happening next

60-consultation closes	- 9st August 2022
Finalised PNA draft for steering group	- 21st September 2022
Final presentation to HWB	- 29th September 2022

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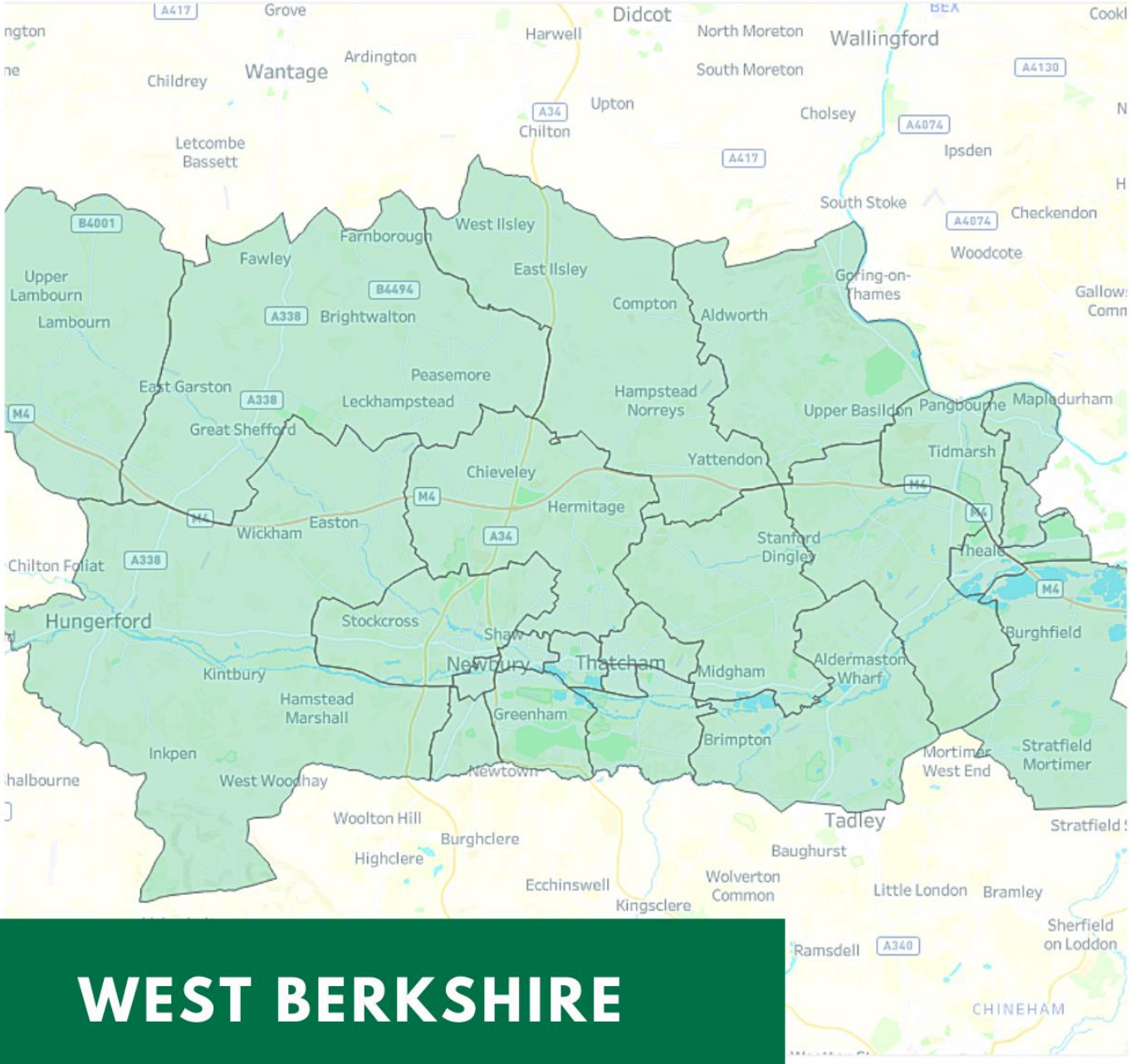
West Berkshire COUNCIL



WEST BERKSHIRE

PHARMACEUTICAL NEEDS ASSESSMENT 2022-2025

DRAFT FOR CONSULTATION

Healthy Dialogues LTD

Executive summary

Introduction

Each Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

- inform local plans for the commissioning of specific and specialised pharmaceutical services
- to support the decision-making process for applications for new pharmacies or changes of pharmacy premises undertaken by NHS England

It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of the West Berkshire residents and whether there are any gaps, either now or within the lifetime of this document, 1st October 2022 to 30th September 2025. It assesses current and future provision with respect to:

- Necessary Services, i.e., current accessibility of pharmacies and their provision of Essential Services
- Other Relevant Service and Other Services including Advanced pharmacy services and other NHS Services. These are services commissioned by NHS England, West Berkshire Council, or Berkshire West CCG.

Methodology

It is a statutory responsibility of all Health and Wellbeing Boards to produce and maintain a PNA for their area.[1] The next PNA is required to be published by 1st October 2022.[2] Healthy Dialogues were commissioned by the Berkshire East Public Health Hub on behalf of the six local authorities in Berkshire to undertake this process.

In December 2021, a steering group of key stakeholders was established to oversee the development of the PNA with overall responsibility of ensuring it met the statutory regulations. The process included:

[1] NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
[2] Department of Health & Social Care (October 2021) Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards.

- a review of the current and future demographics and health needs of West Berkshire population determined on a locality basis
- a survey to West Berkshire patients and the public on their use and expectations of pharmacy services
- a survey to West Berkshire pharmacy contractors to determine their capacity to fulfil any identified current or future needs
- an assessment of the commissioned essential, advanced, and other NHS pharmacy services provided in West Berkshire

This PNA consultation draft will be published for a 60-day formal consultation between the period of the 10th June to the 9th August 2022. The final PNA report will be taken to the West Berkshire Health and Wellbeing Board for sign-off before the 1st October 2022.

Findings

Key demographics of West Berkshire

West Berkshire is a large rural unitary authority in Berkshire with pockets of high population density in the south and east regions of the district. It has an estimated 158,465 people living in the district (ONS, mid-2020 population estimates). It also has a relatively older population with a median age of 43.8, and the over 65 age group is expected to increase by 6.6% in the lifetime of this PNA (ONS, 2018 population projections).

Due to the rurality of the district, those living in rural areas who also lack access to private transport will have issues when it comes to accessing to health and social care services which may impact the need for pharmacy services. In addition, some of these are likely to be older residents who will have high health needs.

Key health needs of West Berkshire

Overall, life expectancy in and healthy life expectancy are high in West Berkshire. However, females will, on average live for 19 years in poor health, males for 13 years. There is also inequality in life expectancy between those living in the most and least deprived areas of the district. Health risk behaviours such as smoking, drug misuse, harmful drinking and physical inactivity are low in comparison to regional and national figures. Additionally, prevalence of chronic and common health conditions such as circulatory diseases, cancer and respiratory diseases is also low in comparison to regional and national figures (OHID, Public Health Outcomes Framework, 2022). Estimated levels of depression are higher than national figures, particularly within Thatcham Town and Thatcham West (House of Commons Library, 2021). However, it should be noted that these

estimates may reflect differences in how GPs record and measure information about their patients, rather than genuine differences in prevalence.

Patient and public engagement

A community survey was disseminated across West Berkshire. 256 people responded to tell us how they use their pharmacy and their views on specific 'necessary' pharmacy services.

Overall, participants were happy with the services their pharmacy provided. The most stated reasons people used their chosen pharmacy were location and parking. They preferred times to visit pharmacies were during weekdays and during normal working hours. Nearly all (98%) of respondents find their journey to reach a pharmacy takes under 20 minutes, most of whom were satisfied with that journey.

There were no substantial differences between protected characteristic groups in terms of their use, reasons for their chosen pharmacy and expectations in their local pharmacy provision.

Statements on service provision

There are 21 community pharmacies located within West Berkshire. There are a further 11 community pharmacies located within a mile of West Berkshire's border.

This PNA has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the West Berkshire population. It has also determined whether there are any gaps, or need for improvements or better access, in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.

Pharmacies are located across rural areas and areas of high density. There is good provision of community pharmacies in West Berkshire during normal working hours and adequate provision outside normal working hours.

This PNA has concluded that there is good access to essential, advanced and other NHS pharmaceutical services for the residents of West Berkshire with no gaps in the current and future provision of these services identified. Additionally, no services were identified that would secure improvements or better access to pharmaceutical services if provided, either now or in the future.

Contents

Chapter 1 - Introduction

What is a pharmaceutical needs assessment?

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

1.2 Local pharmacies play a pivotal role in providing quality healthcare in local communities for individuals, families and carers. They not only provide prescriptions, but can also be patients' and the public's first point of contact and, for some, their only contact with a healthcare professional. [3]

1.3 The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor who wishes to provide NHS Pharmaceutical Services, must apply to NHS England be on the Pharmaceutical List.

1.4 The Pharmaceutical Needs Assessment identifies the local population needs for pharmacy services and how those needs are being fulfilled, or could be fulfilled, by pharmaceutical services in different parts of the district. The purpose of the PNA is to:

- Support the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.
- Inform commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners, for example Clinical Commissioning Groups (CCGs).

1.5 This document can also be used to:

- Assist the Health and Wellbeing Board (HWB) to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
- Inform interested parties of the pharmaceutical needs in the districtand enable work on planning, developing and delivery of pharmaceutical services for the population.

[3] PHE (2017). Pharmacy: A Way Forward for Public Health. Opportunities for action through pharmacy for public health.

Legislative background

1.6 From 2006, NHS Primary Care Trusts had a statutory responsibility to assess the pharmaceutical needs for their area and publish a statement of their first assessment and of any revised assessment.

1.7 With the abolition of Primary Care Trusts and the creation of Clinical Commissioning Groups in 2013, Public Health functions were transferred to local authorities. Health and Wellbeing Boards were introduced and hosted by local authorities to bring together Commissioners of Health Services (CCGs), Public Health, Adult Social Care, Children's services and Healthwatch.

1.8 The Health and Social Care Act of 2012 gave a responsibility to Health and Wellbeing Boards for developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.

1.9 This PNA covers the period between 1st October 2022 and 30th September 2025. It must be produced and published by 1st October 2022. The Health and Wellbeing Board are also required to revise the PNA publication if they deem there to be significant changes in pharmaceutical services before 30th September 2025.

1.10 The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 and the Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards1 provide guidance on the requirements that should be contained in the PNA publication and the process to be followed to develop the publication. The development and publication of this PNA has been carried out in accordance with these Regulations and associated guidance.

Minimum requirements of the PNA

1.11 As outlined in the 2013 regulations, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made. This includes:

- How different needs of different localities have been taken into account
- How needs of those with protected characteristics have been taken into account
- Whether further provision of pharmaceutical services would secure improvements or better access to pharmaceutical services
- A report on the 60-day consultation of the draft PNA.

1.12 The PNA must also include a statement of the following:

- **Necessary Services – Current Provision:** services currently being provided which are regarded to be "necessary to meet the need for pharmaceutical services in the area". This includes services provided in the district as well as those in neighbouring boroughs.
- **Necessary Services – Gaps in Provision:** services not currently being provided which are regarded by the HWB to be necessary "in order to meet a current need for pharmaceutical services".
- **Other Relevant Services – Current Provision:** services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have "secured improvements or better access to pharmaceutical services".
- **Improvements and Better Access – Gaps in Provision:** services *not* currently provided, but which the HWB considers would "secure improvements, or better access to pharmaceutical services" if provided.
- **Other Services**: any services provided or arranged by the local authority, NHS England, the CCG, an NHS trust or an NHS foundation trust which affects the need for pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.

1.13 A draft PNA must be put out for consultation for a minimum of 60 days prior to its publication. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:

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

Circumstances under which the PNA is to be revised or updated

1.14 It is important that the PNA reflects changes that affect the need for pharmaceutical services in Bromley. For this reason, the PNA will be updated every three years.

1.15 If the HWB becomes aware of a significant change to the local area and/or its demography, the PNA may be required to be updated sooner. The HWB will make a decision to revise the PNA if required. Not all changes in a population or an area will result in a change to the need for pharmaceutical services. If the HWB becomes aware of a minor change that means a review of pharmaceutical services is required, the HWB will issue supplementary statements to update the PNA.

Chapter 2 - Strategic context

2.1 This section summarises key policies, strategies and reports which contribute to our understanding of the strategic context for community pharmacy services at a national level, and at a local level. Since PNAs were last updated in 2018, there have been significant changes to the wider health and social care landscape and to society. This includes but is not limited to the publication of the NHS Long Term Plan, the introduction of the Community Pharmacy Contractual Framework, a greater focus on integrated care, and the significant impact of the COVID-19 pandemic.

National context

Integration and Innovation. Department of Health and Social Care's legislative proposals for a Health and Care Bill[4]:

2.2 In recent years, the health and social care system has adapted and evolved to face a variety of challenges. With the population growing in size, people living longer, but also suffering from more long-term health conditions, and challenges from the COVID-19 pandemic, there is a greater need for the health and social care system to work together to provide high quality care. This paper sets out the legislative proposals for the Health and Care Bill which capture the learnings from the pandemic.

- **Working together to integrate care:** The NHS and local authorities will be given a duty to collaborate and work with each other. Measures will be bought forward to bring about Integrated Care Systems (ICSs) which will be compromised of an ICS Health and Care partnership, and an ICS NHS Body. The ICS NHS Body will be responsible for the day to day running of the ICS, whilst the ICS Health and Care Partnership will bring together systems to support integration and development which plan to address the systems health, public health and social care needs. A key responsibility for these systems will be to support place-based working i.e. working amongst NHS, local government, community

[4] Department of Health & Social Care. Policy paper: Integration and innovation: working together to improve health and social care for all (updated February 2021). Available at: https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version#executive-summary

health, voluntary and charity services. The ICS will align geographically to a local authority boundary, and the Better Care Fund plan (BCF) will provide a tool for agreeing priorities.

- **Reducing bureaucracy:** The legislation will aim to remove barriers that prevent people from working together, and put pragmatism at the heart of the system. The NHS should be free to make decisions without the involvement of the Competition and Markers Authority (CMA). With a more flexible approach, the NHS and local authorities will be able to meet the current future health and care challenges by avoiding bureaucracy.
- **Improving accountability and enhancing public confidence:** The public largely see the NHS as a single organisation, and the same should happen at a national level. By bringing together NHS England, and NHS Improvement together, organisations will come together to provide unified leadership. These measures will support the Secretary of State to Mandate structured decisions, and enable the NHS to be supported by the government. With any significant service changes, these measures will ensure a greater accountability with the power for ministers to determine service reconfigurations earlier in the process.

2.3 The NHS Long Term Plan (2019)[5]

As health needs change, society develops, and medicine advances, the NHS needs to ensure that it is continually moving forward to meet these demands. **The NHS Long Term Plan (2019)** (NHS LTP) introduces a new service model for the 21st century and includes action on preventative healthcare and reducing health inequalities, progress on care quality and outcomes, exploring workforce planning, developing digitally- enabled care, and driving value for money. It sets out 13 key areas for improving and enhancing our health service over the next 10 years. These areas include:

1. Ageing well
2. Cancer
3. Cardiovascular disease
4. Digital transformation
5. Learning disabilities & autism
6. Mental Health
7. Personalised care
8. Prevention
9. Primary care
10. Respiratory disease
11. Starting well
12. Stroke

[5] NHS. *The NHS Long Term Plan* (2019). https://www.longtermplan.nhs.uk/

13. Workforce

2.4 Pharmacies will play an essential role in delivering the NHS LTP. £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with the new primary care networks (PCNs). These teams will work together to provide the best care for patients and will include pharmacists, district nurses, allied health professionals, GPs, dementia workers, and community geriatricians. Furthermore, the NHS LTP stipulates that as part of the workforce implementation plan, and with the goal of improving efficiency within community health, along with an increase in the number of GPs, the range of other roles will also increase, including community and clinical pharmacists, and pharmacy technicians.

2.5 Research indicates that around 10% of elderly patients end up in hospital due to preventable medicine related issues and up to 50% of patients do not take their medication as intended. PCN funding will therefore be put towards expanding the number of clinical pharmacists working within general practices and care homes, and the NHS will work with the government to ensure greater use and acknowledgement of community pharmacists' skills and better utilisation of opportunities for patient engagement. As part of preventative healthcare and reducing health inequalities, community pharmacists will support patients to take their medicines as intended, reduce waste, and promote self-care.

2.6 Within PCNs, community pharmacists will play a crucial role in supporting people with high-risk conditions such as atrial fibrillation and cardiovascular disease. The NHS will support community pharmacists to case-find, e.g. hypertension case-finding. Pharmacists within PCNs will undertake a range of medicine reviews, including educating patients on the correct use of inhalers, and supporting patients to reduce the use of short acting bronchodilator inhalers and to switch to clinically appropriate, smart inhalers.

2.7 In order to provide the most efficient service, and as part of developing digitally-enabled care, more people will have access to digital options. The NHS app will enable patients to manage their own health needs and be directed to appropriate services, including being prescribed medication that can be collected from their nearest pharmacy.

2.8 Health and Wellbeing Boards are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes and reduce health inequalities within their area.

2.9 Since the 2010 Marmot review, there have been important developments about the evidence around social determinants of health and the implementation of interventions and policies to

address them. **Health Equity in England: Marmot review 10 years on[6],** summarises the developments in particular areas that have an increase importance for equity. These include:

- Giving every child the best start in life by increasing funding in earlier life and ensuring that adequate funding is available in higher deprived areas.
- Improve the availability and quality of early years' services.
- Enable children, adults and young people to maximise their capabilities by investing in preventative services to reduce school exclusions.
- Restore per-pupil funding for secondary schools and in particular in 6th form and further education.
- Reduce in-work poverty by increasing national minimum wage.
- Increase number of post-school apprenticeship's and support in-work training.
- Put health equity and well-being at the heart of local, regional and national economic planning.
- Invest in the development of economic, social and cultural resources in the most deprived communities

2.10 The objectives outlined in the Marmot review are intended to ensure that the healthy life expectancy gap between the least deprived and most deprived are reduced, and to ensure that all residents have accessibility to good health and educational services. More specific to health, community pharmacists are uniquely placed at the heart of communities to support patients to provide the public a range of public health interventions, weight management services, smoking cessation services and vaccination services. At present the role of community pharmacies provide a pivotal role in promoting healthier lifestyle information and disease prevention.

Public Health England (PHE) [7] Strategy 2020-2025[8]

2.11 The Office for Health Improvement and Disparities (OHID), formerly known as Public Health England (PHE), works to protect and improve the nation's health and reduce health inequalities by aiming to keep the public safe, work to prevent poor health, narrow down the health gap and support a strong economy. Guided by these aims, OHID have pledged to promote a healthier nation by tacking action on working to reduce preventable risk factors for ill health and working to

[6] Health Equity in London: The Marmot Review 10 years on. Executive summary (2020): https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf

[7] NB: As of October 2021, PHE ceased to exist. Responsibilities formally undertaken by PHE are now the responsibility of OHID, UKHSA and NHS England.

[8] Public Health England Strategy 2020-2025 (2019).

reduce tobacco consumptions, obesity and the harmful use of drugs and alcohol. There will also be a focus on improving the health within early childhood to provide the best foundations of good health and prevent ill health in later adulthood. By strengthening the health protection system, there will be reduced pressures on responding to major incidents or pandemics. Additionally, strengthening public health systems will mean utilising technology to advice interventions, improve data, and strengthen the approach to disease surveillance. By working with partners locally, nationally, and globally the aim will be to help focus on reducing health inequalities.

2.12 Community pharmacies have an important role in driving and supporting these objectives as they provide the public with services around healthy weight and weight management, smoking cessation, and can provide information and advice around healthy start for children and families.

Community Pharmacy Contractual Framework (CPCF) 2019/20-2023/24[9]

2.13 This is an agreement between the Department of Health and Social Care (DHSC), NHSE&I and the Pharmaceutical Services Negotiating Committee (PSNC) and describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan. The CPCF highlights and develops the role of pharmacies in urgent care, common illnesses, and prevention. It aims to "develop and implement the new range of services that we are seeking to deliver in community pharmacy", making greater use of Community Pharmacists' clinical skills and opportunities to engage patients. The deal:

- Through its contractual framework, commits almost £13 billion to community pharmacy, with a commitment to spend £2.592 billion over 5 years.
- Prioritises quality - The Pharmacy Quality Scheme (PQS) is designed to reward pharmacies for delivering quality criteria in: clinical effectiveness, patient safety and patient experience.
- Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local primary care network (PCNs).
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme.
- Includes new services such as the NHS Community Pharmacist Consultation Service (CPCS), which connects patients who have a minor illness with a community pharmacy,

[9] Community Pharmacy Contractual Framework (2019). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf

taking pressure off GP services and hospitals by ensuring patients turn to pharmacies first for low-acuity conditions and support with their general health.

- Continues to promote medicines safety and optimisation, and the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.
- Through the Healthy Living Pharmacy (HLP) framework, requires community pharmacies to have trained health champions in place to deliver interventions such as smoking cessation and weight management, provide wellbeing and self-care advice, and signpost people to other relevant services.

Pharmacy Integration Fund (PhIF)[10]

2.14 The PhIF and PCN Testbed programme will be used to test a range of additional prevention and detection services, which if found to be effective and best delivered by a community pharmacy, could (with appropriate training) be mainstreamed within the CPCF over the course of the settlement period. Workstreams supported by the PhIF Programme include:

- GP referral pathway to the NHS CPCS.
- Hypertension Case-Finding Pilot - A model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy and referral to treatment within PCNs.
- Smoking Cessation Transfer of Care Pilot – hospital inpatients (including antenatal patients) will be able to continue their stop smoking journey within community pharmacy upon discharge.
- Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
- Palliative Care and end of life medicines supply service building on the experience of the COVID-19 pandemic.
- Structured medication reviews in PCNs for people with a learning disability, autism, or both, linked with the STOMP programme.
- Workforce development for pharmacy professionals in collaboration with Health Education England (HEE), e.g., medicines optimisation in care homes; primary care pharmacy educational pathway; leadership; integrated urgent care; independent prescribing; enhanced clinical examination skills.

[10] NHS Pharmacy Integration Programme. https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/

Local context

Annual Public Health Report 2020: Berkshire[11]

2.15 This report summaries and sets out plans to address the issues faced by the COVID-19 pandemic and inequalities, both locally and nationally. The reports highlight the inequalities that have been exacerbated by the pandemic. Across all age groups, disruption to services caused by lockdown is likely to have had immediate, medium-term, and long-term impacts. The report also highlighted areas of concern for the residents of Berkshire:

- **Employment:** Employment is a key determinant of health, but the pandemic resulted in many losing jobs, or entering the furlough scheme. Around 137900 people entered the furlough scheme across Berkshire, of which the highest areas were Slough, and the Royal Borough of Windsor & Maidenhead. This may have reflected the proportion of residents working within transport and hospitality, especially within the vicinity of London Heathrow.
- **Children and Young People:** Emerging evidence suggests that children and young people were hardest affected by social distancing and lockdown measures. Young people were more likely to lose jobs and reported higher levels of loneliness. Nationwide, there was a reduction in the uptake of MMR vaccinations for babies, and limited access to early years settings. Around 30% of parents did not feel that their children continued to learn in home settings, and lockdown impacted children's wellbeing. Children's visit to health services significantly reduced which meant less opportunities for health or safeguarding interventions. There are large numbers of vulnerable children and young people across Berkshire. For example, 12,680 children were eligible for school meals; 11,400 were living in over-crowded housing; 34,000 children were living in households with a parent with substance use, mental health issues or domestic violence; and over 3,000 young people were not in education or employment.

- **Safeguarding:** The COVID-19 lockdown and restrictions created factors that made some forms of abuse difficult to see and safeguard against. Some individuals may be at a higher risk due to their vulnerabilities, and certain forms of abuse such as honour-based violence or FGM are more common in particular communities. Nationally, within the first 3 weeks of lockdown, 14 women and 2 children were killed in suspected domestic abuse incidents. Within Berkshire, between 2018/2019, 35,000 children aged under 18 were exposed to mental health issues, and/or, domestic abuse within their households. There were 11

[11] Annual public health report (2020):https://www.berkshirepublichealth.co.uk/wp-content/uploads/2021/02/Public_Health_Annual_Report_2020_FINAL_Accessible_Version_2.pdf

domestic homicides within the Thames Valley, and approximately 11,000 domestic abuse crimes reported to the Police within Berkshire, with an additional 6,000 reported for vulnerable adults.

- **Mental Health:** Prior to the COVID-19 pandemic, there were stark inequalities in metal health outcomes. We have seen these inequalities widen as a direct, and indirect result of the pandemic. Several groups are at an increased risk of mental health problems as a consequence of the pandemic, such as frontline workers, bereaved families, those who had COVID-19, those who lost their jobs or were furloughed, and people who had to self-isolate or shield.
- **Environmental Impact:** Transport disruptions during the pandemic resulted in a 17% fall in CO2 emissions, which provided evidence that pollution levels are responsive to policy. This is important to note because pollution levels are correlated with lower life expectancy and health conditions, and those on lower incomes are more likely to be living in condensed populations where noise and air pollution may be higher, with already existing health conditions. Data from 2016 shows that Reading and Slough have the poorest air quality. Certain strategies can be used to reduce CO2 levels and improve air quality such as public awareness around clean are, promoting public transport and improving infrastructure for cycling and walking.

Berkshire West Integrated Care System (ICS)[12]

2.16 In June 2017, Berkshire West had been recognised by NHS England (NHSE) as an ICS exemplar area covering 528,000 residents of Reading, Wokingham and Berkshire West. This forms as one of the 10 ICS across England.

The Berkshire ICS partnership consists of:

- Berkshire West Clinical Commissioning Group (CCG)
- Royal Berkshire Hospital Foundation Trust
- Berkshire Healthcare Foundation Trust – a community mental health foundation trust
- GP services within Berkshire West which will group together to form 4 neighbourhood alliances.

[12]Berkshire West Integrated Care System. https://www.berkshirewestccg.nhs.uk/about-us/how-we-work-with-others/bob-integrated-care-system-ics/

2.17 The Berkshire West ICS also works closely with the South Central Ambulance Trust, West Berkshire, Wokingham and Reading local authorities to achieve integrations between health and social care departments.

There are four key objectives of the Berkshire West ICS:

- To improve the outcomes in population health
- Tackle inequalities in health outcomes, experience and patient access
- To enhance the productivity and value for money.
- To help the NHS support broader social and economic development

Berkshire West Health and Wellbeing Strategy 2021-2030[13]

2.18 Health and Wellbeing Boards are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes, and reduce health inequalities within the boroughs. Reading, West Berkshire and Wokingham Health and Wellbeing boards (HWBs) bring together local leaders from health and social care along with the voluntary and community sector to improve the health and wellbeing needs of their local residents.

2.19 Whilst closing the health inequalities and recovery from COVID-19, the Berkshire West Health and Wellbeing Strategy 2021-2030 establishes five key priorities to enable all residents living in Reading, West Berkshire and Wokingham to live happier, healthier lives.

- **Reduce the differences in health between different groups of people:** Many people within the area experience health inequalities, including economically disadvantaged, isolated young people, refugees, asylum seekers people with disabilities, or those who may find it harder to communicate. Those who experience health inequalities may often be those who are at higher risk of poorer health outcomes. This priority aims to bridge that gap by encouraging closer working relationships between statutory bodies and the voluntary community sector, including working closely with ethnically diverse community leaders and the voluntary sector, unpaid carers, and self-help groups. The report highlights areas to ensure fairer access and support for those with most need by targeted health education, promoting digital inclusion in a way that empowers communities to take ownership of their own health.

[13] Berkshire West Health & Wellbeing Strategy (2021-2030). https://www.westberks.gov.uk/media/51940/Berkshire-West-Health-and-Wellbeing-Strategy-2021-2030-Dec-

- **Support individuals at high risk of bad health outcomes to live healthy lives:** Supporting people to live healthier lives is a priority across Reading, West Berkshire and Wokingham. Specific groups of people face a higher risk of bad health outcomes such as those with dementia, rough sleepers, unpaid carers, people who have experienced domestic abuse, people with learning disabilities. This priority will aim to raise awareness around dementia, support unpaid carers and allow them for a break from caring responsibilities, reduce the number of rough sleepers, promote awareness around domestic abuse and support victims, support people with learning disabilities, and increase the visibility and signpost people at risk of poorer health outcomes to access appropriate services.
- **Help children and families in early years:** The first 1001 days (pregnancy until the child is 2) are critical ages for development. This priority will aim to explore more integrated approaches to improve wellbeing through children centres, midwifery, health visiting, nursing, and will ensure that early years staff will be training in trauma informed practice and care. Clear guidelines will also be published on how to access financial help and tackle stigma where it occurs.
- **Promote good mental health and wellbeing for all children and young people:** Mental health problems are the leading cause of disability in children and young people and can have long lasting effects. The priority will aim to adopt universal approaches for interventions and prevent the risk of poor mental heath. The board will support a Whole School Approach to Mental Health which will embed wellbeing as a priority across the school environment, and will aim for early identification or at risk of developing a mental health condition so that children and young people can build on self-confidence and change behaviours.
- **Promote good mental health and wellbeing for all adults:** Adult mental health can have a ripple effect on their family, and can affect their functioning in the role as parents or employees. The board will work with local communities and voluntary sector to re-build mental resilience, and tackle stigma. The board will aim to improve the access to support for mental health crises and develop alternative models which offer sustainable solutions such as peer-mentoring. By working with relevant professionals, there will also be plans to increase social prescribing to signpost and connect people to local services and organisations.

Berkshire West Integrated Care Partnership: Cancer Framework 2019-2024[14]

2.20 A Berkshire West Framework was developed in November 2016 to deliver the strategic priorities outlined in "Achieving World-Class Cancer Outcomes: A strategy for England". The NHS Long Term plan also sets out ambitions and commitments to improve cancer outcomes and services over the next 10 years.

2.21 The framework has been jointly produced by Berkshire West Integrated Care Partnership (ICP) Cancer Steering Group, to improve outcomes for people affected by cancer within the region. The framework outlines local strategic objectives taking into account the local needs of Berkshire West patients:

- Promote healthy lifestyle choices to reduce cases of preventable cancers.
- Deliver all nine cancer waiting time standards and ensure a faster access to treatment and shorter patient journey.
- Increase the number of cancers diagnosed at stages 1 & 2 and improve 1 year survival rate by improving access to diagnostics.
- Increase the uptake of Bowel, Breast and Cervical cancer screening, especially targeting screening inequalities and seldom health communities.
- Implement Vague Symptoms Pathway and Rapid Diagnostic Centre (RDC) at RBFT.
- Ensure all newly diagnosed cancer patients have access to appropriate personalised support as part of the recovery package.
- Ensure that RBFT have protocols in place for follow up of Breast, Prostate and Colorectal patients for systems for remote monitoring.
- Increase the number of patients supported to die in their place of choice.

Annual Public Health Report 2020: Berkshire[15]

2.22 This report summaries and sets out plans to address the issues faced by the COVID-19 pandemic and inequalities, both locally and nationally. The reports highlight the inequalities that have been exacerbated by the pandemic. Across all age groups, disruption to services caused by lockdown

[14] Berkshire West Integrated Care Partnership: Cancer Framework (2019-2024). https://www.berkshirewestccg.nhs.uk/media/4493/berkshire-west-icp-cancer-framework-2019-2024-v16.pdf
[15] Annual public health report (2020):https://www.berkshirepublichealth.co.uk/wp-content/uploads/2021/02/Public_Health_Annual_Report_2020_FINAL_Accessible_Version_2.pdf

is likely to have had immediate, medium-term, and long-term impacts. The report also highlighted areas of concern for the residents of Berkshire:

- **Employment:** Employment is a key determinant of health, but the pandemic resulted in many losing jobs, or entering the furlough scheme. Around 137900 people entered the furlough scheme across Berkshire, of which the highest areas were Slough, and the Royal Borough of Windsor & Maidenhead. This may have reflected the proportion of residents working within transport and hospitality, especially within the vicinity of London Heathrow.
- **Children and Young People:** Emerging evidence suggests that children and young people were hardest affected by social distancing and lockdown measures. For young people, they were more likely to lose jobs, with higher levels of loneliness. Nationwide, there was a reduction in the uptake of MMR vaccinations for babies, limited access to early years settings. Around 30% of parents did not feel that their children continued to learn in home settings, and lockdown impacted children's wellbeing. Children's visit to health services significantly reduced which meant less opportunities of health or safeguarding interventions. There are several vulnerable children and young people across Berkshire. For example, 12680 children were eligible for school meals, 11400 were living in over-crowded housing, 34,000 children were living in households with a parent with substance use, mental health issues or domestic violence, over 3000 young people were not in education or employment.
- **Safeguarding:** The COVID-19 lockdown and restrictions created factors that made forms of abuse difficult to see and safeguard against. Some individuals may be at a higher risk due to their vulnerabilities, and certain forms of abuse such as honour-based violence or FGM are more common in particular communities. Within the first 3 weeks of lockdown 14 women and 2 children were killed in suspected domestic abuse incidents. Within Berkshire between 2018/2019 35,000 (under 18) children were exposed to additions, mental health issues, and/ or, domestic abuse within their households. There were 11 domestic suicides within the Thames Valley, and approximately 11,000 domestic abuse crimes reported to the Police within Berkshire, and an additional 6000 were raised for vulnerable adults.
- **Mental Health:** There are clear links between poor mental health and inequalities prior to the COVID-19 pandemic, however the inequalities continued to widen further in its wake. Several groups are at an increased risk of mental health problems as a consequence of the pandemic, such as frontline workers, bereaved families, those who had COVID-19, those who lost their jobs or were furloughed, and people who had to self-isolate or shield. Around 4000 people within Berkshire suffered from COVID-19, with 700 being hospitalised, and 51,000 delivering essential frontline services during the pandemic.
- **Environmental Impact:** Transport disruptions during the pandemic resulted in a 17% fall in CO2 emissions, which provided evidence that pollution levels are responsive to policy. This is important to note because pollution levels are correlated with lower life expectancy

and health conditions, and those on lower incomes are more likely to be living in condensed populations where noise and air pollution may be higher, with already existing health conditions. Data from 2016 shows that Reading and Slough have the poorest air quality. Certain strategies can be used to reduce CO2 levels and improve air quality such as public awareness around clean are, promoting public transport and improving infrastructure for cycling and walking.

2.23 Community pharmacies are well placed to support some of these local strategies, particularly when it comes to the health needs of the population. They provided frontline services during the COVID-19 pandemic, and continue to provide healthcare advice, and medication advice to the public. To meet the ambitions outlined by local strategies, community pharmacies can play an integral role in reducing health inequalities through targeting prevention early and helping to tackle obesity and high blood pressure.

Chapter 3 - The development of the PNA

3.1 The West Berkshire HWB commissioned delivery of its PNA to Healthy Dialogues through a competitive tender process. The governance of the production of this PNA was managed by the PNA steering group and the Berkshire East Public Health Hub. The choices decisions in the production of this PNA have been delegated by the HWB to the steering group.

3.2 This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies (see Table 3.1). This includes:

- Nationally published data
- The West Berkshire Joint Strategic Needs Assessment
- Local policies and strategies such as the Joint Health and Wellbeing Strategy
- A survey to West Berkshire pharmacy contractors
- A survey to the patients and public of West Berkshire
- Local Authority and Buckinghamshire, Oxfordshire and Berkshire West (BOB) CCG commissioners

Table 3.1: PNA 2022-25 data sources

Health need and priorities	• National benchmarking ward and borough-level data from Office for Health Improvement and Disparities[16] • West Berkshire Joint Strategic Needs Assessment[17] • A range of GLA demographic data sets • Synthesis from a range of national datasets and statistics
Current Pharmaceutical Services	• Commissioning data held by the NHS England • Commissioning data held by West Berkshire Council • Commissioning data held by BOB CCG • Questionnaire to community pharmacy providers
Patients and the Public	• Patient and public survey

[16] Office for Health Improvement and Disparities (2022) Public Health Profiles: https://fingertips.phe.org.uk/
[17] West Berkshire Council. Joint Strategic Needs Assessment: https://info.westberks.gov.uk/jsna

3.3 These data have been combined to describe the West Berkshire population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board (HWB) to improve the health and wellbeing of our population.

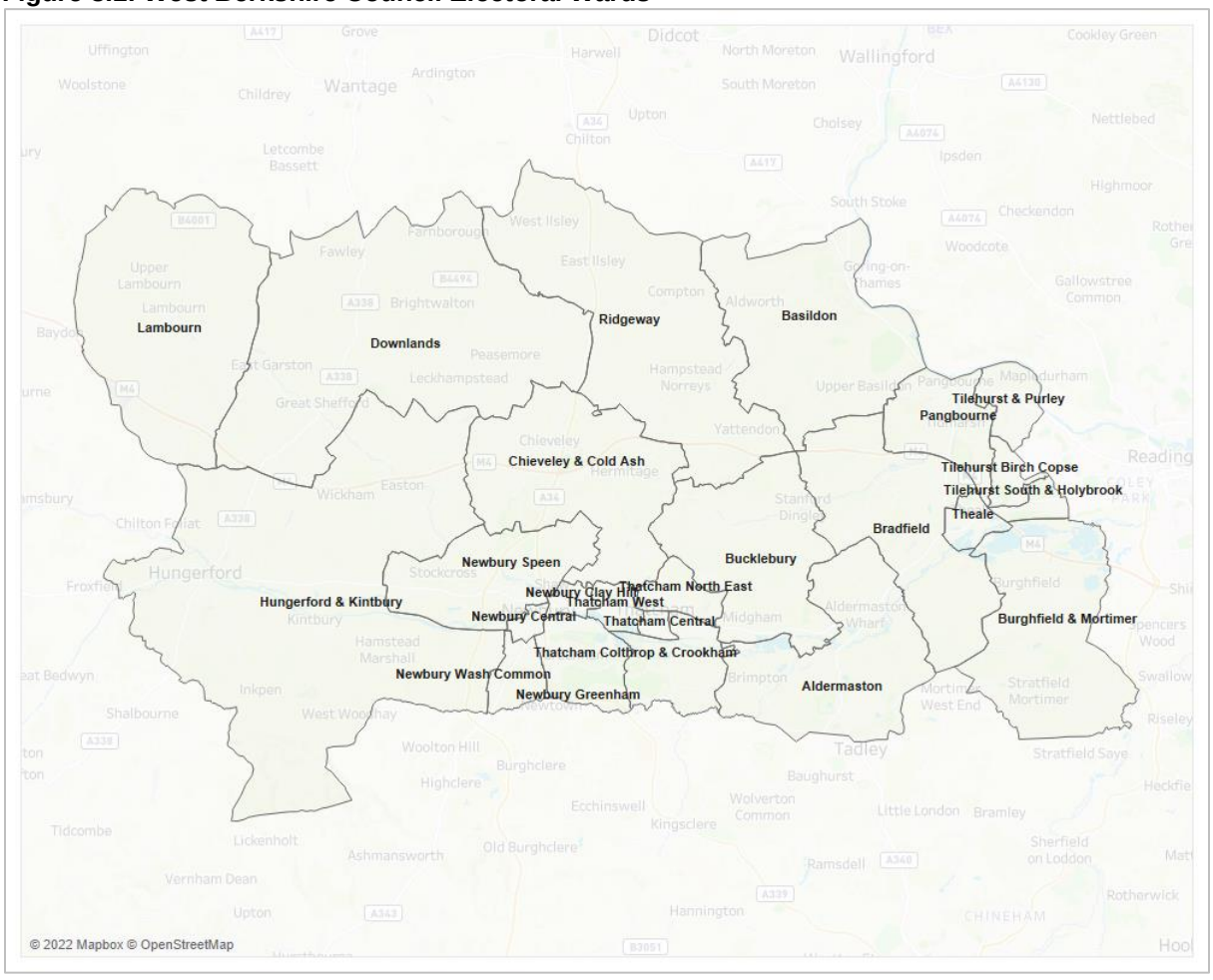
3.4 This PNA will be published for public consultation on the 10th June to the 9th August 2022. All comments will be considered and incorporated into the final PNA final report.

Methodological considerations

Geographical coverage

3.5 PNA regulations require that the HWB divides its area into localities as a basis for structuring the assessment. A ward-based structure was used as it is in-line with available data at ward level such as demography, health needs and service provision commissioned by both West Berkshire Council and NHS commissioners. There are 24 wards in West Berkshire, these are presented in figure 3.1.

Figure 3.1: West Berkshire Council Electoral Wards



3.6 In this PNA, provision and choice of pharmacies has been determined by using a 1-mile radius from the centre of the postcode of each pharmacy. This is approximately a 20-minute walk from the outer perimeter of the buffer zone created.

3.7 This radius represents an area that is considered to have adequate pharmacy coverage. The coverage distance is a standard often used in PNAs covering urban areas and was chosen by the PNA Steering Group as being a reasonable measure to identify variation and choice in West Berkshire (for example, see Figure 7.2). In addition, 20 minutes travel time by car is considered accessible.

3.8 Where areas of no coverage are identified, other factors are taken into consideration to establish if there is a need. Factors include population density, whether the areas are populated (e.g., Green Belt areas) and locations of dispensing GPs. These instances have all been stated in the relevant sections of the report.

Patient and public survey

3.9 Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision.

3.10 Working with Healthwatch, communications teams and Community Engagement Leads a public and patient engagement plan was developed, identifying key user groups (including seldom heard groups) and how best to engage them for the survey.

3.11 There were 256 responses to the West Berkshire survey, the responses were explored, including detailed analysis of responses from Protected Characteristics populations.

3.12 Responses from the survey were used to understand how current pharmaceutical services meets the needs of the RBWM population and whether there were any different needs for people who share a protected characteristic in RBWM. The findings from the survey are presented in Chapter 6 of this PNA.

Pharmacy contractor survey

3.13 The contractor survey was sent all to the community pharmacies within West Berkshire and 19 out of 21 pharmacies responded. The results from this survey are referred to throughout this document.

Governance and steering group

3.14 The development of the PNA was advised by a Steering group whose membership included representation from:

- Berkshire East Public Health Team
- Frimley Health and Care, Medicines Optimisation
- Buckinghamshire, Oxfordshire and Berkshire West (*BOB*), Integrated Care System (*ICS*), Medicines Optimisation
- Pharmacy Thames Valley, the Local Pharmaceutical Committee
- NHS England and NHS Improvement – South East Region
- Healthwatch teams in Berkshire
- A patient representative
- Berkshire Communications Team

3.15 The membership and Terms of Reference of the Steering Group is described in Appendix A.

Regulatory consultation process and outcomes

3.16 The PNA for 2022-25 will be published for statutory consultation on the 10th June for 60 days and will also be open on the council website for public comment. All comments will be considered and incorporated into the final report to be published by 1st October 2022.

Chapter 4 - Population demographics

4.1 This chapter presents an overview of population demographics of West Berkshire, particularly the areas likely to impact on needs for community pharmacy services. It includes an overview of the area of West Berkshire, its population demographics and projected population. Using most recent available census data, it also identifies key factors that impact on inequalities.

4.2 The analysis of health needs and population changes are outlined in four sub-sections of this chapter. These are:

1. Local area profile
2. Demography
3. Population projections
4. Inequalities

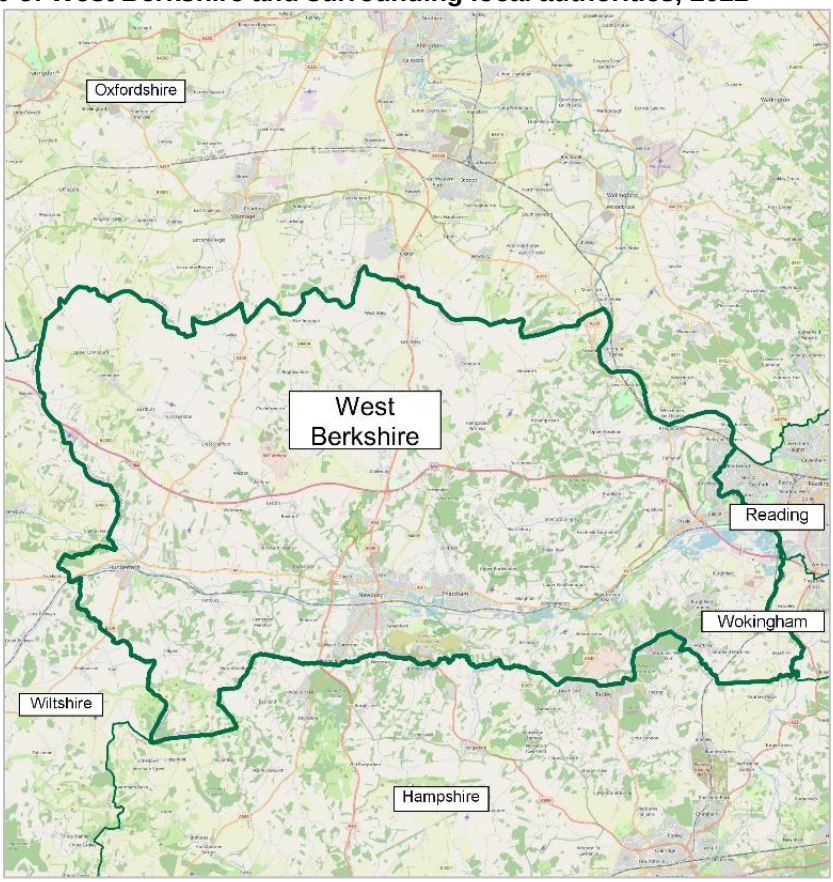
West Berkshire local area profile

4.3 West Berkshire is a unitary authority in Berkshire, on the western fringe of the South East region. The district is centred on the town of Newbury, and other major settlements are Hungerford, Thatcham. Some 20% of the district's population live in the suburban area of Tilehurst adjoining Reading borough.

4.4 The area has easy access to the national motorway network via the M4 motorway, and the A34 connects the district to Oxford to the north, and to Hampshire and the south coast to the south. The area also has good rail links, with the Great Western Main Line running through the district giving access to Swindon and Bristol to the west, and to Reading and London and other towns in the Thames valley to the east. Newbury is 61 miles from London, Hungerford is 68 miles from London, and Thatcham is 55 miles from London.

4.5 Parts of the district border neighbouring local authorities and shire counties such as Wiltshire to the west, Oxfordshire to the north, Reading and Wokingham boroughs to the south east, and Hampshire to the south. Figure 4.1 provides a context map showing the main settlements in the district, main transport routes, and the location of the district in relation to other local authorities.

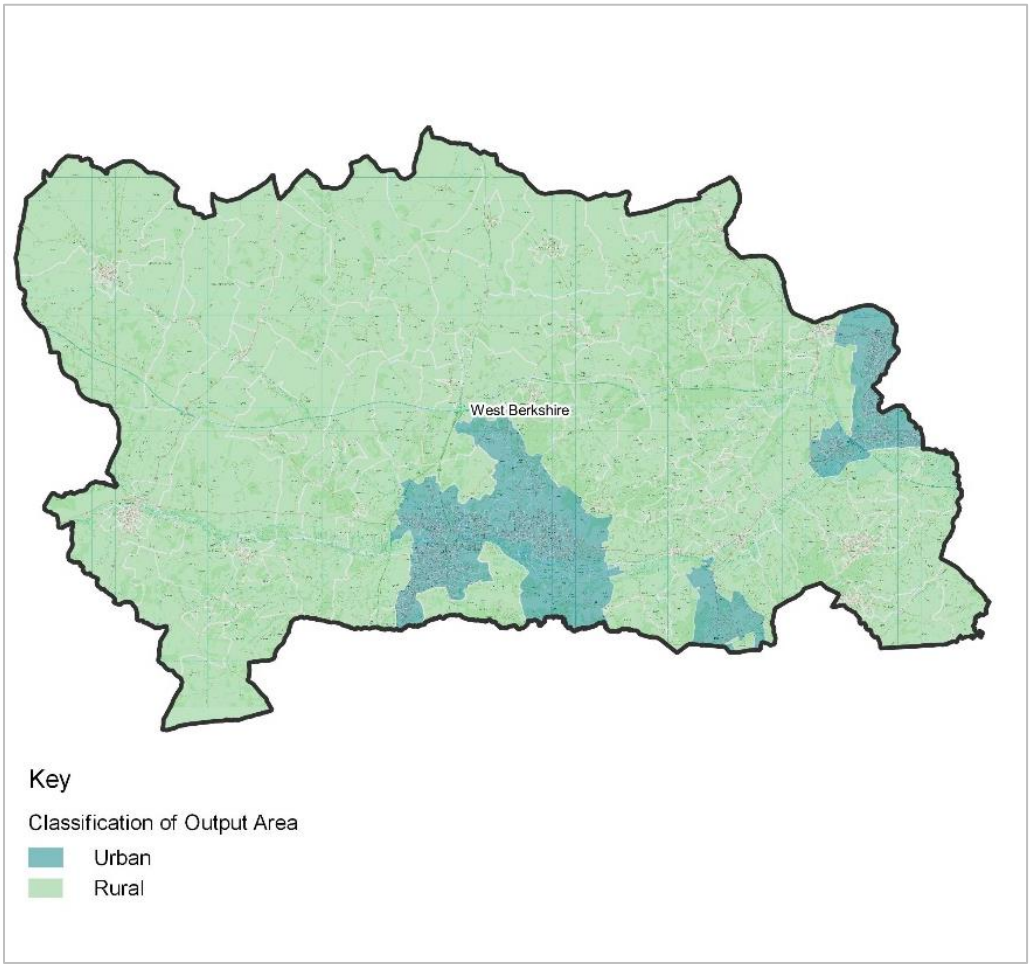
Figure 4.1: Map of West Berkshire and surrounding local authorities, 2022



4.6 According to the 2011 census Urban-Rural Classification[18], 63% of the district's population live in urban city and town areas,15% live in rural fringe areas and 22% of the borough's population live in rural areas (villages, hamlets and isolated dwellings) and rural fringe areas. Figure 4.2 shows the main urban and rural areas within the borough giving a sense of the vast amount of the district that is covered by rural land.

[18] Department for Environment, Food & Rural Affairs (Defra), 2011 Urban Rural Classification (2013)

Figure 4.2: Urban and rural areas of West Berkshire

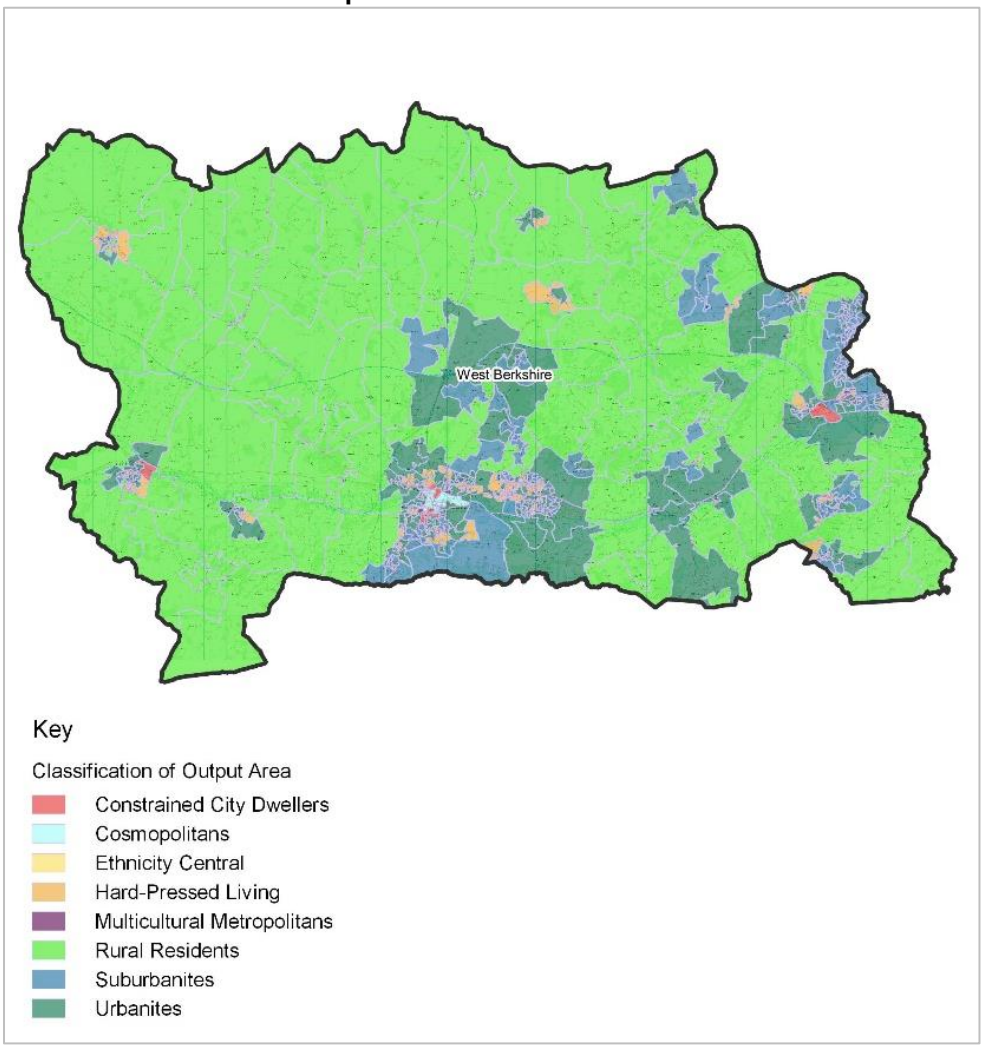


Geodemographic classification

4.7 The 2011 Output Area Classification[19] enables us to explore the rural-urban divide in more detail by providing a residential-based geodemographic classification of West Berkshire Output Areas (an Output Area covers approximately 100 households). It classifies output areas using a broad range of variables such as age, rurality, housing stock, ethnic group, working status etc. There are eight broad supergroups in the classification these are presented for West Berkshire in Figure 4.3.

[19] ONS, 2011 residential-based area classifications

Figure 4.3: West Berkshire 2011 Output Area Classification



4.8 According to the geodemographic classification of West Berkshire:

- 39% of the population of the borough live in areas classed as 'Urbanites'
- 24% of the population of the borough live in areas classed as 'Suburbanites'
- 16% of the population live in areas classed as 'Hard-pressed living'
- 15% of the population live in areas classed as 'Rural'.

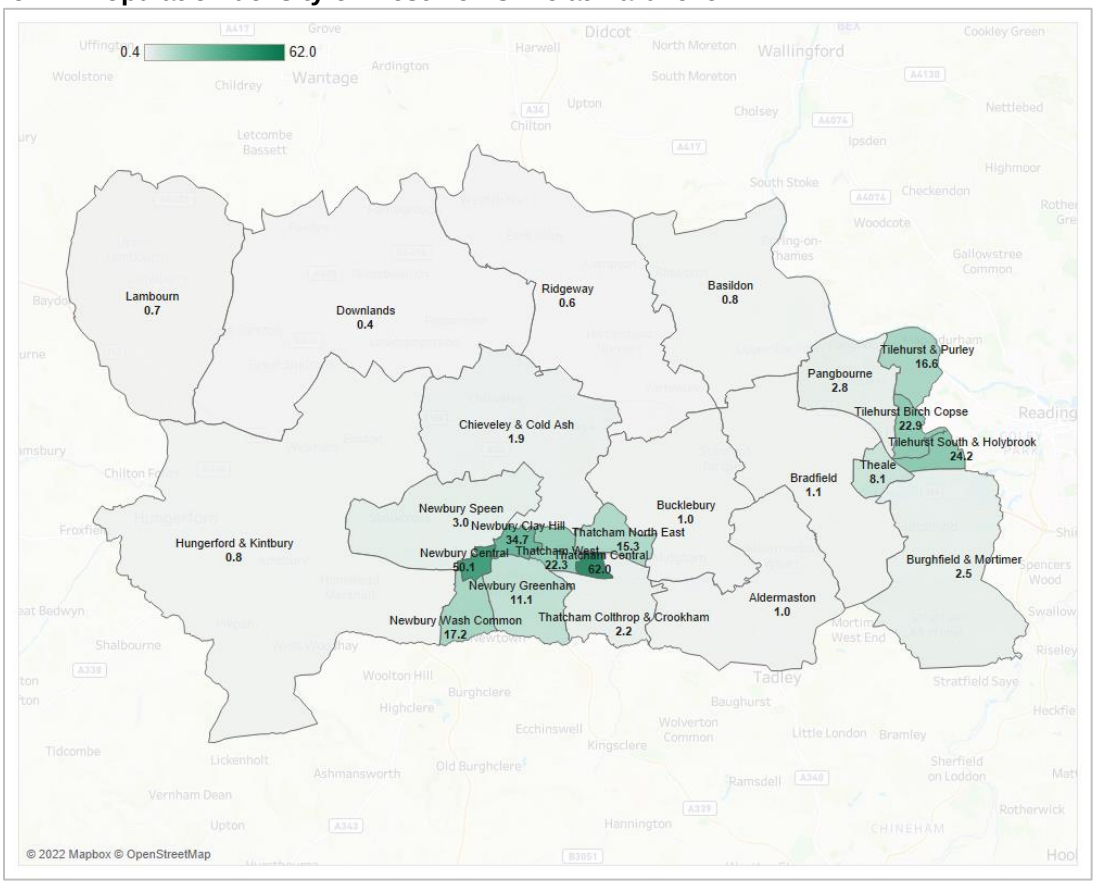
Demography

Population density

4.9 The population density of West Berkshire is low. With a population of 158,465 people, the current population density of the district is 2.3 persons per hectare (ONS, Mid-Year Population Estimates, 2020). This is lower than the figure of 4.8 persons per hectare for the South East region, and 4.3 persons per hectare for England as a whole.

4.10 Figure 4.4 presents population density of the district at ward level, highlighting great disparities in population concentrations across the different wards. The highest population density is within Thatcham Central ward, followed by Newbury Central. The wards with lowest population density are generally located in the rural areas of the district, more specifically Downlands, Ridgeway, and Lambourn wards.

Figure 4.4: Population density of West Berkshire at ward level



Source: ONS, mid-2020 population estimates

Population age

4.11 The population has a median age of 43.8 years, which is older than the median age for England (40.2 years), and also older than 41.9 years for the South East region.

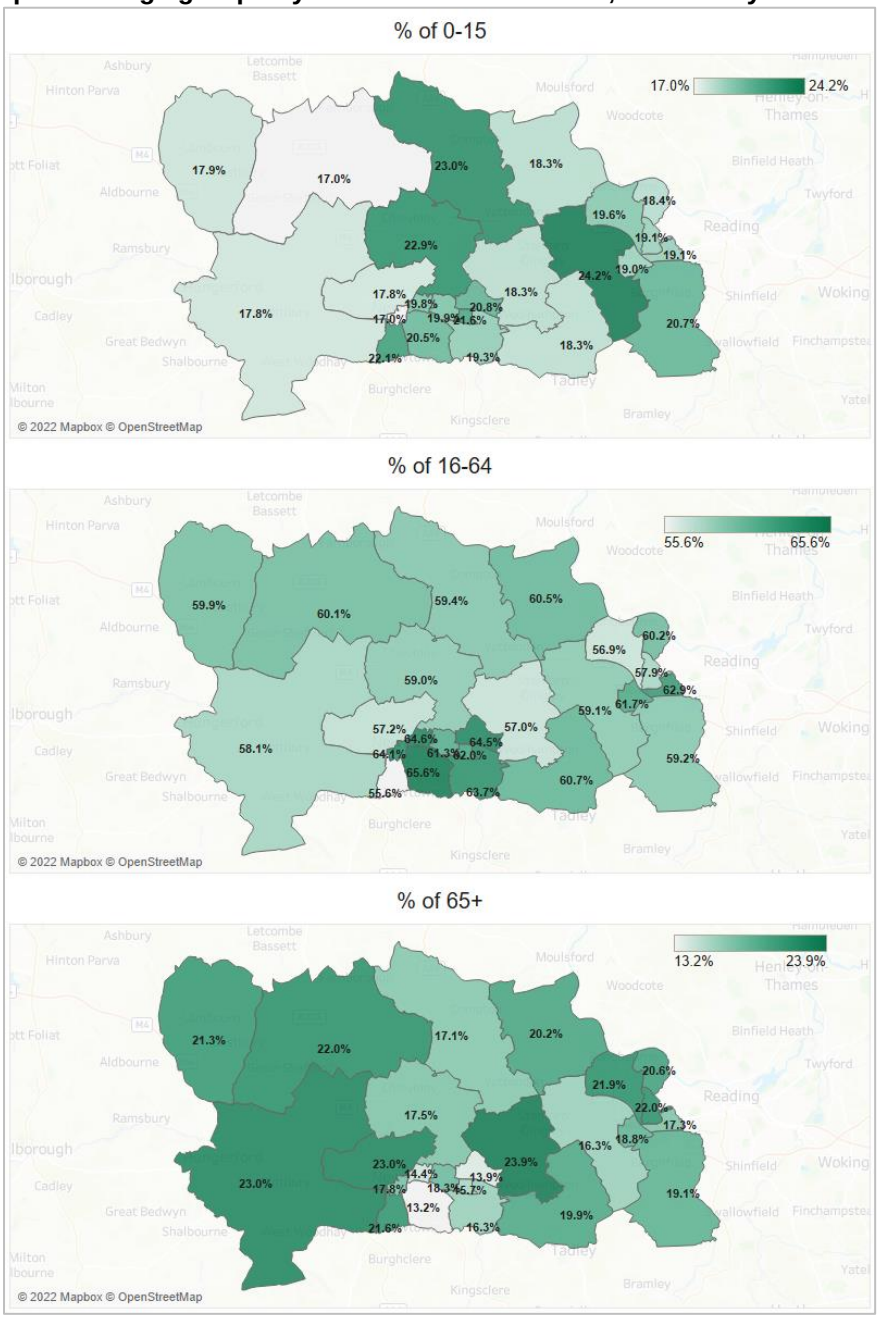
4.12 21% of the borough's population are aged 0-15 years, 61% are of working age aged 16-64 years and 19% are aged over 65. Figure 4.5 shows a population pyramid which shows the proportion of males and females by five-year age bands with the black line over the bars giving the equivalent proportions for England. It shows that the age profile for the local authority is older when compared to the national picture across with a greater proportion of the populationin the age bands over the age of 45. There is a lower proportion of people aged 20 to 39 years of age living in West Berkshire when compared to the national average.

Figure 4.4.5: West Berkshire population estimates by 5-year age band, 2020

Source: OHID, Public Health Outcome Framework - ONS, mid-2020 population estimates

4.13 Bradfield, Ridgeway and Chieveley & Cold Ash are the wards with greatest proportion of children aged 0 to 15. Wards with the highest proportion of the population who are aged over 65 are Bucklebury, Newbury Speen and Hungerford & Kintbury wards (see Figure 4.6). Some of the wards with the greatest proportion of over 65s are located in the more rural parts of the district.

Figure 4.6: Population age groups by ward in West Berkshire, 2020 mid-year estimates



Source: ONS Mid-Year Estimates, 2020

Ethnicity and diversity

4.14 Cultural and language barriers can create inequalities in access to healthcare, which can negatively affect the quality of care a patient receives, reduce patient safety and patients' satisfaction with the care they receive[20]. However, pharmacy staff often reflect the social and

[20] Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of Language Barriers for Healthcare: A Systematic Review. Oman medical journal, 35(2), e122. https://doi.org/10.5001/omj.2020.40

ethnic backgrounds of the community they serve, making them approachable to those who may not choose to access other healthcare services.

4.15 NICE Guidance[21] recommends that community pharmacists take into consideration how a patient's personal factors may impact on the service they receive. Personal factors would include, but not limited to, gender, identity, ethnicity, faith, culture or any disability. It also recommends that community pharmacists make use of any language skills staff members may have.

4.16 West Berkshire has a relatively small population who are from Black, Asian and Minority Ethnic backgrounds. Data from the 2011 census showed that 94.8% of the population was 'White', which includes 'White British' as well as White Irish and White British/Irish gypsy or traveller, and White Other. 5.2% of the population was from Black, Asian and Minority Ethnic backgrounds. This includes 2.5% Asian/Asian British and 1.6% Mixed/multiple ethnic groups (Table 4.1).

Table 4.1: Ethnicity of the population of West Berkshire

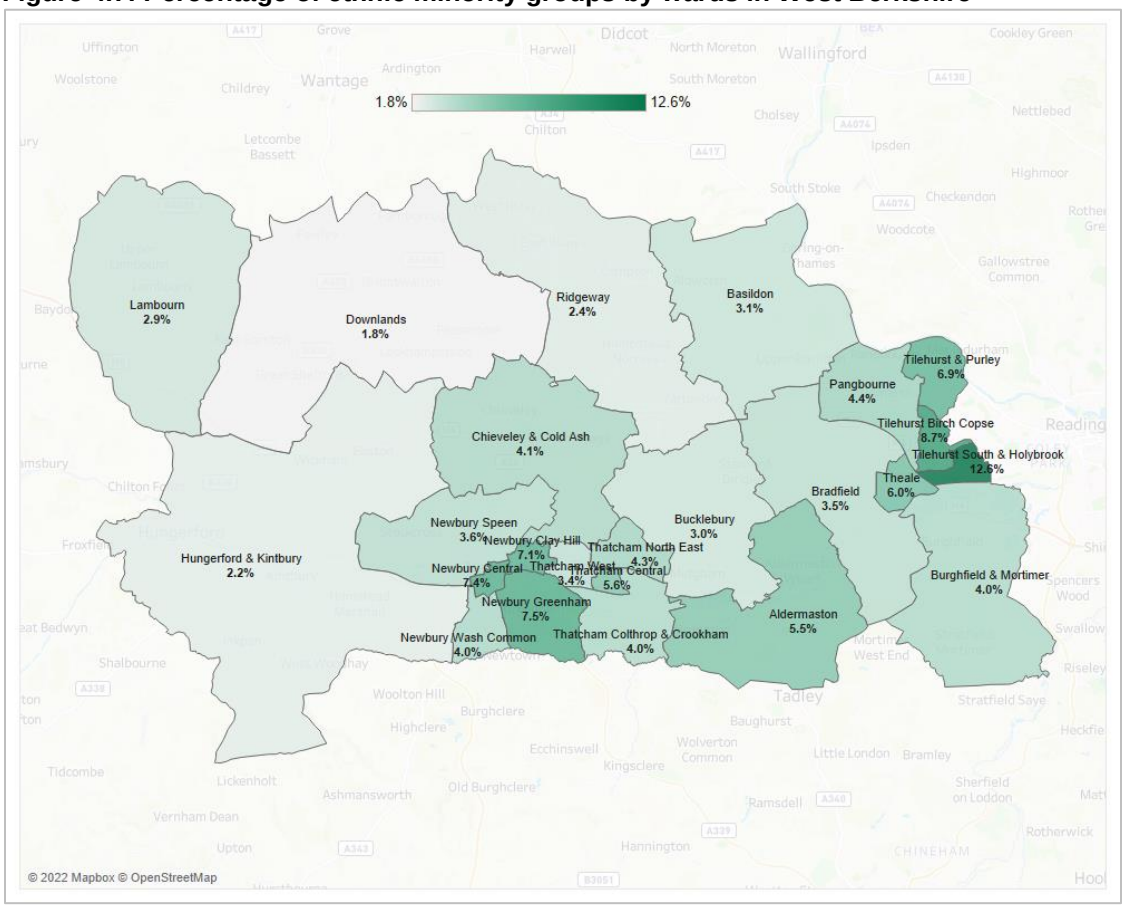
White	Mixed/multiple ethnic groups	Asian/Asian British	Black/African/ Caribbean/ Black British	Other ethnic group
145,854 (94.8%)	2,420 (1.6%)	3,808 (2.5%)	1,376 (0.9%)	364 (0.2%)
England: 85.4%	**England: 2.3%**	**England: 7.8%**	**England: 3.5%**	**England: 1.0%**
South East: 90.7%	**South East: 1.9%**	**South East: 5.2%**	**South East: 1.6%**	**South East: 0.6%**

Source: ONS, 2011 census

4.17 The proportion of the population from Black, Asian and Minority Ethnic groups by ward is presented in Figure 4.7. West Berkshire wards with the highest proportion of residents who are from Black, Asian and Minority Ethnic groups are Tilehurst South & Holybook and Tilehurst Birch Copse, while those with smallest proportion of residents who are from Black, Asian and Minority Ethnic groups are Downlands and Hungerford & Kintbury.

[21] NICE Guidance (2018), Community Pharmacies, Promoting Health and Wellbeing (NG102)

Figure 4.7: Percentage of ethnic minority groups by wards in West Berkshire



Source: ONS, 2011 Census

Language

4.18 Based on data from the 2011 Census, 96% of households speak English as a main language in West Berkshire. Table 4.2 below shows the language breakdown of households from the 2011 census, identifying the number of households in West Berkshire with one or more members who cannot speak English.

Table 4.2: Language breakdown of households in West Berkshire

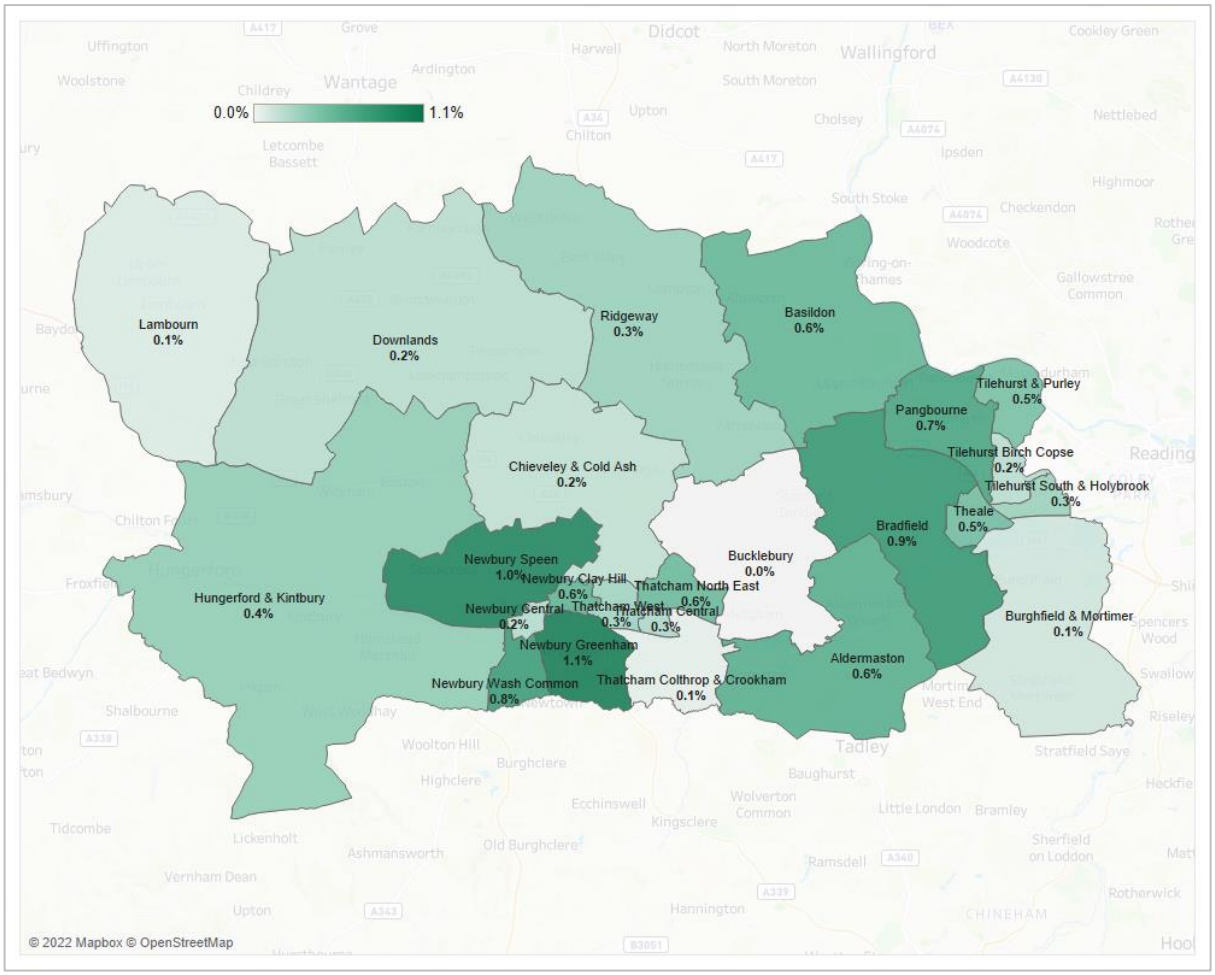
Households with all people aged 16 and over having English as a main language	At least one but not all people aged 16 and over in the household have English as a main language	No adults but some children have English as main language	No household members have English as main language
59,638 (95.7%)	1,370 (2.2%)	177 (0.3%)	1,115 (1.9%)
England: 90.9% **South East: 93.2%**	**England: 3.9%** **South East: 3.2%**	**England: 0.8%** **South East: 0.5%**	**England: 4.4%** **South East: 3.1%**

Source: 2011 census

4.19 The top five languages other than English spoken in West Berkshire are Polish, Portuguese, French, German, Chinese (ONS, 2011 census)

4.20 Figure 4.8 shows the percentage of people that cannot speak English well or at all by ward. It shows that the greatest proportion of people who cannot speak English well or at all are resident in Newbury Speen and Newbury Greenham wards, but the percentages are low (~1%).

Figure 4.8: Percentage of people that cannot speak English well or at all by ward in West Berkshire



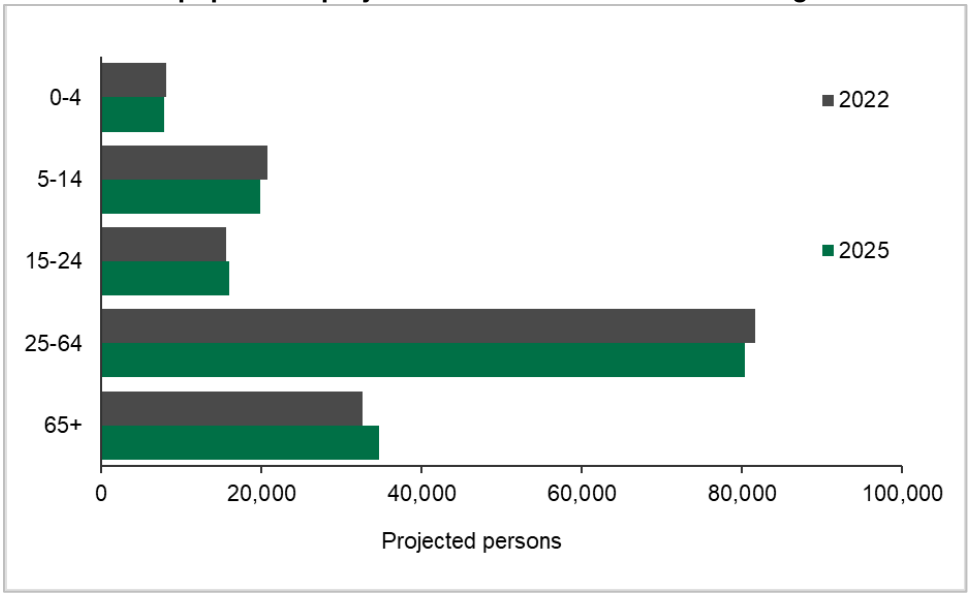
Source: ONS, 2011 Census

Population projections

4.21 The total population size of the borough is expected to remain relatively stable from 2022 to 2025 (the lifetime of this PNA), with a population decrease of just 82 persons to 158,455 between 2022 and 2025. Figure 4.9 shows the increases/decreases in population for West Berkshire Borough for key age groups for the lifetime of this PNA, from 2022 to 2025.

4.22 Despite relatively little change in overall population size, there is a shift expected in the age-specific population size in West Berkshire. In particular, it should be noted that the population aged over 65 is expected to increase by 6.6% or 2,133 persons, from 2022 to 2025. This compares to 5.5% for South East England and 5.6% for England. This has implications for the delivery of health services, since West Berkshire is generally a rural county, and rural areas tend to have an elderly population, and it is expected that the growth of this population cohort will happen in rural areas (ONS, 2018 Population Projections[22]).

Figure 4.9: 2018-based population projections for West Berkshire borough from 2022 and 2025



Source: ONS – Population Projections for Local Authorities, 2020

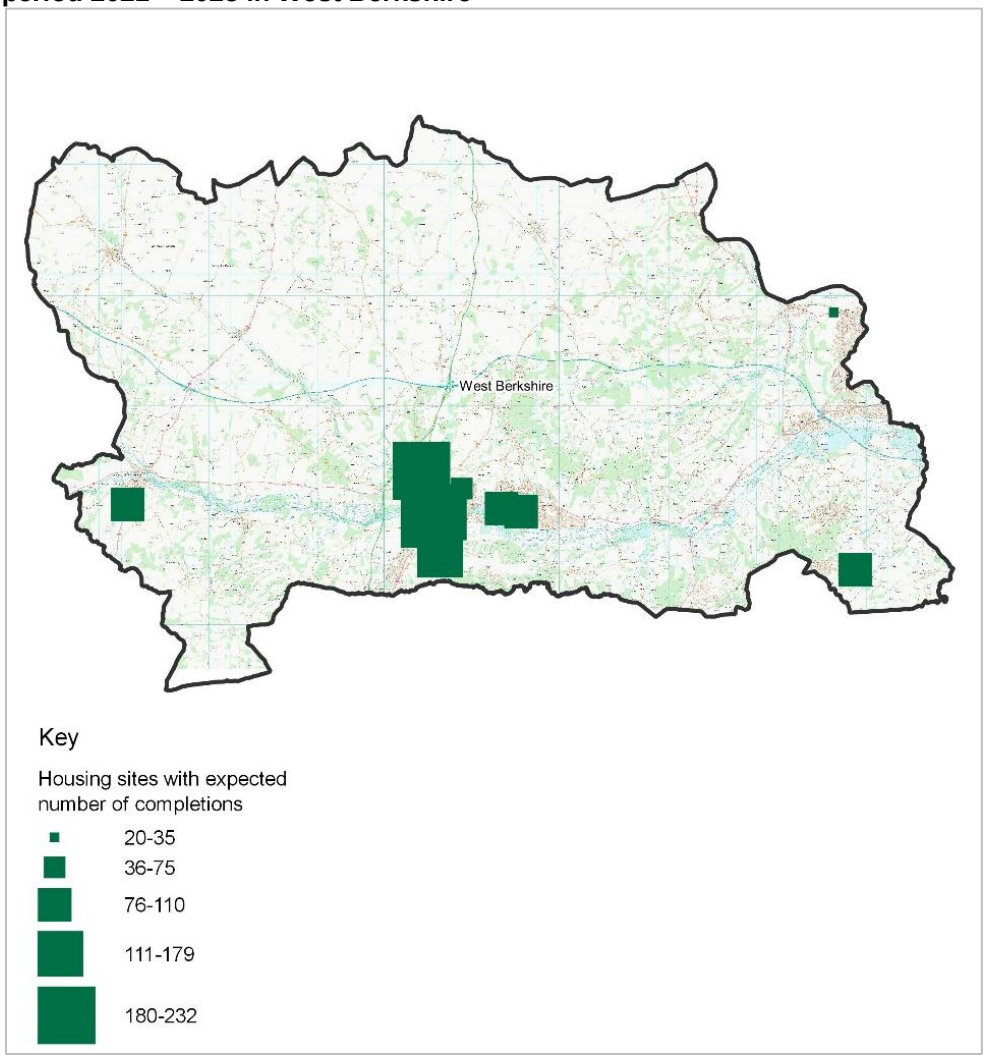
Future residential development and housing requirements in the borough

4.23 A number of major housing developments are underway in West Berkshire. The Annual Monitoring Report for West Berkshire anticipates that 3,925 dwellings will be completed by 2025.[23] The map in figure 4.10 shows the strategic development locations in the borough with greater than 20 dwellings expected to be completed over the period 2021-2026. Table 4.3 presents the total number of new dwellings by ward. The wards with the highest number of proposed new dwellings are in Newbury Speen, Newbury Central and Newbury Greenham wards. The largest developments are Market Street development in Newbury Central ward where there are 232 proposed new dwellings, the Oxford Road development in Newbury

[22] ONS 2018 Population Projections, Local Authorities: SNPPZ1 (published March 2020)
[23] West Berkshire Council, Annual Monitoring Report 2020 : Housing, 2021

Speen ward where 222 new dwellings are proposed and Pincents Hill in Tilehurst Birch Copse ward where 197 new dwellings are proposed.

Figure 4.10: Location of major residential housing development sites expected to be completed over the period 2021 – 2025 in West Berkshire



Source: West Berkshire Council, Annual Monitoring Report 2020: Housing, 2021

Table 4.3. Number of planned new dwellings by ward in RBWM, 2021-2026

Ward	Number of new dwellings
Burghfield & Mortimer	198
Chieveley & Cold Ash	21
Hungerford & Kintbury	95
Newbury Central	384
Newbury Clay Hill	132
Newbury Greenham	359
Newbury Speen	401
Thatcham Central	33
Thatcham West	183
Tilehurst & Purley	95

Tilehurst Birch Copse	197
Tilehurst South & Holybrook	27
Total	**2125**

Visitors (both home and overseas) to West Berkshire

4.24 West Berkshire receives a relatively high number of visits in comparison to its neighbouring boroughs. Based on 2016-18 data it receives an average of 3.6 million Tourism Day Visits (TDVs) a year. This compares to around 4.9 million TDVs for nearby Reading, and 0.94 million TDVs for nearby Slough (GBDVS, 2022)[24].

Inequalities

Deprivation

4.25 Reducing the differences in health between different groups of people is a priority area for the Berkshire West Health and Wellbeing Strategy.[25]

4.26 Fair Society, Healthy Lives: (The Marmot Review)[26] and later the Marmot Review 10 Years On[27] describe the range of social, economic and environmental factors that impact on an individual's health behaviours, choices, goals and ultimately health outcomes. They include factors such as deprivation, education, employment and fuel poverty.

4.27 The Index of Multiple Deprivation (IMD)[28] is a well-established combined measure of deprivation based on a total of 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.

[24] VisitEngland, VisitScotland, Visit Wales, The Great Britain Day Visitor Annual Report, 2021. https://gbtsenglandlightviewer.kantar.com/ViewTable.aspx
[25] Berkshire West Health & Wellbeing Strategy (2021-2030). https://www.bobstp.org.uk/berkshire-west/berkshire-west-integrated-care-system-ics/
[26] Fair Society Healthy Lives (The Marmot Review): http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review
[27] Marmot Review 10 Years On (February 2020): http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on
[28] Ministry of Housing, Communities and Local Government, English Indices of Deprivation, 2019

4.28 Access to community pharmacy services in communities where there is high deprivation is important in addressing health inequalities. [29] IMD deciles enable a comparison of deprivation in neighbourhoods across England. A decile of one, for instance, means, that the neighbourhood is among the most deprived 10% of neighbourhoods nationally (out of a total of 32,844 neighbourhoods in England).

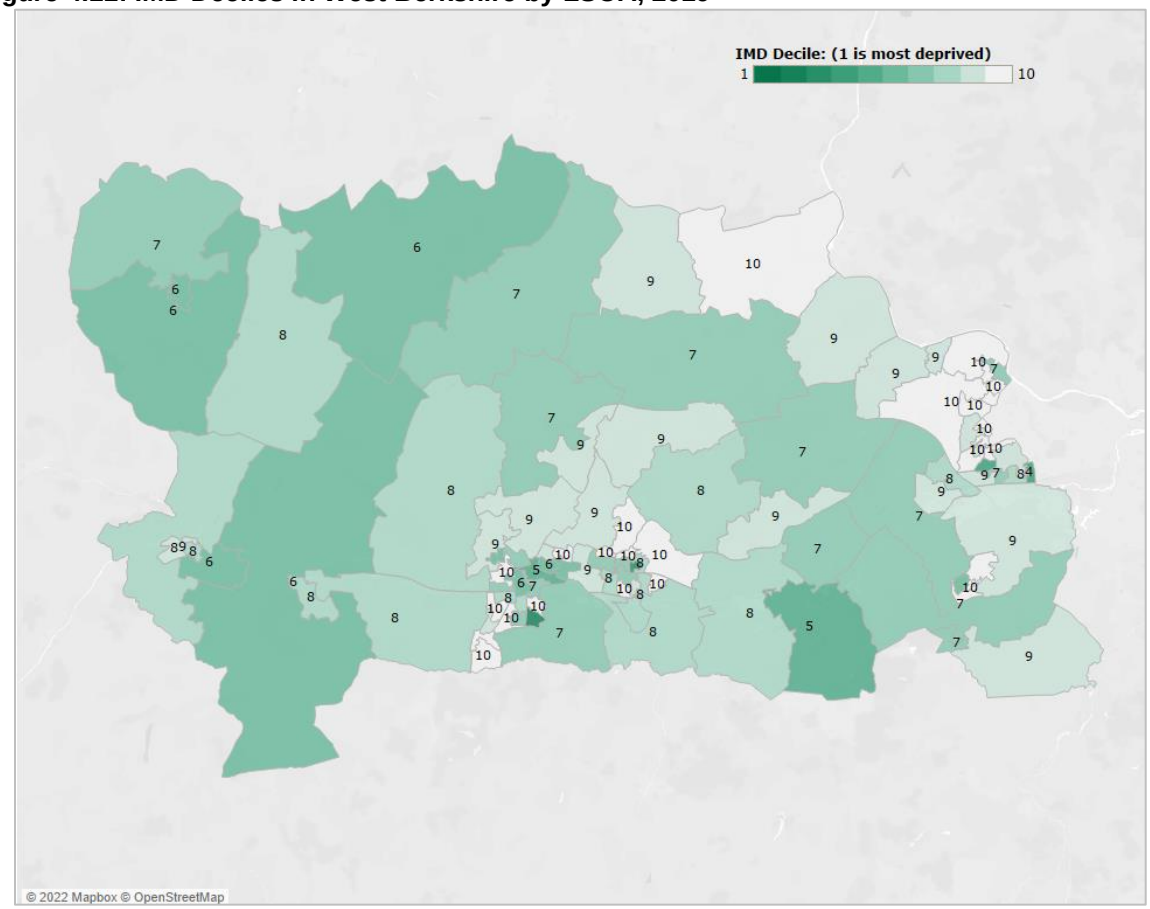
4.29 A Local Authority Summary of each index is compiled, which gives an average score and average rank for each Upper and Lower Tier Local Authority in England, with the most deprived Authority in England being given a rank of 1.

4.30 West Berkshire has 97 neighbourhoods (LSOAs), only one of which is in the 20% most deprived neighbourhoods in England (Figure 4.11). This neighbourhood is in Newbury Greenham ward.

4.31 The borough's overall average IMD decile figure is 8.1 compared to the national figure of 5.5. It is ranked 289 out of 321 local authorities. 25% of the district's neighbourhoods are in the least deprived 10% of neighbourhoods nationally. This means that West Berkshire is one of the most affluent areas in England.

[29] NICE guidance (2018) Community pharmacies: promoting health and wellbeing [NG102]

Figure 4.11: IMD Deciles in West Berkshire by LSOA, 2019



Source: Ministry of Housing, Communities & Local Government, 2019

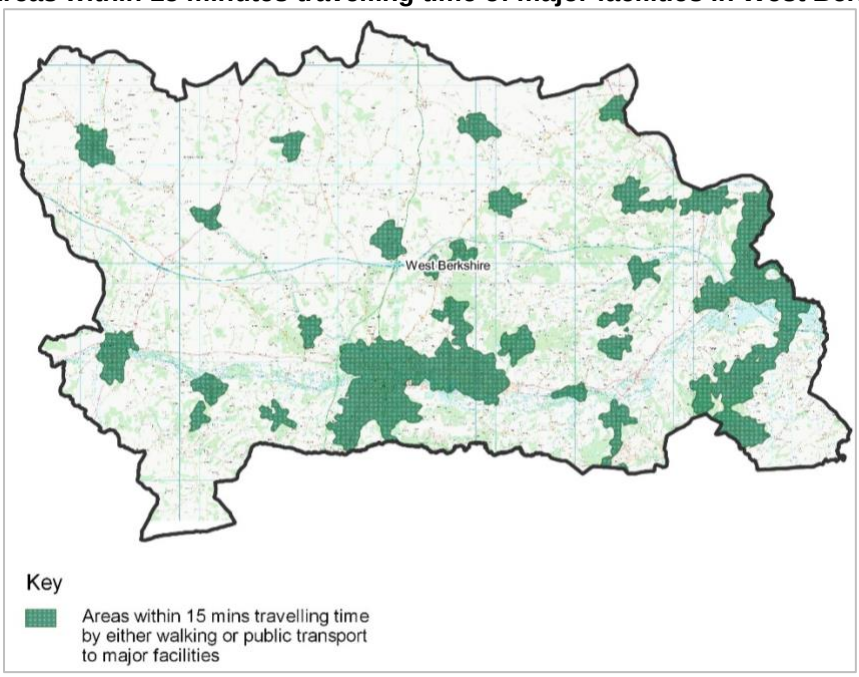
Homelessness

4.32 There are lower rates of homelessness in West Berkshire in comparison to regional and national figures. Between 1st July and 30th September 2021, 46 households in West Berkshire were identified as statutory homeless with a further 62 threatened with homelessness within 56 days. This means that they are unintentionally homeless, or threatened with homelessness, and in priority need, with the local authority accepting a duty to prevent their homelessness (prevention duty) or help them secure alternative accommodation (relief duty). This equates to a total rate of 1.64 per 1,000 households owed and relief or prevention duty in West Berkshire between 1st July and 30th September 2021, which is lower than the England rate of 2.86 per 1,000 households and the South East rate of 2.51. 47 households were living in temporary accommodation provided under homelessness legislation in West Berkshire at the 30th September 2021. This was a rate of 0.71 per 1,000 households, and was significantly lower than the England figure of 4.06 per 1,000 households, and lower than the rate for South East England of 2.82 per 1,000 households (Department for Levelling up, Housing & Communities, 2022).

Access to services and facilities

4.33 Data giving the location of areas within 15 mins travel time by public transport to main centres of population has been obtained from the place-based carbon calculator website (https://www.carbon.place/)[30]. Figure 4.12 presents travel time contours showing areas within 15 mins travel time by public transport of major facilities. It shows that there are many areas in West Berkshire where it would be difficult to access services and facilities by public transport. These are rural areas that are within controlled localities or where population density is low (see figure 7.2).

Figure 4.12: Areas within 15 minutes travelling time of major facilities in West Berkshire



Source: Ministry of Housing, Communities & Local Government, 2019

4.34 This may have implications for the delivery of health services, particularly in rural areas where it is expected that the growth in the numbers of elderly population would increase over the next few years, and that the population living in these areas would have difficulty accessing health services if they did not have access to a private car. Our public survey in Chapter 6 looks at how people travel to their pharmacy in West Berkshire and their satisfaction with their journey to their pharmacy.

[30] CREDS, Place-based carbon calculator, July 2021

Patient groups with specific needs

People living in rural areas

4.35 There is a general perception that those living in rural areas are better-off both in terms of monetary and health and wellbeing compared to those living in urban areas. Overall, this is true, however over recent years there has been an increasing realisation by national and local governments that this generalisation can often mask the wealth and the wellbeing of certain rural communities where there is significant deprivation and poorer health outcomes. Those residents in more sparse rural areas, tend to experience more negative outcomes.31

4.36 The average age of those living in rural areas is 5.3 years older than those living in urban. Around 23.5% of rural populations are over 65. Settlements in sparse areas have the highest proportion of their populations amongst older generations and an older population generally equates to worse health.

4.37 Rural communities are also less diverse. Around 95% of rural areas are made up by white British ethnicity. Minority ethnic groups are represented in very small numbers and may lack social and community support that is often present in urban areas. This can increase the risks of social isolation and exclusion.

4.38 Rural areas have worse access in terms of distance to health and social care services. Residents in rural areas would need to travel for longer to see a GP, dentist, hospitals and other health facilities. This may lead to 'distance decay', where the service use decreases with increasing distance. Typically, 80% of rural residents live within a 4km distance to a GP surgery compared to 98% of urban population. 55% of rural residents compared to urban residents live within 8 kilometre distance to a hospital. Access to mental health services differ from area to area, and the lack of statistical information about rural areas make it difficult to assess access issues to these services.

4.39 The 2011 census data identifies 10 neighbourhoods/Super Output areas in rural areas in West Berkshire where between 30-40% of single person pensioner households have no access to a car. Two of these neighbourhoods are within Aldermaston ward, the rest are within Basildon,

[31] Health and Wellbeing in Rural Areas. Public Health England (2017)
https://www.local.gov.uk/sites/default/files/documents/1.39_Health%20in%20rural%20areas_WEB.pdf

Bradfield, Chieveley & Cold Ash, Burghfield & Mortimer, Downlands, Hungerford & Kintbury, Lambourn, and Newbury Speen (ONS Census data 2011).

4.40 A reduction in resources to care for older people, combined with issues of accessibility, travel and transport to health and social care services, contributes to the pressures on local governments and the NHS to take a more place-based approach to address population health needs.

Summary of population demographics

West Berkshire is a generally affluent rural unitary authority in Berkshire. Vast areas of the authority are rural and there are also a number of urban settlements including Newbury, Thatcham, and Hungerford. There are also areas of denser population to the East in Tilehurst which borders with the neighbouring borough of Reading. Based on data from the 2011 Census, ethnic diversity is fairly low in West Berkshire, 94.8% of the population are white. 96% of the population speak English as a main language.

West Berkshire has a relatively older population with median age of 43.8 years. While the overall population size will remain fairly stable over the lifetime of this PNA, the over 65 population is expected to increase by an additional 2,133 persons. Some of the wards with the greatest proportion of over 65s are located in the more rural parts of the borough.

Despite relative affluence, there are numerous pockets of deprivation within West Berkshire. A significant proportion of the deprivation is driven by a lack of access to services. There will be people living in more rural parts of the district who are likely to have less opportunities of access, lack private transport, and are of and older age demographic. This population is also at an increased risk from social isolation.

Chapter 5 - Population health needs

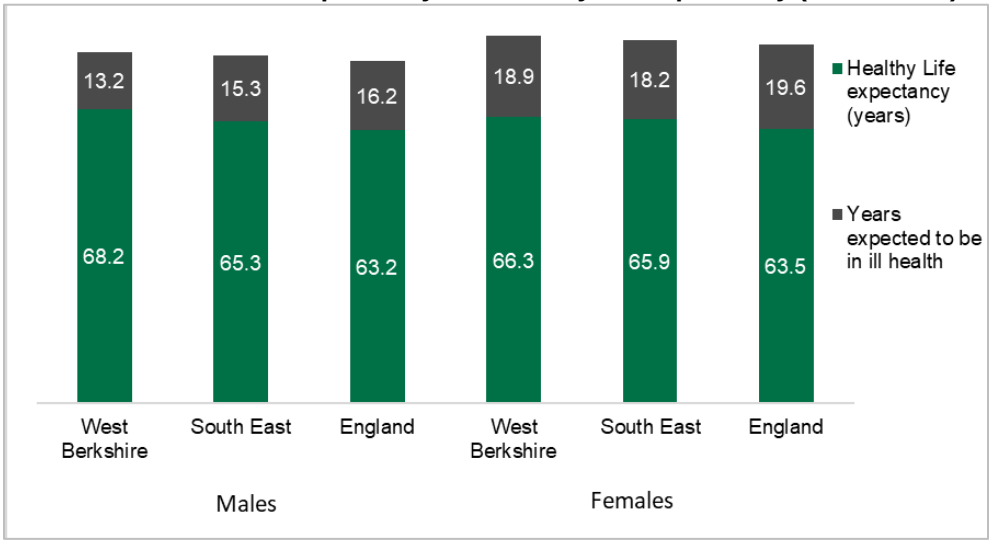
5.1 This chapter presents an overview of health and wellbeing in West Berkshire, particularly the areas likely to impact on needs for community pharmacy services. It looks at life expectancy and healthy life expectancy in West Berkshire and includes an exploration of health and behaviours and major health conditions.

Life expectancy and healthy life expectancy

5.2 Life expectancy is a statistical measure of how long a person is expected to live. Healthy life expectancy at birth is the average number of years an individual should expect to live in good health considering age-specific mortality rates and prevalence for good health for their area.

5.3 West Berkshire residents have higher levels of life expectancy and healthy life expectancy compared to South East England and England. West Berkshire 2018-20 life expectancy figures are 81.4 for males and 85.2 for males, significantly higher than national and regional life expectancy figures. Figure 5.1 below presents levels of life expectancy and healthy life expectancy in numbers of years for both men and women, for West Berkshire, South East England and England as a whole. 2017-19 figures are presented as they are the latest figures for healthy life expectancy (OHID, Public Health Profiles, 2022). Healthy life expectancy for males living in West Berkshire is also significantly higher than the national and regional averages and is 68.2 years. However, whilst female healthy life expectancy is higher than national averages in West Berkshire at 66.3 years, it is lower than the healthy life expectancy for West Berkshire males. Therefore, although females live longer overall than males living in West Berkshire (approx. 2 years), they live almost 19 years on average in poor health.

Figure 5.1: West Berkshire Life expectancy and healthy life expectancy (2017 - 2019)



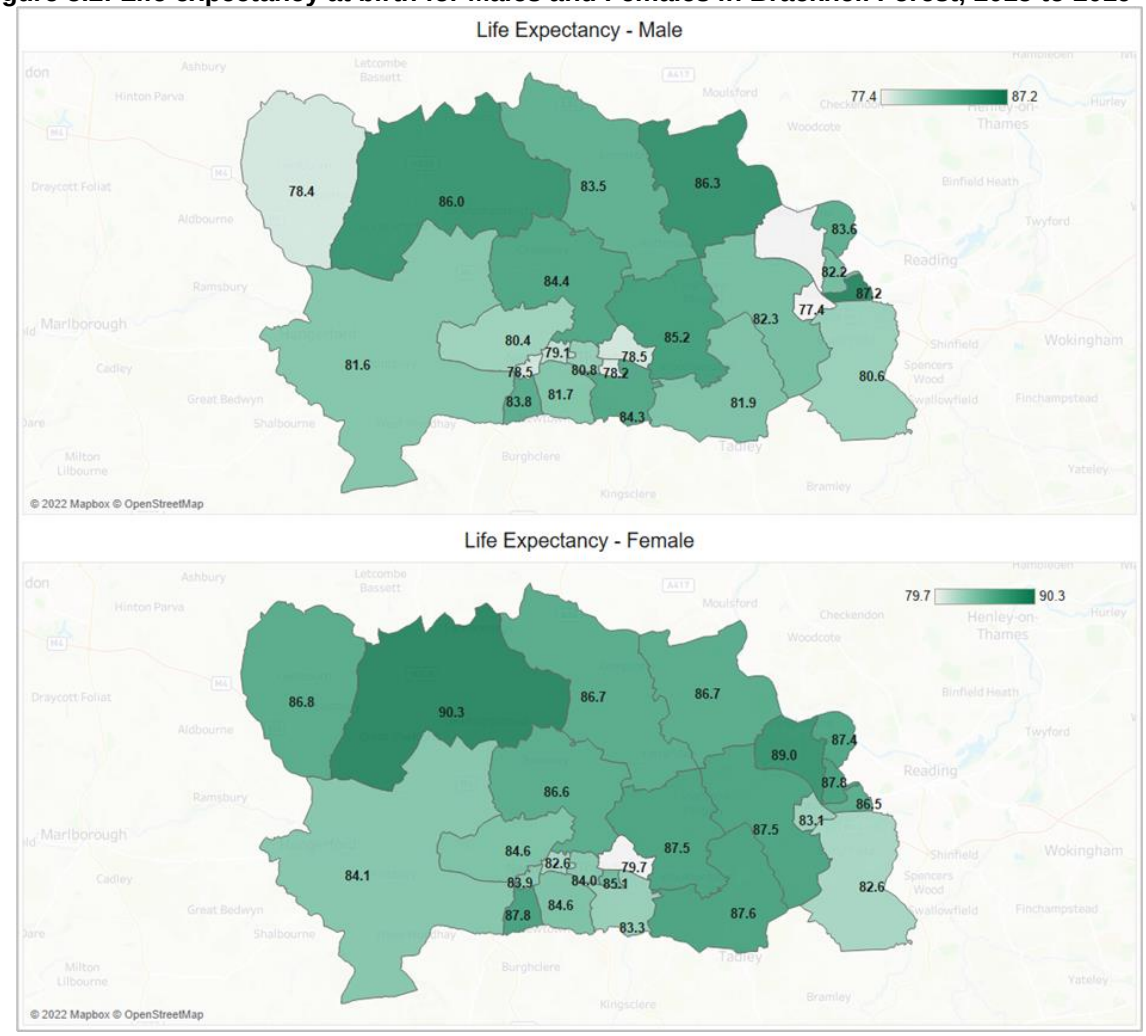
OHID, Public Health Outcomes Framework, 2022

5.4 Despite West Berkshire being one of the least deprived local authorities in England, there are still some inequalities in life expectancy within the borough. Men living in the most deprived parts of the borough are expected to live 3.5 years less than those living in least deprived areas. This compares to 7.9 years for South East England and 9.7 years for England as a whole.

5.5 The gap for women is higher at 4.1 years, compared to 6.0 years for South East England and 7.9 years for England as a whole. These figures are derived from the 2018-2020 slope index of inequality for life expectancy in years (OHID, Public Health Outcomes Framework, 2022).

5.6 At ward level, life expectancy is lowest in Theale for males and Thatcham North East for females. Tilehurst South & Holybrook residents have the highest life expectancy for males at 87.2 with Downlands the equivalent for females at 90.3. Figure 5.2 presents the latest life expectancy figures at ward level (2015-19 data).

Figure 5.2: Life expectancy at birth for Males and Females in Bracknell Forest, 2015 to 2019



Source: OHID, Local Authority Health Profiles, 202232

5.7 The life expectancy gap between West Berkshire's most and least deprived areas is attributable to different causes of death for men and women, and these issues are explored in the section below on long term health conditions.

Our health and behaviours

5.8 Lifestyle and the personal choices that people make can significantly impact on their health. Behavioural patterns contribute to approximately 40% of premature deaths in England, which

[32] NB: The Pangbourne ward figure for males is not provided as there was insufficient data/sample size for the ward

is a greater contributor than genetics (30%), social circumstances (15%) and healthcare (10%).[33] While there are a large number of causes of death and ill-health, many of the risk factors for these are the same. Just under half of all years of life lost to ill health, disability or premature death in England are attributable to smoking, diet, high blood pressure, being overweight, alcohol and drug use.

5.9 Community Pharmacy teams support the delivery of community health programmes promoting interventions by, for example, engaging local public health campaigns and rolling out locally commissioned initiatives such as campaigns to encourage people to stop smoking, sexual health services and dementia friends. In addition, pharmacies are required to signpost people to other health and social care providers and provide brief advice where appropriate.

5.10 This section of the chapter explores different health behaviours and lifestyles that pharmacies can offer support, to improve the overall health of the population of West Berkshire borough.

Smoking

5.11 Smoking is the single biggest cause of premature death and preventable morbidity in England, as well as the primary reason for the gap in healthy life expectancy between rich and poor. It is estimated that smoking is attributable for over 16% of all premature deaths in England and over 9% of years of life lost due to ill health, disability or premature death[37]. A wide range of diseases and conditions are caused by smoking such as cancers, respiratory diseases and cardiovascular diseases.

5.12 Smoking prevalence is low in West Berkshire. 10.3% of West Berkshire's adult population aged 18+ smoke (2019 data), which is lower than the percentage for England (13.9%) and South East England of 12.2%. Smoking prevalence among those employed in routine and manual occupations is much higher. In 2019, 23.8% of routine and manual workers in West Berkshire smoke, similar to the figure for England of 23.2%, and South East England of 23.7% (OHID, Public Health Outcomes Framework, 2022).

5.13 Smoking prevalence rates are also monitored for pregnant women, due to the detrimental effects of smoking on the growth and development of the baby and health of the mother. The proportion of mothers who smoke in early pregnancy was 11.73% in West Berkshire in

[33] Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2015 (GBD 2015) Reference Life Table. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2016.

2018/19, similar to 12.8% for England and 11.3% for the South East region (OHID, Public Health Outcomes Framework, 2022).

Alcohol

5.14 Harmful drinking is a significant public health problem in the UK and is associated with a wide range of health problems, including brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage and poor mental health. Alcohol can also play a role in accidents, acts of violence, criminal behaviour and other social problems.

5.15 In West Berkshire in 2020, there were 52 deaths classified as 'Alcohol-related mortality'. This gave a rate of 31.7 per 100,000 population which is lower than the England rate of 37.8 and the rate for the South East region of 33.9. Though these differences are not statistically significant.

5.16 In 2020/21, there were 600 admission episodes for alcohol-specific conditions in West Berkshire. This isa rate of 377.7 per 100,000 population, which is lower than the rate for England of 586.6 and lower than the rate for the South East region of 539.9 (OHID, Local Authority Public Health Profiles, 2022).

Drug use

5.17 Substance misuse is linked to mental health issues such as depression, disruptive behaviour and suicide. In 2018-2020, there were 13 deaths from drug misuse in West Berkshire (OHID, Local Authority Public Health Profiles, 2018-2020). This is a rate of 2.84 per 100,000 population, which is lower than the rate for England of 5.02 per 100,000 population, and similar to that for South East England of 3.97.

5.18 In West Berkshire in 2020, 2.9% of drug users aged 18 years and over had successful treatment for opiate drug use, which is lower than figures for England of 4.7% and the South East region of 5.7%. Though these differences are not statistically significant (OHID, Local Authority Public Health Profiles, 2020). For successful completion of drug treatment for non-opiate users aged 18 years and over, the figures for West Berkshire were 28.9%, and comparable figures for England and the South East region were 33% and 33.3% respectively. Again, these differences are not statistically significant (OHID, Local Authority Public Health Profiles, 2022).

Obesity

5.19 Obesity is recognised as a major determinant of premature mortality and avoidable ill health. It increases the risk of a range of diseases including certain cancers, high blood pressure and type 2 diabetes[34] and increases the risk of death from COVID-19 by 40- 90%[35]. Obesity is indicated when an individual's Body Mass Index (BMI) is over 30.

5.20 60% of adults living in the borough are classified as being obese or overweight in 2019/20 (OHID, Public Health Outcomes Framework, 2019/20). These figures are slightly better than those for England (62.8%) though the difference is not statistically significant.

5.21 Childhood obesity is on the rise and can have significant impact on health outcomes. A child who is overweight or obese can have increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

5.22 The COVID-19 pandemic is likely to have increased the number of children who are overweight or obese. The impact of the pandemic and lockdowns meant that routines of the children and their families were disrupted, thus hindering opportunities to maintain healthy lifestyle behaviours.

5.23 19.9% of children in Reception Class in West Berkshire in 2019/20 were overweight and obese, and 29.1% of Children in Year 6 were overweight or obese (OHID, Public Health Outcomes Framework, 2019/20. These figures compare favourably to those for England (23% for children in reception, 35.2% for children in year 6). It should be noted that the coverage of measurements which these figures are based on were interrupted by the COVID-19 pandemic and coverage for reception children in West Berkshire was 54% so reception prevalence data should be interpreted with caution.

[34] Public Health England (2017). Guidance: Health matters: obesity and the food environment.

[35] Public Health England. Excess weight and covid-19. Jul 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/903770/PHE_insight_Excess_weight_and_COVID-19.pdf.

5.24 As part of the Pharmacy Quality Scheme (PQS) 2021/22[36] pharmacies are now expected to help identify people who would benefit from weight management advice and provide an onward referral to local weight management support or the NHS Digital Weight Management Programme.

Physical activity

5.25 People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who lead a sedentary lifestyle. Physical activity is also associated with improved mental health and wellbeing. The Global Burden of diseases[37] showed that physical inactivity is directly accountable for 5% of deaths in England and is the fourth leading risk factor for global mortality.

5.26 West Berkshire is an active borough. In 2019/20 77.3% of adults in West Berkshire were considered 'physically active', much higher than the England figure of 66.4%. 14.2% of adults in the borough were considered 'physically inactive', much lower than the England figure of 22.9% (OHID, Public Health Outcomes Framework, 2022).

Sexual health

5.27 Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) and abortion. Public Health England states that the success of sexual and reproductive health services 'depends on the whole system working together to make these services as responsive, relevant and easy to use as possible and ultimately to improve the public's health'.

5.28 The rate of new STI diagnoses in West Berkshire is lower than the national rate. In 2020, the all new STI diagnosis rate per 100,000 population (excluding chlamydia for those aged under 25) per 100,000 population for West Berkshire was 285.6, which is better than the rate for South East England (460.8) and for the rate for England (619).

[36] Pharmacy Quality Scheme (2021/22): https://www.nhsbsa.nhs.uk/provider-assurance-pharmaceutical-services/pharmacy-quality-scheme-pqs

[37] Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2015 (GBD 2015) Reference Life Table. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2016.

5.29 Chlamydia is the most commonly diagnosed STI in England, with rates substantially higher in young adults than any other age group. The chlamydia detection rate in 2020 per 100,000 population young people aged 15-24 for West Berkshire is 1,061.9 - this is again lower than the rate for England (1,408) and for South East England (1,222). Chlamydia screening is low in West Berkshire. 8.6% 15-24 year olds who present to specialised sexual health clinics were screened in 2020. This is lower than the figure for England of 14.3% and for South East England (12.5%) (OHID, Local Authority Public Health Profiles, 2022).

HIV

5.30 The rate of HIV is comparatively low in West Berkshire. The latest figures show that there were 70 residents aged 15-59 years in West Berkshire in 2020 diagnosed with HIV. This equates to 0.79 per 1,000 population which is lower than the national rates at 2.31 per 1,000 population, and lower than the regional figure at 1.85 per 1,000 population.

5.31 HIV testing coverage in 2020 is strong in comparison to regional and national coverage. 64.2% of those who attended specialist sexual health services were tested, which is markedly better than the rate for England (46%) and South East England (47%). 83% of those newly diagnosed in 2018-20 received prompt antiretroviral therapy initiation, similar to England and South East figures of 83% and 84% respectively (OHID, Local Authority Public Health Profiles, 2022).

COVID-19

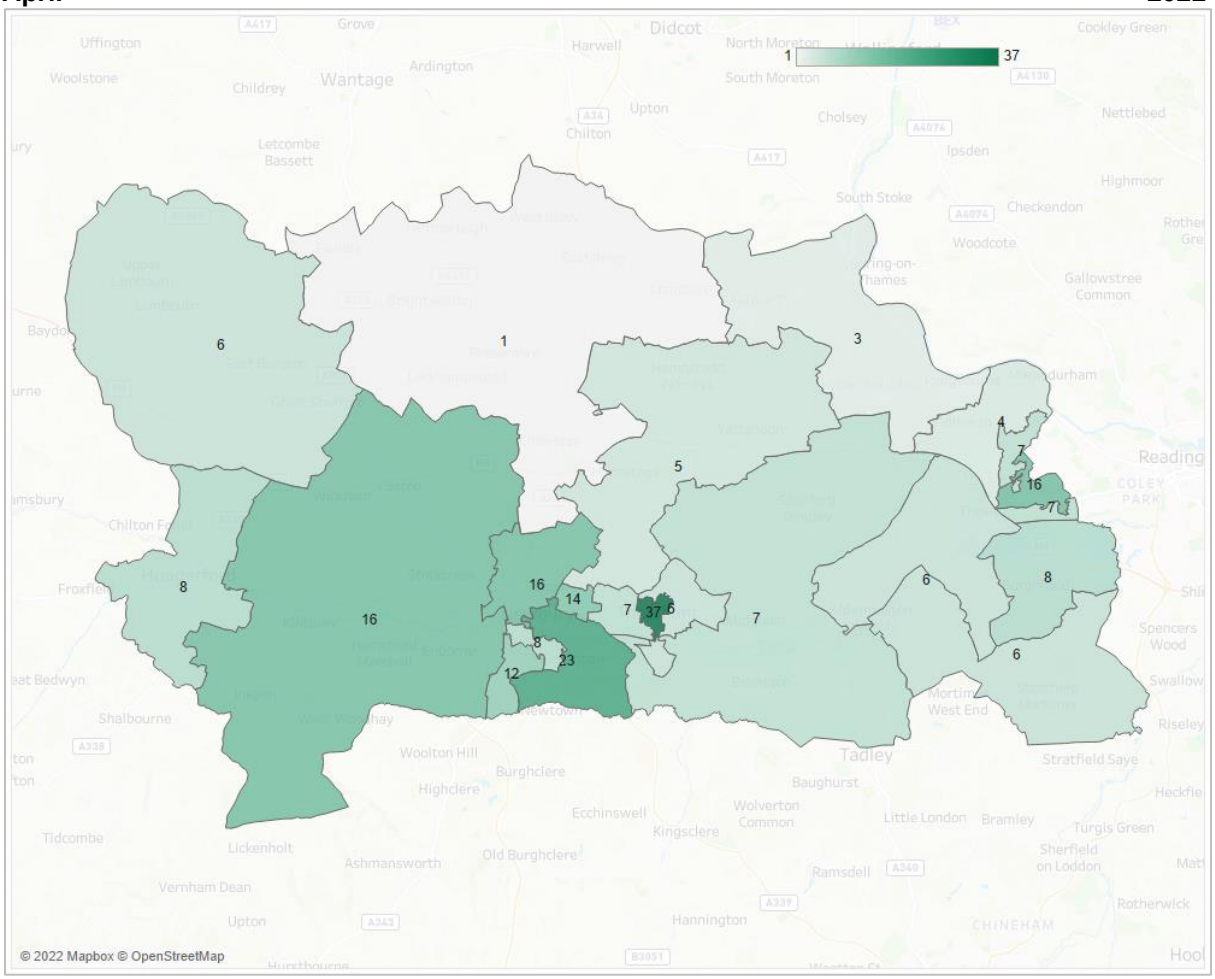
5.32 The COVID-19 pandemic has highlighted the impact of deprivation on health risks and health outcomes. COVID-19 morbidity and mortality has been more pronounced in more deprived areas and in those from ethnic minority groups who experience more social inequalities such as income, housing, education, employment, and conditions of work. Nationally, the people who have suffered the worst outcomes from COVID-19 have been older, of Black or Asian heritage and have underlying health conditions such as obesity of diabetes[38].

5.33 ONS have produced data on age-standardised deaths due to COVID-19 per 100,000 population from March 2020 to April 2021 for each Local Authority Area in England[39]. The rate per 100,000 population for West Berkshire Borough in this period was 121.1 deaths per 100,000 population, which compares favourably with the rate for the South East Region of

[38] PHE (2020). Beyond the data: Understanding the impact of COVID-19 on BAME groups.
[39] ONS, Age-standardised deaths due to covid 19 per thousand population for Local Authority areas, June2021.

160.8 per 100,000 population, and also with England with a rate of 181.7 per 100,000 population (ONS, deaths due to COVID-19 by local area and deprivation, 2022). Figure 5.3 presents the total number of deaths due to COVID-19 at MSOA level for West Berkshire.

Figure 5.3: Total number of deaths due to COVID-19 by MSOA in West Berkshire, March 2020 to April 2021



Source: ONS, deaths due to COVID-19 by local area and deprivation, 2021

Flu vaccination

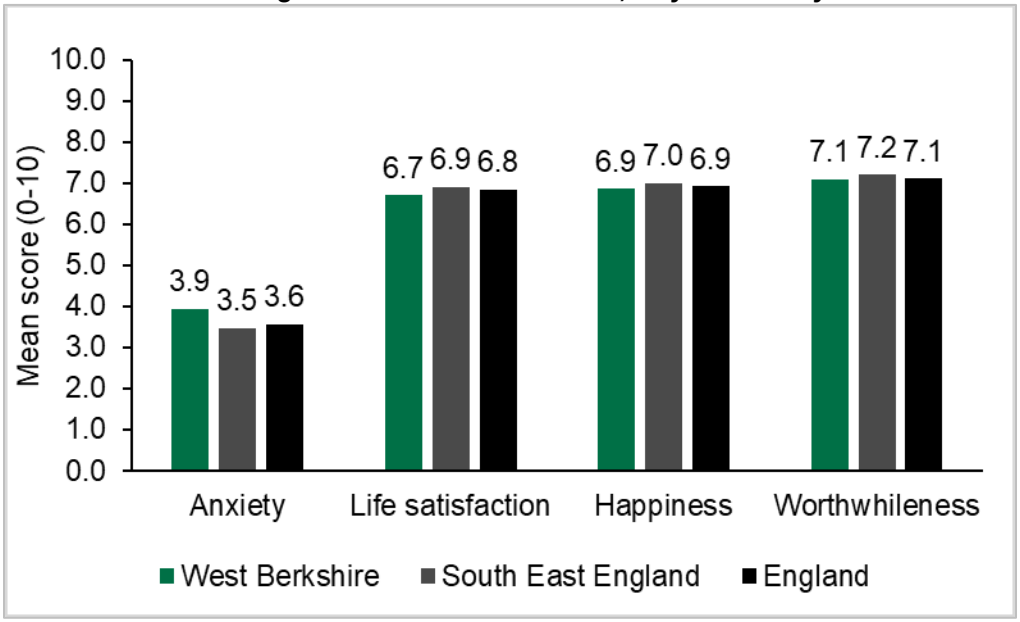
5.34 The flu vaccination is offered to people who are at greater risk of developing serious complications if they catch flu. 85.7% of over 65s in West Berkshire were vaccinated in 2020/21. This is better than the England percentage of 80.9% and the figure for South East England of 81.8%, it is also meeting the national population vaccination coverage target of 75%. The local trend for this indicator is increasing and getting better. Provisional data for 2021/22 shows that the coverage increased since 2020/21.

5.35 The population vaccination coverage for flu for at risk individuals (aged 6 months-64 years), in West Berkshire is also doing well at 64.3% in 2020/21. This is higher than the percentage for England of 53%, South East England of 56.4% and the national population vaccination coverage target of 55% (OHID, Local Authority Public Health profiles, 2022). Again, provisional data for 2021/22 shows that the coverage increased since 2020/21.

Mental wellbeing

5.36 Mental health and wellbeing is a priority area for the Berkshire West Health and Wellbeing Strategy.[40] The ONS dataset 'Personal well-being estimates by Local Authority'[41] uses four measures to access personal well-being: life satisfaction, feeling the things done in life are worthwhile, happiness, and anxiety. Figure 5.4 below presents the results from the latest survey wave (2020-21), showing the mean score (0-10) for each of the variables. It shows that West Berkshire has slightly higher levels of anxiety compared to South East England and England, but similar results to South East England and England for Happiness, Life Satisfaction and Worthwhile.

Figure 5.4: Personal wellbeing scores in West Berkshire, May 2020 - May 2021



[40] Berkshire West Health & Wellbeing Strategy (2021-2030). https://www.bobstp.org.uk/berkshire-west/berkshire-west-integrated-care-system-ics/

[41] ONS, Personal Wellbeing in the UK, 2020-2021, October 2021. https://www.ons.gov.uk/datasets/wellbeing-local-authority/editions/time-series/versions/2

Source: ONS, Personal Wellbeing in the UK, 2021

Social isolation and loneliness

5.37 Social isolation and loneliness can impact people of all ages but is more prominent in older adults. It is linked to increased behavioural risk factors, poor mental health as well as morbidity and mortality from acute myocardial infarction and stroke42. 28.9% of West Berkshire over 65s live alone (ONS 2011 Census). This is lower than the England rate of 31.5%.

5.38 The Adult social care survey explores isolation and loneliness in its analysis. Findings show that in West Berkshire, 45.7% users who responded to a survey have as much social contact as they would like. This is similar than national figures of 45.9%. It highlights that more than half of older adults in receipt of social care do not have as much social contact as they would like and are likely feeling isolated and lonely (Adult Social Care Survey, 2021).

5.39 Pharmacies have a role in supporting population mental health and wellbeing. They can help with early identification of new or worsening symptoms in their patients, they can signpost make a referral to existing offers of support and they can work with patients to ensure their safe and effective use of medications.

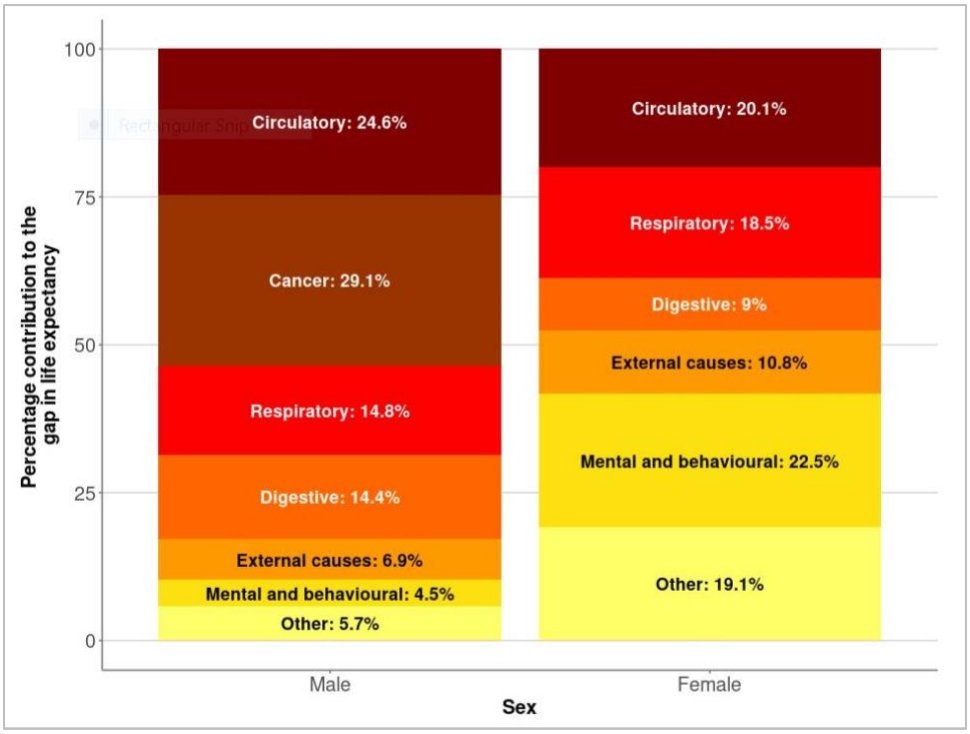
Major health conditions

5.40 The causes of life expectancy gap between the most deprived and least deprived populations within a borough provides a good indicator on what health conditions have a bigger impact on local populations and where a targeted approach is needed.

5.41 Figure 5.5 presents a breakdown of the causes of life expectancy gap (by broad cause of death) between the most deprived quintile and least deprived quintiles of West Berkshire. It highlights circulatory diseases as the biggest cause of the differences in life expectancy between deprivation quintiles for males and females, accounting for 24.6% and 20.1% of the gap respectively.

[42] Hakulinen C, Pulkki-Råback L, Virtanen M, et al (2018). Social isolation and loneliness as risk factors for myocardial infarction, stroke and mortality: UK Biobank cohort study of 479 054 men and women. *Heart*; 104:1536-1542.

Figure 5.5: Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of West Berkshire, by broad cause of death, 2015-17



Source: OHID, Breakdown of the Life Expectancy Gap Segment tool, January 2022

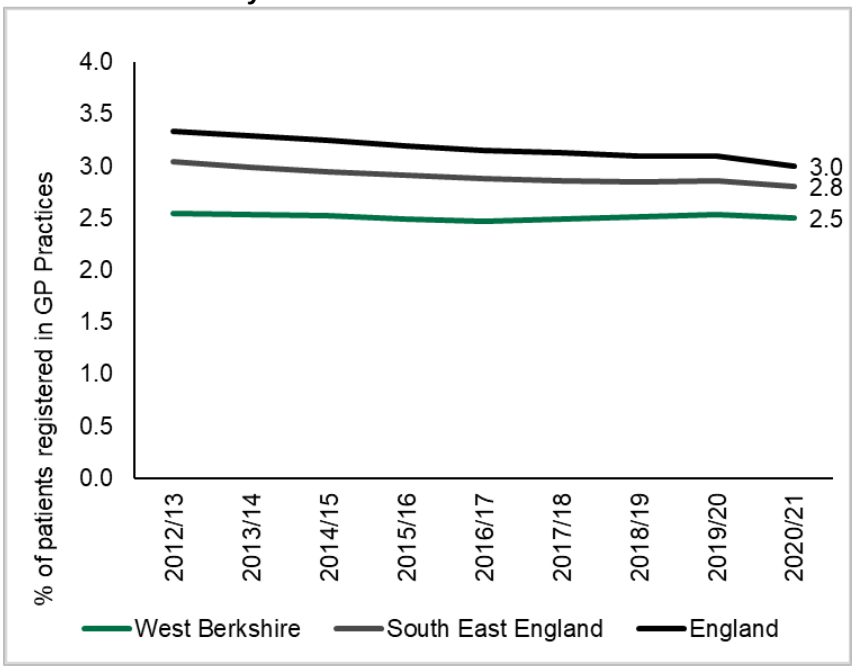
5.42 Cancer is the next biggest cause of life expectancy gap in males accounting for 29.1% of the gap in West Berkshire. The third major cause of life expectancy gap for males is respiratory diseases which account for 14.8% of the life expectancy gap. It is also the second major cause for females accounting for 18.5% of the gap. Mental and Behavioural reasons are the third biggest cause in the life expectancy gap in females. Mental and Behavioural reasons include dementia and Alzheimer's disease.

5.43 We will take a closer look at circulatory diseases, cancer and respiratory diseases and mental and behavioural reasons and their impact in West Berkshire.

Circulatory diseases

5.44 Circulatory diseases include heart disease and stroke. The percentage of patients registered with GP Practices in West Berkshire with Coronary Heart Disease in 2020/21 was 2.5%. This is better than the England rate of 3% and the rate for the South East of 2.8%. West Berkshire is in the 2nd lowest quintile in England for this indicator (QOF, 2022). Figure 5.6 shows the trend for this indicator from 2012/13, where the West Berkshire rate has been relatively static and consistently below the rate for England and South East England.

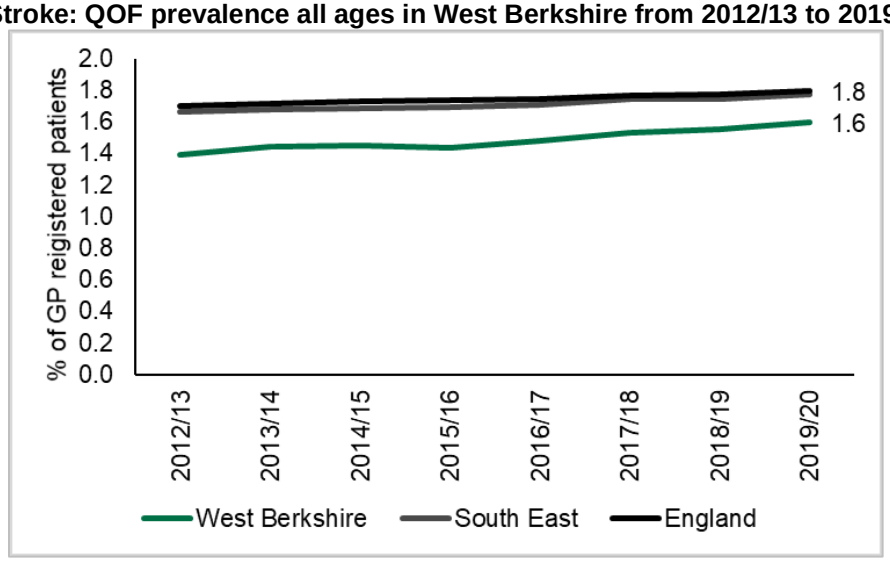
Figure 5.6: Prevalence of coronary heart disease in West Berkshire from 2012/13 to 2020/21



Source: OHID, Local Authority Public Health Profiles, 2022

5.45 1.6% registered with a GP in West Berkshire were on GP registers in 2019/20 recorded as having had a stroke or transient ischaemic attack . This is lower than the percentage for England of 1.8, and also lower than the percentage of 1.8 for South East England. West Berkshire is in the second lowest quintile in England for this indicator (OHID, Local Authority Public Health profiles, 2020). Figure 5.7 shows the trend for this indicator from 2012/13, and it can be seen that for West Berkshire the percentage has been steadily increasing.

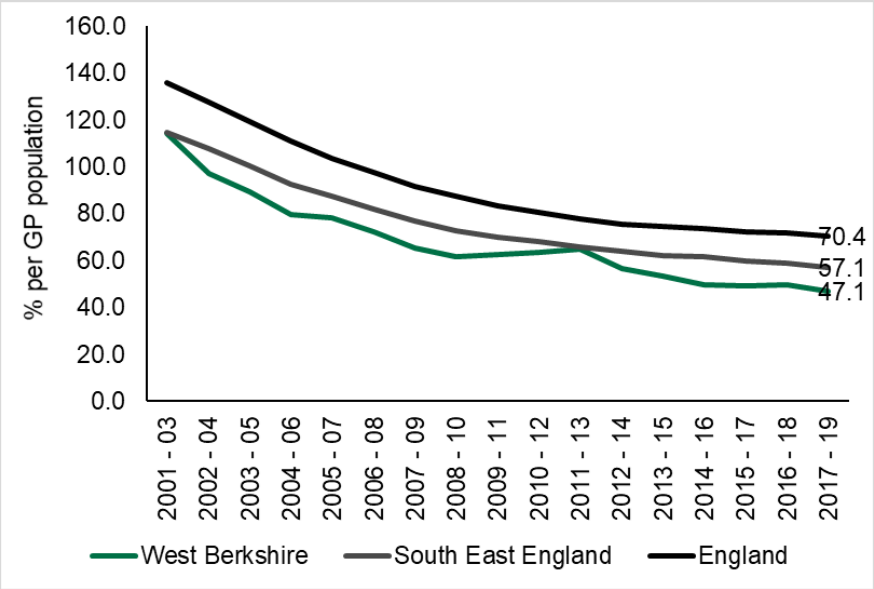
Figure 5.7: Stroke: QOF prevalence all ages in West Berkshire from 2012/13 to 2019/20



Source: OHID: QOF, 2022

5.46 The under 75 mortality rate for cardiovascular disease is 47.1 per 100,000 population, lower than to England and South England figures (Figure 5.8)

Figure 5.8: Trendline of under 75 mortality rate from all cardiovascular diseases for West Berkshire, 2012/13 to 2018/19



Source: OHID, Local Authority Public Health Profiles, 2022

Cancer

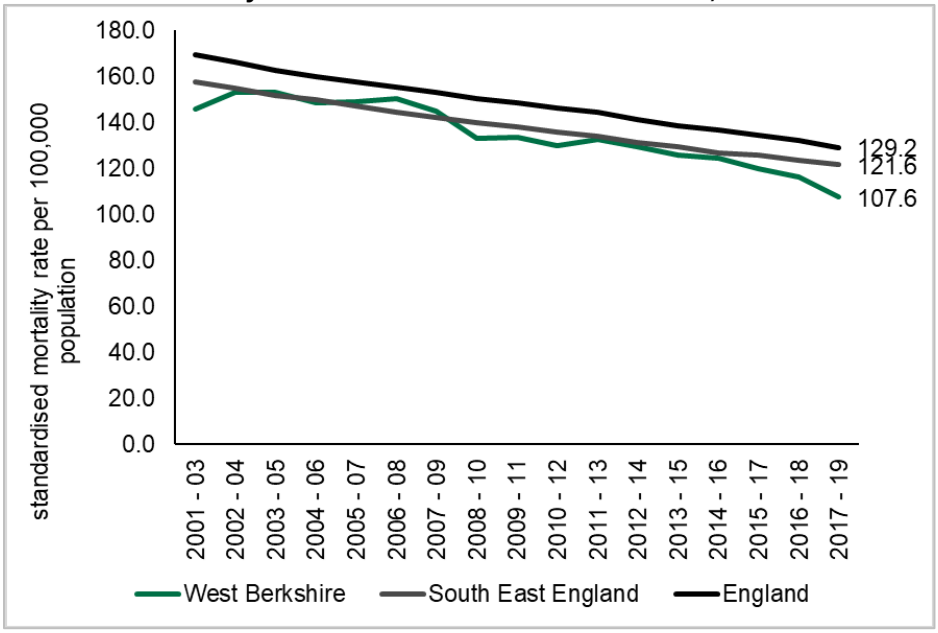
5.47 Pharmacists can play in an important role in the early detection and diagnosis of cancer. Raising awareness through public health campaigns and talking to patients about signs and symptoms of different cancers can result in earlier diagnosis and therefore better treatment options for patients.

5.48 The incidence of all cancers (standardised incidence ratio) for West Berkshire during the period 2014-2018 was 96.4. The cancer incidence ratio in West Berkshire is significantly below 100 indicating a lower incidence than the comparator area (England). The incidence ratios of Colorectal cancer, breast cancer and prostate cancer in West Berkshire are similar to those for England; incidence of lung cancer is significantly lower (OHID, Local Authority Health Profiles, 2022).

5.49 The premature mortality rate from cancer (i.e. under 75 years) in West Berkshire in 2017-2019 was 107.6 per 100,000 population, which is significantly lower than the rate for England of 129.2, and the rate of 121.6 for South East England (OHID, Local Authority Health Profiles, 2022). Premature mortality from cancer has been on a downward trend over the last two

decades, with the figures for West Berkshire falling below those of England and South East England during the most recent years of data (see Figure 5.9 below).

Figure 5.9: Premature mortality rate from cancer in West Berkshire, 2001-03 to 2017-19



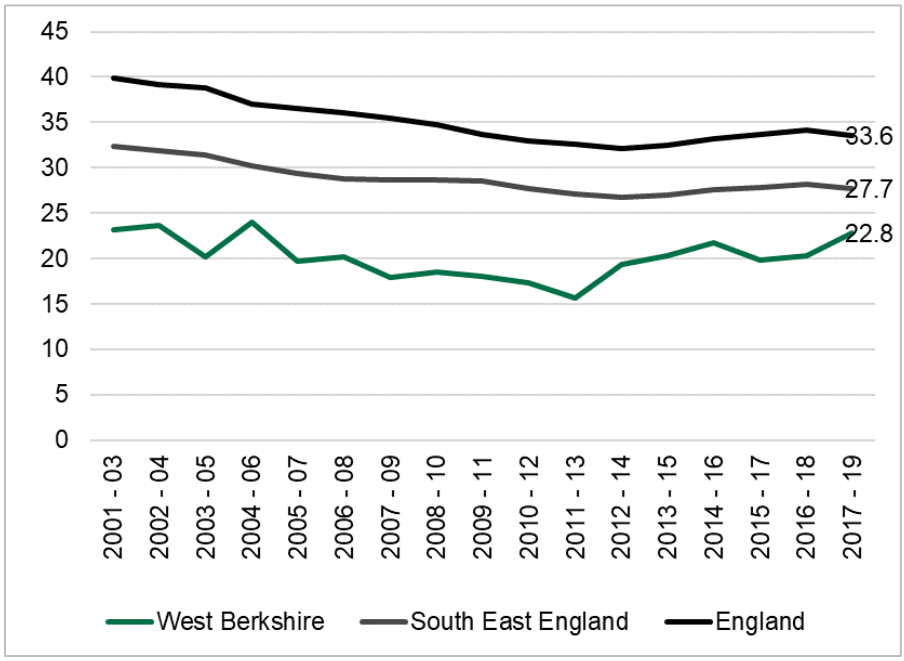
Source: OHID, Local Authority Public Health Profiles, 2022

Respiratory diseases

5.50 Respiratory disease is one of the top causes of death in England in under 75s. Respiratory diseases encompass flu, pneumonia and chronic lower respiratory diseases such as chronic obstructive pulmonary disease.

5.51 The under-75 mortality rate by respiratory disease for West Berkshire was 22.8 per 100,000 population (2017-19 data), which is significantly lower than the rate for England of 33.6 similar to the South East England rate of 27.7. (OHID, Local Authority Health Profiles, 2022). Figure 5.10 shows the relatively static trend for this indicator over the last two decades.

Figure 5.10: Under 75 mortality rate from respiratory disease in West Berkshire, 2001-03 to 2017-19



Source: OHID, Local Authority Public Health Profiles, 2022

5.52 One of the major respiratory diseases is chronic obstructive pulmonary disease (COPD). The rate for Emergency hospital admissions for COPD for persons over 35 years for West Berkshire in 2019/20 was 241.4, which is significantly lower than the rate for England of 415.1 and the rate for South East England of 295.1 (OHID, Local Authority Public Health Profiles, 2022). The recent trend for this indicator for West Berkshire is decreasing and getting better. Helping people to stop smoking is key to reducing COPD and other respiratory diseases.

Mental and behavioural

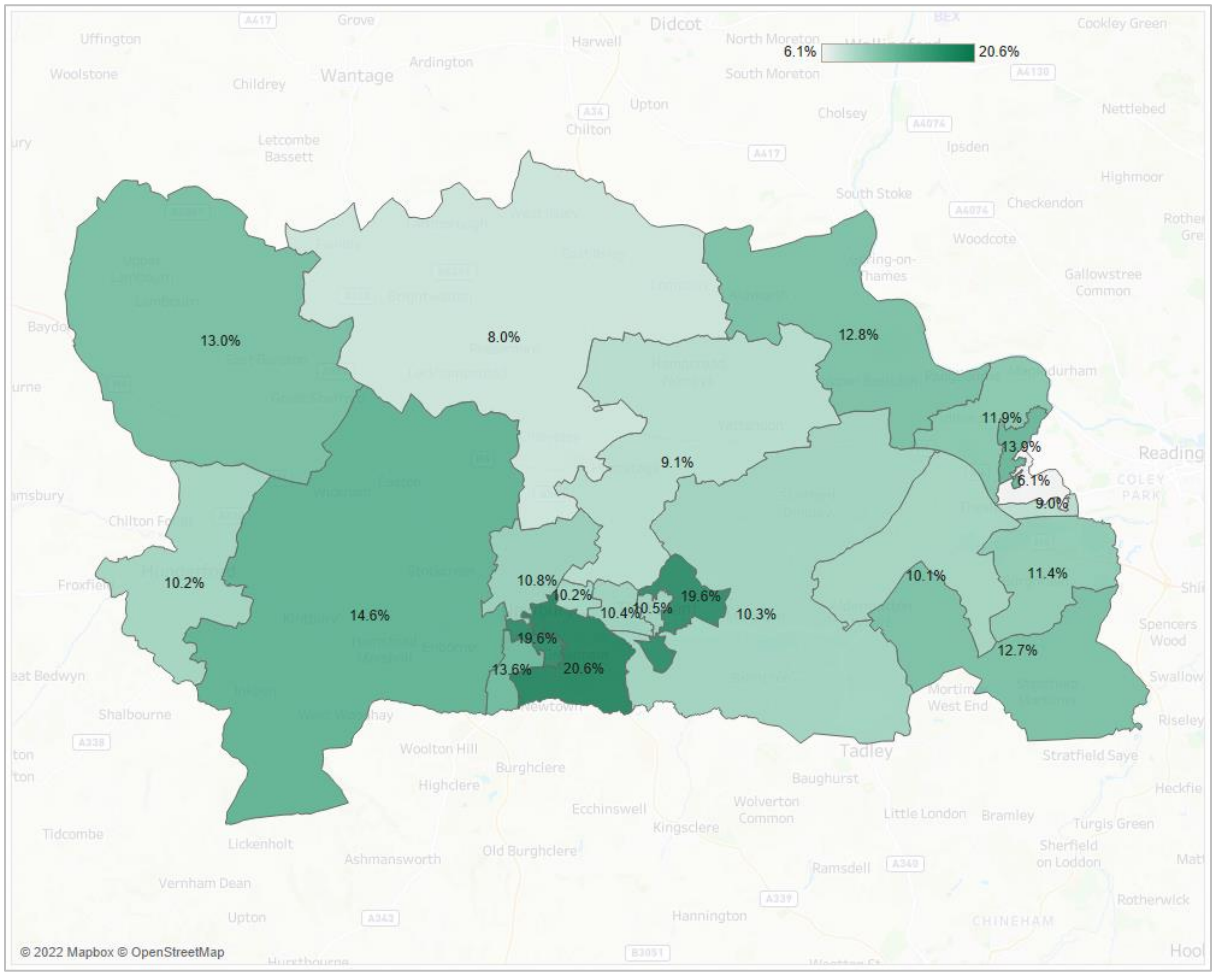
5.53 Mental illness is the single largest cause of disability in the UK. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.

5.54 Modelled estimates suggest that depression prevalence may be slightly higher than average in West Berkshire. An estimated 12.6% of GP patients aged 18 and over in the Newbury Parliamentary Constituency (which roughly covers the area of West Berkshire) are recorded on GP registers as having depression in 2019/20. This compares to a figure of 11.5% for England and 12% for the South East Region.

5.55 Neighbourhoods in West Berkshire with above average estimated rates for depression include Thatcham Town (20.6%), Thatcham West (19.6%) and Thatcham North (19.6%) (House of Commons Library, Constituency data: health conditions, April 2021) (Figure 5.11). It is important to note, these estimates are based on GP recorded prevalence and differences

between areas may reflect differences in how GPs record and measure information about their patients, rather than genuine differences in the prevalence. Additionally, not all of those living with depression will have sought help and have depression recorded on their records.

Figure 5.11: Modelled estimates depression in GP registered patients in constituencies in West Berkshire in 2021

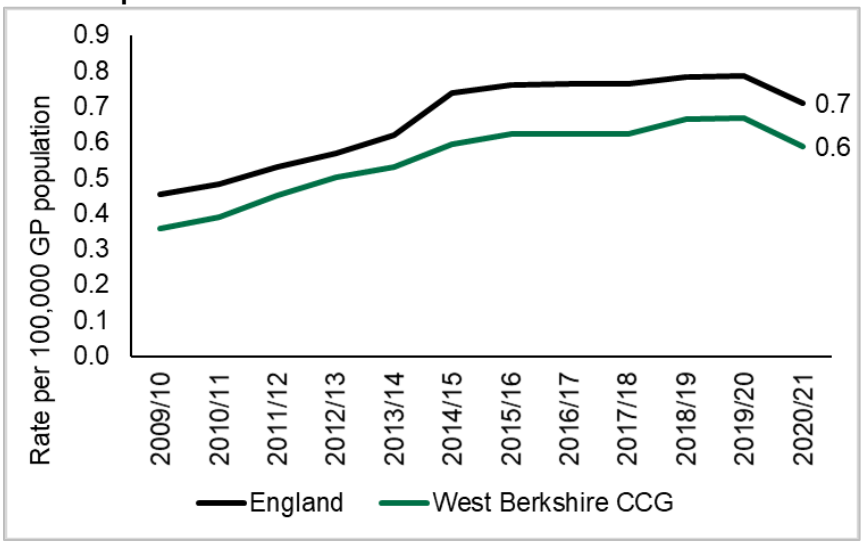


Source: House of Commons Library, Constituency data: health conditions, 2022.

5.56 An estimated 0.7% of GP Patients in Newbury Constituency are recorded on GP registers as having schizophrenia, bipolar disorder and psychosis, these figures compare to a figure for England of 0.9% and for the South East of England of 0.8%.

5.57 3,277 people (0.6 of GP registered patients) have dementia in West Berkshire in 2019/20 (Figure 5.12). Early diagnosis is important in enabling people to access the right services and support early and live well with dementia. However, the estimated percentage of people living with dementia who have a formal diagnosis in West Berkshire is 58.1%, significantly lower than the national rate of 61.6%.

Figure 5.12: Estimated prevalence of dementia in West Berkshire



Source: QOF, 2022

5.58 The number of people living with from dementia in West Berkshire is expected to increase significantly over the period 2013-2036, as the area is set to experience population growth of people aged 65 and over, who will be increasingly likely to live alone. This will put pressure on the delivery of health care services, particularly as this population growth is expected to occur in rural areas[43]. Community pharmacists are well placed to assist in the early identification of dementia, as well as to help patients to manage their medicines.

[43] Berkshire (including South Buckinghamshire) Strategic Housing Market Assessment, Final Report, GL Hearn, February 2016

Summary of health needs

Overall, the people of West Berkshire enjoy a good level of health. Life expectancy and healthy life expectancy are higher than regional and national figures for both males and females. However, females in West Berkshire, on average, live for 19 years in poor health and males for 13. There is also an inequality gap in life expectancy between those living in the most deprived areas of West Berkshire compared to those living in the least deprived areas. In general, the health and behaviours of West Berkshire residents are better than South East England and England as a whole.

Circulatory diseases, cancer, respiratory diseases and mental and behavioural issues are the main causes of the gap in life expectancy between the most and least deprived areas. Although the prevalence of circulatory diseases including coronary heart disease and stroke were lower than regional and national comparators, as were premature mortality figures for cardiovascular disease, cancer and respiratory diseases.

The estimated prevalence of depression is higher than regional and national comparators, particularly in Thatcham Town and Thatcham West. Estimated prevalence of schizophrenia, bipolar disorder and psychosis as well as dementia are lower than South East England and England overall. However, it is important to note, these estimates are based on GP recorded prevalence and differences between areas may reflect differences in how GPs record and measure information about their patients, rather than genuine differences in the prevalence.

Chapter 6 – Patient and public engagement survey

6.1 This chapter discusses the results of the patient and public engagement survey that was carried out in Berkshire between the period of 13th January 2022 until 4th March 2022. It will also provide an overview of the results specifically from West Berkshire. We will examine the health needs specific to protected characteristics and vulnerable groups that we have engaged with during this process, and the implications this may have on the PNA.

6.2 A "protected characteristic" means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.

6.1 A community questionnaire was used to engage with residents to understand their use and experience of local pharmacies. This questionnaire was approved for use with the local population by the PNA Steering Group and the communication teams of each of the Berkshire local authorities.

6.3 The community questionnaire was disseminated via online platforms, social media and in person for Berkshire. We engaged with 1789 residents across Berkshire, including 256 residents across West Berkshire.

Communications engagement strategy

6.4 Working with the Berkshire local authority communications teams, the survey was shared on social media platforms such as Facebook and Twitter, and on local resident e-newsletters. The survey was also published on the Public Health Berkshire webpage.

6.5 Locally, the West Berkshire Council Communications Team shared the survey on the council website and within their council newsletter.

6.6 The survey was also shared on the councils Facebook, Twitter and Nextdoor social media channels. Community United and Newbury college were also asked to share their survey through their communications channels.

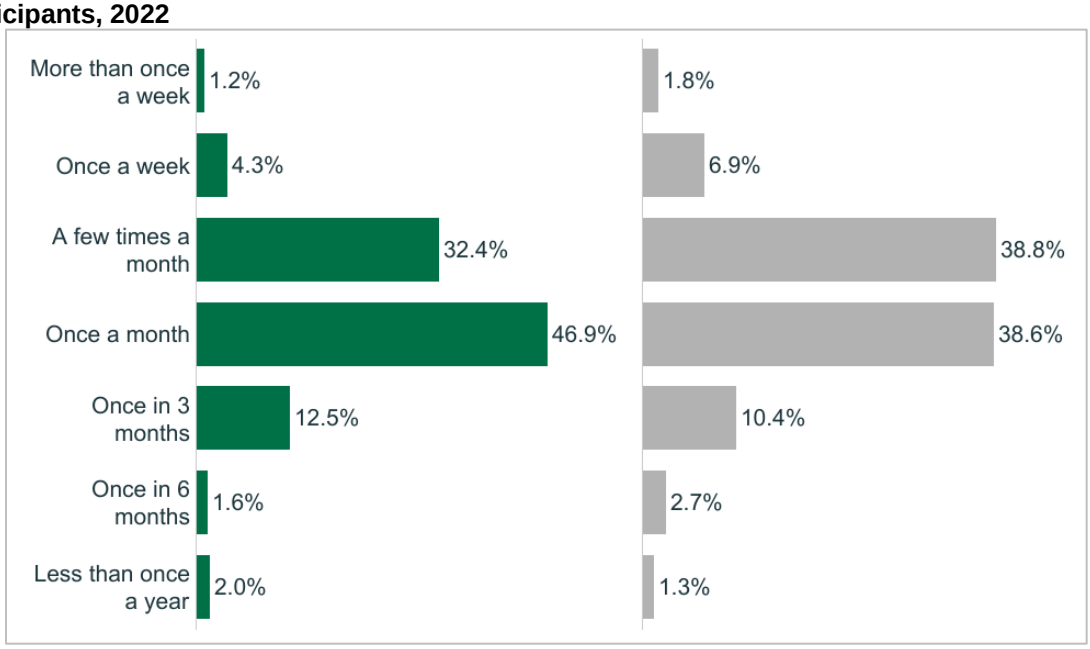
6.7 To reach people who represent people who share protected characteristics and the seldom heard the survey was also published on the community panels including the Adult Care Community Panel, the Health and Wellbeing and Caring for Children and Families Community Panel.

Results of the public engagement survey

6.8 The survey results are shown below, comparing West Berkshire, responses (shown in green) with Berkshire overall responses (shown in grey).

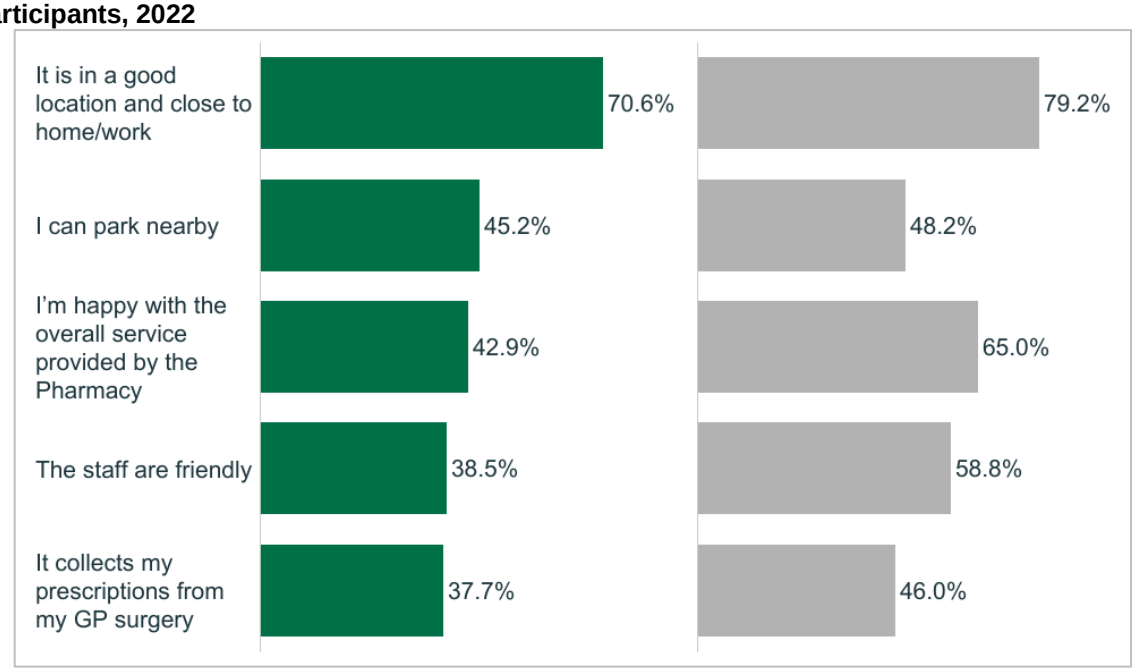
6.9 Across Berkshire, they showed that 38.8 % (691) respondents used the pharmacy between a few times a month and once a month 38.6% (687), Similarly, West Berkshire respondents used the pharmacy mostly at least once a month (46.9%), followed by few times a month (32.4%) (Figure 6.1).

Figure 6.1: Survey responses on frequency of pharmacy use by West Berkshire and Berkshire participants, 2022



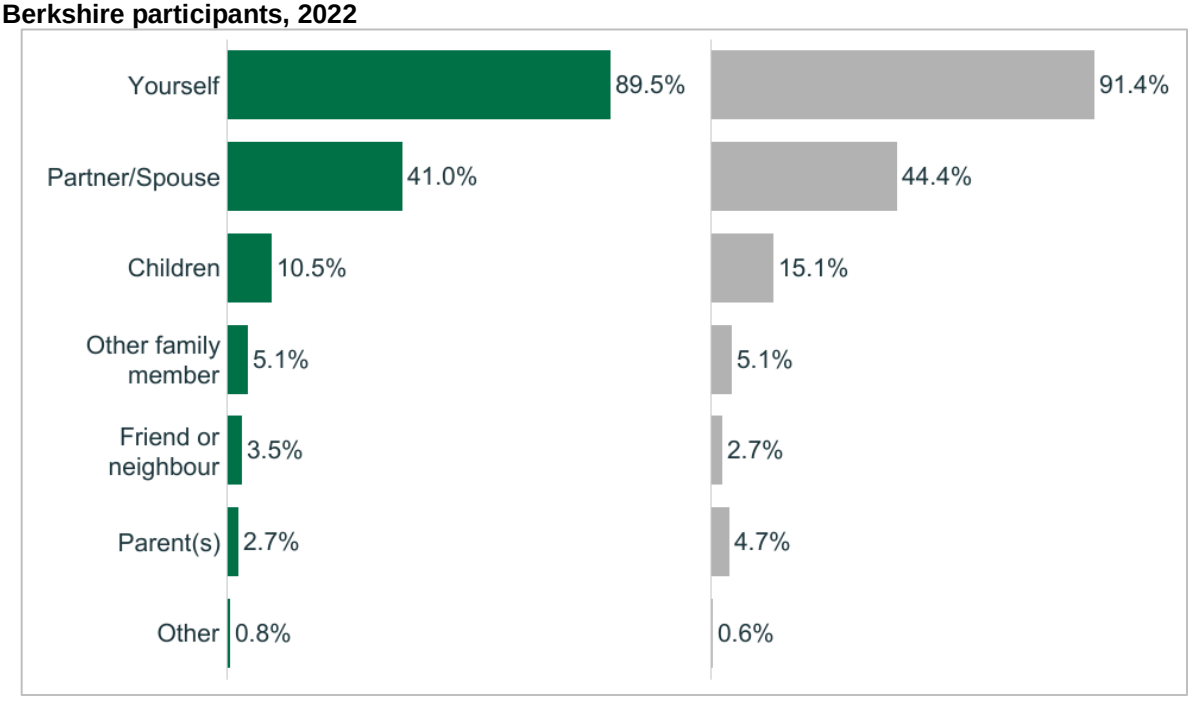
6.10 The majority of respondents across Berkshire, (79.2%) and West Berkshire (70.6%) both stated their main reason for their choice of pharmacy was due to the good location and its proximity to their work/home. This was followed by 65% of Berkshire respondents stating their choice was due to their happiness with the overall service provided by the pharmacy and 45.2% of respondents from West Berkshire using their pharmacy as they can park nearby (Figure 6.2).

Figure 6.2: Survey responses on reasons for pharmacy choice by West Berkshire and Berkshire participants, 2022



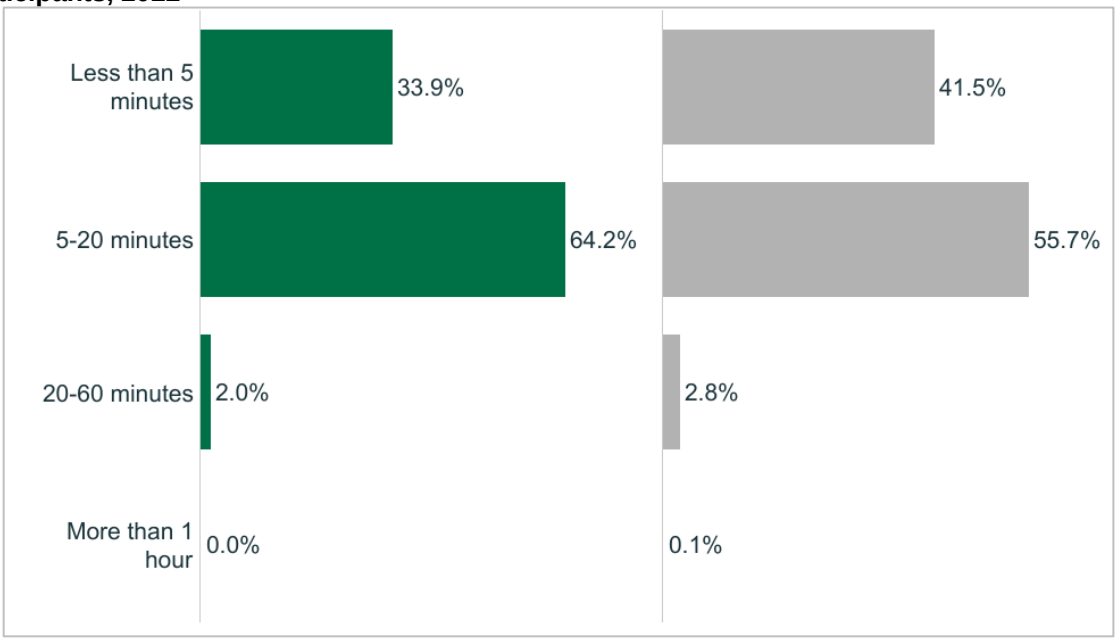
6.11 When asked who are they using the pharmacy for, 89.5 % and 91.4% of respondents use the pharmacy for themselves across West Berkshire and Berkshire respectively. Furthermore, 41% West Berkshire and 44.4% Berkshire respondents used their pharmacy mainly for their partner/spouse (Figure 6.3).

Figure 6.3: Survey responses on who they are using their pharmacy for by West Berkshire and Berkshire participants, 2022



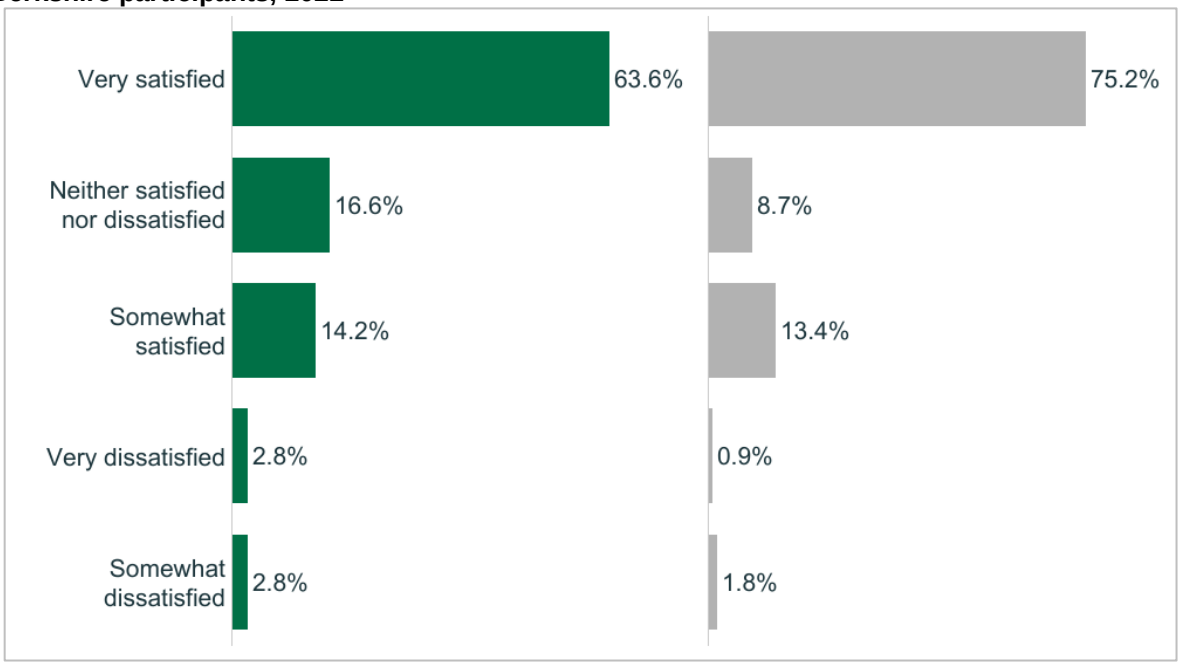
6.12 Across Berkshire, 41.5% of respondents stated that it takes less than 5 minutes to travel to their pharmacy, and 55.7% stated it takes 5-20 minutes. 33.9% of West Berkshire, respondents answered that that it takes less than 5 minutes to travel to their pharmacy whereas 64.2% stated that it takes them 5-20 minutes (Figure 6.4).

Figure 6.4: Survey responses on travel time to pharmacy by West Berkshire and Berkshire participants, 2022



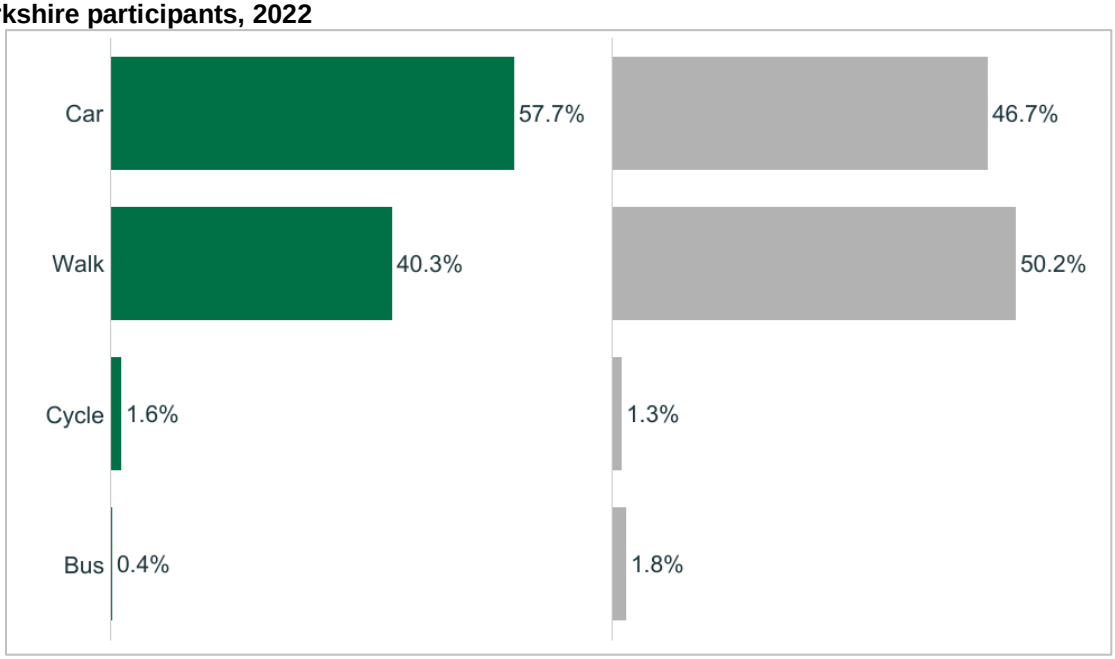
6.13 The majority of respondents across Berkshire and West Berkshire, were very satisfied with their journey to their pharmacy, 75.2% and 63.6% respectively (Figure 6.5).

Figure 6.5: Survey responses on satisfaction of journey to pharmacy by West Berkshire and Berkshire participants, 2022



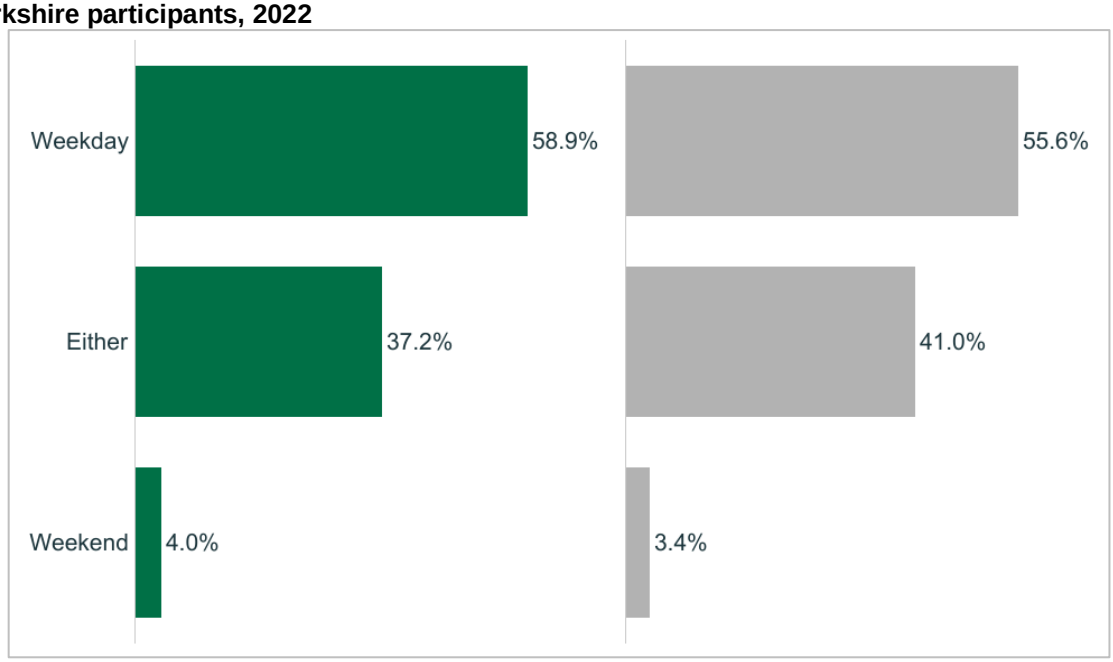
6.14 When asked around how they usually travel to their pharmacy, across Berkshire 50.2% walk to their pharmacy, and 46.7% of respondents used their car and to travel to their pharmacy. Similarly, in West Berkshire, 40.3% walk to their pharmacy and 57.7.7% use their car (Figure 6.6).

Figure 6.6: Survey responses on how they travel to their pharmacy by West Berkshire and Berkshire participants, 2022



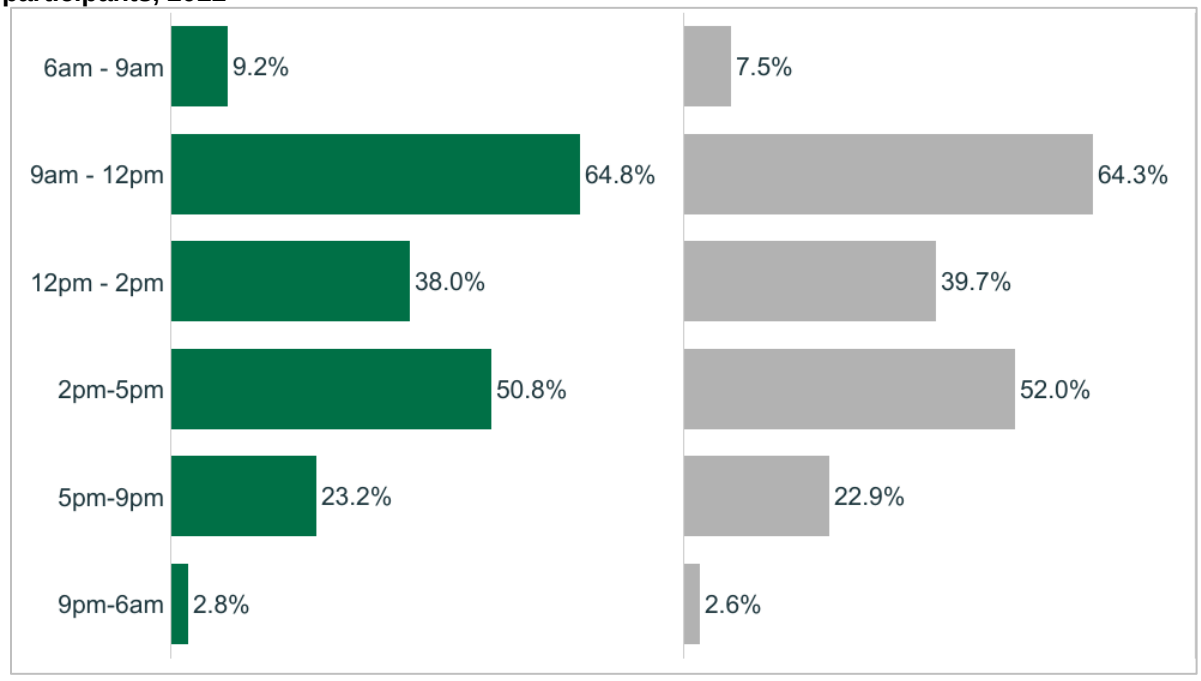
6.15 When asked when they preferred to go to the pharmacy, respondents across Berkshire 55.6% (975) stated on weekdays, comparably 58.9% (149) of respondents in West Berkshire, answered alike. Given the choice of either weekday or weekend, across 37.2% (94) respondents came from West Berkshire and 41% (720) across Berkshire (Figure 6.7).

Figure 6.7: Survey responses on preferred day to visit pharmacy by West Berkshire and Berkshire participants, 2022



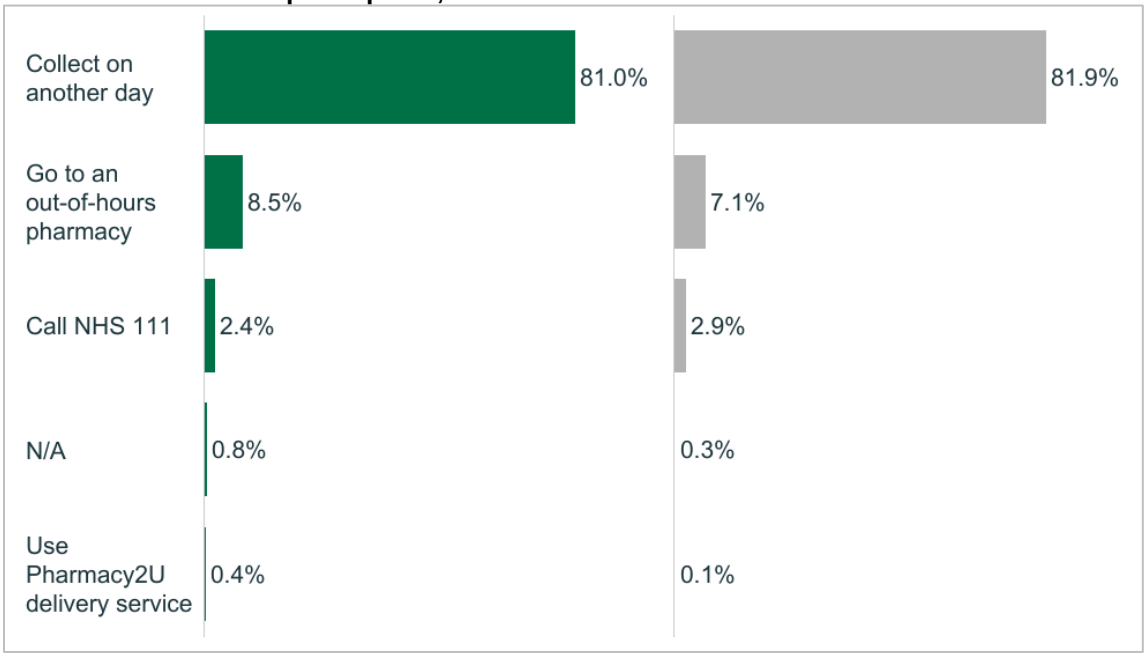
6.16 In terms of times, across Berkshire most popular times being between 9am- 12pm, followed by 2pm- 5pm (see figure 5.6). In West Berkshire, the respondents stated their preferred times between 9am - 12pm and 2-pm - 9pm. Note: respondents could select multiple responses for this survey question (Figure 6.8).

Figure 6.8: Survey responses on time to visit their pharmacy by West Berkshire and Berkshire participants, 2022



6.17 When asked what you do if you can't access the pharmacy, 81.9% of respondents across Berkshire answered that they collect on another day, followed by 7.1% stating they would go to an out-of-hours pharmacy. Alike, across West Berkshire, 81% respondents would collect another day and 8.5% go to an out-of-hours pharmacy (Figure 6.9).

Figure 6.9: Survey responses on what they do if they can't access the pharmacy by West Berkshire and Berkshire participants, 2022



6.18 Of the 256 respondents in West Berkshire, 62 left a comment on how what additional services they would like to see available in their pharmacy. The top services the public would like to see within their pharmacy were:

- Longer opening hours (38%)
- Minor ailments, independent prescribing, and blood checks, including blood tests, and pressure checks (33%)
- Delivery service (18%)
- Vaccines including travel (18%)

Equality impact assessment

6.19 This next section explores the West Berkshire survey responses by different groups representing protected characterises, looking at where there are similarities and differences between groups.

Age

6.20 Pharmacies provide essential services to all age groups such as dispensing, promotion of healthy lifestyles and signposting patients to other healthcare providers. Pharmacies providing services to vulnerable adults and children are required to be aware of the safeguarding guidance and local safeguarding arrangements.

6.21 To understand any differences between groups, we carried out analysis by grouping together age groups. We compared differences between those aged over 65 (n=124), and individuals aged 65 and under (n=131). One respondent did not state their age.

6.22 No differences were found between the two groups and frequency of visiting the pharmacy usually a few times a month, or at least once a month.

6.23 No differences were found between the age groups in terms of reasons for chosen pharmacy with the most popular response being that they chose their pharmacy based on good location close to home and work.

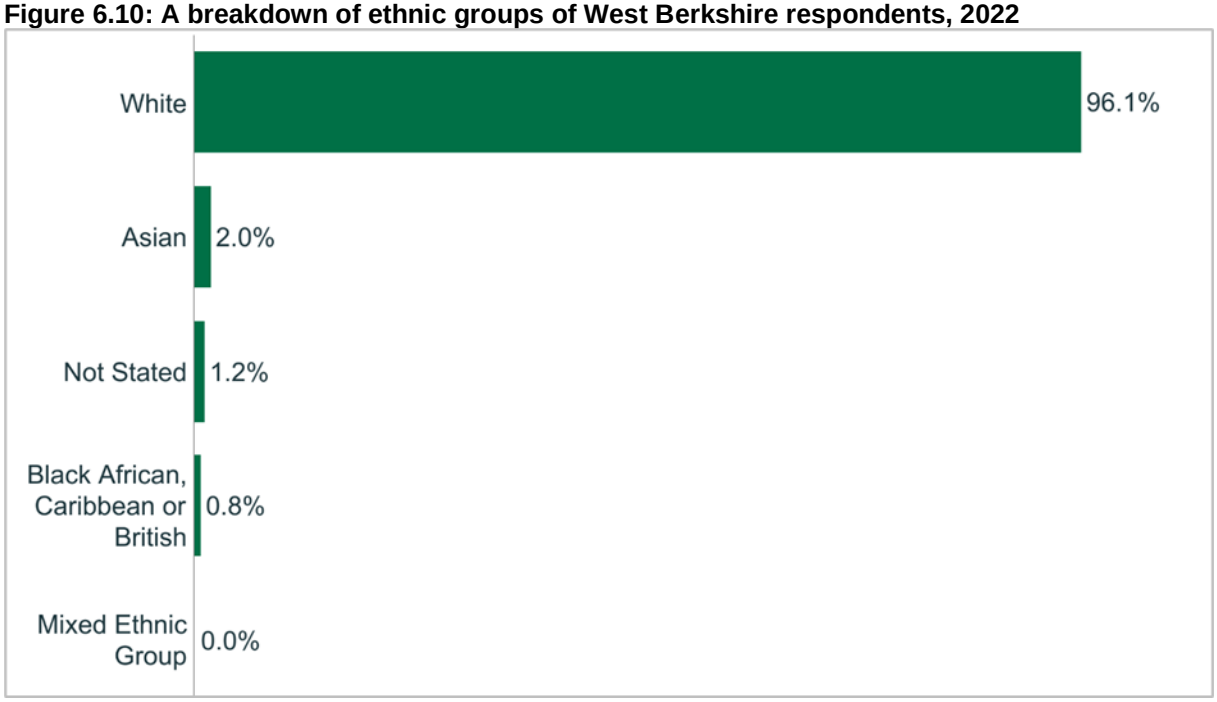
6.24 No significant differences were found between the age groups and who the pharmacy was used for, with the most popular responses across both groups being for themselves, or their partner/ spouse. Although, those aged under 65 were more likely to use the pharmacy for their children (19.8%), compared to those over 65 (0.8%).

6.25 There were no differences between groups in terms of mode of travel or travel time to reach a pharmacy.

Ethnicity

6.26 When analysing for results around ethnicity on pharmacy usage, a small number of respondents were from an ethnic minority background (Figure 6.10).

Figure 6.10: A breakdown of ethnic groups of West Berkshire respondents, 2022



6.27 No differences were found in terms of ethnicity and frequency of using pharmacy, with the majority of respondents using their pharmacy a few times a month, or at least once a month.

6.28 Reasons for choice did not differ across ethnic groups, with respondents using their pharmacy based on location. Two (0.8%) respondents who were Black African Caribbean or Black British stated that their pharmacy was within a 5 minute walk with a preference to visit pharmacy on either weekday or weekend, however, those from White or Asian backgrounds stated that their pharmacy was within a 5-20 minute walk or car journey with a preference to visit on a weekday.

Gender

6.29 164 (64.1%) respondents were female, 89 (34.8%) were male, two (0.8%) did not state, and one (0.4%) was non-binary.

6.30 No differences were found across genders in terms of frequency of visits, reasons for choosing their pharmacy and mode of travel.

6.31 Generally, respondents used their pharmacy for themselves, or their spouse/ partner, however female respondents were more likely to use their pharmacy for their children too (12.8%), compared to their male counterpart (6.7%).

Pregnancy

6.32 Four (1.6%) respondents were pregnant at the time this survey was live.

6.33 No differences were found amongst those who were pregnant and not pregnant in terms of frequency of visiting pharmacy from a few times a month, to at least once a month. Reasons for choice was based on the pharmacy being in a good location, and travel time to pharmacy was within a 5-20 minute walk or car journey.

6.34 Preferred time to visit pharmacy for those who were pregnant tended to be during the hours of 2pm-5pm (75%), and those who were not pregnant preferred to visit their pharmacy during 9am – 12pm.

6.35 Most respondents used the pharmacy for themselves or spouse/ partner, and those pregnant were also more likely to use the pharmacy for their children (25%).

Breastfeeding

6.36 Three (1.2%) people were breastfeeding at the time of this survey was live.

6.37 No differences were found groups in terms of frequency of visiting pharmacy with most respondents going a few times a month, to at least once a month.

6.38 Those who were breastfeeding were more likely to choose their pharmacy based on the fact that it collected prescriptions from GP surgery (67%), compared to those who were not breastfeeding who chose their pharmacy based on being in a good location (70%).

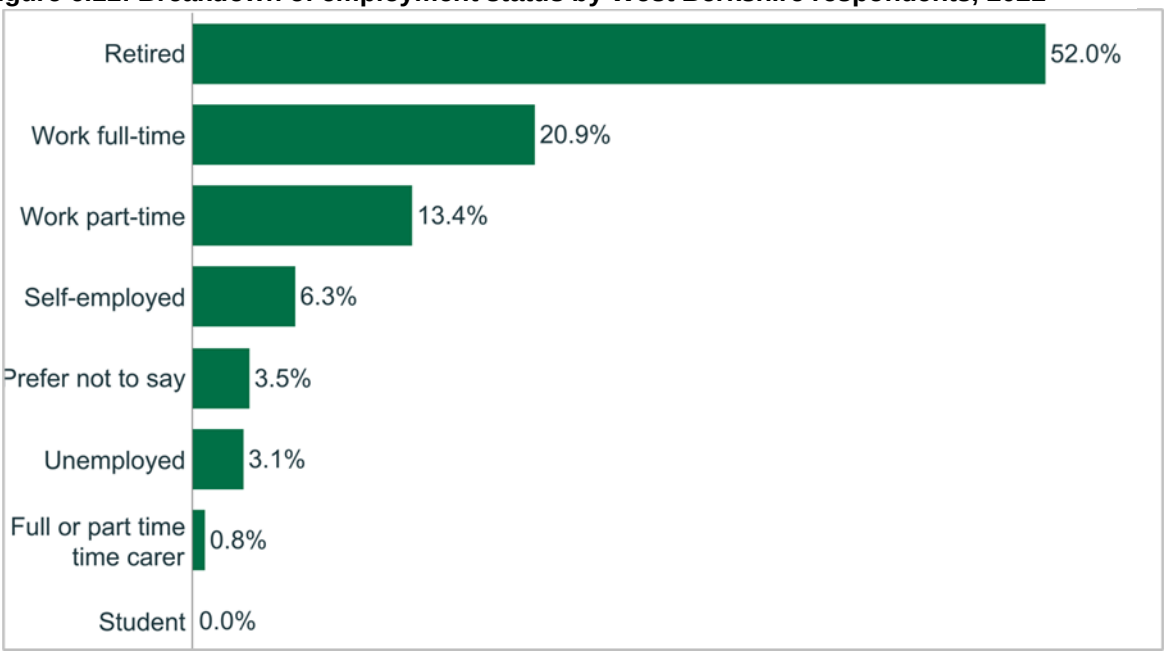
6.39 Most respondents used the pharmacy for themselves or for their partner/spouse, but those who were breastfeeding were also more likely to use the pharmacy for their children (66.7%), compared to those who were not pregnant (10.2%).

6.40 There were no differences in terms of travel time to pharmacy, however, those who were not breastfeeding had a slightly higher preference to go to the pharmacy on a weekday (59%).

Employment status

6.41 A breakdown of employment status showed that over half (52%) of the respondents were retired, 40.6% were in employment (this included, full-time, part-time, and self-employment), 0.8% respondents were carers, and 3.1% were unemployed. 3.5% preferred not to state. (Figure 6.11).

Figure 6.11: Breakdown of employment status by West Berkshire respondents, 2022



6.42 No differences were found amongst employment status groups for frequency of pharmacy use and the reasons for chosen pharmacy. However, those who were carers were more likely than any other group to choose their pharmacy based on staff being friendly (100%), and their satisfaction with the overall service (100%).

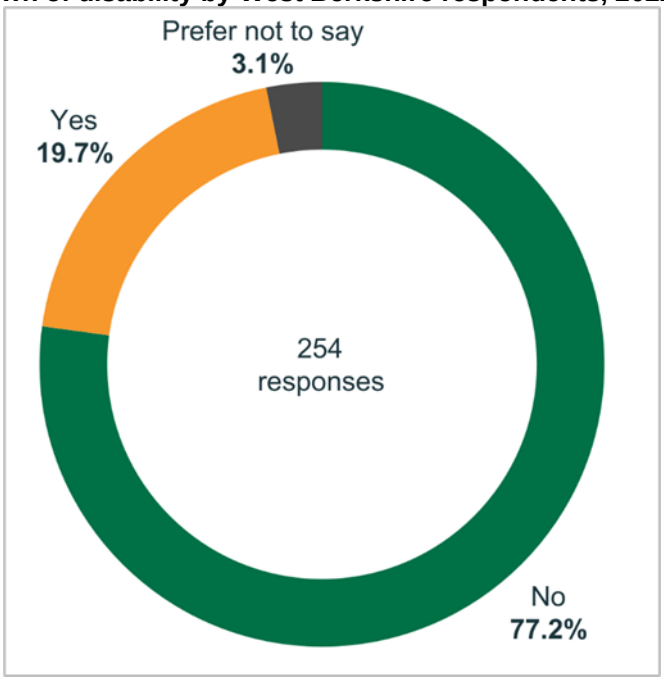
6.43 No significant differences between groups were found when asked who the pharmacy was used for, travel time to pharmacy or preferred time to visit the pharmacy.

6.44 Those who were in employment (full-time, part-time, and self-employment), were more likely to use their pharmacy during the hours of 5pm- 9pm.

Disability or impairment on pharmacy usage

6.45 254 respondents answered whether they had a disability or not, of whom 50 (19.7%) said that they do, 196 stated that they did not (77.2%), and 8 (3.1%) preferred not to state (Figure 6.12).

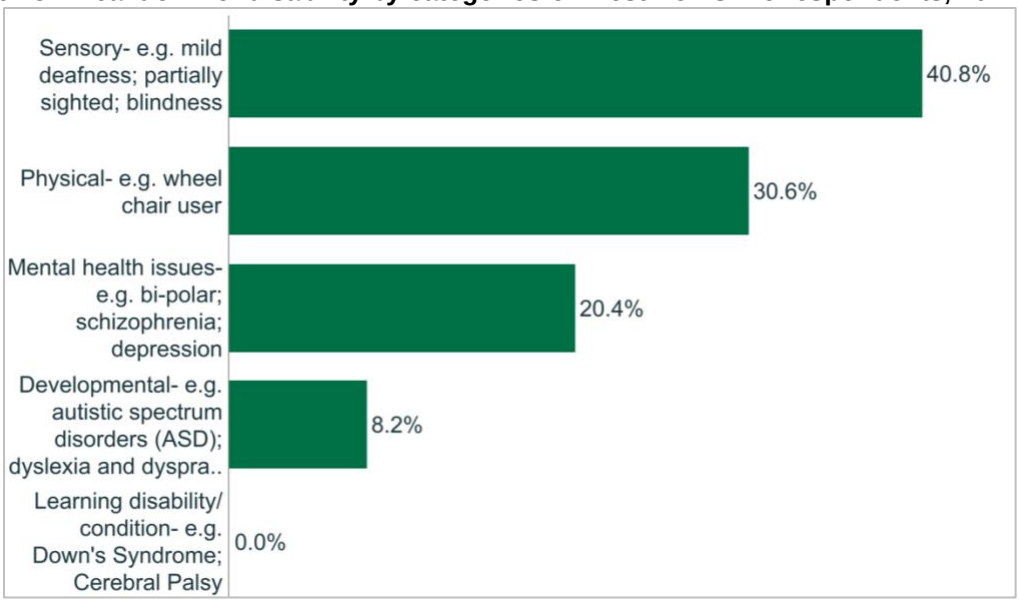
Figure 6.12: Breakdown of disability by West Berkshire respondents, 2022



6.46 The survey categorised disabilities into six main groups (Figure 6.13):

1. Physical e.g., wheelchair user
2. Mental health issues e.g., bipolar disorder, schizophrenia, depression
3. Sensory e.g., mild deafness, partially sighted, blindness
4. Learning disabilities e.g., Down Syndrome
5. Developmental e.g., Autistic spectrum disorder, dyslexia, dyspraxia
6. Other

Figure 6.13: Breakdown of disability by categories of West Berkshire respondents, 2022

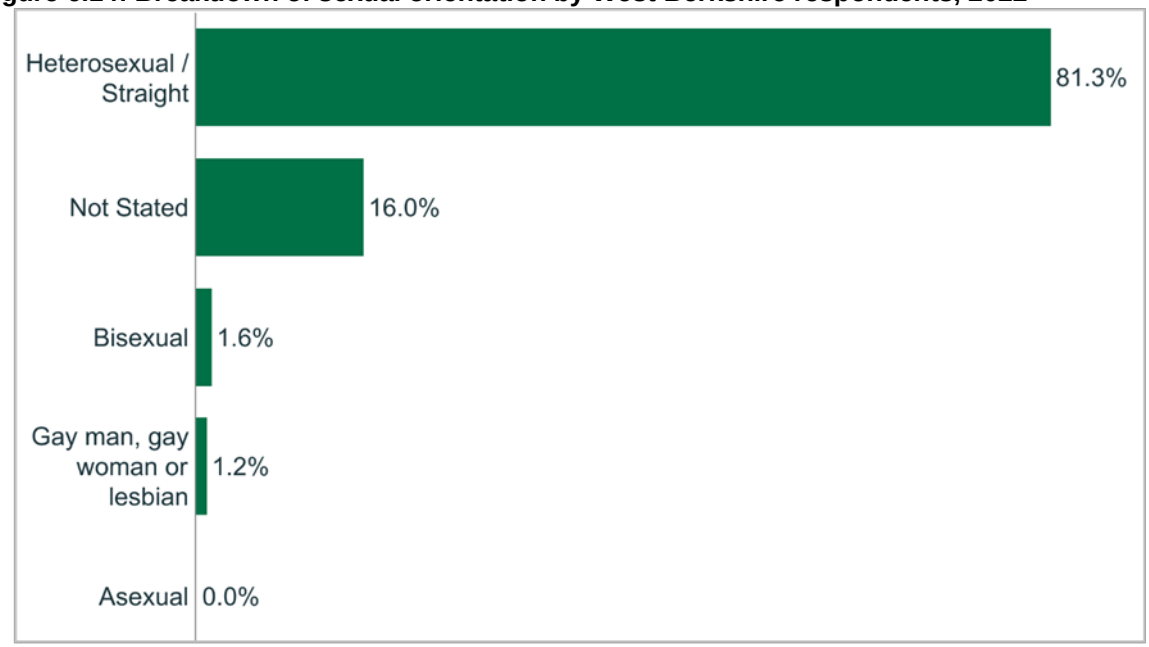


6.47 No significant differences were found between groups of this protected characteristic.

Sexual orientation

6.48 208 (81.3%) of respondents were heterosexual, 41 (16%) did not state, 4 (1.6%) were bisexual and 3 (1.2%) were gay man or gay/ lesbian woman (Figure 6.14).

Figure 6.14: Breakdown of sexual orientation by West Berkshire respondents, 2022



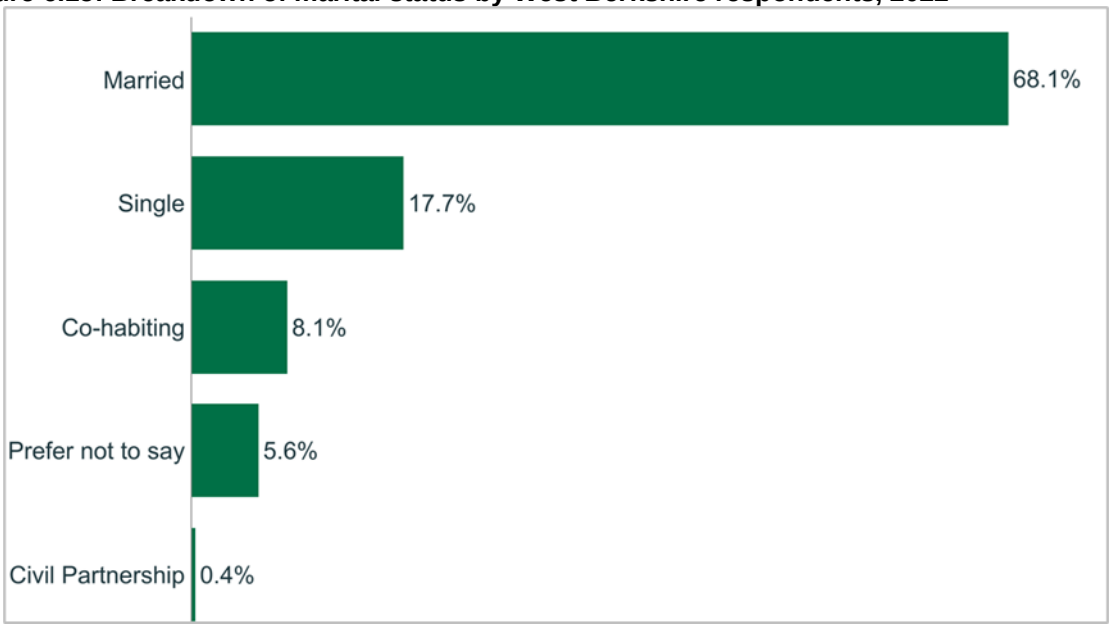
6.49 No differences were found in terms of frequency of visiting pharmacy, or reasons for chosen pharmacy, preferred time and day to visit the pharmacy and travel time.

6.50 No significant differences were found for who it was used for which was mainly for themselves or spouse/partner. Also some heterosexual respondents also used the pharmacy for their children (11%).

Relationship status

6.51 169 (68.1%) of respondents were married, 44 (17.7%) were single, 14 (5.6%) preferred not to state, 20 (8.1%) were co-habiting, and one person (0.4%) was in a civil partnership. (Figure 6.15).

Figure 6.15: Breakdown of marital status by West Berkshire respondents, 2022



6.52 No differences were found between this protected characteristic and pharmacy usage.

Summary of the patient and public engagement findings

Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. It included an exploration of the health needs specific to protected characteristics and vulnerable groups.

256 residents and workers of West Berkshire responded to the survey. The results showed that respondents chose their pharmacy based its good location. For the majority of respondents, pharmacies were within a 5-20 minute walk or car journey away.

West Berkshire respondents mainly used their pharmacies for themselves, their spouse/partner and for their children. They also used their pharmacies mainly to collect prescriptions and medication. A weekday visit between the times of 9am- 12pm, and 2pm-5pm was preferred by respondents of West Berkshire.

A small number of respondents left comments around what they would like to see from their pharmacy. This included longer opening hours, and minor ailments services including blood checks (pressure, and testing). No different needs for people who share a protected characteristic in West Berkshire were found.

Chapter 7 - Provision of pharmaceutical services

7.1 This chapter identifies and maps the current provision of pharmaceutical services in order to assess the adequacy of provision of such services. Information was collected up until January 2022.

7.2 It assesses of the adequacy of the current provision of necessary services by considering:

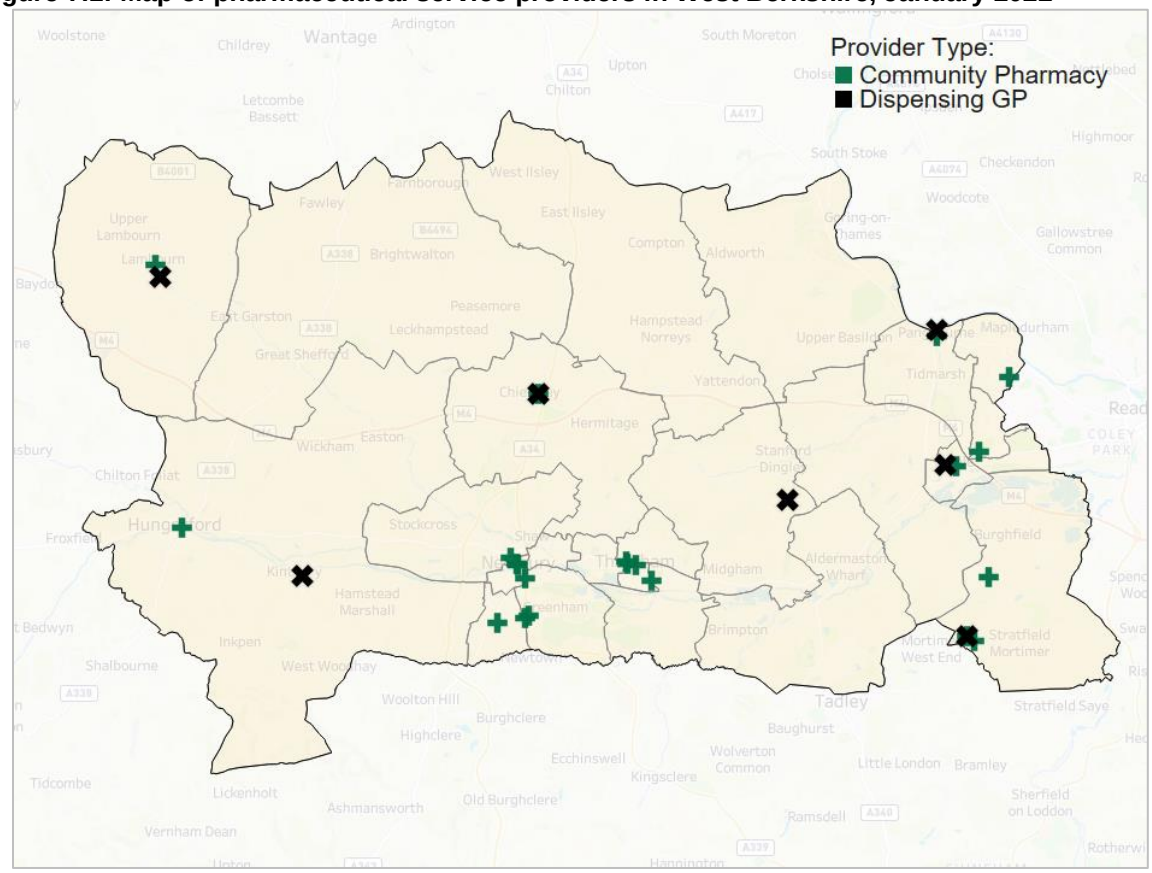
- Different types of pharmaceutical service providers
- Geographical distribution and choice of pharmacies, within and outside the borough
- Opening hours
- Dispensing
- Pharmacies that provide essential, advanced, enhanced and other NHS services

7.3 In addition, this chapter also summarises pharmaceutical contractors' capacity to fulfil identified current and future needs in West Berkshire.

Pharmaceutical Service Providers

7.4 As of January 2022, there are currently 21 pharmacies in West Berkshire that hold NHS contracts, all of which are community pharmacies. They are presented in the map in Figure 7.1 below which also includes other pharmaceutical service providers. All the pharmacy providers in the borough as well as those within 1 mile of its border are also listed in Appendix A.

Figure 7.1: Map of pharmaceutical service providers in West Berkshire, January 2022



Source: Contractor Survey and NHS England, 2022

Community pharmacies

7.5 The 21 community pharmacies in West Berkshire equates to 1.3 community pharmacies per 10,000 residents (based on a 2022 population estimate of 158,465). This ratio is lower than the England average which stood at 2.2 based on 2014 data (LGA, 2022[44]).

Dispensing appliance contractor

7.6 A DAC is a contractor that specialises in dispensing prescriptions for appliances, including customisation. They cannot dispense prescriptions for drugs. There are no dispensing appliance contractors (DACs) on West Berkshire's pharmaceutical list.

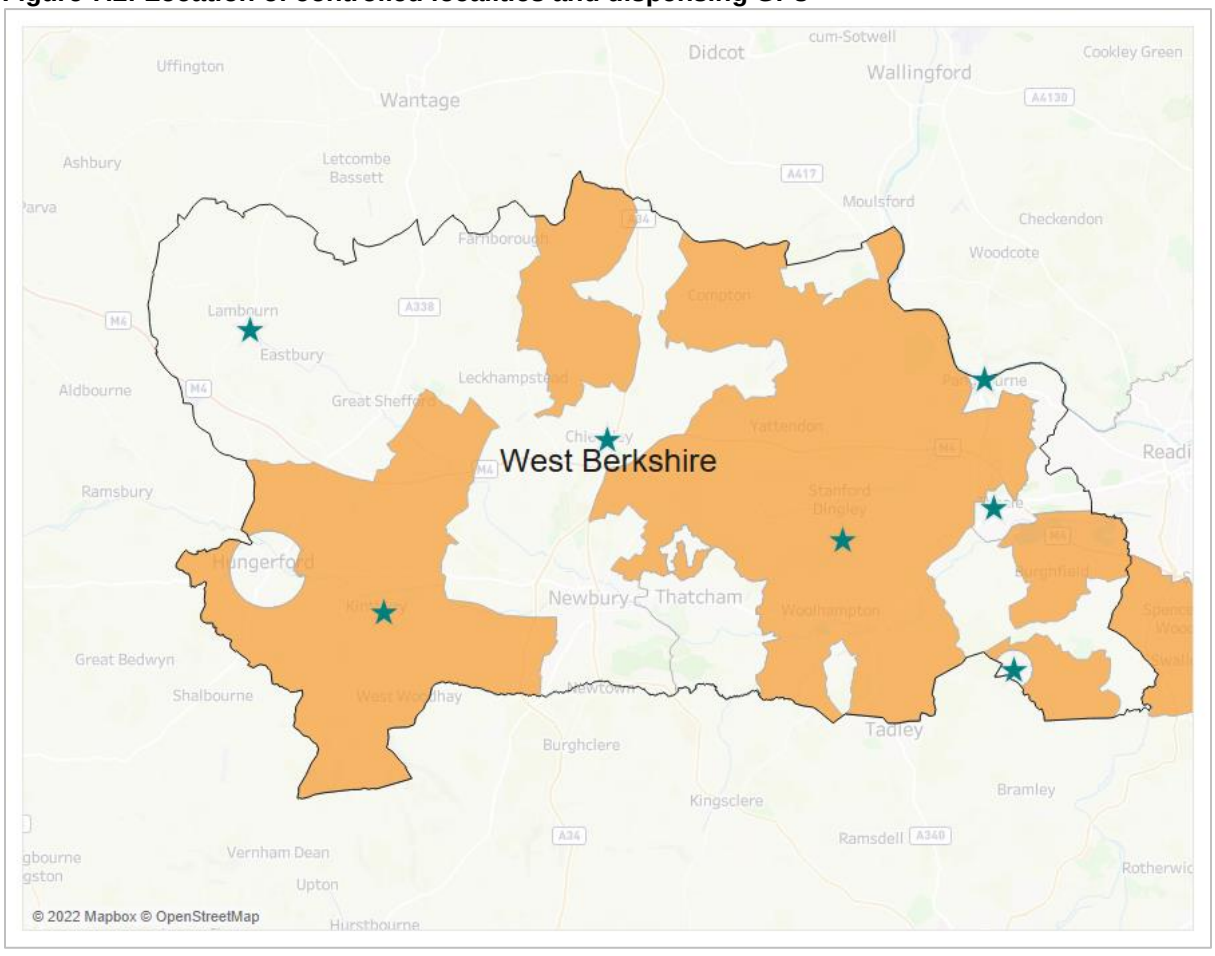
[44] Local Government Association: LG Inform. Ratio of pharmacies per 10,000 population (Snapshot: 29 November 2014) https://lginform.local.gov.uk/reports/lgastandard?mod-area=E92000001&mod-group=DEFRA2009_OtherUrbanList&mod-metric=3707&mod-type=namedComparisonGroup (Accessed in December 2022).

GP dispensing practices

7.7 Dispensing doctors provide services to patients where there are no community pharmacies or access is restricted, mainly in rural areas. One of the requirements for the service is that patients live in a controlled locality. Controlled localities are defined by HWBs in line with regulations and after consideration of a wide range of factors, including being more than 1 mile from pharmacy premises.

7.8 There are seven GP dispensing practices in West Berkshire. Their delivery services are outside the scope of this PNA, however dispensing doctors can choose to provide delivery services in areas where community pharmacy provision is low. Figure 7.2 below shows the controlled localities in West Berkshire (shown in yellow), against dispensing GPs (shown in green).

Figure 7.2: Location of controlled localities and dispensing GPs



Source: NHS England & BOB CCG, 2022

Table 7.1: List of Dispensing GP in West Berkshire

GP Surgery	Postcode	Dispensing List Size
Kintbury & Woolton Hill Surgery	RG17 9UX	8,465
The Boat House Surgery	RG8 7DP	3,877
Mortimer Surgery	RG7 3SQ	1,538
The Downland Practice	RG20 8UY	9,842
Lambourn Surgery	RG17 8PS	2,898
Theale Medical Centre	RG7 5AS	1,471
Chapel Row Surgery	RG7 6NS	7,974

Source: NHS England, 2021

Distance selling pharmacies

7.9 There no distance selling pharmacies in West Berkshire.

Local pharmaceutical services

7.10 There are no Local Pharmaceutical Service (LPS) contracts within West Berkshire. A local pharmaceutical services contract allows NHS England and NHS Improvement to commission services that are tailored to meet specific local requirements.

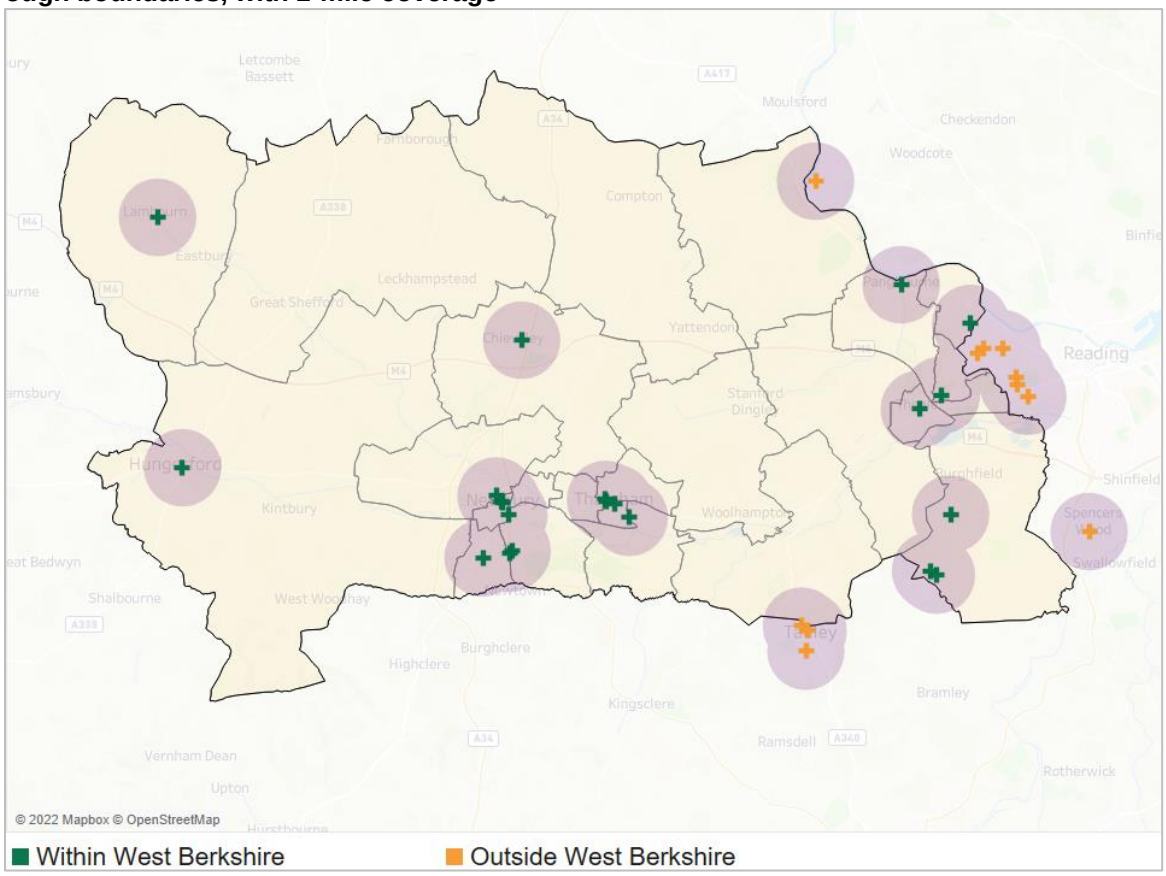
Accessibility

Distribution and choice

7.11 The PNA Steering Group agreed that the maximum distance for residents in West Berkshire to access pharmaceutical services, should be no more than 1 mile. This distance equates to about a 20-minute walk. If residents live within a rural area, 20 minutes by car is considered accessible.

7.12 Figure 7.3 shows the 21 community pharmacies located in West Berkshire. In addition to the pharmacies within West Berkshire, there are another 11 pharmacies located within 1 mile of the borough's border that are considered to serve West Berkshire's residents. These have been included in the pharmacies shown in Figure 7.3 as well as in Appendix A.

Figure 7.3: Distribution of community pharmacies in West Berkshire and within 1 mile of the borough boundaries, with 1-mile coverage



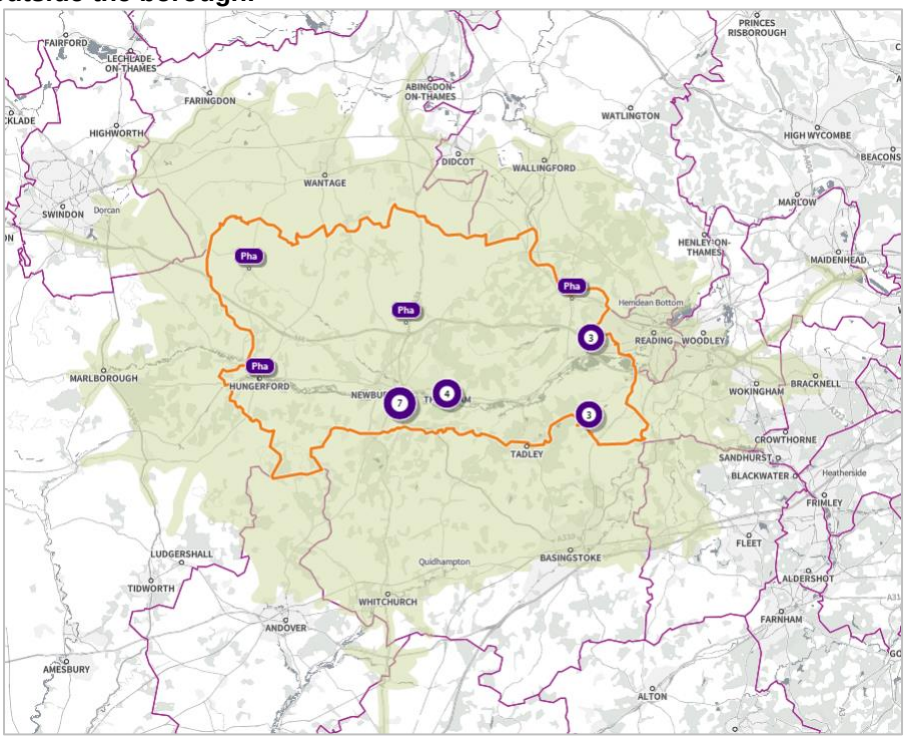
Source: Contractor Survey and NHS England, 2022

7.13 This shows that most of the borough is not within 1 mile of a pharmacy. This speaks to the rural nature of the borough. In total, 43,192 West Berkshire residents are not within one mile of a West Berkshire pharmacy (OHID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022). A distribution of the age-groups of this population is shown below. As seen, this population represent people from all age groups.

7.14 Those that are not within 1 mile are within controlled localities and are therefore served by dispensing GP practices or are within areas where it is not viable for a new pharmacy to open due to low population density.

7.15 Despite some residents not being within a mile of a pharmacy, all residents in West Berkshire can reach a pharmacy within 20 minutes if using a car. Figure 7.4 presents the coverage of the West Berkshire pharmacies and the 20-minute travel time by car to reach them. Coverage of the pharmacies is presented in a green border; West Berkshire is bordered in orange. A total of 752,019 people from in and outside the borough can reach a West Berkshire within 20 minutes if traveling by car (OHID, SHAPE Atlas Tool, 2022).

Figure 7.4: Areas covered by 20-minute travel time by car to a West Berkshire pharmacy from within and outside the borough.



Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

7.16 The geographical distribution of the pharmacies by electoral ward and the pharmacy to population ratio is shown in Table 7.2 below. As seen, there are 10 electoral wards that do not have any community pharmacies within them.

Table 7.2: Distribution of community pharmacies by ward

Ward	Number of Community Pharmacies	Population Size	Community Pharmacies per 10,000 residents
Newbury Greenham	3	12,213	2.46
Newbury Central	3	7,803	3.84
Burghfield & Mortimer	3	10,429	2.88
Thatcham Central	2	7,959	2.51
Tilehurst Birch Copse	1	7,654	1.31
Tilehurst & Purley	1	10,336	0.97
Theale	1	2,946	3.39
Thatcham North East	1	7,898	1.27
Thatcham Colthrop & Crookham	1	2,747	3.64
Pangbourne	1	3,801	2.63
Newbury Wash Common	1	8,849	1.13
Lambourn	1	4,237	2.36
Hungerford & Kintbury	1	11,361	0.88
Chieveley & Cold Ash	1	8,188	1.22

Tilehurst South & Holybrook	0	7,027	0.00
Thatcham West	0	7,209	0.00
Ridgeway	0	4,191	0.00
Newbury Speen	0	7,266	0.00
Newbury Clay Hill	0	7,323	0.00
Downlands	0	3,647	0.00
Bucklebury	0	3,606	0.00
Bradfield	0	4,408	0.00
Basildon	0	3,539	0.00
Aldermaston	0	3,828	0.00
Borough Total	**21**	**158,465**	**1.33**

Sources: ONS (2020 mid-year estimates) and NHSE

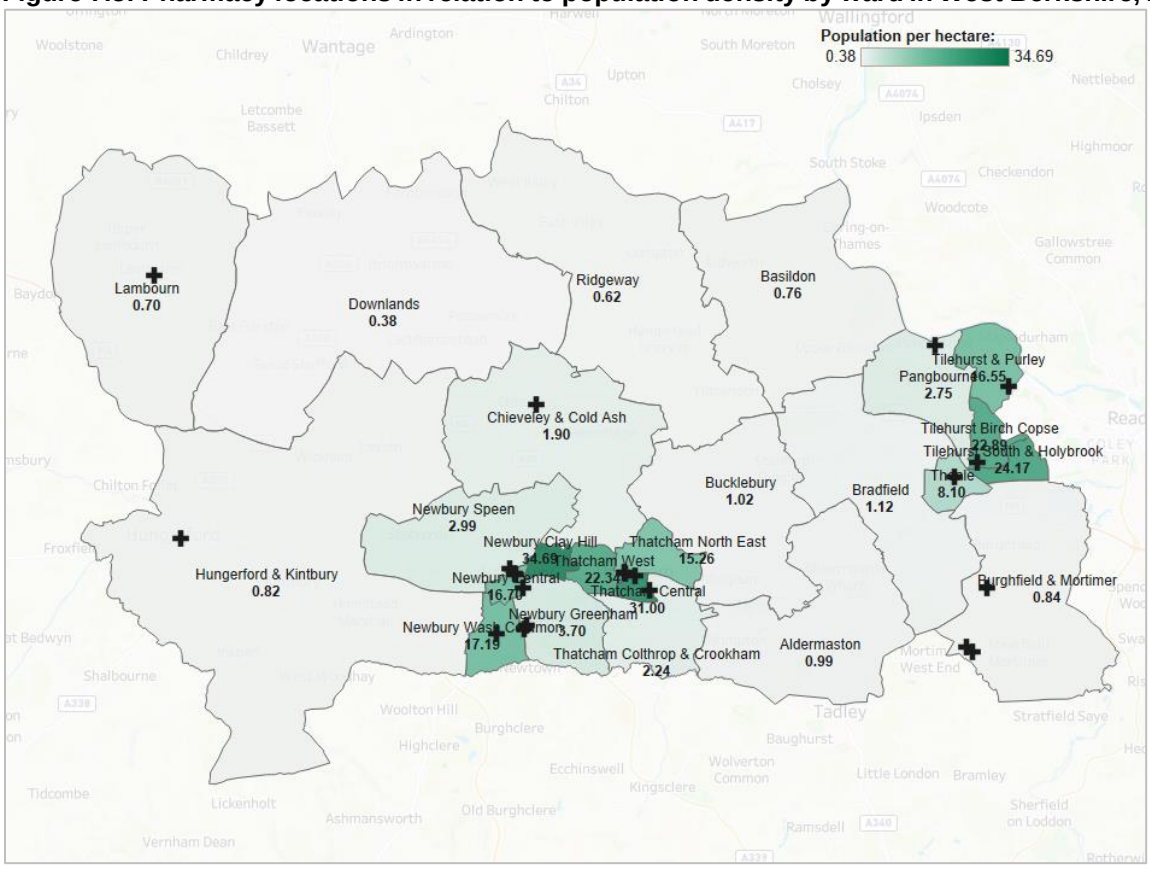
7.17 Residents tend to fill their prescriptions at local pharmacies. NHSE data shows that in 2020-21, 92.3% (2,458.952) of items prescribed by GPs in West Berkshire were dispensed by community pharmacies in the borough. The next largest boroughs where prescriptions from West Berkshire were dispensed were Leeds (2.6%) and Reading (2.2%).

Pharmacy Distribution in relation to population density

7.18 The population density map (figure 7.5) indicates that the community pharmacy premises are predominantly located in areas of highest population density although a small number of pharmacies were identified in areas with the lowest population density.

7.19 This highest number of proposed new dwelling developments that are to be completed in the lifetime of this PNA are within Newbury Speen, Newbury Central and Newbury Greenham wards. The largest being Market Street development in Newbury Central ward, the Oxford Road development in Newbury Speen ward and the Pincents Hill development in Tilehurst Birch Copse ward. All of these proposed developments are within areas with good pharmacy provision.

Figure 7.5: Pharmacy locations in relation to population density by ward in West Berkshire, 2019



Sources: ONS (2020 mid-year estimates) and NHSE

Pharmacy distribution in relation to GP surgeries

7.20 As part of the NHS Long Term Plan[45] all general practices were required to be in a primary care network (PCN) by June 2019. Since January 2019 West Berkshire GPs organised themselves into four PCNs within West Berkshire.

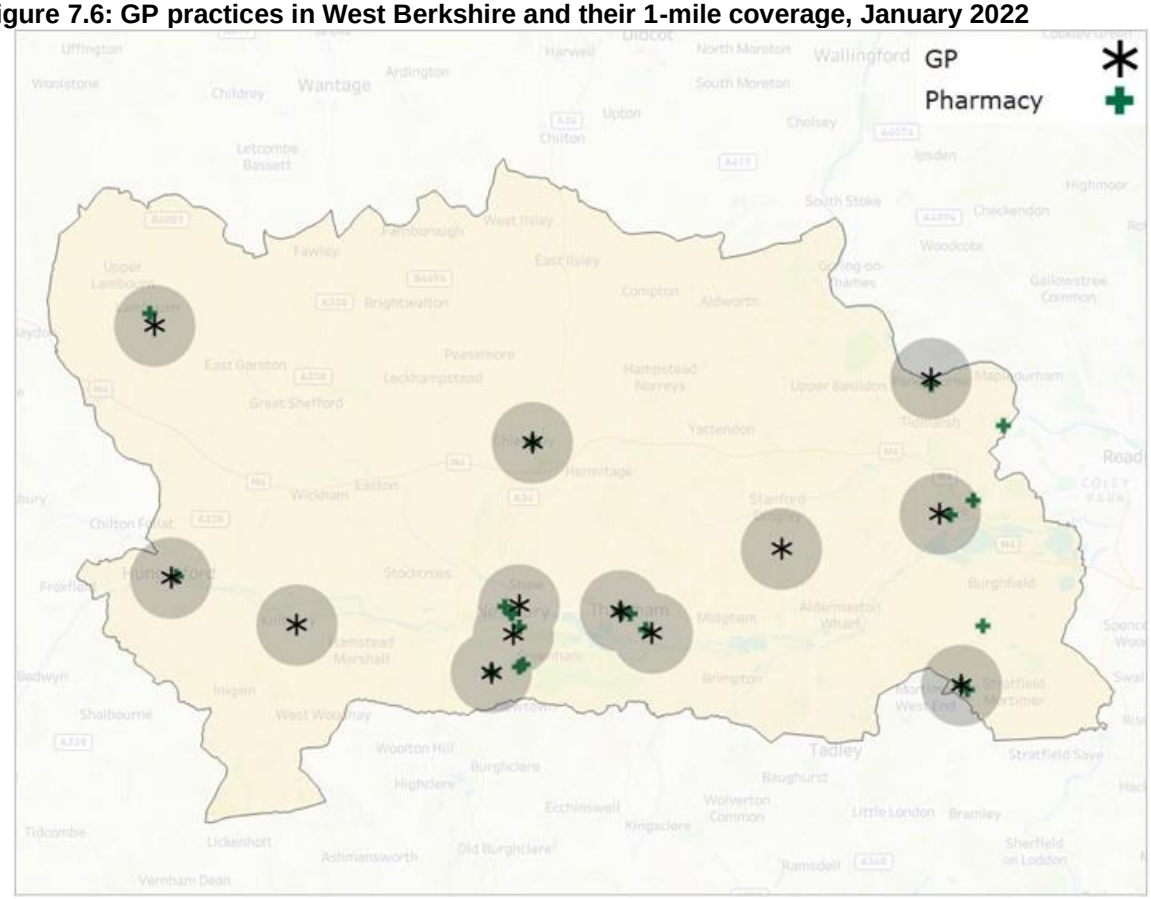
7.21 Each of these networks have expanded neighbourhood teams which will comprise of range of healthcare professionals including GPs, district nurses, community geriatricians, Allied Health Professionals, and pharmacists. It is essential that community pharmacies are able to fully

[45] NHS England (2019). The *NHS long term plan*. London, England

engage with the PCNs to maximise service provision for their patients and residents. Altogether there are 50 GP member practices across these four PCNs.

7.22 There is a pharmacy within accessible distance of all GP practices in West Berkshire if travelling by car. Figure 7.6 shows the location of GP practices, their one mile coverage and community pharmacies in West Berkshire.

Figure 7.6: GP practices in West Berkshire and their 1-mile coverage, January 2022



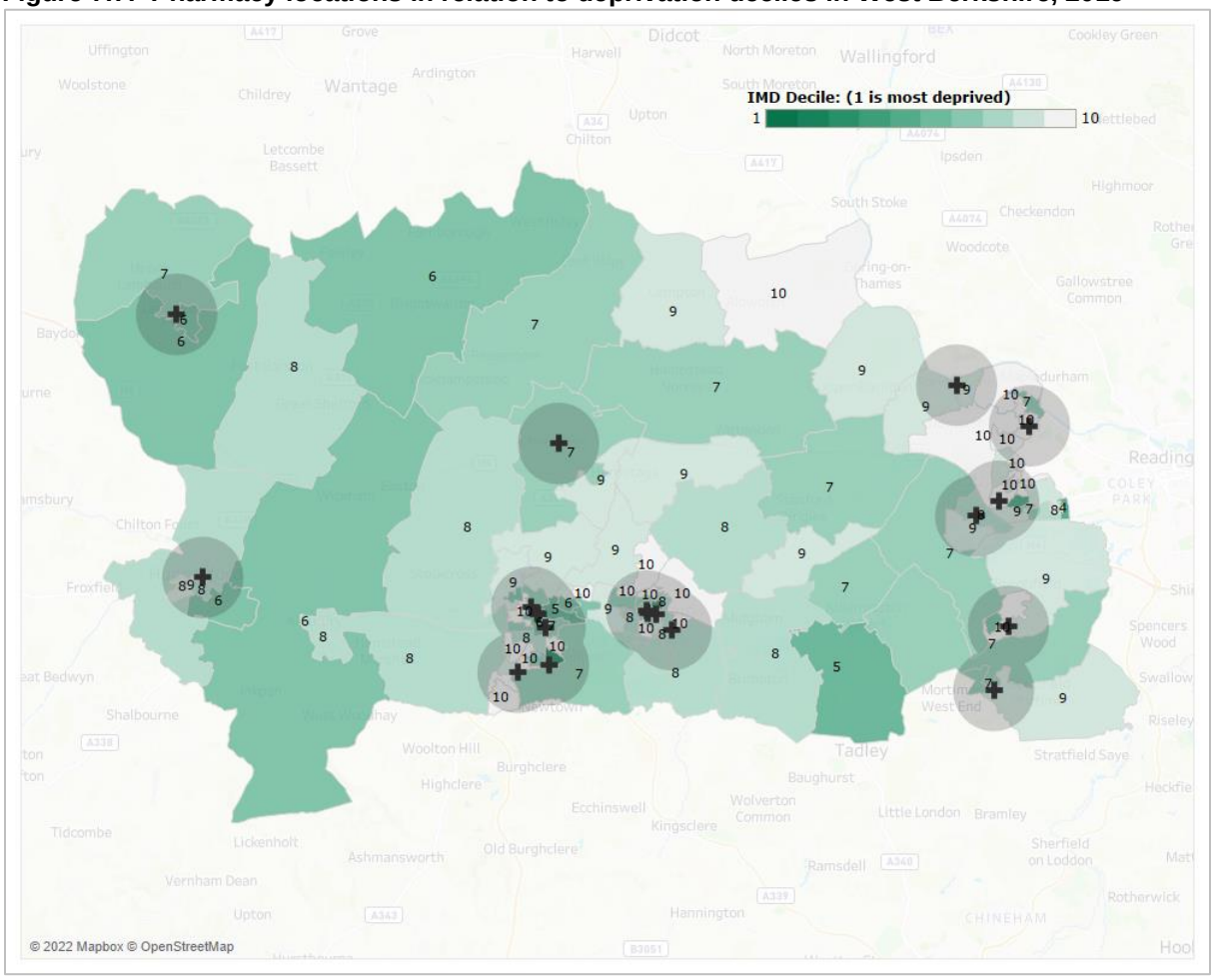
Source: NHS England, 2022

7.23 This PNA is not aware of any firm plans for changes in the provision of Health and Social Care services within the lifetime of this PNA.

Pharmacy distribution in relation to index of multiple deprivation

7.24 Figure 7.7 presents pharmacy locations in relation to deprivation deciles. There is one neighbourhood in Newbury Greenham ward in West Berkshire that sits within the national top 11-20% most deprived neighbourhoods (decile 2) which is well served in terms of pharmacy coverage.

Figure 7.7: Pharmacy locations in relation to deprivation deciles in West Berkshire, 2019



Source: MHCLG & NHSE

Opening times

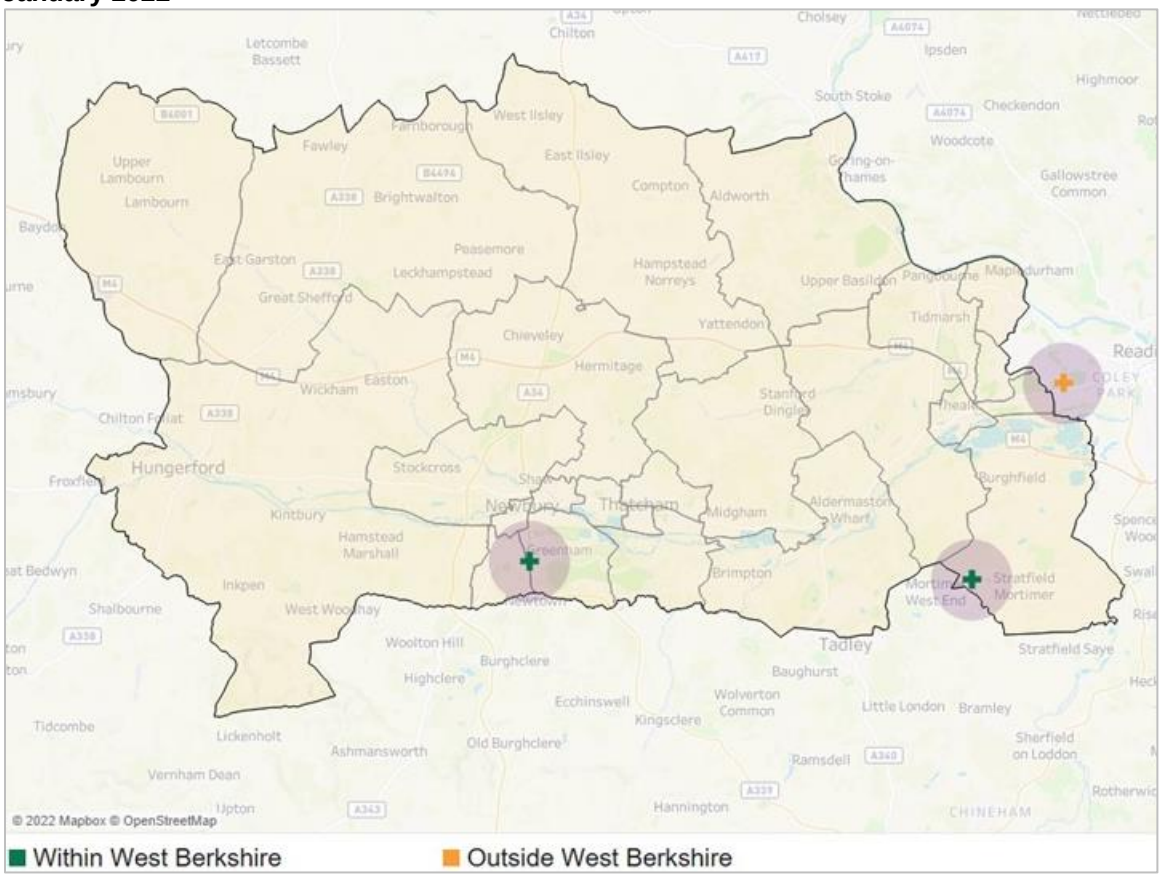
7.25 Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically these have been 40-hour contracts (and some recent 100-hour contracts). A pharmacy may stay open longer than the stipulated core opening hours, these are called supplementary hours.

7.26 Opening times were obtained from NHS England in January 2022. Additionally, marketing entry updates to the NHS England pharmaceutical list were reflected on the original list.

100-hour pharmacies

7.27 NHS England has two 100-hour pharmacies (core hours) on their list for West Berkshire. These are presented in Figure 7.8 and Table 7.3. There is one other 100-hour pharmacies which is outside the borough but within 1 mile of its border (Figure 7.8).

Figure 7.8: 100-hour community pharmacies in West Berkshire and their 1-mile coverage January 2022



Source: Contractor Survey and NHS England, 2022

Table 7.3: 100-hour pharmacies in West Berkshire, January 2022

Pharmacy	Address	Ward
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer

Source: Contractor Survey and NHS England, 2022

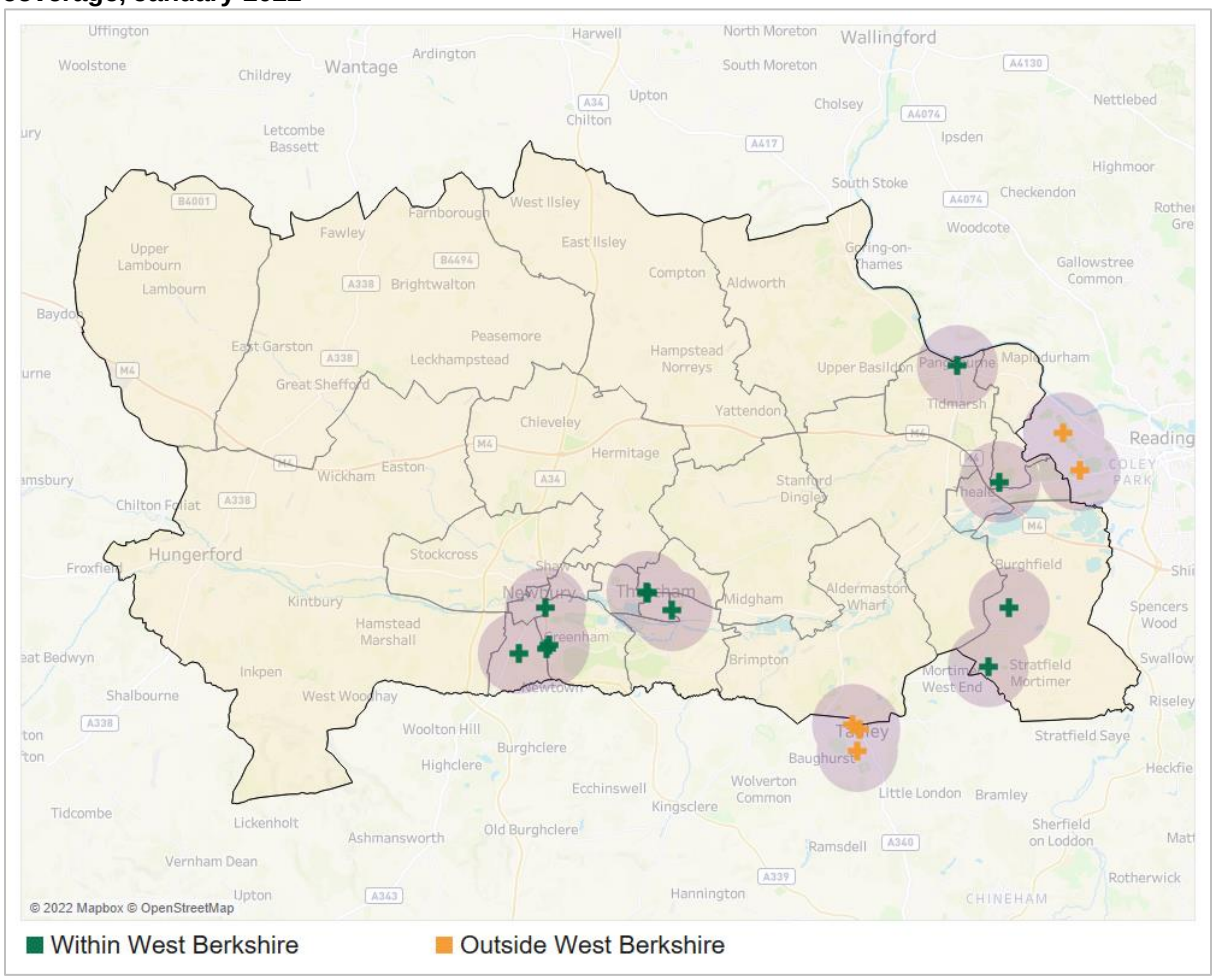
Early morning opening and late evening closure

7.28 The PNA steering group considered 8am to 6pm as normal working hours, so any pharmacy open before 8am was deemed to have early morning opening and pharmacies open after 6pm to be late-evening closing.

7.29 There are no pharmacies are open before 8am on weekdays within the borough nor within 1 mile of its borders.

7.30 There are 11 pharmacies in the borough that still open after 6pm on weekdays, with five other pharmacies within 1 mile of West Berkshire (see Figure 7.9 and Table 7.5).

Figure 7.9: Community Pharmacies that are open after 6pm on weekdays and their 1-mile coverage, January 2022



Source: Contractor Survey and NHS England, 2022

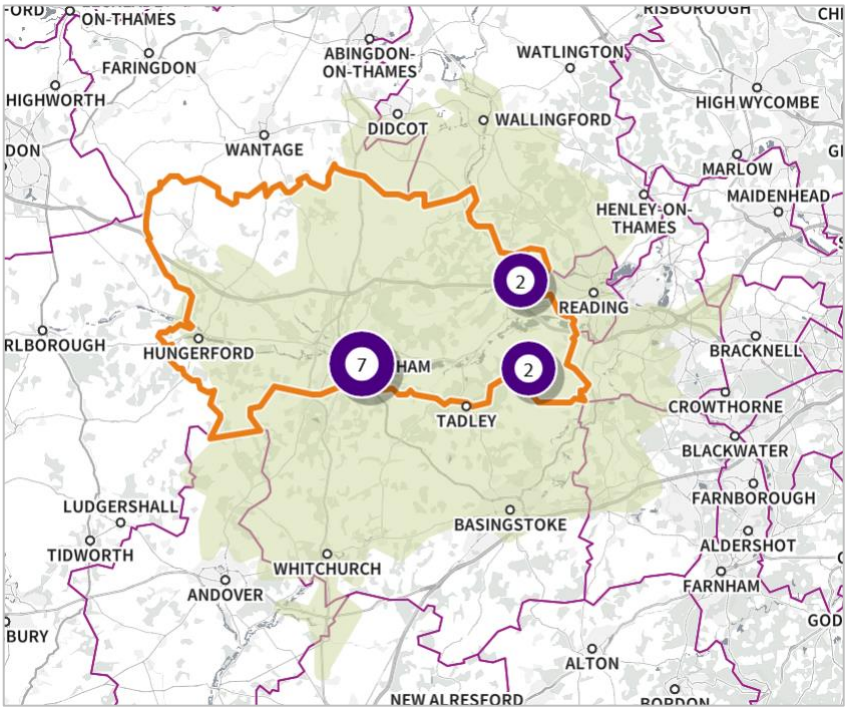
Table 7.4: Community Pharmacies closing after 6pm on weekdays in West Berkshire

Pharmacy	Address	Ward
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Boots the Chemists	Thatcham Health Centre, Bath Road, Thatcham, Berkshire	Thatcham North East
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Burghfield Pharmacy	Reading Road, Burghfield Common, Reading, Berkshire	Burghfield & Mortimer
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
LloydsPharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham

Source: Contractor Survey and NHS England, 2022

7.31 In terms of travel distance, all but 5,632 of West Berkshire residents live within 20-minute reach of an early opening and late closing West Berkshire pharmacy if travelling by car (OHID, SHAPE Atlas Tool, 2022). Those who are not within 20-minute reach of a West Berkshire pharmacy by car are within reach of a GP dispensing practice. The 20-minute travel time to reach a West Berkshire pharmacy is shown in green in Figure 7.10.

Figure 7.10: Areas covered by 20-minute travel time by car to a Saturday opening RBWM pharmacy from within and outside the borough.

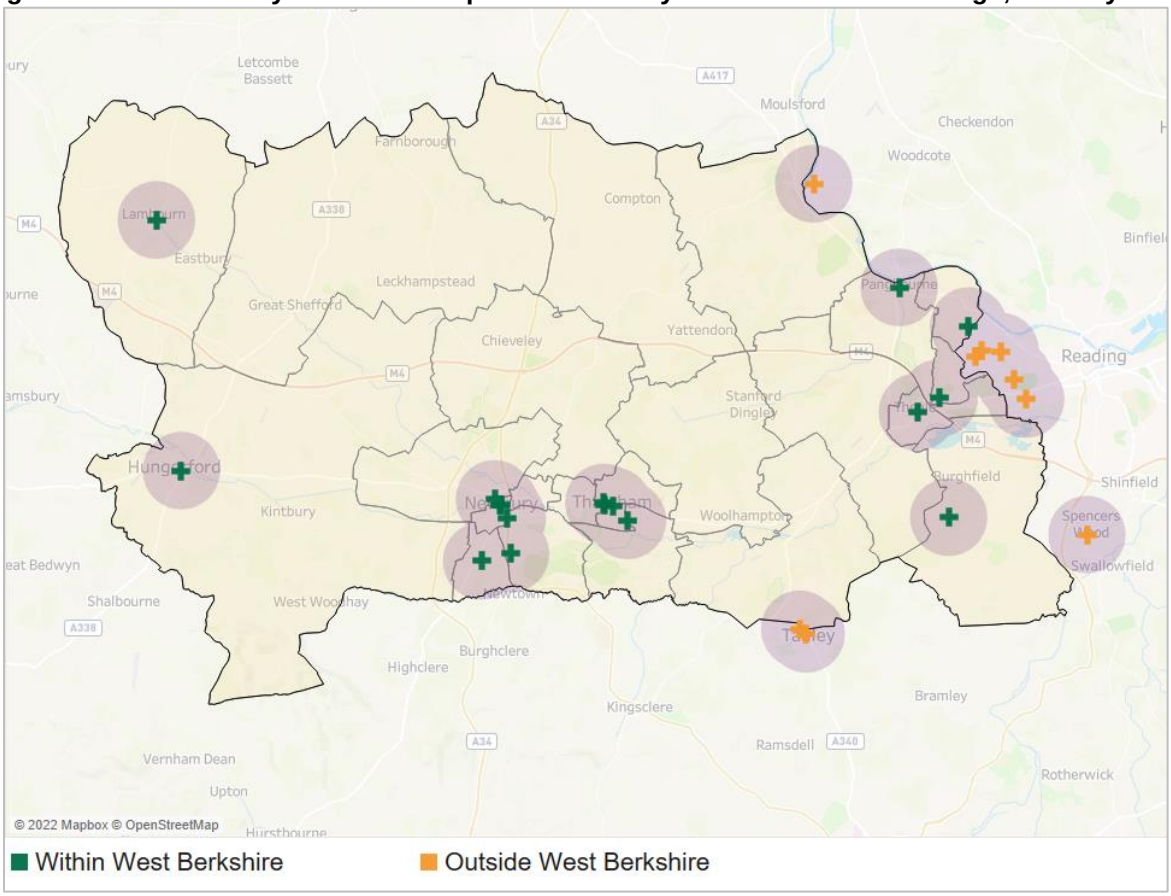


Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

Saturday opening

7.32 A vast majority of the pharmacies in West Berkshire (19/21) are open on Saturday (Table 7.6). There are ten additional pharmacies near the borough's border that are also open on Saturday (Figure 7.10). All West Berkshire residents can reach a Saturday opening pharmacy within 20 minutes if travelling by car. The 20-minute travel coverage to a West Berkshire Saturday opening pharmacy is shown in Green in Figure 7.11.

Figure 7.11: Community Pharmacies open on Saturday and their 1-mile coverage, January 2022



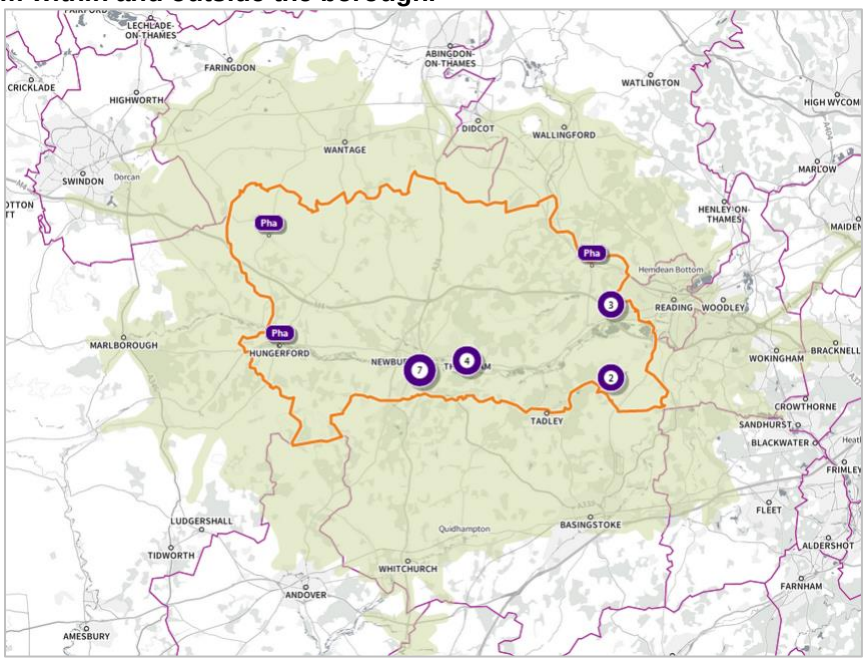
Source: Contractor Survey and NHS England, 2022

Table 7.5: Location Community Pharmacies open on Saturday in West Berkshire by Ward

Ward	Number of Pharmacies
Newbury Greenham	3
Newbury Central	3
Thatcham Central	2
Burghfield & Mortimer	2
Tilehurst Birch Copse	1
Tilehurst & Purley	1
Theale	1
Thatcham North East	1
Thatcham Colthrop & Crookham	1
Pangbourne	1
Newbury Wash Common	1
Lambourn	1
Hungerford & Kintbury	1

Source: Contractor Survey and NHS England, 2022

Figure 7.12: Areas covered by 20-minute travel time by car to a Saturday opening West Berkshire pharmacy from within and outside the borough.

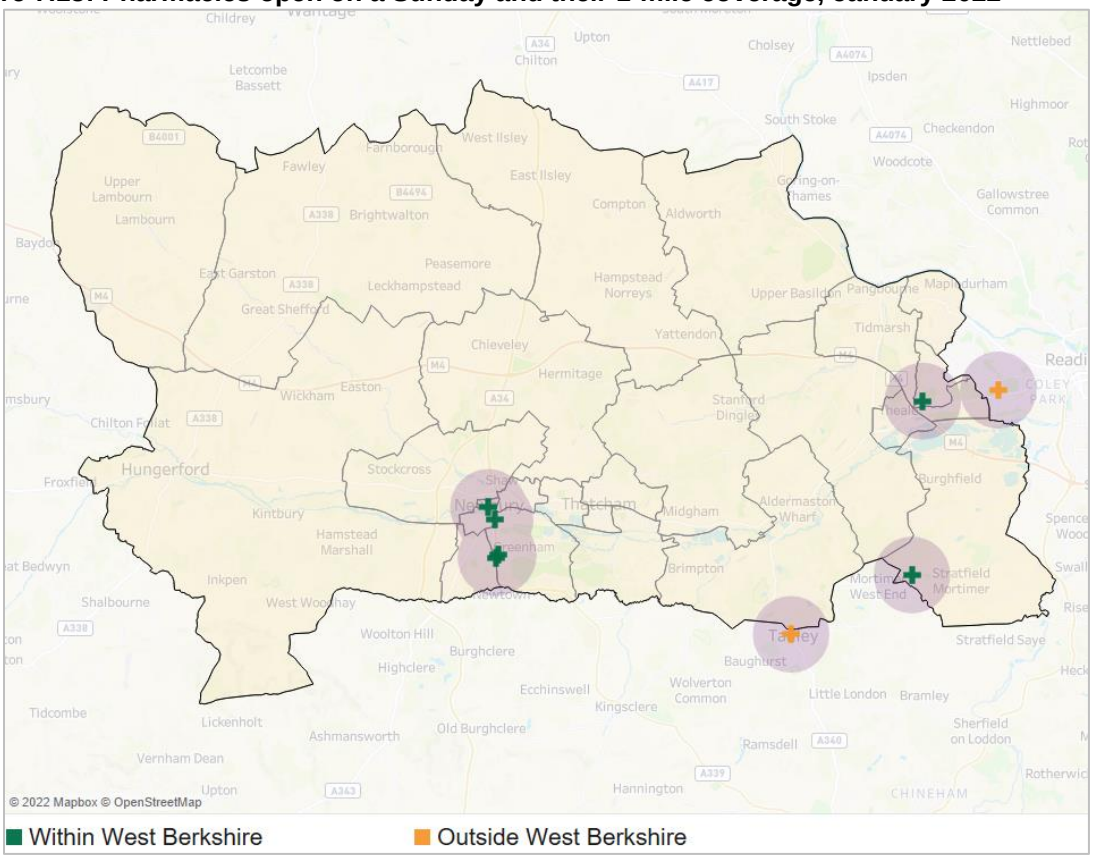


Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

Sunday opening

7.33 Six pharmacies are open on a Sunday within the borough, with two open in boroughs around West Berkshire within 1 mile of its borders (Figure 7.13, Table 7.7).

Figure 7.13: Pharmacies open on a Sunday and their 1-mile coverage, January 2022



Source: Contractor Survey and NHS England, 2022

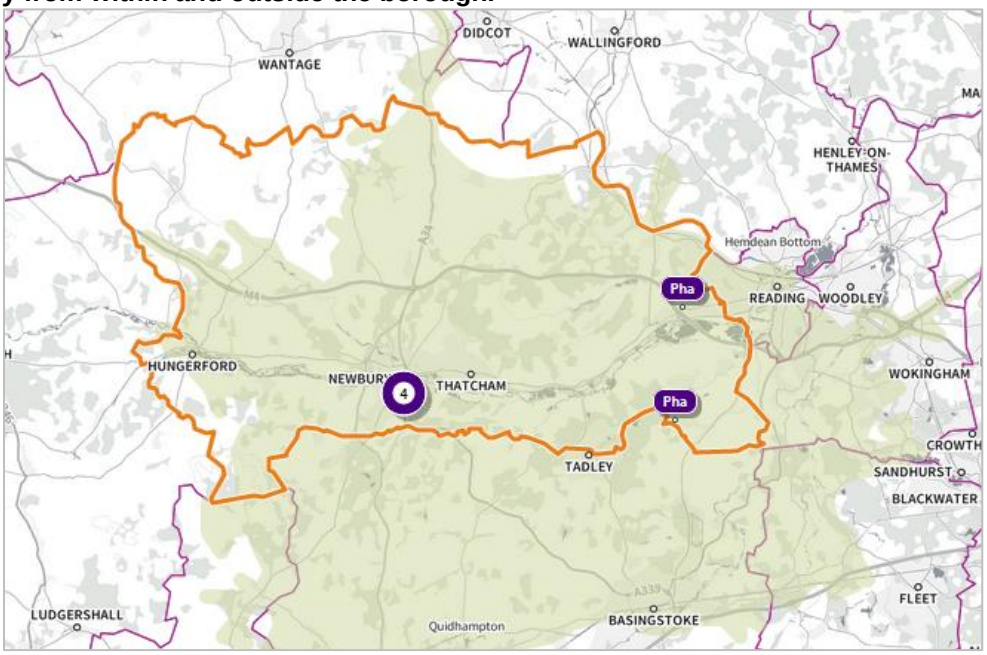
Table 7.6: Community Pharmacies open on Sunday in West Berkshire, January 2022

Pharmacy	Address	Ward
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham

Source: Contractor Survey and NHS England, 2022

7.34 All but 9,047 residents can reach a Sunday opening West Berkshire pharmacy in 20 minutes if travelling by car. See travel coverage presented in green in Figure 7.14

Figure 7.14: Areas covered by 20-minute travel time by car to a Sunday opening West Berkshire pharmacy from within and outside the borough.



Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

7.35 In consideration of the wide reach of pharmacies in the evenings and on Saturdays, within areas of high population density and where deprivation is highest, there is adequate provision of pharmacy services outside normal working hours.

Essential services

7.36 Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework. All pharmacy contractors are required to deliver and comply with the specifications for all essential services. These are:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing
- Clinical governance
- Discharge Medicines Service
- Promotion of Healthy Lifestyles
- Signposting
- Support for self-care
- Disposal of Unwanted Medicines

Dispensing

7.37 West Berkshire pharmacies dispense an average of 7,867 items per month (based on NHS Business Services Authority, 2020/21 financial year data). This is higher than the England average of 6,675 per month, however pharmacy contractors have indicated in the contractor survey that they have capacity to take on more services so there is capacity amongst West Berkshire pharmacies to fulfil current and anticipated need in the lifetime of this PNA

Summary of the accessibility pharmacy services and of essential services

Overall, there is good pharmacy coverage to provide essential services across the borough inside normal working hours.

There is adequate provision of essential services across the borough outside normal working hours, especially on Saturdays.

Advanced pharmacy services

7.38 Advanced services are NHS England commissioned services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary.

7.39 As at January 2022, the following services may be provided by pharmacies:

- new medicine service
- community pharmacy seasonal influenza vaccination
- community pharmacist consultation service
- hypertension case-finding service
- community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).

7.40 In early 2022 a stop-smoking service in pharmacies will be introduced for patients who started their stop-smoking journey in hospital.

7.41 There are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide:

1. appliance use reviews, and
2. stoma appliance customisation.

New medicines services

7.42 The New Medicine Service (NMS) supports patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence.

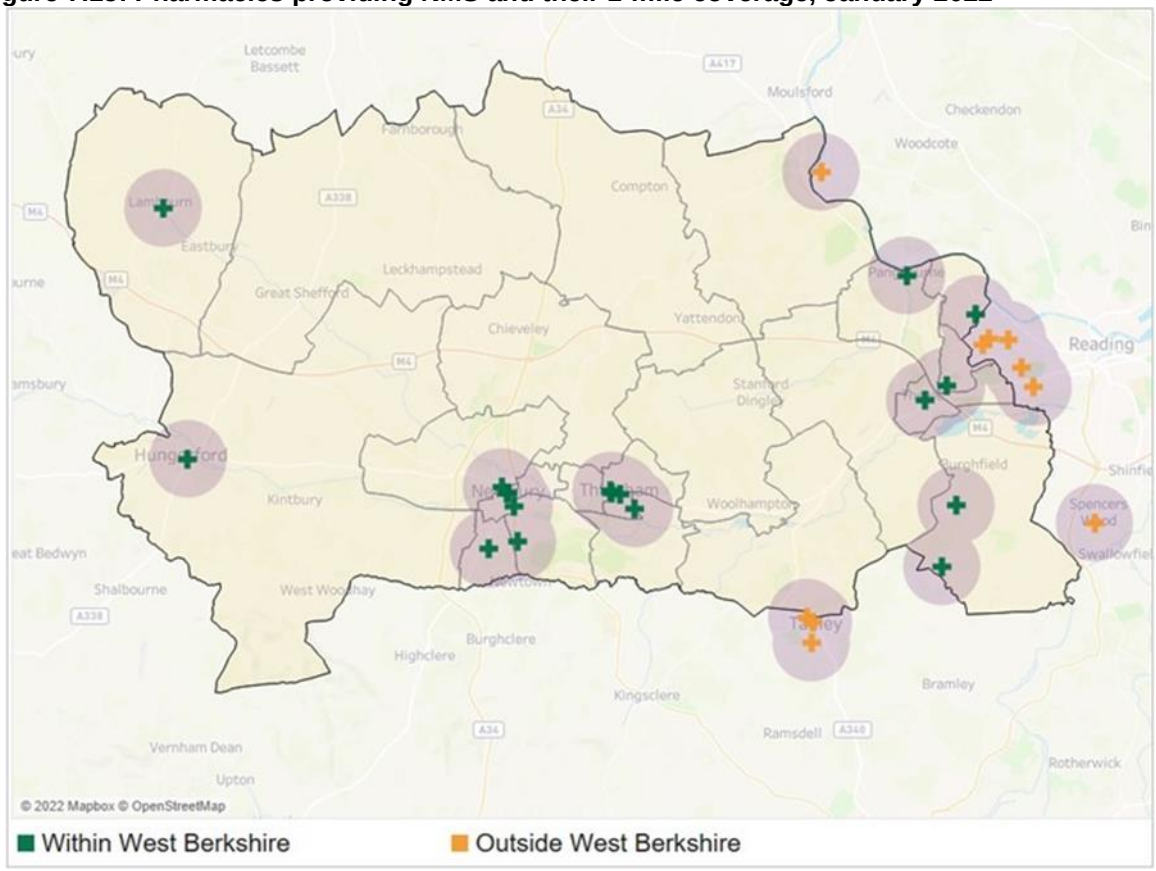
7.43 This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition, and to help them get the most from the medicine. It aims to improve adherence to new medication, focusing on people with specific conditions, namely:

- Asthma and COPD
- Type 2 diabetes
- Antiplatelet or anticoagulation therapy
- Hypertension

7.44 New Medicines Service can only be provided by pharmacies and is conducted in a private consultation area to ensure patient confidentiality.

7.45 All but one (20) of the pharmacies in West Berkshire provided NMS in 2020/21. There are an additional 11 pharmacies in bordering boroughs that provided NMS. All these pharmacies are shown in Figure 7.15.

Figure 7.15: Pharmacies providing NMS and their 1-mile coverage, January 2022



Source: NHS England, 2022

7.46 Table 7.7 shows NMS provision by West Berkshire wards.

Table 7.7: Number of NMS provided by West Berkshire pharmacies by ward, 2020/21

Ward	Number of Pharmacies	Total Number of NMSs provided	Average Number per Pharmacy
Newbury Greenham	3	106	35
Newbury Central	3	377	126
Burghfield & Mortimer	3	159	53
Thatcham Central	2	155	78
Tilehurst Birch Copse	1	7	7
Tilehurst & Purley	1	113	113
Theale	1	72	72
Thatcham North East	1	266	266
Thatcham Colthrop & Crookham	1	62	62
Pangbourne	1	104	104
Newbury Wash Common	1	383	383
Lambourn	1	42	42
Hungerford & Kintbury	1	33	33
Borough Total	**20**	**1,879**	**94**

Source: NHS England, 2022

7.47 NMS are supplied widely across the borough within areas of high density and need, therefore there is sufficient NMS provision to meet the needs of this borough.

Community pharmacy seasonal influenza vaccination

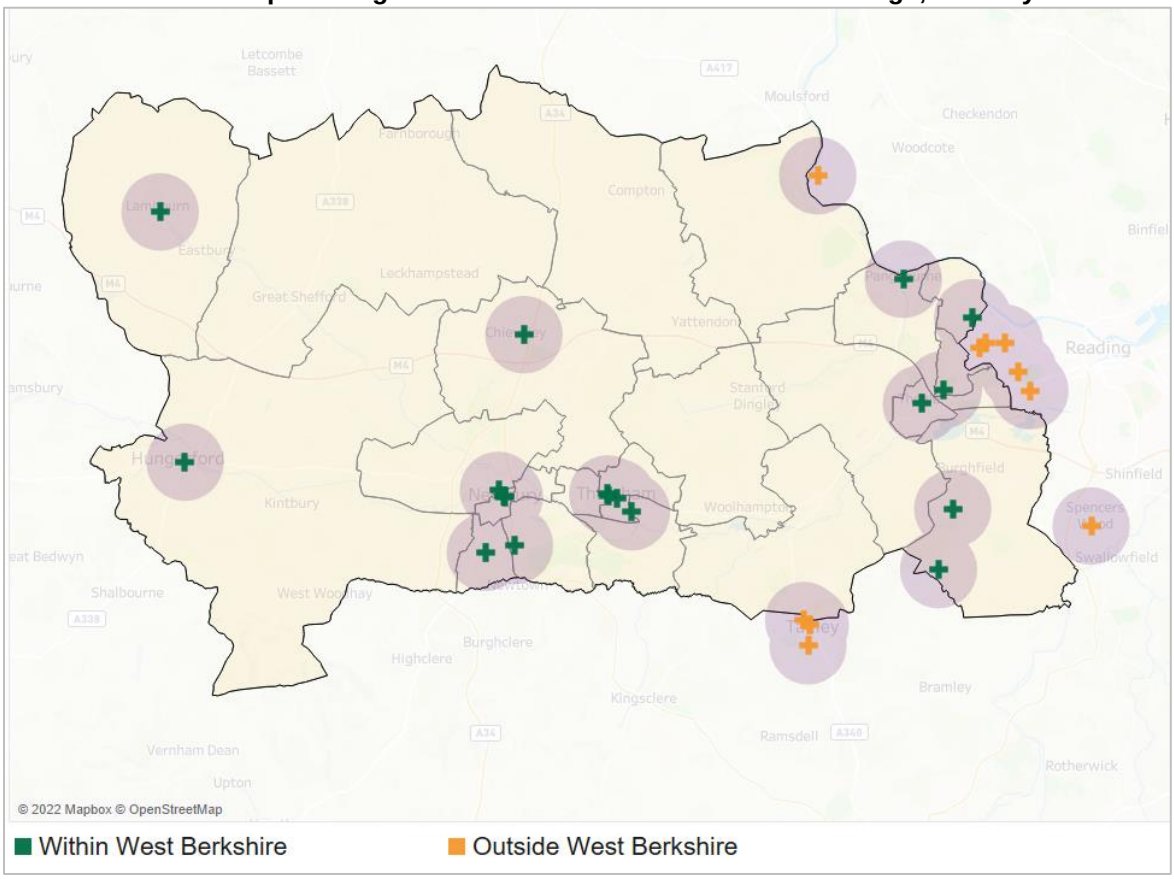
7.48 Flu vaccination by injection, commonly known as the "flu jab" is available every year on the NHS to protect certain groups who are at risk of developing potentially serious complications, such as:

- anyone over the age of 65
- pregnant women
- children and adults with an underlying health condition (particularly long-term heart or respiratory disease)
- children and adults with weakened immune systems

7.49 GPs currently provide the majority of flu vaccinations and pharmacies can help improve access to this service given their convenient locations, extended opening hours and walk-in service. The National Advanced Flu Service is an advanced service commissioned by NHS England to maximise the uptake of the flu vaccine by those who are ‘at-risk’ due to ill-health or long terms condition.

7.50 A large proportion of community pharmacies in the borough provided flu vaccines (19/21) in West Berkshire in 2020/21. Another 11 outside but bordering the borough provided the service. The distribution of these pharmacies is shown in Figure 7.16 and Table 7.8.

Figure 7.16: Pharmacies providing Flu vaccination and their 1-mile coverage, January 2022



Source: NHS England, 2022

Table 7.8: Pharmacies that provide Flu Vaccinations in West Berkshire by ward, January 2022

Ward	Number of Pharmacies
Newbury Central	3
Thatcham Central	2
Newbury Greenham	2
Burghfield & Mortimer	2
Tilehurst Birch Copse	1
Tilehurst & Purley	1
Theale	1
Thatcham North East	1
Thatcham Colthrop & Crookham	1
Pangbourne	1
Newbury Wash Common	1
Lambourn	1
Hungerford & Kintbury	1
Chieveley & Cold Ash	1

Source: NHS England, 2022

7.51 Overall, there is strong coverage of this service across West Berkshire. As identified in Chapter 5, there is also strong flu vaccination uptake in the borough. Therefore, there is sufficient provision of Advanced Flu Service to meet the needs of this borough.

Community pharmacist consultation service (CPCS)

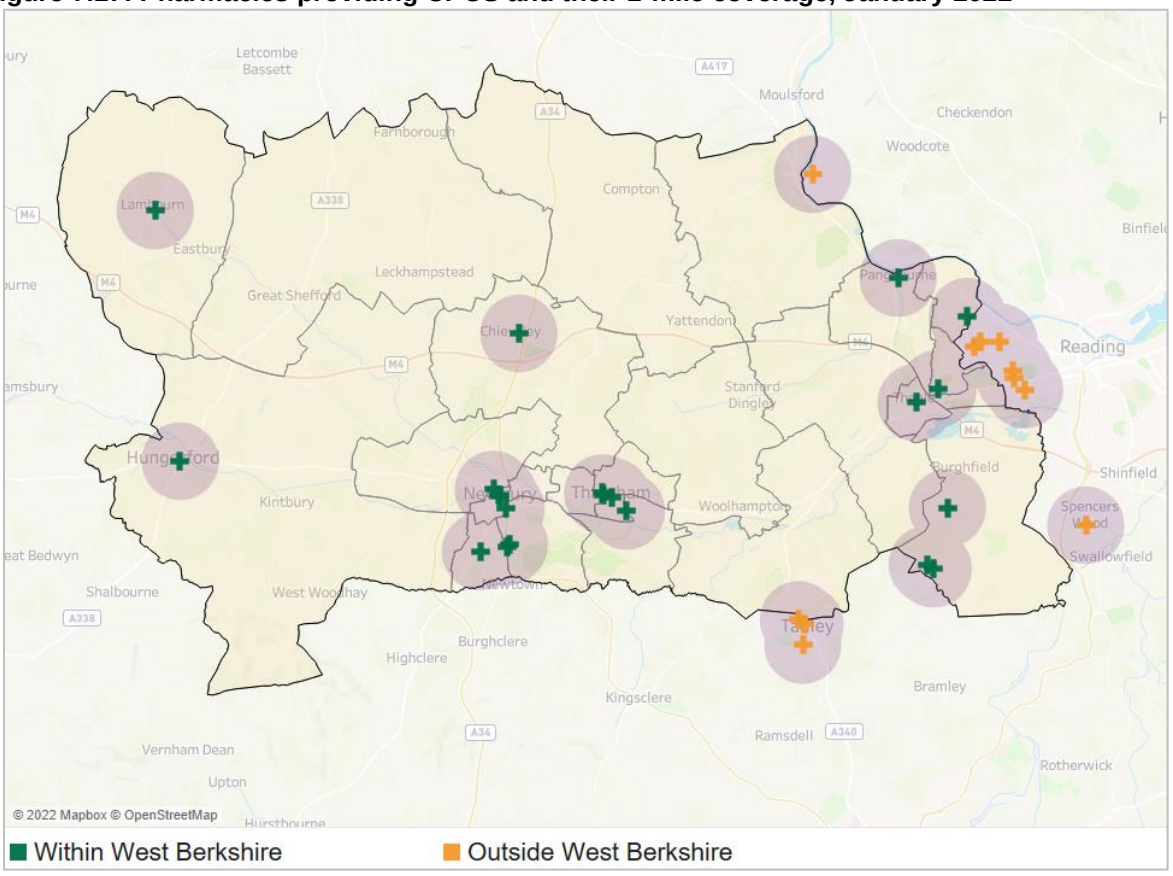
7.52 The community pharmacist consultation service (CPCS) is a new service provided by pharmacies, launched in October 2019. The aims of the service are to support the integration of community pharmacy into the urgent care system, and to divert patients with lower acuity conditions or who require urgent prescriptions from the urgent care system and to community pharmacies.

7.53 It also offers patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting, on referral from an NHS 111 call advisor and via the NHS 111 Online service.

7.54 There is strong coverage of CPCS in West Berkshire. With all 21 pharmacies in the borough having provided CPCS in 2020/21. There are an additional 11 pharmacies in neighbouring boroughs that provided the service (Figure 7.17).

7.55 Therefore there is sufficient CPCS provision to meet the needs of this borough.

Figure 7.17: Pharmacies providing CPCS and their 1-mile coverage, January 2022



Source: NHS England, 2022

Hypertension case-finding service

7.56 Hypertension case-finding service is a relatively new service and at the time of publication NHSE does not report any pharmacy in West Berkshire offering this service.

7.57 Twelve respondents to the contractor survey indicated being willing to provide the service if commissioned.

Community pharmacy hepatitis C antibody testing service

7.58 NHSE data does not show any pharmacy offering Community pharmacy hepatitis C antibody testing service as of the time of publication.

7.59 Ten respondents to the contractor survey indicated being willing to provide the service if commissioned.

Appliance use reviews (AURs)

7.60 Appliance Use Review (AUR) is another advanced service that community pharmacy and appliance contractors can choose to provide so long as they fulfil certain criteria.

7.61 AURs can be carried out by, a pharmacist, or a specialist nurse either at the contractor's premises (typically within a DAC) or at the patient's home. AURs help patients to better understand and use their prescribed appliances by:

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

7.62 No pharmacies within or bordering the borough provided this service in 2020/21. However, AURs can be provided by prescribing health and social care providers. Therefore, there is sufficient provision of the AUR service to meet the current needs of this borough.

Stoma Appliance Customisation service (SAC)

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

7.64 Four pharmacies provided SACs within West Berkshire in 2020/21 (Table 7.9).

Table 7.9: Pharmacies that provide SAC in West Berkshire, January 2022

Pharmacy	Address	Ward
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
LloydsPharmacy	2a Tylers Place, Pottery Road, Reading, Berkshire	Kentwood
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
LloydsPharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	Thatcham Central

Source: NHS England, 2022

7.65 Residents can also access the SAC service either from non-pharmacy providers within the borough (e.g., community health services) or from dispensing appliance contractors outside of the borough. Therefore, there is sufficient provision of the SAC service to meet the needs of this borough.

Summary of the Advanced Pharmacy Services

It is concluded that there is currently sufficient provision for the following advanced services to meet the likely needs of residents in West Berkshire:

- New medicine service
- Community pharmacy seasonal influenza vaccination
- Community pharmacist consultation service
- Hypertension case-finding service
- Community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).
- Appliance use reviews
- Stoma Appliance Customisation service

At the time of data collection for this PNA, no data was available on the following newly commissioned service:

- Stop-smoking service in pharmacies for patients who started their stop-smoking journey in hospital

West Berkshire pharmacies have indicated their willingness to provide these services, therefore no gap is evident for future access to these advanced services.

Other NHS pharmacy services

7.66 These are services commissioned by the West Berkshire Council and Frimley Health and Care to fulfil a local population health and wellbeing need. They are listed below:

- Local authority commissioned services:
  - Substance Misuse Service
  - Pharmacy Emergency Hormonal Contraception Service
- Frimley Health and Care commissioned services:
  - Access to palliative care medicine
  - Provision of antiviral medication

The provision of these services is explored below.

Needle exchange and supervised consumption

7.67 The needle exchange and supervised consumption services are commissioned by the charity Cranstoun on behalf of West Berkshire Borough Council. The needle exchange service supplies needles, syringes and other equipment used to prepare and take illicit drugs. The purpose of this services is to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment.

7.68 Needle exchange services also aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.

7.69 Supervised consumption is a treatment service for opioid dependency. Opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.

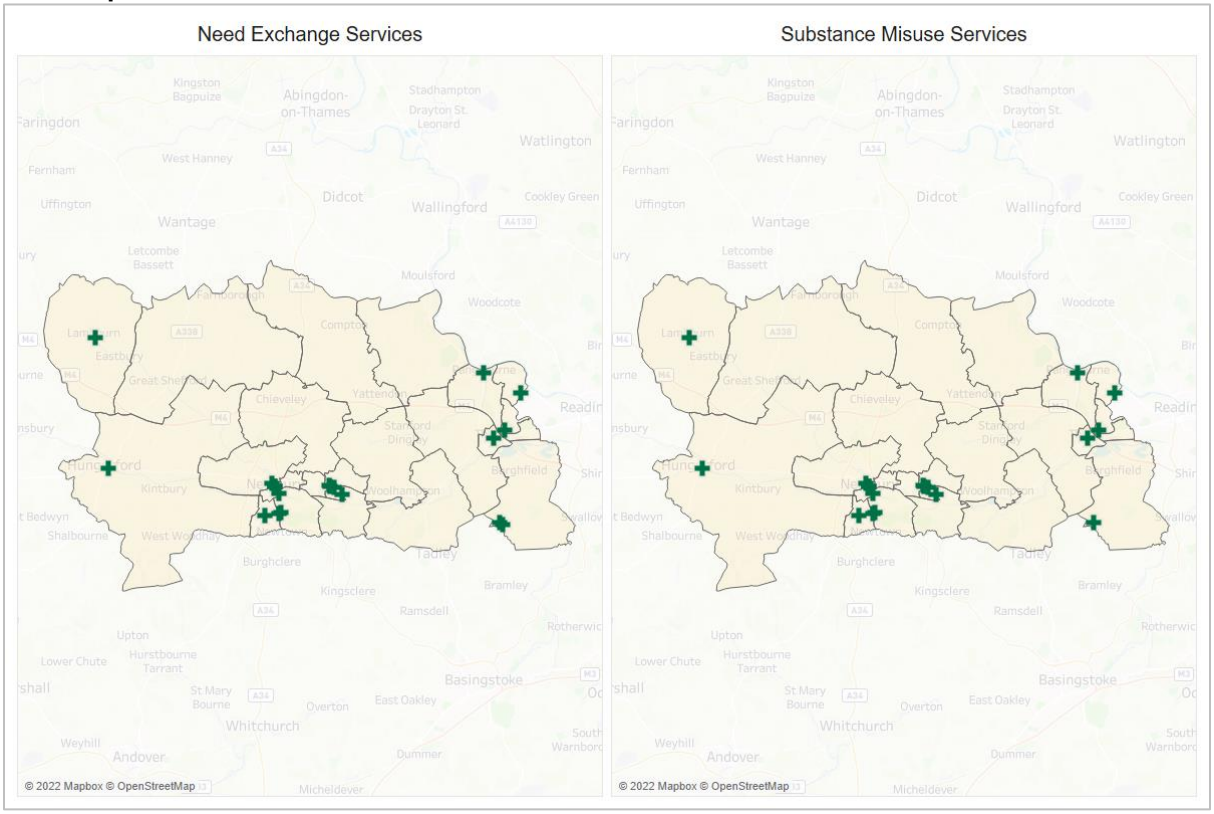
7.70 Pharmacies that provide this service:

- ensure each supervised dose is correctly administered to the service user for whom it was intended

- liaise with the prescriber, named key worker and others directly involved in the care of the service user
- monitor service users' response to the prescribed treatment
- help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.

7.71 Eighteen pharmacies in West Berkshire offer needle exchange and 19 offer supervised consumption services in areas of high population density and high deprivation (see Figure 7.18, Table 7.10, and Table 7.11).

Figure 7.18: Location of pharmacies that provide Needle Exchange and Supervised Consumption Services in West Berkshire



Source: West Berkshire Council, 2022

Table 7.10: Pharmacies that provide Needle Exchange services in West Berkshire, January 2022

Pharmacy	Address	Ward
Boots the Chemists	125 High Street, Hungerford, Berkshire	Hungerford & Kintbury
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Boots the Chemists	Thatcham Health Centre, Bath Road, Thatcham, Berkshire	Thatcham North East
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Jhoots Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	Tilehurst & Purley
Kamsons Pharmacy	27 High Street, Theale, Reading, Berkshire	Theale
Superdrug Pharmacy	81-82 Northbrook Street, Newbury, Berkshire	Newbury Central
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
LloydsPharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham
Lambourn Pharmacy	The Broadway, Lambourn, Berkshire	Lambourn
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham
Day Lewis Pharmacy	G Floor Unit, Access Hse, Strawberry Hill Road, Newbury, Berkshire	Newbury Central
LloydsPharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	Thatcham Central

Source: West Berkshire Council, 2022

Table 7.11: Number of Pharmacies that provide Supervised Consumption services in West Berkshire, January 2022

Pharmacy	Address	Ward
Boots the Chemists	125 High Street, Hungerford, Berkshire	Hungerford & Kintbury
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Boots the Chemists	Thatcham Health Centre, Bath Road, Thatcham, Berkshire	Thatcham North East
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	Tilehurst & Purley
Kamsons Pharmacy	27 High Street, Theale, Reading, Berkshire	Theale
Superdrug Pharmacy	81-82 Northbrook Street, Newbury, Berkshire	Newbury Central
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham

LloydsPharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham
Lambourn Pharmacy	The Broadway, Lambourn, Berkshire	Lambourn
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham
Day Lewis Pharmacy	G Floor Unit, Access Hse, Strawberry Hill Road, Newbury, Berkshire	Newbury Central
LloydsPharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	Thatcham Central

Source: West Berkshire Council, 2022

Pharmacy emergency hormonal contraception service

7.72 This is a Patient Group Direction that increases access to emergency hormonal contraception for young people. The service applies 'Making Every Contact Count' (MECC) principles to deliver a holistic sexual health intervention to young women seeking emergency hormonal contraception. The service also actively supports young women and men to access online services for sexual health information and advice and for online STI testing where available by signposting to the SafeSexBerkshire[46] website.

7.73 The service aims to:

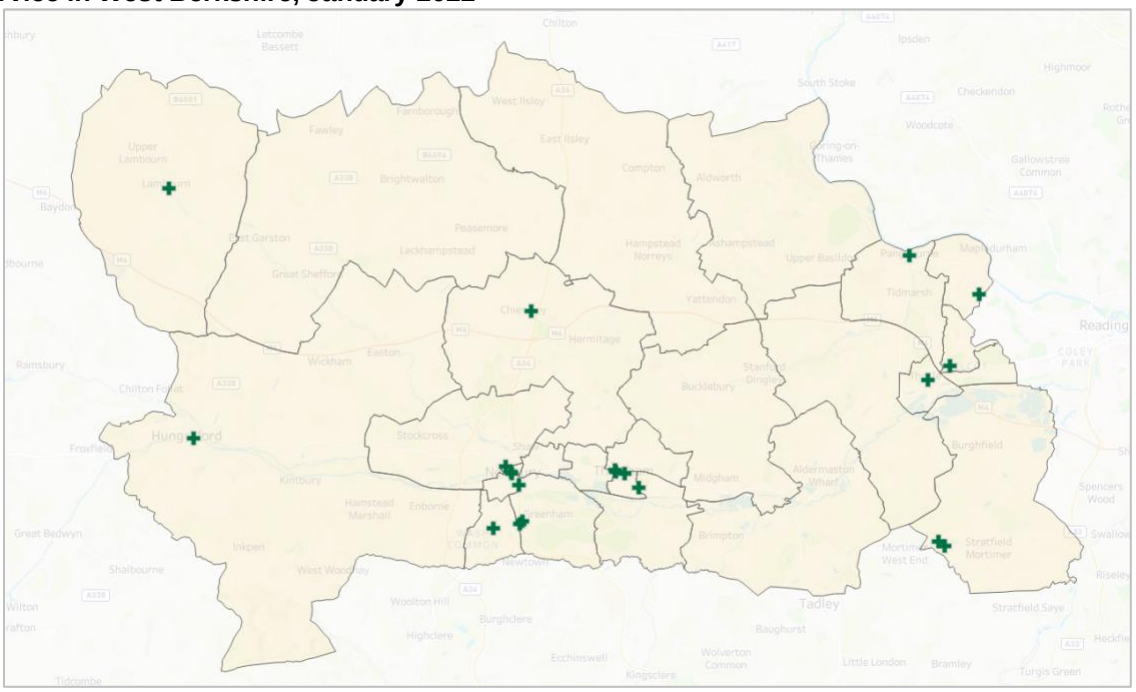
- prevent unplanned pregnancies in young people through the provision of free emergency hormonal contraception (Levonelle1500® or EllaOne® Emergency Hormonal Contraception)
- young people to access sexual health information and advice through local online and face to face services
- provide condoms to young women and their partners accessing EHC
- support young people to access free online STI testing where available.

7.74 All pharmacists providing this service will have completed the Centre for Pharmacy Postgraduate Education (CPPE) Declaration of Competence for EHC and register this on PharmOutcomes.

7.75 Twenty pharmacies offer this service in West Berkshire. Their locations are showing in Figure 7.19 and Table 7.12 below.

[46] https://www.safesexberkshire.nhs.uk/

Figure 7.19: Location of pharmacies that provide the Emergency Hormonal Contraception Service in West Berkshire, January 2022



Source: West Berkshire Council, 2022

Table 7.12: Pharmacies that provide the Emergency Hormonal Contraception Service, January 2022

Pharmacy	Address	Ward
Boots the Chemists	125 High Street, Hungerford, Berkshire	Hungerford & Kintbury
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Downland Pharmacy	East Lane, Chieveley, Newbury, Berkshire	Chieveley & Cold Ash
Boots the Chemists	Thatcham Health Centre, Bath Road, Thatcham, Berkshire	Thatcham North East
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Jhoots Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	Tilehurst & Purley
Kamsons Pharmacy	27 High Street, Theale, Reading, Berkshire	Theale
Superdrug Pharmacy	81-82 Northbrook Street, Newbury, Berkshire	Newbury Central
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
LloydsPharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham
Lambourn Pharmacy	The Broadway, Lambourn, Berkshire	Lambourn
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham

Day Lewis Pharmacy	G Floor Unit, Access Hse, Strawberry Hill Road, Newbury, Berkshire	Newbury Central
LloydsPharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	Thatcham Central

Source: West Berkshire Council, 2022

Access to palliative care

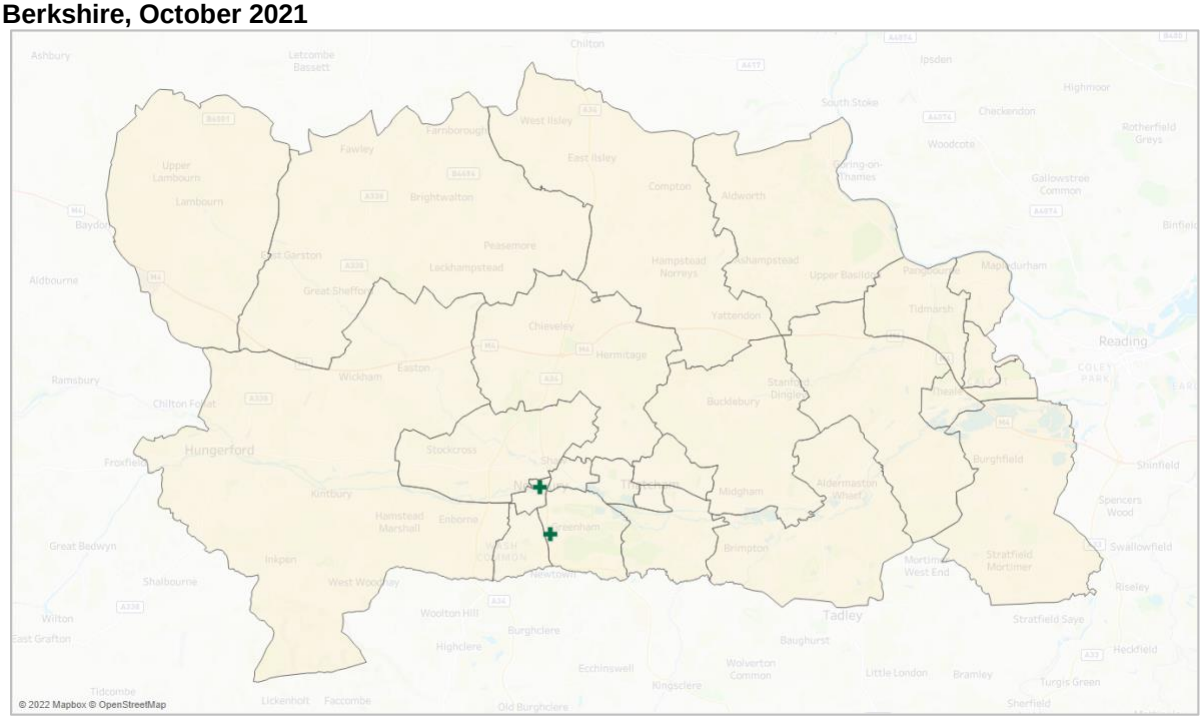
7.76 This service is commissioned by Berkshire West CCG to ensure that their community teams have guaranteed provision of routine palliative care drugs. This is to prevent any difficulties they may experience in obtaining emergency drugs for their patients.

7.77 The aim of the service is to improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply. Community teams will be able to access these drugs during the pharmacies' normal opening hours (this arrangement does not cover access to medicines outside of contracted hours).

7.78 Pharmacies have duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

7.79 Two pharmacies provide the Access to Palliative Care service in Reading. They are shown in Figure 7.20 and Table 7.13.

Figure 7.20: Location of pharmacies that provide the Access to Palliative Care Services in West Berkshire, October 2021



Source: Berkshire West CCG, 2022

Table 7.13: Number of Pharmacies that provide the Access to Palliative Care Service in West Berkshire by ward, January 2022

Pharmacy	Address	Ward
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham

Source: Berkshire West CCG, 2022

Provision of antiviral medication

7.80 The aim of the service is to improve access to antiviral treatment when it is required, by ensuring prompt access and continuity of supply, during both in and out of flu season. Pharmacies that provide this service are required to hold stock of the medication ensuring that users of this service have prompt access to these medicines during normal working hours.

7.81 Just one pharmacy, Boots in Newbury Retail Park, holds the contract for this in West Berkshire.

Summary of other NHS pharmacy services

It is concluded that there is currently sufficient provision for the following other NHS services to meet the likely needs of residents in West Berkshire:

- Substance Misuse Service
- Pharmacy emergency hormonal contraception service
- Access to palliative care medicine
- Provision of antiviral medication

Additional considerations from Contractor Survey Responses

Languages spoken in pharmacies

7.82 96% of households speak English as a main language (2011 data), the most common non-English languages spoken are Polish, Portuguese and French. The most common languages besides English spoken by pharmacy staff are Hindi, Punjabi and Romanian (Table 7.15). No pharmacies in West Berkshire reported having staff that speak French. Given the low number

of non-English speakers in the borough, this is unlikely to adversely impact access of residents to pharmaceutical services.

7.83 Table 7.14 lists the most common languages spoken by a member of staff in West Berkshire pharmacies.

Table 7.14: Top 10 languages spoken by a member of staff at the pharmacies in West Berkshire

Language	Number of Pharmacies
Hindi	2
Punjabi	2
Romanian	2
Urdu	1
Pashto	1
Polish	1
Portugese	1
German	1
Spanish	1
Mandarin	1

Source: West Berkshire Contractor Survey, 2022

Chapter 8 - Conclusions

8.1 This PNA has considered the current provision of pharmaceutical services across West Berkshire in alongside the health needs and demographics of its population. It has assessed whether current provision meets the needs of the population and whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.

8.2 West Berkshire largely rural in nature but has pockets of high population density. Overall, the population has a high life expectancy and healthy life expectancy in comparison to the population of South East England and England overall.

8.3 There are a number of factors that can affect pharmacy needs, including deprivation and protected characteristics that were explored in this PNA. While West Berkshire is an affluent district there is one neighbourhood, in Newbury Greenham ward that is among the 20% most deprived neighbourhoods in England. Newbury Greenham has good access to pharmacy provision.

8.4 With a median age of 43.8 the population is slightly older than England as a whole. It has a relatively small Black, Asian and Minority Ethnic population and 96% of households speak English as a main language. The proportions of people who share protected characteristics are explored and mapped in chapter 5 of this PNA. However, there are limits in assessing the pharmacy needs of people who share protected characteristics using nationally available data and mapping. Therefore, an engagement strategy and public survey was developed collaboration with the local authority communications team. Their purpose was to further identify and engage with people who share protected characteristics and to explore their pharmacy needs.

8.5 256 patients and public responded to the survey on their use and views on ‘necessary’ pharmacy services. Overall, participants were happy with the services their pharmacy provided and no different needs for people who share a protected characteristic in West Berkshire were found.

8.6 This chapter will summarise the provision of these services in West Berkshire and its surrounding local authorities.

Current provision

8.7 The steering group has identified the following services as necessary to this PNA to meet the need for pharmaceutical services:

- Essential services provided at all premises included in the pharmaceutical lists.

8.8 Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to medicines. The PNA steering group has identified the following as Other Relevant Services:

- Adequate provision of advanced and other NHS pharmacy services to meet the need of the local population.

Current access to essential services

8.9 In assessing the provision of essential services against the needs of the population, the steering group considered access as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population. Accessibility of essential services was determined by whether the West Berkshire population resided within 1-mile of a pharmacy, or within 20-minutes drive to a pharmacy.

8.10 Other factors taken into consideration included:

- The ratio of community pharmacies per 10,000 population
- Proximity of pharmacies to areas of high deprivation
- Opening hours of pharmacies
- Proximity of pharmacies to GP practices
- Controlled localities and location of dispensing GPs

8.11 There are 1.3 community pharmacies per 10,000 residents in West Berkshire. Though this ratio is lower than the national average of 2.2, as indicated by the contractor survey, the pharmacies have capacity to offer more services.

8.12 As West Berkshire is a very rural area, most of the borough is not within 1 mile of a pharmacy. In fact, most of the borough is within a controlled locality. Areas that are more densely populated in West Berkshire are well served in terms of pharmacy accessibility. There are 43,192 residents who live within rural areas of West Berkshire that are not within a mile of a pharmacy, however all residents are within a 20-minute commute of a pharmacy if travelling

by car. Considering all this, there is adequate provision of pharmacies for West Berkshire residents.

Current access to essential services during normal working hours

8.13 All pharmacies are open for at least 40 hours each week. There are 21 community pharmacies in the borough and 11 within a mile of the borough boundaries, providing good access as determined in Chapter 7.

The results of the PNA conclude that there are no current gaps in the provision of essential services during normal working hours in the lifetime of this PNA.

Current access to essential services outside normal working hours

8.14 On weekdays, while no West Berkshire pharmacies are open before 8am and 11 are open after 6pm. These pharmacies are close to areas of high population density and where deprivation is highest. However, not all residents can reach early opening or late closing pharmacy in 20 minutes if travelling by car. Those who can not reach a pharmacy by car are within accessible distance to a GP dispensing practice.

8.15 There is adequate accessibility of pharmacies to residents on weekend. Nineteen of the borough's community pharmacies are open on Saturday. Six pharmacies in the borough are open on Sunday.

8.16 Saturday pharmacies can be reached by all residents in those neighbourhoods within 20 minutes if travelling by car. All but 9,047 can reach a West Berkshire Sunday opening pharmacy in 20-minutes if traveling by car.

The results of the PNA conclude that there are no current gaps in the provision of essential services outside normal working hours in the lifetime of this PNA.

Current access to advanced services

8.17 The following advanced services are currently available for provision by community pharmacies: new medicine service, community pharmacy seasonal influenza vaccination, community pharmacist consultation service, hypertension case-finding service, community

pharmacy hepatitis C antibody testing service, appliance use reviews and stoma appliance customisation.

8.18 NMS is widely available with 20 pharmacies in the borough providing it.

8.19 Flu vaccinations are also widely, all 19 pharmacies in the borough provide this service.

8.20 All of the boroughs 21 community pharmacies offer the Community Pharmacy Consultation Service.

8.21 The hypertension case-finding service and the hepatitis C antibody testing service, are relatively new services for which no data is available yet, however pharmacies have indicated their willingness to provide this service.

8.22 No West Berkshire pharmacy reportedly provided AURS in the last recorded year, however pharmacies are able to provide these if there is a need. Advice on the use of appliances may also be offered by the hospital or clinic prescribing appliances.

8.23 Stoma Appliance Customisation service is offered by four pharmacies.

8.24 It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of West Berkshire.

The results of the PNA conclude that there are no current gaps in the provision of advanced services for the lifetime of this PNA.

Current access to other NHS pharmacies services

8.25 These are services that are locally commissioned by West Berkshire Borough Council and Berkshire West CCG. These services include:

- Substance misuse and needle exchange services
- Emergency hormonal contraception
- Access to palliative care
- Provision of antiviral medication

8.26 Eighteen pharmacies provide the substance misuse, and 19 provide needle exchange services, twenty provide emergency hormonal contraception, two provide access to palliative care and one pharmacy provides provision of antiviral medication.

8.27 Overall, there is very good availability of the other NHS services in the borough.

The results of the PNA conclude that there are no current gaps in the provision of other NHS services in the lifetime of this PNA.

Future Provision

8.28 The PNA steering group has considered the following future developments:

- Forecasted population growth
- Housing Development information
- Regeneration projects
- Changes in the provision of health and social care services
- Other changes to the demand for services

Future access to essential services

Future access to essential services during normal working hours

8.29 The PNA is not aware of any firm plans for changes in the provision of Health and Social Care services during the within the lifetime of this PNA.

8.30 This PNA has considered the proposed new housing developments in West Berkshire. The highest number of proposed new dwelling developments that are expected to be completed in the lifetime of this PNA are within Newbury Speen, Newbury Central and Newbury Greenham wards; the largest of these being Market Street development in Newbury Central ward, the Oxford Road development in Newbury Speen ward and the Pincents Hill development in Tilehurst Birch Copse ward. All these proposed developments are within areas with good pharmacy provision.

8.31 The analysis has considered these developments, and other causes of population increases, and concluded that pharmacy provision is well placed within West Berkshire during the within the lifetime of this PNA.

The results of the PNA conclude that there are no gaps in the future provision of essential services during normal working hours in the lifetime of this PNA.

Future access to essential services outside normal working hours

8.32 This PNA is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

The results of the PNA conclude that there are no gaps in the future provision of essential services outside of normal working hours in the lifetime of this PNA.

Future access to advanced services

8.33 Through the contractor survey local pharmacies have indicated that they have capacity for future increases in demand for advanced services.

The results of the PNA conclude that there are no gaps in the future provision of advanced services in the lifetime of this PNA.

Future access to other NHS services

8.34 Through the contractor survey local pharmacies have indicated that they have capacity and future increases in demand for other NHS services.

The results of the PNA conclude that there are no gaps in the future provision of other NHS services in the lifetime of this PNA.

Improvements and better access

Current and future access to essential services

8.35 The PNA did not identify any services, that if provided either now or in future specified circumstances, would secure improvements or better access to essential services. Further, there is sufficient capacity to meet any increased future demand.

The results of the PNA conclude that there are no gaps in essential services that if provided, either now or in the future, would secure improvements or better access to essential services in the lifetime of this PNA.

Current and future access to advanced services

8.36 NMS, CPCS and flu vaccination services are all widely available throughout West Berkshire.

8.37 Though there is no data available publicly for the relatively new services, namely Hypertension case-finding and hepatis C antibody testing services, there is sufficient capacity for the pharmacies to provide them.

8.38 There is SAC provision in the district, and pharmacies are willing, and have capacity to provide both SAC and AUR. Additionally, advice on both these services is offered by hospital and other health providers.

8.39 The PNA analysis has concluded that there is sufficient capacity to meet any increased demand of advanced services.

The results of the PNA conclude that there are gaps in the provision of advanced services at present or in the future, that would secure improvements or better access to advanced services in the lifetime of this PNA.

Current and future access to other NHS services

8.40 There is good provision of services commissioned by the West Berkshire Council and Frimley Health and Care. The PNA did not find any evidence to conclude that these services should be expanded.

The results of the PNA conclude that there are no gaps, either now or in the future, that if provided would secure improvements or better access to other NHS services in the area in the lifetime of this PNA.

Appendix A: Berkshire pharmaceutical needs assessment steering group

Terms of reference

Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist or dispensing appliance contractor who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and subsequent amendments set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services. In addition, it will provide an evidence base for future local commissioning intentions.

The Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham Health and Wellbeing Boards have now initiated the process to refresh the PNAs by October 2022.

Role

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered and robust PNA, building on expertise from across the local healthcare community; and managed by Healthy Dialogues Ltd. In addition, the group is responsible for:

- Responding to formal PNA consultations from neighbouring HWBs on behalf of the Health and Wellbeing boards.

- Establishing arrangements to ensure the appropriate maintenance of the PNA, following publication, in accordance with the Regulations.

Objectives

- Ensure the new PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and its amendments.
- Develop the PNA so that it documents all locally commissioned services, including public health services commissioned; and services commissioned by the CCG/ICS and other NHS organisations as applicable; and provides the evidence base for future local commissioning.
- Agree a project plan and ensure representation of the full range of stakeholders.
- Ensure a stakeholder and communications plan is developed to inform pre-consultation engagement and to ensure that the formal consultation meets the requirements of the Regulations.
- Ensure that the PNA, although it is a separate document, integrates, and aligns with, with both the joint strategic needs assessment and the health and wellbeing strategies of each of the boroughs as well as other key regional and national strategies.
- Ensure that the requirements for the development and content of PNAs are followed, and that the appropriate assessments are undertaken, in accordance with the Regulations. This includes documenting current and future needs for, or improvements and better access to, pharmaceutical services as will be required by the local populations.
- Approve the framework for the PNA document, including determining the maps which will be included
- Ensure that the PNA contains sufficient information to inform commissioning of enhanced services, by NHS England; and commissioning of locally commissioned services by the CCG and other local health and social care organisations.
- Ensure a robust, and timely consultation is undertaken in accordance with the Regulations; including formally considering and acting upon consultation responses and overseeing the development of the consultation report for inclusion in the final PNA.
- Consider and document the processes by which the HWB will discharge its responsibilities for maintaining the PNA.
- Comment, on behalf of the Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham Health and Wellbeing boards, on formal PNA consultations undertaken by neighbouring HWBs
- Advise the HWB, if required, when consulted by NHS England in relation to consolidated applications.
- Document and manage potential and actual conflicts of interest.

Accountability and reporting

The Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham Health and Wellbeing boards have delegated responsibility for the development and maintenance of the PNA; and for formally responding to consultations from neighbouring HWBs to the PNA Steering Group

The PNA steering group will be accountable to the Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham and Wellbeing boards and will report on progress on a two-monthly frequency or as required by the Health and Wellbeing Board.

The pre-consultation draft and the final draft PNAs will be presented to the Health and Wellbeing Board for approval.

Membership

Chair: Rebecca Willans, Public Health Berkshire, Bracknell Forest Council

Name	Organisation
Becky Campbell	Public Health Berkshire
David Dean	Local Pharmaceutical Committee Pharmacy Thames Valley
Sanjay Desai	Buckinghamshire, Oxfordshire, and Berkshire West (BOB), Integrated Care System
Dawn Best	Frimley Health and Care
Marian Basra	NHS England Pharmacy Team
Tessa Lush	Communications, Bracknell Forest (representing all Berkshire local authorities)
Helen Delaitre	Berkshire, Buckinghamshire and Oxfordshire LMCs
Representative	Healthwatch Bracknell Forest
Representative	Healthwatch Slough
Joanna Dixon	Healthwatch Wokingham
Andrew Sharp	Healthwatch West Berkshire
Mandeep Kaur Sira	Healthwatch Reading
Representative	Healthwatch Windsor and Maidenhead
Roger Kemp	Patient Representative

An agreed deputy may be used where the named member of the group is unable to attend.

Other staff members / stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

Quorum

A meeting of the group shall be regarded as quorate where there is one representative from each of the following organisations / professions:

- Chair (or nominated deputy)
- Representative from Public Health for Berkshire
- Representative from Healthwatch
- LPC
- Healthy Dialogues

Declaration of Interests

It is important that potential, and actual, conflicts of interest are managed:

Declaration of interests will be a standing item on each PNA Steering Group agenda.

A register of interests will be maintained and will be kept under review by the HWB.

Where a member has a potential or actual conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

Frequency of meetings

The group will meet as required for the lifetime of this project. Meetings will be held virtually on MS teams every six weeks.

Following publication of the final PNA, the Steering Group will be convened on an 'as required' basis to:

- Fulfil its role in timely maintenance of the PNA
- Advise the HWB, when consulted by NHS England, in relation to consolidated applications.

Appendix B – Pharmacy provision within West Berkshire and 1 mile of its border

HWB	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
West Berkshire	FC776	Boots the Chemists	Community Pharmacy	125 High Street, Hungerford, Berkshire	RG17 0DL	No	No	Yes	No
	FE788	Boots the Chemists	Community Pharmacy	Thatcham Health Centre, Bath Road, Thatcham, Berkshire	RG18 3HD	Yes	No	Yes	No
	FJV60	Boots the Chemists	Community Pharmacy	4-5 Northbrook Street, Newbury, Berkshire	RG14 1DJ	Yes	No	Yes	Yes
	FP041	Boots the Chemists	Community Pharmacy	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	RG14 7HU	Yes	Yes	Yes	Yes
	FFT63	Burghfield Pharmacy	Community Pharmacy	Reading Road, Burghfield Common, Reading, Berkshire	RG7 3YJ	No	No	Yes	No
	FWX13	Day Lewis Pharmacy	Community Pharmacy	G Floor Unit, Access Hse, Strawberry Hill Road, Newbury, Berkshire	RG14 1GE	No	No	Yes	No
	FDN76	Downland Pharmacy	Community Pharmacy	East Lane, Chieveley, Newbury, Berkshire	RG20 8UY	No	No	No	No
	FJM06	Jhoots Pharmacy	Community Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	RG7 3TF	No	No	No	No
	FMP97	Kamsons Pharmacy	Community Pharmacy	27 High Street, Theale, Reading, Berkshire	RG7 5AH	No	No	Yes	No
	FT063	Lambourn Pharmacy	Community Pharmacy	The Broadway, Lambourn, Berkshire	RG17 8XY	No	No	Yes	No
	FCT83	LloydsPharmacy	Community Pharmacy	3 The Square, Pangbourne, Berkshire	RG8 7AQ	Yes	No	Yes	No
	FQD69	LloydsPharmacy	Community Pharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	RG19 4YA	Yes	No	Yes	No
	FTJ67	LloydsPharmacy	Community Pharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	RG18 3JW	No	No	Yes	No

HWB	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FXR54	LloydsPharmacy	Community Pharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	RG19 3HN	No	No	Yes	No
	FEJ88	Lloydspharmacy (in Sainsbury)	Community Pharmacy	Savacentre, Bath Road, Calcot, Reading, Berkshire	RG31 7SA	Yes	Yes	Yes	Yes
	FVP85	Lloydspharmacy (in Sainsbury)	Community Pharmacy	Sainsburys Store, Hectors Way, Newbury, Berkshire	RG14 5AB	Yes	Yes	Yes	Yes
	FLP66	Mortimer Pharmacy	100 Hours	72 Victoria Road, Mortimer, Reading, Berkshire	RG7 3SQ	Yes	Yes	Yes	Yes
	FM678	Overdown Pharmacy	Community Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	RG31 6PR	No	No	Yes	No
	FN512	Superdrug Pharmacy	Community Pharmacy	81-82 Northbrook Street, Newbury, Berkshire	RG14 1AE	Yes	No	Yes	No
	FK567	Tesco Pharmacy	100 Hours	Tesco Extra, Pinchington Lane, Newbury, Berkshire	RG14 7HB	Yes	Yes	Yes	Yes
	FL172	Wash Common Pharmacy	Community Pharmacy	Monks Lane, Newbury, Berkshire	RG14 7RW	Yes	No	Yes	No
Basingstoke & Deane	FVJ17	Holmwood Pharmacy	Community Pharmacy	Franklin Avenue, Tadley	RG26 4ER	No	No	Yes	No
	FQX07	Lloyds Pharmacy	Community Pharmacy	30A/B Mulfords Hill, Tadley, North Basingstoke	RG26 3JE	Yes	Yes	Yes	Yes
	FN444	Morland Pharmacy	Community Pharmacy	40 New Road, Tadley, Hampshire	RG26 3AN	No	No	No	No
South Oxfordshire	FDE03	Lloyds Pharmacy	Community Pharmacy	High Street, Goring-On-Thames, Reading	RG8 9AT	No	No	Yes	No
Reading	FT293	Asda Pharmacy	100 Hours	Honey End Lane, Reading, Berkshire	RG30 4EL	Yes	Yes	Yes	Yes
	FNR10	Boots the Chemists	Community Pharmacy	32 Meadway Precinct, Tilehurst, Reading, Berkshire	RG30 4AA	No	No	Yes	No
	FF110	LloydsPharmacy	Community Pharmacy	2a Tylers Place, Pottery Road, Reading, Berkshire	RG30 6BW	Yes	No	Yes	No

HWB	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FHF90	Southcote Pharmacy	Community Pharmacy	36 Coronation Square, Reading, Berkshire	RG30 3QN	No	No	Yes	No
	FGF17	Tilehurst Pharmacy	Community Pharmacy	7 School Road, Tilehurst, Reading, Berkshire	RG31 5AR	No	No	Yes	No
	FDX71	Trianglepharmacy	Community Pharmacy	88-90 School Road, Tilehurst, Reading, Berkshire	RG31 5AW	No	No	Yes	No
Wokingham	FG634	Day Lewis Pharmacy	Community Pharmacy	Welford House, Basingstoke Road, Spencers Wood, Reading, Berkshire	RG7 1AA	No	No	Yes	No

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Update on the Sucide Prevetion Strategy

Report being considered by:	Health and Wellbeing Board
On:	21 July 2022
Report Author:	Tracy Daszkiewicz
Report Sponsor:	Tracy Daszkiewicz
Item for:	Decision

1. Purpose of the Report

1.1 This report is to provide the West Berkshire Health and Wellbeing Board with an update on the Suicide Prevention Strategy, previously presented to the Board on 30 September 2021. The development of a local Suicide Prevention Strategy is to deliver the ambition of the national suicide prevention strategy; Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives.

1.2 In addition to gain the Board's approval for the change in approach and endorsement for the timeframe to make the amendments to the existing strategy, and to agree the approach of putting in place a principles document to ensure work continues on this agenda and can be monitored whilst the amendments are made.

2. Recommendation(s)

For the Health and Wellbeing Board to agree:

- to refresh the Suicide Prevention Strategy.
- for the Suicide Prevention Partnership to arrange a summit for the autumn to launch a full consultation process into suicide prevention to further inform the Strategy refresh.

3. Executive Summary

3.1 In 2012 the government published Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives. The strategy recommended that local authorities conduct a suicide audit, produce a suicide prevention action plan and set up a multiagency suicide prevention group.

3.2 A Suicide Prevention Strategy was presented to the Health and Wellbeing Board in the autumn of 2021 and this Strategy was endorsed by the board. Since its adoption, new data profiles are available and there is a new policy landscape that has led to a review of the local strategy. This is to consider a greater emphasis on patterns of risk and also linked to the focus on health inequalities and the Health and Care Act 2022.

4. Proposal(s)

4.1 That a review of the existing strategy is undertaken.

4.2 That the Suicide Prevention Partnership is reformed and strengthened.

4.3 That a Suicide Prevention Ten Point Plan is put in place to progress work against priorities whilst development of the strategy is underway,

- Introduce suicide prevention across all policy
- Improve methods to tackle root cause vulnerability
- Establish a trauma informed approach
- Assess and strengthen ways of tackling inequalities
- Establish focus on debt and cost of living
- Improve focus on children and young people
- Establish means to address female suicide rates
- Strengthen focus on links between mental health, self-harm and suicide
- Continue to develop and establish support for people bereaved by suicide
- Develop means for family support to ensure individual wellbeing

4.4 A Suicide Prevention Summit is held in the autumn to state the ambition and gain wider partner engagement.

4.5 A draft document will be presented to the Health and Wellbeing Board in December 2022 and launch the consultation process.

4.6 Final Strategy and Impact Assessment to come to Health and Wellbeing Board in February 2023 for agreement and endorsement.

5. Consultation and Engagement

As part of the update to the Suicide Prevention Strategy, a summit will take place in the autumn of 2022 to launch a full consultation with statutory, non-statutory partners, the voluntary sector, LEP, and the community. This will be undertaken using a range of engagement methods, including face to face and online surveys.

Background Papers:

None

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

Suicide touches all aspects health and wellbeing and the impacts on individuals, families and communities are devastating. 1 in 100 deaths worldwide is by suicide. In West Berkshire there were 40 deaths to Suicide in 2017-2019 compared to 35 deaths in 2015-2017 to 5 the previous year. There is also evidence to suggest that female deaths by suicide is increasing at a faster rate than male suicide, although men continue to be at disproportionate risk of death by suicide. The Suicide Prevention Strategy will deliver across the priorities of the Berkshire West Health and Wellbeing Strategy.

1. **Reduce the differences in health between different groups of people**
   We know suicide disproportionately affects people in certain jobs or professions, we also know that age and gender play a part is risk factors.
2. **Support individuals at high risk of bad health outcomes to live healthy lives**
   By understanding the patterns of suicide, who is most at risk, and when harm is most likely to occur, we can build prevention and early intervention strategies with partners to mitigate risk.
3. **Help children and families in early years**
4. **Promote good mental health and wellbeing for all children and young people**
5. **Promote good mental health and wellbeing for all adults**
   For priorities 3-5 we need to understand better how risk occurs. Only 28% of people who die by suicide are known to services, we therefore need to work with schools and employers to recognise early signs of people needing support and have services in place to signpost people to.

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Berkshire West CCG
Annual Report and Accounts 2021/22

Report being considered by:	West Berkshire Health and Wellbeing Board
On:	21 July 2021
Report Author:	Belinda Seston
Report Sponsor:	Belinda Seston
Item for:	Information

1. Purpose of the Report

To advise the West Berkshire Health and Wellbeing Board of the 2021/22 Berkshire West Clinical Commissioning Group (CCG) Annual Report and Accounts.

2. Recommendation(s)

The West Berkshire Health and Wellbeing Board is asked to note this report.

3. Executive Summary

3.1 The Berkshire West Clinical Commissioning Group Annual Report and Accounts for 2021/22 can be found within the following link:

https://www.bucksoxonberksw.icb.nhs.uk/media/2066/02_ccg_annual_report_2021-22_final_published.pdf

3.2 A foreword from Dr James Kent – ICS Executive Lead & CEO of the ICB:

'Over the past year work has progressed in developing the integrated care system across BOB. Working together in a more integrated way across the NHS, local authorities and with our voluntary sector we want to ensure we deliver joined up health and care services based on the needs of individual and shaped by the circumstances and priorities of local communities.

As we move into 2022/23 and toward a new organisation and Integrated Care System, I am encouraged to see colleagues rise to the challenge; this stands us in good stead for the future as we move forward the work of clinical commissioning groups into the single organisation of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board that will develop and lead system working for the benefits of our population.'

4. Supporting Information

This report is for the consideration of the West Berkshire Health and Wellbeing Board under the current legislation Health and Social Care Act (2012), which requires the presentation of the said report on an annual basis.

5. Options Considered

None - the presentation of this report is a requirement of the Health and Social Care Act (2012).

6. Proposal(s)

The proposal is that the West Berkshire Health and Wellbeing Board notes the said 2021/22 Berkshire West CCG Annual Report and Accounts.

7. Consultation and Engagement

N//A

8. Appendices

Appendix A – Berkshire West 2021/22 Annual Report and Accounts

Background Papers:

https://www.bucksoxonberksw.icb.nhs.uk/media/2066/02_ccg_annual_report_2021-22_final_published.pdf

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

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

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by diverting NHS activities both directly and indirectly to the agreed priority programmes.

Berkshire West Clinical Commissioning Group
Annual Report and Accounts 2021/22

NHS
Berkshire West
Clinical Commissioning Group

Contents

Foreword from the Clinical Chair:

Welcome to the Berkshire West Clinical Commissioning Group's Annual Report for 2021/22. We have seen yet another challenging year in Berkshire West as the coronavirus pandemic has continued to impact nearly everything we do. Nevertheless, it has been heartening to watch the immense collaborative efforts of all our staff in not only maintaining services but dealing with the backlog of work and delivering a successful covid vaccination programme.

Coronavirus has continued to impact on care homes. As a Berkshire West system, the CCG and its partners have worked in collaboration to support residents and staff. With the sustained development and expansion of the 15 Primary Care Networks (PCN) in Berkshire West, work continues with supporting local Care Homes with named clinicians as part of the Enhanced Health in Care Homes Scheme. We have also achieved a very high level of take-up of covid vaccinations in care homes for older adults with 92% having received a first, second and booster dose. Planned Care services have worked together to aid recovery in elective services and to reduce waiting times by implementing improved productivity, mutual aid between providers and pathway transformation.

The CCG continues to work with our partners to prevent long term conditions (LTCs), diagnose LTCs earlier and better manage patients with LTCs. During the pandemic there was a specific focus on the continuation and development of long COVID services, managing patients with chronic respiratory diseases, providing digital access to patient education for diabetes and home blood pressure monitoring for the clinically vulnerable in deprived areas. Maintaining cancer services in primary and secondary care has been a priority for the system during the last year with a focus on supporting our partners with Covid-19 recovery, as well as the continuation with cancer transformation within primary care and the community. We have also seen the successful roll-out of the Quality Improvement Scheme (QIS); the Cancer Care Reviews Year 2; and the 'self-screening' test for colorectal cancer FIT (fecal immunochemical test).

Areas such as the diagnostic pathway for autism and ADHD have undertaken demand and capacity modelling which resulted in additional investment to improve access. A review of Berkshire West mental health and emotional wellbeing services for children was carried out which resulted in a multi-agency action plan aiming to address the identified challenges. The transformation of adult mental health services to deliver more community-based services commenced in Reading with Wokingham and West Berkshire to follow.

The BOB Local Maternity System (LMS) board has continued to evolve in line with the requirement to set up a Perinatal Quality Surveillance (QA) model, incorporating Neonatal services into its over-arching assurance and transformation work.

For the first time this winter GP practices received national support to address the demands being seen for appointments and to provide enhanced support to practices facing access challenges. As a result, we were able to support upgrades in GP practice telephony and security arrangements as well as establishing overflow hubs, which allowed the Royal Berkshire NHS Foundation Trust's Emergency Department to transfer the care of patients to their own GP Practice when appropriate. We also ensured that more clinical staff were working over winter meeting patients' care needs. We are now evaluating what worked well and considering schemes that should remain in place.

In addressing the Covid-19 pandemic, local priorities were set to help address many of the consequences of the pandemic (including social isolation, physical deconditioning, and job insecurity). These priorities shaped the integration work programme for the year. This included, the establishment of step-down beds, an alternative to emergency inpatient care in an acute hospital setting and the preventing of premature admission to long-term residential care. Local partners have continued to support the Covid-19 vaccination programme, with vaccination clinics running at GP surgeries, schools, local pharmacies and walk in centres. Outstanding work and input by our PCN sites were key in the delivery of a successful vaccination programme. Reducing health inequalities has been a core focus of the vaccination roll out with significant community engagement efforts supporting the most vulnerable in our communities to get their vaccination.

All of the above has required a step-change in all services' approach to use of information and development of digital access. Population health management methodologies have supported identification of those most vulnerable to COVID-19 to target support services and we continue to support reduction of inequalities and vaccine hesitancy within the vaccination programme.

Looking ahead, 2022/23 will see the closure of the CCG and safe transfer of all functions to the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board. While we continue work to develop the new organisation and supporting structures, I am confident we have built a strong foundation on which to achieve even better outcomes for patients.

Dr Abid Irfan MB CHB MRCS MRCGP, Clinical Chair

Berkshire West Clinical Commissioning Group

Performance Report

Overview from Dr James Kent (Accountable Officer)

Another extraordinary year in our lives has passed, dominated again by the COVID-19 pandemic.

My condolences to those who have lost loved ones; in the NHS we share in the sadness of those who have suffered a loss, have been seriously ill as a result of the virus or are still suffering from its effects. Many other people have had planned operations and treatments postponed due to the disruption of 'business as usual' services and I share their frustration and disappointment at these delays.

But there are also actions through the pandemic we can celebrate. All our partners and colleagues worked far more flexibly to adjust to the demands of COVID and so many came together to successfully deliver the biggest ever vaccination programme in the history of this country. As a result, we are now collectively looking towards the future which will include the resumption of both normal and 'new normal' life and work compared to the challenges of the last two years.

This year, 2021/22, has been remarkable for the success of the vaccination roll-out which has seen 3.7 million jabs delivered across BOB ICS with more people vaccinated than any other vaccination programme. Huge thanks go to the thousands of people across the NHS, local authorities and volunteers who contributed to this success.

We began vaccinating our local population in December 2020 – starting with NHS and care staff, residents of care homes, everyone aged over 70 and people who were clinically extremely vulnerable and by 15 February 2021, everyone in these four top priority groups had been offered a vaccine. More than a year later, at the end of March 2022, we were offering vaccinations to all 5 - 11-year-olds, and a second 'booster' jab to those aged 75.

An outreach and engagement plan - *No one left behind* – was devised across BOB ICS to ensure the vaccine campaign is targeted at those populations, in areas of deprivation and among groups at increased risk of illness and death from COVID-19 infection. This careful and painstaking work will inform how and where it is best to make approaches and break down the barriers of vaccine hesitancy and address concerns that individuals or communities may have.

As I write we still have over 100 patients in our acute hospitals with COVID, not insignificant but much lower than our peak level of 790 in the second wave. More importantly, the number of patients needing mechanical ventilation across our system has been in single digits for many months, such a different picture to our wave 2 peak of 260 patients needing intensive care. A clear impact of the vaccination programme.

Given the on-going response to the COVID-19 pandemic the past year has seen all NHS organisations and services operating, for the most part, in an emergency preparedness, resilience and response level 4 incident which means that NHS England has coordinated the NHS response nationally in collaboration with local commissioners at the tactical level, as such many decisions and actions were driven nationally.

During the height of the pandemic, health and social care organisations made rapid changes to how services operated, the infection, prevention and control measures that were in place, and other adjustments made to ensure all patients with COVID needing hospital treatment could be treated. Many primary care and hospital outpatient appointments moved to telephone and online consultations.

As the vaccination programme rolled out and the number of patients requiring treatment for COVID reduced, we turned to the task of recovering services and dealing with the inevitable backlogs. This report will show the challenges facing the NHS as we try to reduce waiting times for elective / planned care, develop better ways of working collaboratively to support urgent and emergency care across the three counties of Buckinghamshire, Oxfordshire, and Berkshire West; develop services to support the health and wellbeing of our younger population; ensure the timely diagnosis and start of treatment of people with cancer and further develop our primary care services.

Over the past year work has progressed in developing the integrated care system across BOB. Working together in a more integrated way across the NHS, local authorities and with our voluntary sector we want to ensure we deliver joined up health and care services based on the needs of individual and shaped by the circumstances and priorities of local communities. Alongside this we have been planning for the transfer of statutory commissioning functions and staff from the CCGs to the new Integrated Care Board across Buckinghamshire, Oxfordshire and Berkshire West which will happen on 1st July 2022

I also want to extend my gratitude to colleagues within all three CCGs; many have continued to work in different ways, in different roles, and many also volunteered to support front line care or the vaccination programme. None of this was easy when both the pandemic and organisational change has made for an unsettling period. Thank you to everyone.

As we move into 2022/23 and toward a new organisation and Integrated Care System, I am encouraged to see colleagues rise to the challenge; this stands us in good stead for the future as we move forward the work of clinical commissioning groups into the single organisation of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board that will develop and lead system working for the benefits of our population.

Performance Report:

NHS Berkshire West Clinical Commissioning Group (BWCCCG) was established on 1 April 2018, following the merger of Newbury and District, Wokingham, North and West Reading and South Reading CCGs.

The CCG is made up of 41 member GP Practices, serving a population of 568,374 people. The CCG, as part of its statutory obligations provides overall management and has the power to develop its strategic direction led by a Governing Body that meets every month (except August).

In 2021/22 the Governing Body consisted of three GP members including the Chair, a Chief Officer, Nurse Director, Joint Commissioning Director, Primary Care Director (Standard Invitee), Chief Finance Officer, three lay members, and a Secondary Care Consultant. The GP members of the Governing Body are elected by a GP Council composed of GPs from the member GP practices. Day-to-day CCG management is led by the Executive Team, including Operational Directors for each of the CCG's localities, who are also non-voting members of the Governing Body.

What we do

BWCCG has the statutory responsibility to commission a range of local health services for people in the Berkshire West area. This means planning, designing, contracting, and paying for services for the population including those provided by Royal Berkshire NHS Foundation Trust (RBH), Berkshire Healthcare NHS Foundation Trust (BHFT) and the services provided by local GP practices. The services that we commission include:

- Urgent and emergency care (including NHS 111, Accident and Emergency, Urgent Treatment Centre, and Ambulance Services)
- Elective (Planned) hospital care
- Diagnostic and treatment service for cancer
- Community health services (such as rehabilitation services, speech and language therapy, wheelchair services, and home oxygen services)
- Maternity and new-born services (excluding neonatal intensive care)
- Children's healthcare services (mental and physical health)
- Mental health services (including talking therapies)

- Services for people with learning disabilities and autism
- NHS continuing healthcare
- General practice (responsibility delegated by NHS England from April 2016)
- Out-of-hours primary medical services
- Healthcare for veterans, reservists, and armed forces families

Who we work with?

We commission healthcare from a wide variety of NHS and non-NHS providers. The CCG is a key partner in the Berkshire West Place Based Partnership (PBP). The PBP is currently a voluntary arrangement where local health and social care organisations, both those that commission and provide services work together to take on clear joint responsibility for resources and population health, providing joined up care. Our partners are West Berkshire Council, Reading Borough Council, Wokingham Borough Council, BHFT, RBH, South Central Ambulance Foundation Trust (SCAS), GP Practices and Primary Care Networks. The CCG is also a member of the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (BOB ICS).

Our three Local Authority partners commission adult social and children's services and are responsible for public health. We are members of the Health and Well Being Boards of the three councils.

Our population and demographics

As of March 2022, the registered patient population of the BWCCG area had grown to 568,374.

The population is generally affluent and healthy, but there are variations between the Berkshire West localities of Reading, Newbury and District and Wokingham. Life expectancy at birth is higher than the national average for Wokingham and West Berkshire localities. Life expectancy as follows:

- Wokingham 85.0 years for women and 82.3 years for men
- Reading 81.1 years for women and 77.5 years for men.
- West Berkshire 84.4 years for women and 80.2 years for men.

Our Local Authorities publish Joint Strategic Needs Assessments which describe the health and well-being needs of our population

and which use data to identify health differences. Data on population and health can be found on the Berkshire Observatory website here .

Clinical Leadership

Clinical involvement and clinical leadership are key to high-quality commissioning. This involves engaging with all GPs in the local area so their experience and expertise can inform the decisions being taken. Clinical leaders are working at all levels of the CCG with clinicians providing a majority sitting with senior managers at the CCG Board and other committees, driving service development and responding to the pandemic.

The clinicians working for the CCG also all work in clinical practice with regular contact with patients, carers, and families.

During this past year, the COVID-19 pandemic has dominated the work of the CCG and our clinicians have been providing clinical leadership in decisions relating to healthcare and the vaccination programme. Despite the practical difficulties in maintaining services during the pandemic, with higher levels of staff absence and risks of infection, they supported the work needed to quickly revise the way practices organised their services to ensure patients could continue to access the care and support needed. They have also been working with health and care partners to ensure appropriate arrangements were in place for other services so that patients with urgent conditions such as cancer could continue to access care and treatment.

Clinical events have been hosted online where clinical leaders shared the latest evidence for treating patients, research into new treatments and advice on safe and effective services in primary care.

Later in this report there is a summary of the achievements of each of the clinical leaders for the CCG.

Summary of Performance

The CCG works collaboratively with our providers in the local health economy, in particular RBFT (Acute and Elective Services), BHFT (Mental Health and Community Services), and SCAS (999, 111, and patient transport services) to deliver timely and robust healthcare provision. Meetings are held to provide assurance on actions being taken by providers to ensure performance achievement. Where performance is not achieved, remedial actions plans are implemented to recover performance.

NHS services in system have faced unprecedented pressures over the course of the pandemic waves and have responded to a significant increase in demand on Primary, Community and Acute services as well as delivering the biggest vaccination programme in history. During 2021/22 we have made use of the available technology to enable our meetings to continue and our actions have been weighted towards the system response to the pandemic.

The system has been under significant pressure during the increase in COVID numbers associated during delta and more recently omicron during the latter half of this year. This has been compounded by high level of demand during the winter months. System providers have generally maintained planned treatment during Omicron and are working to reduce the significant wait times and backlogs generated during previous waves. To support NHS Trusts' capacity for urgent care, Independent Sector Provider (ISPs) sites were directed by NHSE under a national contractual and financial arrangement to assist all regions and protect capacity for elective services (including cancer).

The table below outlines the NHS constitutional targets NHS Berkshire West CCG has a duty to meet. This section of the report outlines the achievements and performance of BWCCG during 2021.22 and how performance is delivered through the wide range of services commissioned.

NHS
Berkshire West
Clinical Commissioning Group

Group	Standard Description	Standard	Jan 22	Feb 22	Mar 22	Year To Date
Cancer	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	93%	88.4%	93.3%	91.3%	90.2%
	Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected	93%	83.8%	87.5%	89.6%	88.3%
	Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')	96%	92.7%	96.6%	92.3%	96.0%
	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is Surgery	98%	80.4%	97.4%	96.8%	92.5%
	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is an Anti-Cancer Drug Regimen	94%	95.6%	99.0%	100.0%	99.3%
	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is a Radiotherapy Treatment Course	94%	94.7%	97.0%	90.2%	92.0%
	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer	85%	72.1%	60.0%	68.8%	75.0%
	Percentage of patients receiving first definitive treatment within 62 days of referral from NHS Screening Service	90%	81.5%	62.5%	92.3%	84.4%
	Percentage of patients receiving first definitive treatment within 62 days of a consultants decision to upgrade their priority status	86%	66.7%	85.7%	100.0%	83.0%
RTT - Incomplete	Incomplete pathways at month end	92%	58.3%	58.7%	59.5%	59.5%
	Incomplete Pathways over 52 weeks at month end	0	2,454	2,923	2,587	2,587
Mental Health	IAPT - Access Rate	6.25%	5.766%	5.145%		5.145%
	IAPT - Moving to Recovery	50%	52.4%	48.4%		48.4%
	IAPT - Treated within 6 Week	75%	97.4%	98.0%		98.0%
	IAPT - Treated within 18 Week	95%	99.1%	100.0%		100.0%
	Dementia Diagnosis Rate	67%	58.9%	58.5%	58.5%	58.7%
C&YP Eating Disorders	CYP Eating Disorders - Urgent (1 week)	95%			45.5%	45.5%
	CYP Eating Disorders - Routine (4 weeks)	95%			66.7%	66.7%
Ambulance Response Times	Category 1 Incidents Mean	7:00	7:23	8:16	9:51	9:51
	Category 1 Incidents 90th Percentile	15:00	12:26	14:32	16:33	16:33
	Category 2 Incidents Mean	18:00	19:38	27:46	49:58	49:58
	Category 2 Incidents 90th Percentile	40:00	39:39	56:20	101:03	101:03
	Category 3 Incidents 90th Percentile	120:00	190:14	296:48	519:51	519:51
	Category 4 Incidents 90th Percentile	180:00	263:14	358:21	542:33	542:33

BOB Urgent Care

The effects of the pandemic on the health system has made it even more important for health and social care professionals across the BOB system to work together to deliver responsive and joined-up urgent and emergency care services. Over the past few years, pressure on urgent and emergency care has gone beyond the increased need for services during the winter and is now a year-round challenge.

Across the BOB ICS, teams from hospital and community Trusts, the CCGs and local authorities have worked together to ensure people who required urgent, and emergency medical treatment were able to access services.

Alongside this, communications teams from the CCGs and system partners have worked together to deliver campaigns to local people encouraging them to look after themselves and stay healthy, and to use healthcare services in the most appropriate way. Key messages over the past year have been:

- Emergency Departments (EDs) are for genuinely life-threatening conditions, for non-life-threatening conditions please use alternative services such as local pharmacies, minor injuries units, your GP and NHS 111 who can advise and direct patients to the best place for care

- Our EDs and hospitals remain very busy. If you can help your family member or friend home from hospital, please talk to us. We will always support people to get home with the appropriate care packages

People were urged to have a winter plan for themselves and their family to keep as well as possible, what they could do if they became unwell, and how to look after more vulnerable neighbours and friends.

Urgent and Emergency Care:

It has been another challenging year for our Urgent and Emergency Care (UEC) services with organisations continuing to operate under significant pressure which did not ease over the summer months. Health and social care partners have worked hand in hand to ensure our residents with urgent and emergency care needs received the care they needed in a timely manner and were supported to make a rapid recovery.

The Berkshire West System A&E 4-hour performance for 2021/22 was 76.28% against a target of 90%. Achievement of the target while operating in a pandemic and providing a National Incident response has been particularly challenging. Our acute and community hospitals have had to create “hot” and “cold” zones to reduce the risk of COVID-19 transmission between patients creating additional moves for patients and inevitably delays. They have also had to deal with increasing demand as patients who chose not to access care during the early waves of the pandemic felt more comfortable to come forward for treatment. For some of these patients, their condition has worsened. Daily attendances at the Emergency Department have now reached unprecedented numbers at around 400 a day, which used to be considered exceptional. In addition, staffing capacity has been reduced due to high levels of COVID-19 infection, also creating challenges in meeting demand.

At the RBH there was a continued focus on ensuring patients arriving were assessed and streamed to the most appropriate service for their needs. The hospital’s Same Day Emergency Care (SDEC) unit is now treating more than 100 patients a week with 81% of them going home same day, avoiding an overnight stay. Patients are also being treated on a Virtual Hospital Ward meaning those with COVID, pneumonia and COPD can be cared for in their own homes with the use of virtual monitoring.

Managing hospital discharges has been critical to releasing beds for those patients who need to be admitted for urgent treatment. Following the introduction of the Hospital Discharge Team at RBH in 2020 in response to COVID-19, we have continued to work with system partners to develop and improve a sustainable service that supports patients to leave hospital as soon as clinically safe to do

so. Rising numbers of patients needing onward care and capacity constraints in the receiving services has been challenging but a recent review of the service has shown we have managed to successfully maintain the average length of time a patient remains in hospital.

To support patients leaving the hospital, a care home helpline has been set up to act as a single point of contact to improve communications between the wards and care homes. In November 2021 occupational therapists were recruited to review big care packages with the aim of minimising pressure on social care and helping patients return home more quickly and maximising their independence. The health and social care system, including the three Local Authorities, continue to meet weekly to collectively address ongoing reasons for delay in both the acute and community hospitals. The group identifies and review's key themes, patterns and issues and agrees actions to improve flow and reduce delays.

Providing effective recovery, re-ablement and rehabilitation support to people is key to preventing re-admissions and returning people to independence following a hospital stay. After successfully bidding to become an accelerator site for the Ageing Well Programme, BHFT has achieved delivery of the quarterly targets for Urgent Community Response. In March 2022 BHFT provided a community crisis response to over 200 patients responding to nearly 60% of cases within two hours. Many of these patients were able to be supported in their own place of residence avoiding the need for admission to hospital. Collaborative working between BHFT and SCAS has begun to maximise out of hospital pathways available to crews, and work continues with other healthcare professionals, including GPs, to try to increase referrals to the service.

There have been some significant UEC programmes launched nationally since our local UEC strategy was reviewed in 2020 and we therefore felt it appropriate to take the opportunity to refresh our strategy. We have now begun a series of workshops with our most senior leaders to engage system partners on the next phase of delivery including the detailed scoping of four priority workstreams: Urgent Community Response, Same Day Emergency Care, Resilient Primary Care and Community Bed Provision. As we move once again into 'recovery phase' focus will shift from pandemic response to service transformation and delivery of these key strategic actions.

South Central Ambulance Service (SCAS) have had a challenging year with the continuation of the pandemic impacting performance targets due to higher-than-expected activity (10.2% above 2021/22), handover delays at local hospitals, staff sickness, vacancies, and infection control requirements. However, SCAS have focused resource on those patients with the highest acuity ensuring a timely response. Commissioners are supporting SCAS with recovering their performance targets in 2022/23. SCAS have continued

to improve the percentage of patients being treated either over the phone (hear & treat) or by providing treatment at the scene of the incident (see & treat). Commissioners have continued to work with SCAS to allow paramedics to access alternative care pathways such as the urgent community response and hope to expand on these in 2022.23

As part of the pandemic response the rollout of the national 111 First programme was expedited. This includes a re-validation by a clinician for anyone who may require an Emergency Department attendance to identify if any other services may be more suitable for the patient. This has been successful in patients being supported with the right service to best meet their needs.

Long Term Conditions:

The Long-Term Conditions Programme Board (LTCPB) continues to build on the strategic vision of increased integrated and joined up care for people living with more than one long term condition. The aim is to improve and transformation the prevention, diagnosis, management, and outcomes of patients with long term conditions. Working with partners across the ICP, the Board has identified specific priorities to tackle variation and improve outcomes for patients across Berkshire West.

Long COVID Syndrome: The Berkshire Longcovid Integrated Service (BLIS) was set up in November 2020.The service provides multi-disciplinary team (MDT) assessments for patients experiencing prolonged symptoms following Coronavirus (COVID-19). The MDT assess patients and set up a management plan to help manage symptoms and help with daily living.

With now an estimated 1.7 million cases of long Covid in the UK, BLIS has worked to raise awareness amongst primary and secondary care about long Covid. It secured funding to provide mind body therapies to the patients to aid their health and wellbeing and focused work with community organisations. It worked with people from ethnic minority groups to address health inequalities and produce culturally and contextually relevant material to support patients. Additional short-term funding has enabled the introduction of a pilot project amongst 3 Primary Care Networks to trial Group Consultations to support patients closer to home and empower them through group approaches.

Respiratory: Chronic obstructive pulmonary disease (COPD) remains a priority especially to reduce exacerbations to decrease symptoms and improve quality of life. The CCG has engaged with National Services for Health Improvement Ltd (NSHI) an independent organisation to enable GP practices to access additional specialist respiratory nurses to assist with review of their

patients with COPD. 13 practices have participated in this approach, with 698 patients receiving a clinical review during the COVID-19 pandemic.

Diabetes: Structured education is a key element of good diabetes care and traditionally delivered face to face in group-based programmes. A pilot supporting increased access to structured education via a digital approach for people with Type 2 diabetes was set up. The service was rolled out during the COVID pandemic to support additional access to education where face to face session were not being held. The service aimed to offer health coaching as a key element and to enable access to 6 different languages where English is not the first language. 354 people accessed the total 400 places. The main goals identified by patients were weight, diet rules and exercise. 84% of the patients lost weight, with the average weight change of 4%.

Cardiovascular Disease: A national pilot was implemented to support the home monitoring for people with high blood pressure. Maintaining a healthy blood pressure is very important because the higher your blood pressure is the higher your chances of having health issues are. This pilot initially focused on those people who are clinically vulnerable, with prioritisation based on social deprivation, Black, Asian, and Minority Ethnic (BAME) demographics and aged 65 to 74 years. In total 1370 monitors have gone out to patients, with a positive increase in number of recorded average blood pressure readings. This has also contributed to supporting patients to increase understanding of their blood pressure and choices in relation to managing it.

12 out of the 21 practices initially enrolled on the pilot demonstrated a significant increase in the recording of BP from 69% to 95%, which drove an overall improvement in achievement of BP target at participating practices for the eligible cohort from 53% to 62%.

Drawing on regional funding an Enhanced Service for primary care has been developed to support increased case finding for people with suspected Heart Failure (HF), to aid earlier intervention and optimal treatment for people living with HF.

Neuro-rehabilitation: The Community Based Neuro-rehabilitation Team (CBNRT) continues to improve the waiting times for assessment and treatment of patients. The team has actively put in place a range of approaches to reduce the wait times and work continues with 85 people reported waiting in March 22, with an average of 52 referrals per month.

Work is underway to develop an integrated community-based neuro rehabilitation service, building on previous work which identified a gap in the overall number of beds required to optimally meet the needs of the BW population.

Personalised Care and Support Planning: Training has been delivered to support primary care staff continuing to implement personalised care and support planning for people with multiple long-term conditions.

Planned Care:

BOB Elective Care

Early in the pandemic, routine referrals and elective operations and treatments were paused across the BOB ICS in line with national guidance from NHS England & NHS Improvement (NHSE&I). Hospital Trusts across BOB were asked to redirect staff and resources to free up the maximum possible inpatient and critical care capacity for COVID-19 patients and prepare for, and respond to, the anticipated large number of COVID-19 patients who would need respiratory support.

Trusts postponed non-urgent elective operations, rapidly discharged patients who were medically fit to leave and focused on urgent and emergency care, cancer care and implemented virtual online outpatient clinics where clinically appropriate.

While elective operations, treatments and care resumed during 2020/21, further waves of the pandemic have hampered efforts in elective care recovery. As a result, regrettably, there are lengthy waiting times for outpatient appointments and treatment across the BOB ICSA key area of focus for in the latter part of 2021/22 and moving forwards, has been to support elective recovery by working collaboratively to address waiting times and offering patients treatment options.

This includes:

- the creation of new community diagnostic centres to carry out a range of diagnostic tests, out of hospital, including
    - imaging (CT, MRI, ultrasound, X-ray, and mammography)
    - physiological measurement (echocardiography, full lung function tests, and ambulatory blood pressure monitoring)
    - pathology (phlebotomy, point of care resting, and simple biopsies)
- 7 days per week working in some specialties
- increasing the use of independent sector outpatient capacity for some specialties

- identifying capacity in neighbouring acute hospitals to re-direct patient and reduce waiting times

Planned Care

During the continuing pandemic RBH tried to maintain elective care services to decrease the impact on patients and waiting lists. The aim for recovery is to ensure all the elective capacity is used to reduce waiting times and ensure people can access services in a timely way. Despite current challenges, including workforce, RBH continues to make good progress to reduce waiting lists.

A key initiative has been to reduce the numbers of patients waiting over 104 weeks and at the end of March 2022 this had reduced to only 7 patients. These remaining long waiters include patients requiring anaesthetic cover, who are extremely complex, or who require a super specialist procedure e.g., waiting on grants.

From April 2021 we refreshed our existing planned care transformation programmes and built on our collaborative working with innovative approaches being embraced for new patient pathways, guided by principles of supporting care closer to home where possible.

Cancer Waiting times

Like other health service areas, cancer services across the country have been under significant pressure to deliver treatment for all patients due to the COVID-19 pandemic. This is no different for the BOB ICS, which has been working with the Thames Valley Cancer Alliance (TVCA) to ensure delivery of cancer services across the area.

Throughout the pandemic, cancer services across BOB have continued to be delivered based on clinical prioritisation with priority 'P2' surgery, radiotherapy and chemotherapy all continuing uninterrupted. Latest performance places the TVCA compliant at 75% to the new 28 day faster diagnostic standard.

The areas of greatest challenge across the Thames Valley remain in the high-volume cancer pathways of lower gastrointestinal tract, skin, and breast. However, it does indicate that we are closing the gap on 'hidden backlog' as more people come forward with symptoms. TVCA, on behalf of BOB ICS, is leading the plan for cancer in 22/23 focused on

- introducing the tele dermatology-led skin pathway
- achieving the national ambition of 80% of all lower GI referrals referred with a FIT test completed in primary care,
- delivering 75% population coverage of NSS (nonspecific symptom) pathways to deliver faster diagnosis and improved performance to the constitutional standards for cancer.

TVCA will also focus on earlier diagnosis by identifying the second site for TLHC (targeted lung health checks) based on areas of highest deprivation, inequality and known poorer outcomes within the BOB ICS geography.

Cancer: The main focus of the CCG's cancer work for 2021/22 has been to support RBH and Thames Valley Cancer Alliance with COVID recovery, in parallel with continuing cancer transformation within primary care and the community. This is in line with national (NHSE / TVCA) and local (Berkshire West Cancer Framework 19-24) priorities. Key projects delivered have included:

- The roll-out of the **Quality Improvement Scheme (QIS)** Year 3 in primary care. This focused on PCNs / GP Practices undertaking activities to increase Cancer Screening for Bowel, Breast and Cervical (this work included focusing on health inequality groups)
- The roll-out of **Cancer Care Reviews Year 2** in primary care, where practices were funded to undertake a 3 – 6-month reviews; on top of the 0-3 month and <12-month QOF reviews. A total of 944 Cancer Care Reviews were completed for Q1 and Q3 (the CES was closed in Q4 due to the COVID Vaccination roll-out)
- The 'self-screening' test for colorectal cancer - **FIT** (fecal immunochemical test) – has seen an increase in usage by primary care for symptomatic patients, since its launch in June 2020 (e.g., 325 tests sent in April 2021 vs. 606 sent in Feb 2022). Between April 2021 and Feb 2022 6,466 FIT Symptomatic tests have been sent to BSPS (Pathology Services) for analysis. From this analysis, 76% of these tests have resulted in a 'FIT Negative' (i.e., low risk of cancer) vs. only 18% 'FIT Positive' (i.e., requires Lower GI 2WW Referral). Since April 2021, we have also seen a 50% drop in FIT Kits 'rejected' by BSPS due to, for example, the incorrect pot being used
- The Suspected Cancer Pathway (**SCAN / Vague Symptoms**) continues to be used by primary care since its inception in 2020. This is designed to reach a rapid diagnosis and treatment for patients who have 'non-specific' symptoms which could be cancer. Between April 2021 and December 2021, 197 referrals were made into this pathway which is in-line with the average within Thames Valley. It has an average 4.95% cancer conversion rate per month. In November 2021, we also held a virtual

GP Education Event to update primary care on the pathway. A SCAN Steering Group (between RBH and CCG) meets bi-monthly.

- The **Cancer Champions Project** (delivered by Rushmoor Healthy Living) continues to raise cancer awareness in areas of high deprivation and ethnic minority populations. The COVID-19 pandemic had a huge impact on the project, with vital face-to-face meetings no longer possible. However, the project has still managed to adapt to COVID-19, with cancer awareness messaging being broadcast each week to the Nepalese population on Ghurkha Radio (55 sessions delivered to date).
- BWCCG has successfully obtained funding for the Cancer Champions Project (see above) to continue in 2022/23. The project will focus on raising cancer awareness and supporting cancer patients in areas of health inequality in Berkshire West.
- BWCCG rolled out a **Prostate Cancer Awareness Campaign** in October 2021. This was in response to the drop in Urology referrals coming into RBH since the pandemic. The project was a success as 2 Week Waits are now back up to pre-pandemic levels for this tumour site.
- BWCCG continues to support RBH with its **cancer pathway** work. This includes Risk Stratified Pathways for Prostate and Colorectal; and the Faster Diagnosis (FDS) Pathways for Lung and Colorectal.
- BWCCG also continued to support PCNs with the Cancer Earlier Diagnosis ask within the **PCN DES and QOF QI Module 21-22**

Bones and Joints Service: The Musculoskeletal Community Specialist Service (MSKCSS) is a single point of access to triage assessment initially accepting referrals for patients with knee pain. The aim is to deliver improved outcomes for patients and ensure they are supported with the right intervention, in the right place, at the right time. Furthermore, the service standardises care, offers best practice treatment and ensures onward referrals to secondary care are in line with clinical need and patient choice.

This programme has progressed well, although at a slower pace due to the pandemic and staffing redeployment. However, during 2021/22 the service has expanded to include referrals for patients with hip pain with an intention to include referrals for shoulder conditions (July 2022).

During the MSK pathway transformation, it was acknowledged by all parts of the system that there is value in a supported conversation with patients recently diagnosed with osteoarthritis as part of a ‘teachable moment’. On reviewing the commissioned Shared Decision-Making service, it was confirmed that it would be better for patients to explore other opportunities to support themselves more

holistically.

The new Primary Care Musculoskeletal Physiotherapy Service commissioned under an 'Any Qualified Provider' basis started on 1 April 2021 following commissioning of 14 providers.

Ophthalmology: Due to pandemic pressures, many patients across the region had been waiting six months or longer for their planned surgery in January. Ophthalmology Departments from BOB ICS worked together to provide additional surgical activity for two weeks in January.

This is part of the recovery programme at a BOB level. Ophthalmology was targeted for its high volume of patients waiting a longer period combined with an opportunity to increase surgical capacity around day treatments that do not require admission.

Over the two-week period, across the region more than 700 ophthalmology operations were performed.

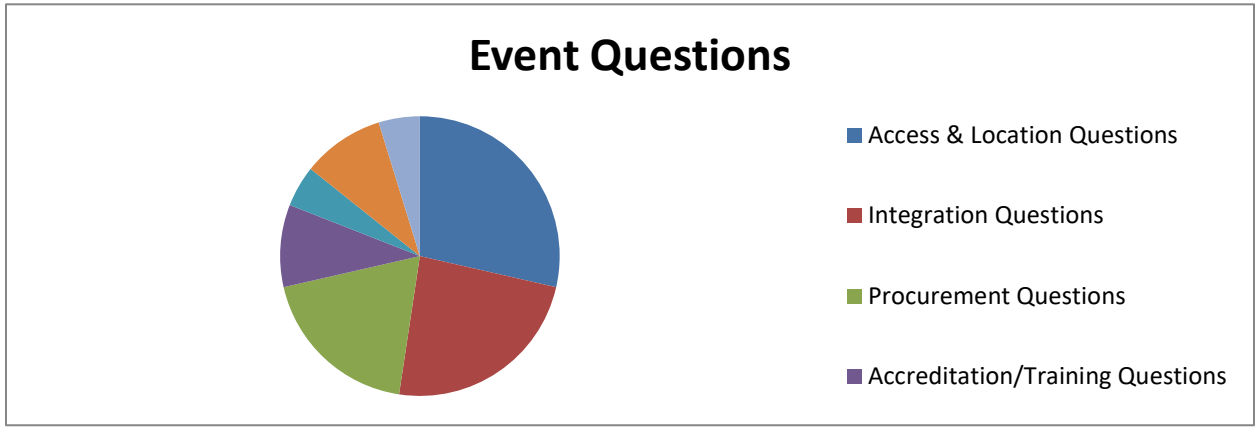
In Berkshire West, across the Prince Charles Eye Unit in Windsor, West Berkshire Community Hospital and Royal Berkshire Hospital, 315 cataract, corneal transplants and squint operations were completed in just two weeks. This has reduced the number of patients waiting longer than 18 weeks to just 31 patients. These patients are waiting largely due to lack of donor material.

In Berkshire West, they set up one-stop cataract clinics so that most patients were able to be diagnosed, and prepared ready for surgery in a single visit. Arrangements were made with community optometry practices to have post-operative checks carried out in the community. Patient records have been switched to a fully digital system providing greater flexibility and giving the Trust ability to treat patients at whichever site has capacity.

Audiology (Adult Hearing Loss): In May 2021, a successful public engagement event was held virtually to contribute to the integration of the complex and non-complex pathways for adult hearing loss services. A presentation on the current service and proposed service changes was shown, with a request for people to share their views and experiences of the service and provide feedback to help us shape the new integrated service.

The event was well attended by 25 participants thus providing a very useful interactive session on the new proposed service. The majority of the questions raised were around accessibility, location of the service and integration between support services and other specialist services.

Analysis of event questions



The outcome of the engagement event demonstrated that there was a high level of support for the proposed new service. Achievement of the integrated adult hearing loss service has been delayed due to service recovery from the pandemic, but implementation of a lifetime adult hearing pathway has been progressing and we plan to take this forward in the next few months.

Referral Management: Primary Care clinicians have been using DXS, a clinical decision support tool which allows health professionals to access referral forms, care pathways and patient information.

Despite the pandemic, the BWCCG planned care team has successfully revised and introduced new referral forms and guidance pathways in collaboration with the Trust to ensure patients are referred under *The Kings Fund, Getting it right first time* (GIRFT) programme. This aims to bring about higher-quality care in hospitals, at lower cost, by reducing unwanted variations in services and practices.

GPs' confidence in using the system continues to grow and positive feedback has been received.

Primary Care:

During 2021/22 the CCG continued to discharge its delegated responsibilities for the commissioning of primary care services through the Primary Care Commissioning Committee which from July 2021 met in common with the equivalent Buckinghamshire and Oxfordshire CCGs committees. Primary Care Commissioning Committees are constituted in line with NHS England guidance and meet quarterly in public, reporting into the Governing Body and to the Finance Committee in respect of investment decisions. To support the role of the Primary Care Commissioning Committee in common a local Primary Care Commissioning Operation Group was set up in 2021/22 to help with discharging some responsibilities. This Group works alongside a Primary Care Programme Board which co-ordinates work across Berkshire West to support primary care transformation.

During 2021/22 practices and PCNs focused largely on responding to COVID-19 and the COVID-19 vaccination programme, expanding the use of digital models alongside traditional modes of consultation to maintain core provision, and collaborating to provide care to patients. Practices have continued to come together to run 16 COVID-19 Berkshire West vaccination sites providing more than 478,000 doses since the start of the campaign in December 2020.

- The 15 PCNs in Berkshire West continue to grow and develop their areas of work. These have included:
    - Supporting local care homes with named clinicians as part of the Enhanced Health in Care Homes Scheme
    - Making use of the newly recruited clinical pharmacist workforce through the delivery of the Structured Medication Review and Medicines Optimisation programme, which supports the safe and efficient prescribing of medicines for patients who have complex prescribing needs.
    - Undertaking work to support early cancer diagnosis.
- PCNs have also been preparing work programmes to tackle neighbourhood health inequalities in their patient populations, as well as delivering on the Investment and Impact Fund, which will support inequalities projects and work to improve access and sustainability in the NHS

Workforce – Workforce in Primary Care has continued to grow with recruitment of Mental Health Practitioners (in partnership with the local Community Health Trust) and Community Paramedics. BWCCG has continued to support BOB level workforce initiatives such as the GP mentoring scheme to improve retention of the workforce by offering GPs impartial guidance and support. We have also provided each PCN with the resource to identify and support a workforce lead for recruitment and retention.

Infrastructure – The BWCCG Primary Care team supported ta number of estates projects being planned by local GP practices and is rolling out a programme of Minor Improvement Grants to practices which will prioritise the creation of workspaces for the new staff recruited. Practices have continued to benefit from the provision of new IT hardware to support remote working functions.

Quality and Contracting – BWCCG continues to fulfil its statutory duty to commission primary care services for its population and has a framework for improving the quality of primary care services, including a programme of performance and quality visits, which is monitored via Primary Care Commissioning Operational Group and the Quality Committee.

Digital and GPIT:

Berkshire West CCG has strengthened its drive towards the development and embedding of digital capabilities, enabling patients to access primary care services more readily, to join up care across the local NHS, and to improve the working lives of our GP workforce.

- digital to manage their health focusing on inclusion.

Our key achievements during 2021/22 have been:

- **GP Network Upgrades:** The Health and Social Care Network (HSCN) is a new data network for health and care organisations which has now been implemented in all Berkshire West GP practices. It is designed to meet the requirements of an integrated and evolving health and social care sector to create shared networks and integrated services. It also supports flexible and remote working.
- **GP IT Service Management:** Support and management of GP IT infrastructure and services was transferred from a private sector organisation to NHS South Central and West Commissioning Support Unit (SCW). SCW already delivers various elements of the GP IT service. GP practices can now get a more cohesive service which minimises operational risk, and improves operational security, performance, and resilience.
- **Windows 10 migration:** All laptop and desktop computers used by GP staff were migrated from Windows 7 to Windows 10 which ensures that the GP workforce can improve productivity.

- **Laptop deployments:** We secured and deployed laptops to more than 400 additional clinicians employed by our developing PCNs. These have enabled staff to access patient records and to collaborate with clinical counterparts for the delivery of multidisciplinary team services.
- **N365:** This is the NHS model of Microsoft 365 cloud-based productivity services such as Office, Teams, email, etc. We have ensured that all GP staff use these services which form the foundations of collaborative working between practices, PCNs and wider ICS stakeholder organisations.
- **Mobile printing:** A solution which enables GP staff to print from their laptops in any GP site was developed and rolled out across the CCG.
- **Advanced telephony:** We have engaged 38 of our GP practices and have secured funding for them to upgrade their telephone systems to modern, higher performing, and resilient internet-based systems. The practices will receive their upgrades during the course of 2022/23.
- **Online consultations:** All practices continue to offer online consultations to their patients through specialised apps which patients can. The number of practices with online consultations capabilities is 41 41 (93.2%), 12,553 submissions were made in the week commencing 14 March 2022. GPs continue to provide consultations both face-to-face and online.
- **NHS App:** App downloads have increased from 493,954 in 2020/-21 to 616,550 in 2021/22.
- **Lloyd George Digitisation:** Eight practices are participating in a pilot exercise to digitise patient records held in paper format filed in what are known as 'Lloyd George envelopes'. Lloyd George envelopes occupy a significant amount of space in practices and their digitisation will make space for additional clinical services. The pilot will inform a future project for further implementation in 2022/23.
- **Clinical leadership:** BWCCG has appointed a GP Clinical Digital Place Lead to champion the Digital First programme among clinical colleagues and ensure the safety of digital capabilities alongside clinical process before they are deployed.

Mental Health Services for Adults:

Key Achievements

Caring for people who have mental health problems is probably more important than ever as health, social care and voluntary sector partners collaborate & recover from the impact of the Covid-19 pandemic.

Following lengthy consultation during 20/21 with service users, their families and key partners, the Berkshire West Mental Health & Learning Disability Programme Board has drawn up a 14 Point Action Plan to improve Mental Health Crisis pathways. In line with the Government's ambitions set in the NHS Long Term Plan, the key aim is a rapid expansion of mental health services, improving and increasing access to care for children and adults.

Key priorities for 20/21 were:

- Improve access to mental health services and make them readily available in a timely manner
- Expand the mental health liaison service through the Royal Berkshire Hospital's Emergency Department (ED)
- Improve 24/7 mental health crisis provision
- Provide alternative crisis provision like sanctuaries/crisis café
- Establish a new Ambulance Mental Health response pathway with trained mental health staff

A 24/7 all aged crisis line was fully established during 21/22 and this is now integrated to the wider national NHS 111 access. As well as telephone access, the expansion and mobilization for crisis and home treatment teams are now fully established. Liaison teams at the Royal Berkshire Emergency Department is now also in place including access to advice and support with drug and alcohol misuse.

A crisis café pilot (Breathing Space) has been mobilized in Reading and is accessible 7 days a week during the evenings. An evaluation of the pilot will take place during 22/23 and will help inform the commissioning intensions going forward.

Work to improve the health of people with severe and enduring mental illness continues to be developed as part to the NHS England

Long Term Plan. A community service in Wokingham is being piloted to offer additional support to adult with severe and enduring mental illness to improve access to primary health services and annual health checks. A series of community events have taken place to support the uptake of vaccines supported by additional winter funding.

The national transformation of community mental health services programme sets out to transform how mental health services are delivered. The vision for Berkshire West is that there is a:

- **Partnership response** with no 'cliff edges', 'hand offs' or 'wrong doors' – Move through the care system easily and smoothly.
- **Collaboration** – multi-agency, skill mix, access to and work with specialist Mental Health – common purpose
- **Integration** - mental health, physical health, wellbeing, social care and community support delivered together
- **Local** - Built on Primary Care Network (PCN) footprint. Year 1 (21/22) coverage 1/3rd of PCN patient population
- **Experience of the patient** – timely, enabled, choices, personalised, support prevention in their community, recovery, wellbeing and keeping them well,
- **Equal partners –** people with SMI central in the design, implementation and ongoing oversight.

It is our ambition to fully implement dedicated Primary Care Mental Health teams across our 15 Primary Care Networks by 2023/24. The table below set out the timetable.

Wave 1 : July 2021/22	Wave 2: April 2022/23	Wave 3: April 2023/24
Kennet	A34	Caversham
Reading Central	Earley +	East Wokingham
Reading West	Reading Whitely	West Berks Rural
Tilehurst	Wokingham North	West Reading Villages
University	Phoenix	Wokingham South

The priorities for 21/22 (Year one) is to expand and develop

- Eating Disorders Services to implement FREED model (First Episode Rapid Early Intervention for Eating Disorders | FREED (freedfromed.co.uk)
- Emotionally unstable personality disorder (EUPD) & PD traits
- Emerging Mental Health 18-25 Years
- Vulnerable Groups & Inequalities including older adults (Pilots)

The programme is being mobilized and additional roles are being recruited to. Recruitment has however proven to be a challenge and has caused a delay to the implementation. A pilot with Citizen's Advice Bureau to support the 18–25-year-old/Care Leavers strategy is currently being tested. The success of this pilot will informal the approach and service planning going forward for this aspect of the transformation. The next two years will focus on mobilizing the new model across Wokingham and West Berkshire.

Children and Young People

BOB Supporting children and young people's wellbeing

The NHS Long Term plan, building on the 5-year forward view for Mental health, prioritised spend and ambition for meeting a growing mental health need in England. Nationally the plans headline commitments included an additional 345,000 children and young people will access support by NHS funded Mental Health services, including the new Mental Health Support Teams (MHSTs), 95% of children and young people with Eating Disorders (ED) will meet referral to treatment waiting standards and full coverage of 24/7 mental health crisis provision for children and young people.

The pandemic has had a significant impact on the mental health of the population as well as the services that care for and support them. Despite this, service delivery for children and young people has continued throughout the pandemic. However, in addition to the acknowledged rise in general mental health concerns in children and young people there has been an increase in a range and nature of complex presentations, particularly children and young people with Autism and Eating Disorders due to COVID measures. This increase in demand and complexity of cases is putting significant pressure on children and adolescent mental health services

across BOB with lengthy waiting times to access services.

As such, NHS Chief Executives, and senior leaders from across the BOB ICS have agreed that CAMHS is one of three operational services areas of priority. Work has already commenced with the identification of key areas of development for the BOB ICS to deliver improved access to, and quality of, CAMHS services.

Emotional health and wellbeing - Key achievements

The Berkshire West Local Transformation Plan for Children and Young People's Mental Health and Wellbeing was refresh during the spring/summer and published September 2021 as part of the NHSE Long Term Plan deliverables. This was developed with key stakeholders, young people, parents, our local authority partners (Reading, West Berkshire, and Wokingham Local Authorities) and the VCSE sector. The plan was approved by NHS England. The overall ambition is to promote resilience and good mental health and wellbeing as a priority across all partners, with a commitment to helping every child and young person experience positive mental health and wellbeing by using the right help, when and where needed. A list of nine priorities were identified following extensive consultation to support the delivery of the vision:

1) Building a delivery partnership that will enable more joint up approach to supporting children and young people' emotional health and wellbeing
2) Seek to improve access to support through a single door or no wrong door model
3) Improve waiting times for core and specialist CAMHS
4) Meet the access target for Eating Disorder Services
5) Mobilise 24/7 crisis and home treatment service to reduce avoidable admission to inpatient care and having crisis support closer to home.
6) Mobilise two further Mental Health Support Teams to expand on our early mental health intervention offer in schools
7) Improving access to mental health support to identified cohorts that are experiencing health inequalities and disproportionately affected by the pandemic
8) Improve transitioning to adult services for those who need it by Strengthening our offer to 16–25-year-olds.

Progress made on priorities during 21/22

During autumn 2021 Oxfordshire Mind were appointed to provide us with the following:

- A youth and families/carers co-production forum and a series of networking events.
- A proposal on how we could establish a partnership involving local authorities, communities, NHS Berkshire West CCG, providers, and VCS organisations in our patch.
- A proposal for a system and a set of tools for us to communicate efficiently with our stakeholders on MH & Wellbeing services
- A proposal on how to reduce stigma attached to MH issues – especially for people from a diverse ethnic background/faith

The proposals are due to be delivered by the summer of 2022 and will inform our future commission plans.

South, Central and West Commissioning Support Unit have been commissioned to map existing access point to mental health support, identify good practice models and make a proposal during summer 2022 for future options to establish a more coordinated approach to access to mental health and emotional wellbeing services.

To improve waiting times a new co-funded (CCG and Wokingham BC, Reading BC, and West Berkshire BC) mental health service for Children in Care was commissioned and is currently being mobilized. Demand and capacity modelling work for the Eating Disorder Service has taken place and we are working to expand the capacity and deliver national models of care in partnership with NHSE as well as piloting the PEACE Pathway. Research suggests that around 35% of people experiencing an eating disorder may have autism spectrum condition (ASC), or present with high levels of autistic traits. The pathway is designed to adapt current eating disorder national model to have autism friendly approaches and interventions.

The Crisis and home treatment team is being mobilized and this expansion of the current offer will continue during 22/23. 24/7 crisis telephone line was fully established during 21/22 and is now embedded within the NHS 111.

The two new Mental Health Support Teams in schools (MHSTs) have recruited staff and training at Reading University is being undertaken with the teams on track to be fully mobilized in September 22. This expansion will mean that close to 50% of schools in Berkshire West will have access to an MHST that will deliver mental health support in and outside school. This is delivering a keep component of our strategy to provide early advice, guidance and interventions stopping problems escalating and needing more specialist mental health interventions thus improving longer term outcomes.

The pandemic has disproportionately impacted cohorts of children who are already known to experience health inequalities such as

children with neurodevelopment conditions, Children in Care, BAME and LGBTQ+ communities. We have commissioned a consultation report to get views from marginalized communities on how we can improve access to better mental health support and emotional wellbeing. The feedback following the completion of the report this summer will inform our commissioning and the future model of delivering mental health and emotional wellbeing services including transitioning support for 16–25-year old's.

Children with Special Educational Needs and Disabilities (SEND) 0-25 years

The autism and ADHD pathways have been re modelled with revised skill mix and additional investment. Nationally and locally, availability of workforce is a challenge. To date 51% of the new posts have been recruited to and additional capacity has been commissioned from external providers. Throughout the year the pandemic adversely affected the ability to undertake assessments, so demand still outstrips supply, but the number of long waiters is reducing. A number of events across BOB have taken place to share ideas and resources.

We continue to work with system partners to embed a culture of needs-led rather than diagnosis-led support, evidenced by the Growth Approach to Autism in Reading and the growing number of schools and resource bases for children with social communication needs. The Berkshire West Autism & ADHD Support Service commissioned from Autism Berkshire and delivered in partnership with Parenting Special Children provides free information, advice, workshops and courses for children and young people up to 25 who are autistic or have ADHD – or are waiting for assessment – and their parents and carers. The service also supports families where there are escalating needs and liaises with CAMHS and other system partners to support children and families. BHFT also provides help while families are waiting for assessment with an online network of peer support.

We have worked with families, service users and partners to scope improved services for people with autism and/or a learning disability with behaviour that challenges who are at risk of admission to hospital. We have an established Dynamic Support Register that identifies and creates support plans for children and young people, seeking to prevent escalation into crisis. Positive Behaviour Support training provided a range of health and education professionals as well as families with the support and confidence to work with people with autism and/ or a learning disability with behaviour that challenges.

Linked to the Dynamic Support Register, a new Key Worker service has been co designed with service users and families and is about to go live.

We continue to develop our service offer inside the End-of-Life pathway for children and young people. A new Clinical Nurse

Specialist service provided by the Alexander Devine Children's Hospice is working with the Children's Community Nurses to coordinate services, provide symptom management, and support families as they care for their child at the end of life. We are exploring how we can work together across the Thames Valley to provide a network of care for children when they are at end of life.

Community paediatric and therapy services have been delivered via a blended face-to-face and online model throughout the pandemic and most drop-in clinics ceased. Requests for Occupational Therapy and Speech and Language Therapy reports as part of an Education Health and Care Assessment increased substantially throughout the year, with an 800% increase over the past three years for OT in Wokingham. We are seeing increases in requests for assessments on children who have not previously been referred to services, in common with many other parts of the country, and we have undertaken audits to understand the reason for this. Lockdowns and disruption to education appear to have adversely affected the ability of children and young people to access everyday help in the classroom. We have updated and promoted online advice and resources and plan to review therapy services over the coming year.

We continue to review and improve transition pathways between child and adult health services. Joint CQC and Ofsted SEND inspections took place in Reading and Wokingham.

Learning Disabilities and Autism

The BOB ICS Learning Disabilities and Autism three-year delivery plan was created as a response to the NHS Long Term Plan.

The plan in year one (2021/2022) focused on setting the foundations and framework for our population in key areas of reducing health inequalities, improving support for autistic people and autism pathways, reducing reliance on mental health inpatient care, and making this care more appropriate for people with a learning disability and/or people with autism. It also included making reasonable adjustments to support access to healthcare services and providing crisis provision for anyone who needs it, when they need it.

Each of the BOB CCGs in Buckinghamshire, Oxfordshire and Berkshire West have been working with place-based partners to deliver this plan tailored to local need.

Berkshire West CCG has continued to implement the 2021/22 deliverables to realise the ambitions set in the 3-year plan.

This entailed focus on physical health and reducing the number of people going into inpatient settings, monitoring quality of care, prevention and reducing length of stay. The process applied to achieve these aims were through: -

1) Pre & Post Admission Care & Treatment reviews and Local Emergency Area Protocol (LEAP)
2) Focus on quality of care through 'Safe & Wellbeing reviews for people in hospital and commissioner oversight visits
3) Utilising service development funds and investment in a Green Light Toolkit -framework to help mental health services appropriately respond to the needs of people with learning disabilities and/or autism, including by making reasonable adjustments.
4) Pre& post Diagnostic support for people with autism
5) Housing development – 5 single flats to provide independent living through care & support
6) Commissioning Life plans and access to advocacy
7) STOMP/STAMP project - stopping over medication of people with a learning disability, autism, or both with psychotropic medicines on a BOB footprint
8) Commissioning additional capacity to reduce waiting times for the diagnosis of Autism and Attention- Deficit Hyperactivity Disorder
9) Delivering Annual Health Checks for people with a Learning Disability and focus on increasing prevalence to ensure that anyone aged 14 plus has access to AHCs. An annual health check can improve people's health by spotting problems earlier and ensuring access to appropriate treatment options.
10) The commissioning of a new specialist mental health service has been agreed and will be mobilized during 22/23 for children with a learning disability

BWCCG Localities:

BWCCG works in partnership with the three local authorities in Berkshire West – Reading, West Berkshire, and Wokingham – as well the local voluntary sector, the three Healthwatch organisations for each area, PCNs and BHFT, to integrate health and social care services at a locality level.

Each local authority has a Health and Wellbeing Board (H&WB), a statutory partnership of the local commissioning authorities, patient representatives, and elected Members and takes a strategic overview of the health and social care system in the local area, with accountability to ensure the alignment of all health and social care commissioning activity.

The H&WBs for Reading, West Berkshire and Wokingham have developed a shared Health and Wellbeing Strategy with the PBP to

make more improvements in health. The Berkshire West Health and Wellbeing Strategy (HWBS) 2021 – 2030 has the following five priorities:

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 families and children in early years.
4. Promote good mental health and wellbeing for all children and young people.
5. Promote good mental health and wellbeing for all adults.

Reporting to each H&WB are local integration boards. These boards have oversight of the delivery of Better Care Fund (BCF) and integration programmes. In 2021/22 we have ensured that this work aligns with new joint priorities of the wellbeing boards and with the those of the PCNs, the Berkshire West PBP, and BOB ICS.

The BCF continues to focus on programmes aimed at reducing avoidable hospital stays and improving hospital discharge pathways to ensure patients leaving hospital are discharged with the right level of care for their needs. There are a number of national conditions that partners must adhere to (including reducing the number of non-elective admissions to hospital; reducing admissions to residential accommodation; and increasing the volume of individuals remaining at home 91 days after receiving re-ablement services).

Reading

Local Integration Board

In 2021/22, the local Reading Integration Board (RIB) has focused on the following seven priorities:

1. Multi-Disciplinary Team approach – within Primary Care Networks
2. Discharge to Assess – Future model for Reading
3. Community Re-ablement service review
4. Reducing Health Inequalities – Nepalese Diabetes Project
5. Service User Engagement and Feedback

6. Data and Digital solutions (Population Heath Management approach)
7. Better Care Fund, Monitoring and Administration

These were set to align with the PBP and UEC priorities, in collaboration with system partners across Reading to help improve service capacity and support residents, as well as recognising the impact of the pandemic by focusing additional activities (e.g., vaccination programme) in areas most affected.

The priorities shaped the integration work programme for the year, and highlights of achievements in 2021-22 include:

- Establishment of three Multi-Disciplinary Team Meetings (MDTs) each month across three clusters of PCNs, which incorporate all six PCNs in Reading. Some early positive outcomes are described here:
  Patient A *is a poorly controlled diabetic with dementia and depression. They are also a high user of services. They were connected with the BHFT Diabetic Nurse Specialist to review their diabetic control and also connected to the Age UK befriending service to support with loneliness.*
  Patient B *was reviewed. They had been referred to the Memory Clinic and had intervention with a Social Prescriber. As a result of these interventions an OT home visit was requested. The outcome of this visit was the patient accepted the offer of a high-tech medicine dispenser, and a bathroom needs assessment was undertaken.*
- Trial of a therapy-led Discharge to Assess future model at Huntley Place, which created additional capacity to support flow out of hospital during the winter peak period. Lessons learned from this trial are being shared with system partners to inform next steps
- Commencement of a service user review of hospital discharge processes by Healthwatch Reading. The learning from this review will be used to inform future development of services for Reading, and will be shared with system partners
- High levels of satisfaction reported from users of our Community Re-ablement Service – 100%, based on an average 35% response rates
- Positive outcomes for patients engaged with the Nepalese Diabetes project and a further roll out to two other primary care providers
- Engaging with the Connected Care team at Frimley to develop dashboards for PCNs, and using Connected Care effectively for case finding to support the MDT groups

Better Care Fund (BCF)

Achievements of BCF funded schemes in 2021/22 include:

- An increase in the proportion of people who are discharged directly home, from acute hospitals, against the target of not less than 91%. This is based on hospital data for people "discharged to their normal place of residence". This target has been achieved, with performance slightly above the minimum target per month, and an improvement compared with the previous year, which is a positive trend, and remains on target for the year.
- An increase in referrals to the Community Re-ablement Team, including packages of care to support people to continue living independently in their own home. The position at the end of Q3 (October to December 2021) showed continued growth in the number of people receiving home care support, and shows consistent improvement in each quarter, compared with the previous year
- 82% of people aged 65 and over continuing to live at home after discharge from hospital into re-ablement services. This is against a challenging target of 87% given the increase in acuity.
- The Rapid Response service, which supports patients in a crisis with an urgent care need, has been selected as one of seven NHS England accelerator sites as part of the Ageing Well Programme to help identify the core elements of delivery. Reading CRT provides support for rapid referrals into the re-ablement services, to avoid hospital admission.
- Our current performance in relation to the reduction of avoidable hospital admissions, is positive and remains below the maximum target for 2021/22 (as at the end of Q3) but we recognise that the trajectory, based on performance to date, indicates that we could be up to 10% above the maximum number at the end of the financial year. We are looking at options to reduce the likelihood of admission, such as recruiting a social worker to provide support at the point of arrival at A&E to identify alternatives to hospital admission where appropriate, however this is dependent on available funding. Our performance against this target continues to be significantly better than the England average
- PCN-level Multi-Disciplinary Team meetings continue to support a decrease in A&E activity, a reduction in acute admissions and Westcall contacts. There has been an increase in the number of cases discussed this year compared with last year (27 new cases in March 2022 and 18 reviews, compared with a maximum of 12 new cases per month in the previous year).

- A lower level of usage of Step-Up Beds (an alternative to emergency inpatient care in an acute hospital setting and to prevent premature admission to long-term residential care) this year, than in the previous year. This is explained partly by fewer available beds. Community Hospital beds have been made available, , and additional capacity for step-down/step-up beds was commissioned at Huntley Place to support the Winter pressures period, to support the acute hospital and aid timely hospital discharge.

COVID-19 Vaccination programme

Local partners have continued to support the vaccination programme, with clinics running at GP surgeries, community centres, faith centres, community pharmacies, and Broad Street Mall in Reading.

- First vaccination:76.7% of the 12 years + population
- Second vaccination: 72.4% of the 12 years + population
- Booster vaccination: 79% of the eligible 16 years + population.

As of 31 March 2022, for 50+. Booster is % of eligible (a 91+day gap from the completed second dose).

- First vaccination: 89.6% of the 50 years + population
- Second vaccination: 88.3% of the 50 years + population
- Booster vaccination: 91.2% of the 50 years + population

Children and Young People

Brighter Futures for Children values and appreciates the close partnership working with the CCG in all areas of children and young people's mental health. Together the Local Transformation Plan has been updated, focusing on identified areas of partnership working. We have jointly commissioned a new mental health service for our Looked After Children and undertaken a review of mental health services. The SEND Area Inspection last summer highlighted this close partnership working.

Newbury and District

Local Integration Board

In 2021-22, the Locality Integration Board took the decision to keep its priorities simple, whilst continuing to support recovery from the pandemic. Our priorities for 2021-22 were: -

Multi-Disciplinary Team (MDT) Development: The aim of this priority is to embed an MDT approach across Health and Social Care aligned to Primary Care Networks building on the work started in 2019-20 and 2020-21. The project will utilise a Population Health Management (utilising Berkshire West's Connected Care System, an integrated Health, and Social Care System) approach in identifying a segment of the population and shifting primary care service delivery from reactive to proactive management to ultimately avoid unnecessary hospital admissions.

Mental Health: The aim of this priority was to ensure that people with low-acuity mental health are able to seek help and/or information by promoting local resources with the emerging primary and community Mental Health Model and long-term efforts to promote self-care to ensure a clear and integrated approach to supporting people who are struggling with their Mental Health.

Personalisation: The aim of this priority was to carry out a high-level mapping exercise of local and system activities against the Personalised Care Model in order to identify some small, manageable projects that LIB can take forward.

Better Care Fund (BCF)

West Berkshire's BCF plan for 2021-22 was developed as a progression of previous plans but also built on: -

- what worked well during the height of the pandemic
- supporting our partners to recovery from the pandemic
- assessing how Covid-19 has differentially impacted our local population
- developing actions to mitigate the long-term impact of Covid-19 from increasing existing health and social inequities
- Winter Planning

Covid-19 Vaccination

Local partners have continued to support the Covid-19 vaccination programme, with vaccination clinics running at GP surgeries, schools, local pharmacies, Broad Street Mall in Reading, and pop-up locations across the District Vaccination rates remain high in the West Berkshire locality:

- First vaccination: 89% of the 12 years + population
- Second vaccination: 86% of the 12 years + population
- Booster vaccination: 87% of the eligible 16 years + population.

As of 31 March 2022, for 50+. Booster is % of eligible (a 91+day gap from the completed second dose).

- First vaccination: 95.6% of the 50 years + population
- Second vaccination: 95.0% of the 50 years + population
- Booster vaccination: 95.7% of the 50 years + population

Other work

In 2021/22 the CCG has worked with local partners on a range of other issues, including support for:

- Asylum seekers accommodated in hotels.
- Primary Care Estates
- Health inequalities

Wokingham

Local Integration Board

In 2021-22, the local integration board in Wokingham – the Wokingham Integrated Partnership Board (WIP) - has focused on the following six priorities:

1. Mental health and social inclusion
2. Deconditioning, rehabilitation, and physical activity
3. Frailty
4. Inequality and poverty.
5. Social prescription
6. Better Care Fund monitoring and administration

These priorities were set to help address many of the consequences of the pandemic.

Achievements include:

- Recruitment of new PCN social workers.
- The start of a new Lower Limb Service based at Wokingham Community Hospital.
- Establishment of step-down beds and a specialist team at Wokingham Community Hospital.
- Establishment of a forum for social prescribers and community navigators to share good practice, keep up to date with issues and support training.
- Tendering for an on-line social prescribing portal
- Delivery of virtual group clinics, including ones on long COVID
- Establishment of a Mental Health Alliance meeting for service providers and mental health first aiders.
- Implementation of a new lower-level mental health service commissioned by the Borough Council and delivered by MIND.
- Delivery of new Moving with Confidence programme, supporting people with home-based exercises to improve mobility and confidence to promote “reconnection” post Covid.

Better Care Fund (BCF)

Achievements in 2021/22 include:

- An increase in referrals to the START and the Intermediate Care Team (provide short-term support with re-ablement care, to support people to continue living independently in their own home).
- 79% of people aged 65 and over continuing to live at home after discharge from hospital. This is against a challenging target of 87% given the increase in acuity.
- The Rapid Response service, which supports patients in a crisis with an urgent care need, has been selected as one of seven NHS England accelerator sites as part of the Ageing Well Programme to help identify the core elements of delivery.
- A challenging target for admissions avoidance has been narrowly missed, but performance is still significantly better than the England average.
- PCN-level Multi-Disciplinary Team meetings continue to support a decrease in A&E activity, a reduction in acute admissions and Westcall contacts. There has been an increase in the number of cases discussed this year compared to last year (26 cases a month compared with 21).
- A lower level of usage of Step-Up Beds (see above)

COVID-19 Vaccination

Local partners have continued to support the Covid-19 vaccination programme, with vaccination clinics running at GP surgeries, schools, local pharmacies, Broad Street Mall in Reading, and, most recently, a walk-in facility at Wokingham Library. Vaccination rates remain high in the Wokingham locality:

- First vaccination: 89% of the 12 years + population
- Second vaccination: 86% of the 12 years + population
- Booster vaccination: 87% of the eligible 16 years + population.

As of 31 March 2022, for 50+. Booster is % of eligible (a 91+day gap from the completed second dose).

- First vaccination: 94.6% of the 50 years + population

- Second vaccination: 93.9% of the 50 years + population
- Booster vaccination: 95.3% of the 50 years + population

Children and Young People's Partnership

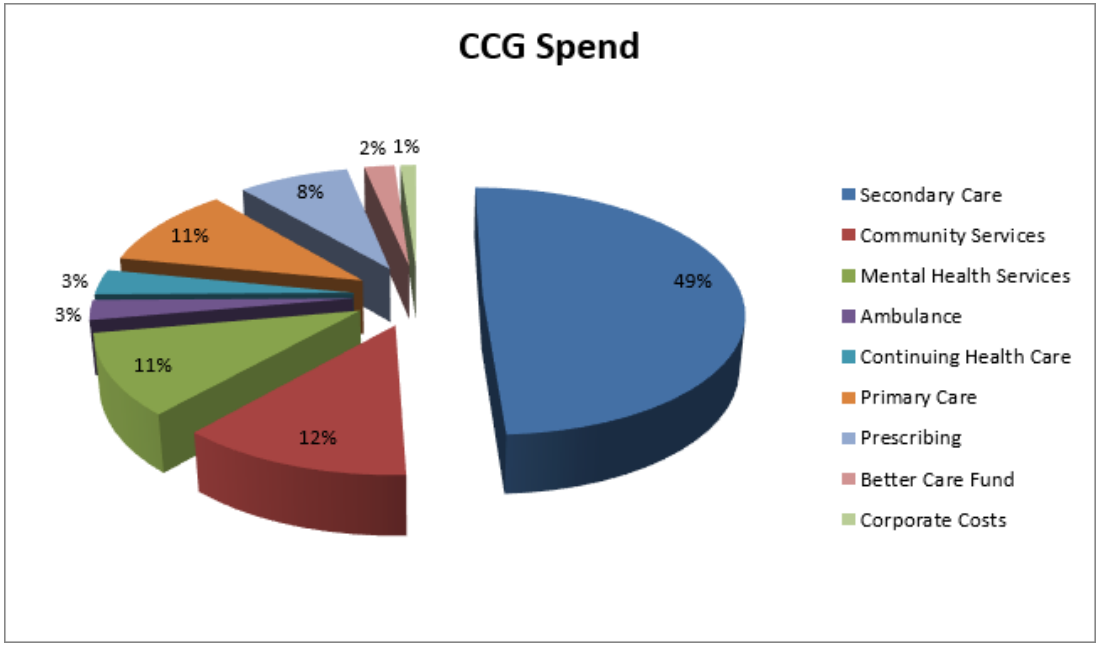
Following a review in 2020/21, the Borough Council Children's Services have been working in partnership with the BWCCG, BHFT and other stakeholders to review and improve services for children and young people with mild to moderate emotional wellbeing challenges. A new Emotional Wellbeing Model has been co-designed to ensure children and young people receive the right support at the earliest opportunity via an 'Emotional Wellbeing Hub'. The Hub will receive referrals for children and young people with mild to moderate emotional wellbeing needs and the referral co-ordinator will provide signposting to local services.

How the CCG manages its money

NHS Berkshire West CCG received revenue resource allocations of £885.6m (including the cumulative surplus brought forward of £0.48m) and delivered an in-year surplus of £0.1m against a requirement to breakeven. Berkshire West CCG met all of its other statutory financial duties for 2021/22 operating within the running cost allocation. The CCG incurred costs of £11.4m related to the response to the COVID incident of which £9.6m related to Hospital Discharge Schemes. Additional allocations were received to cover COVID costs. An additional £30.8m was provided to local NHS providers to fund COVID costs during the year.

The accounts have been prepared under a direction issued by NHS Commissioning Board under the NHS Act 2006 (as amended) and specifically the Health and Social Care Act 2012 c. 7 Schedule 2 s.17. The full financial results are set out in our 2021/22 accounts which form an integral part of this report.

The chart below gives a high-level analysis of the use of funding by the CCG:



The Financial regime

The financial regime put in place by NHSE for 21/22 followed that which was in place for 20/21 and fell into two halves – H1 and H2, the Finance and contracting arrangements for the six-month period from 1 April 2021 to 30 September 2021 ('H1 2021/22' or 'H1') and October 2021 to March 2022 (H2 2021/22 or H2).

The H1 arrangements

The funding was based on a System funding envelope, comprising of adjusted CCG allocations based on the H2 2020/21 envelopes adjusted for known pressures and policy priorities. The payment arrangements for NHS providers remained on a block payment arrangement but amended to reflect the changes to system funding envelopes, e.g., application of inflation and distribution of additional funding e.g., top up, Covid funding. Signed contracts with NHS providers were not required. The commissioning of services

from acute independent sector (IS) services devolved back to the CCG's which were covered by the national IS contract during 2020/21.

The H1 being based on the 20/21 budgets with proposed uplifts from NHSE and extra ordinary expenditure covering COVID, and Hospital Discharge Programmes up to six weeks funded by a retrospective allocation to bring the CCG's back to a balanced position.

Through the H1 financial regime, systems will have access to the following additional growth funding:

i. acute services – access to additional funding through the Elective Recovery Fund
ii. health services – additional CCG programme funding and service development funding (SDF) to enable delivery of the Mental Health Investment Standard (MHIS) and Long-Term Plan (LTP) priorities.
iii. primary medical care services – additional primary care growth has been issued in line with the 2021/22 published CCG primary medical care
iv. community services – funding for demographic growth has been included within system funding envelopes. Access to additional non-demographic growth will be available through SDF for transforming community services, including for accelerating the rollout of the two-hour crisis community health response at home.

The H2 arrangements

For the H2 period the budget was based on the H1 funding envelope with additional uplifts applied as notified by NHSE to tariff and pay inflation. Payment arrangements continues, the funding for Hospital Discharge period moved from 6 weeks to 4 weeks, COVID and other system funding to Providers maintained with the view that organisations will achieve a breakeven position.

For 22/23 the System has been issued a Financial Envelope which includes growth funding but reductions in system support and COVID funding with a view that the financial performance returns to a sustainable position.

How does BWCCG monitor performance?

The BWCCG Board is responsible for discharging the duties of its constitution, which includes monitoring and scrutinising the

performance of service providers. The Board receives a performance report at the monthly Governing Body meetings.

Formal committees of the Board scrutinise in more detail how BWCCG and health providers are delivering clinical services; these are the Finance Committee, the Audit Committee, Primary Care Commissioning Committee, the ICS Quality Committee, and the Clinical Commissioning Committee. In addition to the monitoring requirements outlined above, the ICP has a number of programme and delivery boards for example the Urgent and Emergency Care (UEC) Delivery Board. Members include the chief operating officers and other board level representatives from NHS organisations and partners in Berkshire West. The group aims to develop and maintain resilience across the urgent care services and improve the flow of patients through A&E, admission, treatment, and discharge.

How is BWCCG monitored?

The CCG is monitored by NHS England on both its financial performance and against operational targets. This is performed via monthly returns and by targeted enquires.

Managing Risk

Reducing risk across the health system is a priority for BWCCG to ensure patients receive high standards of care. Risks are events or scenarios that can hamper BWCCG's ability to achieve its objectives. These risks, divided into strategic and operational, are identified, assessed, and managed by the organisation and reviewed at every BWCCG Board meeting in public. They are continually reviewed at Board Committee meetings including the Audit Committee, the Finance Committee, Primary Care Commissioning Committee, Quality Committee, and the CCGs Commissioning Committee. Board Committees and BWCCG directors review all high-level risks on a monthly basis. Further detail on how the CCG manages risk is given in the Annual Governance Statement.

Mental Health Investment Standard

NHS Berkshire West Clinical Commissioning Group compliance statement has been properly prepared, in all material respects, in accordance with the Criteria set out in the Assurance Engagement of the Mental Health Investment Standard 2020/21- Briefing for Clinical Commissioning Groups, guidance published by NHS England. This standard has been achieved, subject to 2021/22 Audit.

Patient and Public Involvement

Engaging patients and the public BOB

The CCGs across BOB are committed to continuously strengthening public participation in all areas of work. However, progressing this during 2021/22 has been challenging. Understandably, the COVID-19 pandemic has been a major focus in the NHS across the county and resources, including communications and engagement staff, were diverted to supporting frontline services in caring for patients. Information and guidance to support patients, the public and clinicians working across the local NHS needed to be refreshed, updated, and communicated speedily. Despite this re-routing, some engagement work has been undertaken across BOB and at a local level.

In the early response to COVID-19, and as part of the level 4 incident declared by NHS England nationally, healthcare organisations made rapid changes to how services were accessed and delivered. Many of the changes were intended to reduce the face-to-face contact which in turn reduced the risk of spreading the infection.

A key feature and point of difference during the pandemic was accelerated delivery of remote and virtual services. As a clear step to reduce the spread of COVID-19, GP practices were required to introduce total triage. Patients were assessed by a GP over the phone or online first, allowing many people to be offered advice, prescriptions, or referral without the need for a face-to-face appointment. For patients with the relevant technology, appointments have been available using video conferencing with healthcare professionals.

Part of this new way of working included the introduction of an online advice and appointment system. The form-based online consultation platform collects a patient's medical or administrative request and sends it through to their GP practice to triage and decide on the right care.

Across BOB, GP practices use various tools so patients can contact their GP. To get a better understanding of the patient experience and to inform a BOB-wide procurement process for an online consultation platform across the ICS, a survey was undertaken to seek feedback on what patients thought of these tools and how they help to manage their health. The survey was promoted through the three CCGs and focused on three tools:

- **Online Consultations**: Online consultation enables patients to contact their GP or other health professional by completing an online form or speaking to someone online about health concerns.
- **Video Consultations**: Some practices also now offer video consultation tools which allow patients to have a video appointment with a GP or healthcare professional.
- **Text messaging**: GP practices have the ability to send text messages to patients to communicate with them regarding care and inform them of things that are happening at the practice.

More than 1,000 survey responses were received across BOB and the feedback informed the procurement process for a BOB-wide system for primary care**.**

Engaging people and communities

The key focus for communications and engagement over the last year has been the roll out of the COVID vaccination programme, raising awareness around Primary Care access and promoting the wide range of healthcare roles and responsibilities now available within the local primary care system. Robust social media postings, proactive traditional media campaigns, regularly updated website information, webinars and e-newsletters were all used to reach target audiences and ensure messages were tailored to their needs. There was also close work with the BOB and NHSE communications teams and key stakeholders including Healthwatch and the VSCO to ensure each partner's messages were cascaded and shared widely.

Engagement with key stakeholders included quarterly strategic briefings with the Berkshire West MPs, resumption of monthly meetings with Berkshire West Healthwatch representatives, regular updates and attendance at Berkshire West Health and Wellbeing Board meetings and attendance at patient group meetings.

COVID vaccination programme

We have worked with national and BOB ICS colleagues on a large number of campaigns to promote the programme and encourage uptake. In addition, we have produced and promoted bespoke events and webinars with Berkshire West partners including ACRE, Healthwatch, Community United and the RBH. There have been almost daily social media posts and videos which have been supplemented by regular print and broadcast media communications, webinars aimed at specific groups including pregnant women and the production of flyers and posters for specific events and the mass vaccination sites at the Madejski Stadium and then Broad Street Mall, Reading. There has been more targeted Q&A events for specific audiences –ethnic groups, areas of deprivation, and

those with severe mental illness – and more targeted communication methods have been used, ranging from the production of content for their group communications and the use of champions within the community to spread the word. The team have also worked alongside Berkshire West local authority partners on vaccination campaigns – amplifying and cascading information to target audiences.

Primary Care Activity

Our support for the Berkshire West PCNs has centred around the ways GP practices communicate and engage with each other and with patients. Our activity has focused around:

- **Podcasts** – bite-sized podcasts for GPs containing important information in a short bulletin, as well as longer interviews and case studies highlighting good practice across Berkshire West.
- **Email Newsletter** – a newly designed email newsletter containing key information, events, and updates from across the network in a format that is simple and easy to read.
- **Website** – we are working on the creation of a new website for the Primary Care Networks. This website will be mostly aimed at colleagues containing important information and resources, as well as more general information about the network.

These complement the weekly Headline News e-newsletter circulated to all GP practices in Berkshire West.

We have also stepped up the social media and broadcast media work with local practices to raise awareness of new ways of working, showcase success stories, introduce the new roles within practices like Physician Associates, and inform people about alternative healthcare facilities available locally.

Winter Campaign

NHS organisations across Berkshire West delivered a campaign throughout Winter 2021/2022 to help reduce pressures on services and educate the public on accessing the right service, knowing what can be treated at home, and information about changes in GP practice working. The campaign was delivered across a variety of platforms including social media, bus adverts, posters, leaflets, events and more – the campaign was also delivered in partnership with local authorities, pharmacies, and other partner organisations.

Cancer Campaigns

In Autumn 2021, Berkshire West CCG delivered a campaign to increase the number of prostate cancer referrals which were lower than they had been pre-pandemic. The campaign focused around key symptoms and targeted partners' as well as men through social media and at barbershops. The campaign was successful with prostate cancer referral rates now back to pre-pandemic levels.

Following the success of the campaign, we will be delivering a campaign across Reading, Wokingham and West Berkshire aimed at prevention of skin cancer in late Spring 2021/22 - targeted at those most affected by health inequalities.

Same Day Care survey

A survey was conducted to look at where people seek medical care for urgent, but not life threatening, health problems. The pandemic led to changes in the way local practices engage with their patients and the survey aimed to find out where people accessed same day healthcare during the pandemic to help direct resources in a more targeted way. It also helped to raise awareness of the range of alternative healthcare options available.

Mental Health

A mental health staff review was carried out with staff who provide mental health and emotional wellbeing services to children and young people across Berkshire West. The survey will help improve knowledge of what is happening on the ground and the challenges, blocks and issues people might be experiencing in their work.

There were widespread communications about the 'Breathing Space' mental health support facility which opened in Reading offering short term crisis support. It is being run by Together for Mental Wellbeing working collaboratively alongside BWCCG, BHFT, the local Emergency Services, Primary Care, and voluntary sector.

Communications promoted a new Berkshire West app library offering a range of apps around managing anxiety, stress, sleep and general wellbeing.

Your Health magazine

The monthly Your Health magazine, which was initially aimed at PPG representatives, has widened its circulation, and distribution now includes local councils (including parish councils), patient representatives at the RBH and other key stakeholders including Healthwatch and the Voluntary sector who cascade any relevant messages within their community networks. Work is in hand to increase the circulation this year. The magazine provides updates on local and national NHS and PBP developments and promotes health and wellbeing.

Internal communications

A bimonthly staff newsletter is circulated to all staff and has been particularly important to keep staff informed and supported as they continued to work from home. There has also been regular and wide-ranging internal communications and staff engagement led by our Accountable Officer Dr James Kent around the transition to an Integrated Care Board (ICB) from July 2022. This continued support is aimed at helping people understand the changes and updating them on developments.

External communications have also been carried out to keep the general public updated on the establishment of the ICB. A new engagement/transition microsite has been developed and links from the homepage transition tab on the BOB ICS and the BW CCG websites. It holds information about the developing ICS and ICB with draft constitution, plans and appointments. A BOB ICS public facing engagement website has been developed and is prominent on CCG and ICP website. People can comment on key draft documents. Includes information on evolving ICS and key papers in an easy access digital library.

Buckinghamshire, Oxfordshire and Berkshire West ICS response to the COVID-19 pandemic and delivery of the COVID-19 Vaccination Programme –

In response to the pandemic, NHS England & Improvement was given legal directions over all CCG commissioning functions by the Government to direct health services to meet the emergency needs. Each system established an incident structure reporting to NHSE/I SE Region.

During the pandemic, health and social care organisations across the BOB ICS made rapid changes to how services operated, the infection, prevention and control measures that were in place, and other adjustments made to ensure all patients with COVID needing hospital treatment could be treated. Much of primary care and outpatients moved online with face-to-face contacts restricted to clinical necessity to reduce the risk of spreading the infection.

Changes also included telephone triage, so patients were provided with advice, care, and prescribed treatment without needing to visit their GP practice. For patients with the relevant technology, hospital appointments were available using video conferencing. New services were also brought online quickly to support people throughout the pandemic such as the 24/7 mental health line across Buckinghamshire and Oxfordshire; GPs worked to set up dedicated clinics for patients with suspected COVID-19 to manage the risk of transmission to patients needing non-COVID related care.

In the summer and early autumn of 2020 as the first wave of COVID-19 receded, all services began to look forward to recovery of services which had been paused by the pandemic and preparations started for the delivery of a UK-wide vaccination programme.

The planning and establishment of the COVID vaccination programme and the siting of vaccination centres across the BOB ICS was initially done at pace, in line with national policy, with the first centres across BOB going live in December 2020. The work has been overseen by the BOB Vaccination Programme Operational Executive, whose members include representatives from the NHS and local authorities across BOB.

The NHS across the BOB ICS achieved its target of offering a first dose of the vaccine to all nine priority groups (as directed by the Joint Committee on Vaccination and Immunisation) by 15 April 2021. All first doses for adults aged 18 were offered by July 2021 and second doses by the end of September / early October 2021. It was a huge logistical challenge being delivered at the same time as managing the increased pressures on health and care services caused by the pandemic.

Now, around 3.7 million jabs have been delivered across the BOB ICS population of 1.8 million people.

There is now a network of vaccination centres and services across BOB, comprising Primary Care Networks (GP-led services), pharmacies, large vaccination centres, hospital sites, pop-up clinics, a mobile service (Health on the Move), and a schools' programme for children aged 12 and over. As a result of hard work and commitment from GP practices working together with health services partners and an army of volunteers, the BOB ICS has consistently been among the highest performers across England in terms of vaccination uptake and outreach.

The vaccination clinics and services continue to be geographically spread across the BOB ICS area to provide equitable access. Consideration has been given to location, travel, parking, and the ability to safely deliver the vaccine and meet and manage the needs of large numbers of people across all the cohorts.

In December 2021, as the Omicron variant began to emerge and spread, health and care systems across the country were required to significantly accelerate the vaccination programme by offering booster jabs to everyone over the age of 18 before 31 December 2021. The Government's target required the BOB ICS to offer 500,000 boosters to all the eligible cohorts of people during a period of three weeks.

Many GP-led vaccinations sites had wound down their vaccination clinics as the 166 GP practices across the BOB ICS focused on 'business as usual' services for their patients, but they answered the call to support the rapid expansion of the booster programme. The need to make boosters available at speed required a lot of staff time and resources, so GP practices were asked to clinically prioritise services. This led to some routine appointments and services being postponed. However, patients were assured that clinically urgent services were open and urgent appointments went ahead as planned.

The BOB Vaccine Equality Group was established to promote the vaccine, ensure equity of access to the vaccination programme and to provide outreach and follow up for those not yet vaccinated or who only had one dose. This has led to local discussions with those communities who have been vaccine hesitant or who have had access difficulties

Three place-based groups were established in Buckinghamshire, Oxfordshire, and Berkshire West through which to plan, monitor, review and best manage the programme overall and ensure alignment in the work of the large vaccination centres, GP-led sites and mobile vaccination.

Efforts have been made in each of the places to ensure equality of access and provision of high quality and or bespoke communications to address vaccine hesitancy and enable people to make an informed choice.

Engaging with local communities has been fundamental in reducing inequalities in vaccine uptake.

Work undertaken as part of this workstream has included:

- mapping of engagement events and contacts within each of the three local Place areas
- mapping of key stakeholders to create a distribution network for communications
- a public survey to identify issues and barriers to uptake of the vaccine
- Health and Wellbeing Ambassadors / Vaccine Voices / influencers programmes have been developed to encourage informed decision making through conversations with communities, friends, family, and contacts in low take up cohorts.

Additionally pop up and outreach services, including Health on the Move mobile facilities, have been used to target vaccination hesitant populations and areas where there has been lower take up. This has included homeless people, areas of inequality, Black and Minority Ethnic Communities, and larger employers.

Responding to an emergency

Under the Civil Contingency Act 2004, CCGs are designated Category Two responders and have a duty to co-operate and share information in an emergency. As a Category Two responder, OCCG has roles and responsibilities in emergency preparedness, resilience, and response (EPRR) to:

- Co-operate and share relevant information with Category One responders
- Engage in cross-sector planning through Local Health Resilience Partnership
- Support NHS England (South East) in discharging its EPRR functions and duties locally
- Include relevant EPRR elements in contracts with providers
- Ensure that resilience is 'commissioned in' as part of standard provider contracts and to reflect risks identified through wider, multi-agency planning
- Reflect the need for providers to respond to routine operational pressures (e.g., Winter)
- Enable NHS funded providers to participate fully in EPRR exercises and testing programmes as part of the NHS England (South East) assurance process
- Provide commissioned providers with a route of escalation on a 24/7 basis if they fail to maintain their professional levels
- Respond to reasonable requests to assist and co-operate
- Support NHS England (South East) should any emergency require any NHS resources to be mobilised
- Support NHS England (South East) to effectively mobilise all applicable providers that support primary care services should the need arise.

BWCCG is responsible for maintaining service delivery across the local health economy to prevent business as usual pressures becoming significant incidents.

All CCGs and NHS-funded providers are required to have an Accountable Emergency Officer who can take executive responsibility for leadership for EPRR. In Buckinghamshire, Oxfordshire, and Berkshire West CCGs it is the Director of Governance who holds this executive responsibility. A 24/7 director on call rota is in place to deal with any issues escalated to us by providers and a 24/7 communications on call rota exists for media and communications issues.

BWCCG has incident response plans in place which are compliant with the NHS England Emergency Preparedness Framework 2013. BWCCG regularly reviews and makes improvements to its major incident plan and has a programme for regularly testing this plan, the results of which are reported to the Board in the annual assurance report.

Given the on-going response to the COVID-19 pandemic the past year has seen all NHS organisations and services operating, for

the most part, in an emergency preparedness, resilience response (EPRR) level 4 incident which is means that NHS England coordinates the NHS response in collaboration with local commissioners at the tactical level.

Due to the scale of the pandemic and the subsequent vaccination programme, NHS England determined that its response should be coordinated through Integrated Care Systems (ICS). The Buckingham Oxfordshire Berkshire West ICS (made up of the three CCGs and led by a single Accountable Officer) was able to develop and strengthen the response arrangements to increase resilience and effectiveness.

The first stage took place in October/November 2020 which involved the all three CCGs releasing staff to support the BOB ICS Incident Infrastructure (for example deputy incident director), support for the Incident Coordination Centre rota and BOB-wide cells such as vaccination and supplies.
This was strengthened during the second wave of the pandemic (January 2021) and has continued to operate at ICS level ever since.

NHS England has published NHS core standards for Emergency Preparedness, Resilience and Response arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met.

As part of the national EPRR assurance process for 2021/22, Oxfordshire CCG has been required to assess itself against 24 core standards. The outcome of this self-assessment is that the CCG is fully compliant with the standards with plans in place for the remaining three core standards. The overall rating is: Full.

Quality and Safeguarding:

Overview

The Place Based Partnership (ICP) within Berkshire West, is continuing to evolve in both structure and governance, and it is imperative that quality remains a core element of supporting the delivery, at both place and system wide, to our patient population.

Quality is defined in the NHS as safe and effective care alongside outstanding patient experience. Delivering compassionate, high-quality care focused on outcomes is at the very heart of our values. In April 2021, the national Quality Board revised its commitment to quality to emphasise a shared vision. Set out under the domains of safe, effective, positive experience (responsive, personalised, caring) well led, sustainably resourced and equitable, therefore in essence to provide an assurance framework to be guided by.

BWCCG exercises its responsibility through the PBP Quality Committee, which brings local providers together to review the agreed quality priorities, scrutinise and challenge each other to develop a shared learning forum and co-production principles. The PBP Quality Committee reports to the Governing Body, under the structure of the three domains of quality:

- Patient experience (including complaints, PALS contacts)
- Patient safety (including serious incidents, falls, pressure damage, and healthcare associated infections)
- Clinical effectiveness (including provider compliance with national guidance NICE and national clinical audit)

It is recognised that this year throughout the pandemic experienced, the whole NHS has been required to work differently; this has meant modifying meetings to a virtual platform and ceasing some reporting and nationally mandated quality indicators. Berkshire West, along with Oxfordshire and Buckinghamshire CCGs has continued to produce the Integrated Quality and Performance Report (IQPR) for to provide oversight of quality performance and issues for escalation. The report continues to be inclusive of the independent sector and those providers where the CCG are associate commissioners.

The PBP Serious incident panel has remained as part of the business as usual to ensure the reporting and scrutiny of incidents causing patient harm or resulting in a poor experience.

To further enhance the element of shared learning, informal meeting has been set up to discuss themes within providers. This also supports the National Patient Safety Strategy and the changes identified within the National Patient Safety Framework. To support this national development two patient safety specialists have been identified from BW CCG, to provide sustainability and ensure the CCG and providers are meeting the requirements highlighted with regular engagement in national forums

Partnership working

As part of the Berkshire West PBP, BWCCG remains committed to working with health and local authority partners to ensure that the best possible quality of care is delivered to our patients.

A clear example of partnership working is the Care Homes strategic group with representation from all Local Authority and Health provider colleagues to ensure the quality and safety of our patients who reside in care homes, sharing best practice and learning across the sector.

A Care Homes forum has also been set up on a BOB level with engagement with a wide group of stakeholders from health, social care, and the voluntary sector to ensure guidance is adhered and to escalate any issues, with the notion of sharing best practice.

Focus of the LMS Board for the past 12 months

During 2021/22, the BOB Local Maternity System (LMS) board has continued to evolve and in line with the requirement to set up a Perinatal Quality Surveillance (QS) model, has incorporated Neonatal services into its over-arching assurance and transformation work, thus it is now titled Local Maternity and Neonatal System (LMNS). The work of the LMNS has continued on its delivery of the NHS long term plan and the implementation of the recommendations set out in the Better Births 2016, despite the significant challenges of the pandemic. Transformation programme work was paused at the end of 2020 but began in earnest again in early 2021, with the substantive appointment of a Programme Manager and later a lead for prevention in the LMNS.

The increased spotlight on safety in maternity services, highlighted in the first interim Ockenden report (Dec 2020, see below), placed greater emphasis on the role of LMNS, to seek a deeper and wider assurance from maternity services and to work more collaboratively, system-wide, with neonatal services. The increase in areas of transformation, such as moving towards Continuity of Carer as the default model of care and setting up a Maternal Medicines Network, as well as the surveillance and assurance, meant that the work of the LMNS needed a greater strategic focus. In November 2021, the LMNS appointed a Head of Midwifery to lead the system through the changes to ICB, transformation, and beyond.

Since then, the LMNS has also appointed a lead for safety and a consultant neonatal clinical expert and is looking to appoint obstetric expertise and leads for workforce planning, which includes the plan for a move towards a model of Continuity of Carer across BOB, where and when it is safe to do so.

The LMNS is working alongside Core 20 +5 regarding health inequalities, pregnancy being one of the areas where the impact of inequity is significant. The LMS has been working closely with the Thames Valley ODN to transform neonatal services in line with the neonatal critical care review and the ODN are represented at all appropriate LMNS meetings. COVID presented significant challenge to maternity services and so the emphasis on workforce and recruitment/retention is a focus for the LMNS working with the Trusts.

Ockenden Report

In December 2020, trusts across the country were required to respond to their position of the 12 urgent clinical priorities from seven immediate and essential actions (IEAs) highlighted from the then interim Ockenden report, which included the requirement to set up a Perinatal Quality Surveillance (QS) model on a trust, LMS, regional and national level. Trusts were required to submit their first round of compliance with the 7 IEAs by June 2021. With these submissions, levels of compliance varied across BOB and intensive

work has been taking place at Trust level to improve areas of non-compliance. The LMNS is supporting Trusts with this work and RBH achieved a high level of compliance in the first round (93.5%) and was recognised at regional level for its achievements.

The final Ockenden report was published on 30 March 2022, detailing 15 IEAs that will form part of assurance visits, taking place in our Trusts, supported by the LMNS, from May to September. In addition, the LMNS has a 'buddy' system with colleagues in Frimley, and there will be mutual peer support across BOB and Frimley for these assurance processes. The final report focuses on four key pillars: safe staffing and adequate funding, well-trained staff, learning from incidents and listening to families.

Safeguarding

The CCG has a statutory duty to work in partnership to safeguard and promote the welfare of children and young people and to protect vulnerable adults from abuse and neglect or the risk of abuse and neglect. BWCCG has continued to fulfil this function to a high standard. As a commissioning organisation, our responsibility is to ensure all providers from whom we commission services (both public and independent sector) have comprehensive single and multi-agency policies and procedures to meet these requirements. We have ensured that systems and processes are in place to fulfil specific duties of cooperation and that best practice is embedded. All contracts and service level agreements have required providers to adhere to Berkshire-wide safeguarding policies and procedures which promote the welfare of adults and children and quality schedules within contracts have included key safeguarding metrics.

Contracts have also required all providers to complete an annual audit based on section 11 of the Children Act (2004) (adapted to include safeguarding adults) and to provide assurance of compliance with required staff training and continuing professional development so that staff understand their roles and responsibilities regarding safeguarding children, looked after children, adults at risk, the Mental Capacity Act and Deprivation of Liberty Safeguards. Providers must inform commissioners of all incidents involving children and adults, including death or harm whilst in their care. The 2022 safeguarding assurance audit provided robust evidence from our providers of their safeguarding practices.

COVID placed an enormous strain on capacity not least as safeguarding referrals continued to remain high throughout the second wave. However, providers continued to maintain acceptable levels of safeguarding training compliance and partnership collaboration. As we move on and learn to live with COVID, we aim to further improve the variety of training offered to providers.

The significant increase in safeguarding issues seen during the pandemic, including increases in non-accidental injuries to babies

under 1 year, concerns about domestic abuse, increased incidence of severe mental health and isolation have reduced although there are still high number of children attending hospital with mental health and self-harm. Throughout the latter part of 2021/22 face-to-face visits such as Health Visitors have been gradually re-introduced.

BWCCG is fully committed to the safeguarding boards' priorities and ensure that all our providers are fully engaged in working in partnership to deliver health elements of these priorities. As an equal statutory partner in safeguarding, the CCG safeguarding team has led on a number of critical work streams for the Berkshire wide partnerships, in both children and adults, and continue to be significant influencers of change and innovation in partnership work.

The CCG Safeguarding team has collaborated across BOB to work towards alignment of all policy and processes in preparation for the introduction of the ICB in July 2022.

BOB addressing inequalities

Work continues across the BOB ICS to reduce health inequalities; in the past year a BOB- wide equalities group has been established to identify inequalities and implement evidence-based interventions to reduce the gaps by working with local communities and ensure we share learning and best practice on local initiatives which make a difference. The BOB Reducing Inequalities Board has agreed that coronary heart disease will be the priority, with a focus on hypertension case finding and management and stopping smoking as its main interventions.

The BOB Vaccine Equality Board was established in 2021/22, as part of the BOB Vaccination Programme to provide a focus on ways to increase vaccine confidence and ensure equitable access for people living in deprived and/or rural areas, diverse ethnic or vulnerable groups by working with big employers and community and voluntary groups.

While uptake of the COVID vaccine is high across BOB, in January 2022 a BOB-wide Outreach and Engagement Plan was developed and is being implemented to target specific groups such as Gypsy, Traveller, Romany, pregnant women and the Chinese and Black African communities where there has been relatively poor vaccination uptake.

We continue to work in partnership with local authority colleagues and voluntary organisations on our equality agenda as we return to business as usual and plan our work for 2022/23 in line with government guidelines and the development of BOB as in Integrated Care System.

Equality and Diversity

CCGs have a statutory duty to ensure that commissioning decisions reduce inequalities, improve quality of services for all patients, and involve and engage with a broad spectrum of individuals and communities (Health and Social Care Act 2012). At the same time, the Equality Act 2010, which incorporates the public sector equality duty (PSED), requires that CCGs, when commissioning services, do not unlawfully discriminate and must promote equality for the needs of people from the nine protected groups.

The CCG is committed to embedding equality and diversity values into its policies, procedures, employment, and commissioning processes, to ensure that there is equality of access and treatment for all, and that health inequalities are reduced. The CCG is an active member of the three Health and Wellbeing Boards in the area, which are made up of the key partners from the health and care system who work together to improve the health and wellbeing of our local population and to reduce health inequalities.

BWCCG is committed to the principles of the Workforce Race Equality Standard, and action to encourage progress includes:

- Supporting provider organisations, through inclusion in contract of requirement to implement WRES and provide an annual report and monitoring through regular quality assurance visits and contract review.
- Demonstrating leadership within the CCG by:
    - ensuring robust systems for collecting, challenging, and analysing workforce data
    - reviewing workforce data at relevant committees (including Staff Partnership Forum)
    - In 2021/22 all three BOB CCGs took part in the national staff survey; results have recently been received and will be used to support the development of the Integrated Care Board.

The CCG is part of the Thames Valley Inclusion Network, which supports those with a role and responsibility for inclusion and diversity across the system to work together, exchange information and good practice, and support each other in the implementation of the Equality Delivery System, the Workforce Race Equality Standard, and the Accessible Information Standard across the area.

CCG employees

BWCCG employs fewer than 150 employees and is therefore not required to publish information on employees. However, it reviews how well the CCG's recruitment and selection processes work to reduce conscious or unconscious bias against characteristics protected by diversity legislation.

The CCG has developed an integrated approach to delivering workforce equality, so it does not have a separate policy for disabled employees or for any other protected characteristics, but it has incorporated equalities issues in policies covering all aspects of employee management ranging from recruitment to performance discipline. Our aim is to operate in ways which do not discriminate our potential or current employees with any of protected characteristics specified in the Equality Act 2010 and to support our employees to maximise their performance including making any reasonable adjustments that may be required on a case-by-case basis.

Developing a sustainable environment

As part of the BOB ICS, Berkshire West CCG is committed to delivering against the NHS Green Plan, which provides a focus on reducing the NHS's carbon footprint and delivering services more sustainably. This is an important part of the journey towards delivering the Greener NHS ambition of being the first healthcare system in the world to be net carbon zero. BOB ICS recognises that its sustainability journey will change ways of working which will allow for a positive impact environmentally, socially, and financially. In doing so, the ICS will be fit for the future and will support the long-term wellbeing of staff, patients, and the wider communities it serves.

The ICS is made up of a number of different organisations to deliver a range of services which harness its ability to innovate and leverage the latest research and technology, to drive sustainability and individual and organisational behaviour change, across Buckinghamshire, Oxfordshire, and Berkshire West. The Green Plan is part of the process of anchoring sustainability as key pillar in everything the ICS does.

The BOB ICS has already begun its green journey and is proud to have achieved the following:

- The development of provider estates strategies which has seen rationalisation and consolidation in the use of buildings.
- The uptake in digital tools such as Microsoft Office 365 has enabled the adoption of highly agile ways of working across all teams and services. As well as telephone and video consultations in primary care, secondary care, mental health, and community services which avoided thousands of miles of car journeys.
- The removal of single use plastic cutlery and cups across all sites.

- The roll out of carbon literacy training amongst senior level staff.
- The increase in recycling bins amongst many of our sites.

These initiatives not only have reduced the ICS's carbon footprint but have also prompted behaviour changes which is important in moving forward in our delivery of a net zero health service.

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The year ahead

Through the first three months of 2022/23 BWCCG will remain the statutory organisation for commissioning health services in Berkshire West. We will use these months to continue to prepare for organisational change with the close of BCCG and the safe transfer of CCG functions and staff into the new BOB ICB.

As we move to become an ICB we will at the same time develop our integrated care system (ICS) which will aim to deliver health and social care to people in a more joined up way across local councils, the NHS, voluntary organisations and other partners. The ICS will be a new partnership of health and care organisations across BOB that will come together to plan and deliver joined up services and improve the health and wellbeing of people who live and work in the area. The four main goals of the ICS are to

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

While these were all set out as goals in the Long-Term Plan and are not new, how we organise ourselves across health and care is changing. We hope with the development of an BOB ICS, where traditional barriers may have existed between different parts of the NHS, between physical and mental health and between the NHS and local authorities, these will be removed, and care will be delivered in a more seamless way with better outcomes for our patients.

Much work has already been undertaken to transfer from three CCGs to the new ICB; an interim executive team is in place and recruitment for permanent leaders for the new organisation to develop the ICS is well underway. Work is continuing to develop better relationships across health and care and develop a BOB ICS System Development Plan to further our work. NHS Chief Executives

and senior leaders from across the system have agreed three operational services areas of priority for the next six to 12 months. There will be a focus on

- Planned / elective care (which includes elective recovery as we make our way out of the pandemic)
- Children and adolescent mental health services
- Urgent and emergency care

These areas are considerably challenged across all three places, indeed nationally, and would benefit from working better together across the ICS. Capacity has been increased and there is dedicated resource working with place leads across the ICS reviewing and working to improve the most challenged pathways. For example, in elective care the BOB work is focused on ENT and ophthalmology.

As we progress into 2022/23 the ICS will develop a comprehensive strategy to identify the medium- and long-term priorities for the system with clearly defined outcomes and resourced programmes to deliver our ambitions. This will be done in partnership with our stakeholders and local communities within each place across BOB.

For most people, their day-to-day care and support needs will be met locally in the place where they live; the way patients access services will not change.

Dr. James Kent

Accountable Officer

21 June 2022

Accountability Report

Corporate Governance Report

Members Report

Details of member practices can be found below, and on the CCG's website: here

CCG Locality	PCN	Surgery
Newbury	A34	DOWNLAND PRACTICE
	A34	EASTFIELD HOUSE SURGERY
	Kennet	FALKLAND SURGERY
	A34	STRAWBERRY HILL (Northcroft and St Mary's)
	Kennet	BURDWOOD SURGERY
	Kennet	THATCHAM HEALTH CENTRE
	West Berkshire Rural	KINTBURY AND WOOLTON HILL SURGERY
	West Berkshire Rural	HUNGERFORD SURGERY
	West Berkshire Rural	LAMBOURN SURGERY
	West Reading Villages	CHAPEL ROW SURGERY
CCG Locality	**PCN**	**Surgery**
North & West Reading	Caversham	BALMORE PARK
	Caversham	EMMER GREEN
	Reading West	CIRCUIT LANE (Split main site with Western Elms)
	Reading West	TILEHURST SURGERY PARTNERSHIP
	Reading West	WESTERN ELMS SURGERY
	West Reading Villages	MORTIMER SURGERY
	West Reading Villages	THE BOAT HOUSE SURGERY
	West Reading Villages	THEALE MEDICAL CENTRE

CCG Locality	PCN	Surgery
South Reading	**Whitley**	ABBEY MEDICAL CENTRE
	Reading Central	CHATHAM STREET SURGERY
	Reading Central	ELDON ROAD SURGERY (now merged with Melrose 01 Oct 19)
	Reading Central	MELROSE SURGERY (now merged with Eldon Road 01 Oct 19)
	Reading Central	PEMBROKE SURGERY
	Reading Central	RUSSELL STREET SURGERY
	Whitley	WALK IN CENTRE
	Tilehurst	GROVELANDS MEDICAL CENTRE
	Tilehurst	TILEHURST VILLAGE SURGERY (Chancellor House)
	Tilehurst	WESTWOOD SURGERY
	University	UNIVERSITY (OF READING) MEDICAL GROUP
	Whitley	KENNET SURGERY (now merged with Milman Road on 01 Oct 20)
	Whitley	MILMAN ROAD SURGERY (now merged with Kennet surgery on 01 Oct 20)
	Reading Central	LONDON STREET SURGERY/New PM started 06 Oct 21
CCG Locality	**PCN**	**Surgery**
Wokingham	**Earley**	BROOKSIDE GROUP PRACTICE
	Earley	WILDERNESS ROAD SURGERY
	Wokingham East	BURMA HILL SURGERY
	Wokingham East (Crowthorne)	NEW WOKINGHAM ROAD SURGERY
	Wokingham East	WOOSEHILL MEDICAL CENTRE
	Wokingham East	WOKINGHAM MEDICAL CENTRE
	Wokingham North (Woodley)	LODDON VALE PRACTICE
	Wokingham North	PARKSIDE FAMILY PRACTICE (GREEN RD SURGERY)

CCG Locality	PCN	Surgery
Wokingham	**Wokingham North**	TWYFORD SURGERY
	Wokingham North	WOODLEY CENTRE SURGERY
	Wokingham North	WARGRAVE SURGERY
	Wokingham South	SWALLOWFIELD MEDICAL PRACTICE
	Wokingham South	FINCHAMPSTEAD SURGERY

Members of the Governing Body

The names of the Clinical Chair and Accountable Officer for Berkshire West CCG are:

- Dr Abid Irfan, Clinical Chair
- Dr James Kent, Accountable Officer, BWCCG and Executive Lead for the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System

Decisions are made by a governing body that meets every month apart from August. In 2021/22 it consisted of: three GP members, a Chief Officer, Nurse Director, Joint Commissioning Director, Chief Finance Officer, three lay members, and a Secondary Care consultant. The CCG also has a Director of Primary Care and three operational Directors who take a lead on locality matters and on programmes of work. The members of the Governing Body are responsible for directing the major activities of the CCG during the course of the year.

Individual profiles are available on the CCG's website here.

The members of the CCG Governing Body as at the 31 March 2021 were:

- Wendy Bower, Lay Member (PPE)
- Geoffrey Braham, Lay Member (Governance)
- Niki Cartwright, Director of Joint Commissioning
- Saby Chetcuti, Lay Member (Governance)
- Shairoz Claridge, Director of Operations (Newbury & District)
- Edward Haxton, (Acting) Chief Finance Officer (Appointed – August 2021)

- Dr Abid Irfan, Clinical Chair and GP Locality Lead (Newbury and District)
- Dr James Kent, Accountable Officer
- Maureen McCartney, Director of Operations (Reading)
- Dr Debbie Milligan (OBE), GP Locality Lead (Wokingham)
- Dr Kajal Patel, GP Locality Lead (Reading)
- Dr Raju Reddy, Secondary Care Consultant
- Debbie Simmons, Nurse Director
- Katie Summers, Chief Information Officer and Director of Operations (Wokingham)

The following people were members of the Governing Body during 2021/2022 but were not in post as of 31 March 2022:

- Rebecca Clegg, Chief Finance Officer (on secondment – August 2021)

The following Governing Body members formed the CCG's Audit Committee throughout the year:

- Wendy Bower, Lay Member
- Geoffrey Braham, Lay Member (Audit Committee Chair)
- Saby Chetcuti, Lay Member

The Remuneration Report includes details of the membership of the Remuneration Committee and the Governance Statement includes details of all other Governing Body and Membership Body Committees.

The Governing Body Register of Interests is updated annually following review by the Audit Committee. The Berkshire West CCG's Register of Interests for 2021/22 is available here.

Clinical Profiles -

The importance of the clinical leadership provided by member GPs has been highlighted earlier in the report. The following clinical profiles give an insight into the work of some of the GPs who provided clinical leadership to Berkshire West CCG and ICP:

Dr Andy Ciecierski, Clinical Lead for Urgent Care

I attend the monthly BW ICP Urgent and Emergency Care Programme Board to give a Primary Care view of demand and activity. I have worked with the Urgent Care team on many aspects of the Urgent and Emergency Care Strategy. I have attended the Primary Care Programme Board to interface with the Primary care element of the Strategy. I have chaired the Same Day Access to Primary Care Working Group. I have supported the Primary Care Team as needed with contract meetings with the Reading Walk-in Centre. I have attended the Primary Care Programme Board to interface with the Primary care element of the Strategy.

I am the Commissioning Clinical Lead for the Thames Valley 999 and Patient Transport Service (PTS) contracts. In this role I sit on the BOB ICS Urgent and Emergency Care Programme Board. SCAS Development and Integration meetings have restarted after being put on hold during the pandemic. I have supported the PTS re-procurement team as needed.

On behalf of the Planned Care Programme Board, I have supported the Adult Hearing Loss Pathway re-procurement team. This project is currently still on hold.

I am the Berkshire West CCG representative on the Reading Health and Wellbeing Board and act as Vice-Chair of the Board. We have quarterly meetings together with informal and organisational meetings between each Board meeting.

I continue to work as a GP at Emmer Green Surgery three days per week. I am the Clinical Director of Caversham PCN since April 2020. I have been the Clinical Lead of the Emmer Green Local Vaccination Site providing COVID vaccinations to the population of Caversham.

Boards & Committees

- Berkshire West ICP Urgent and Emergency Care Programme Board
- Buckinghamshire, Oxfordshire and Berkshire West ICS Urgent and Emergency Care Programme Board
- Primary Care Programme Board
- Planned Care Programme Board - ENT Clinical Advisor
- Reading Health and Wellbeing Board
- Same Day Access to Primary Care Working Group

Dr Debbie Milligan OBE, Wokingham GP Lead for Berkshire West CCG:

I am a Board member for Berkshire West CCG, attending Wokingham Health and Wellbeing Board and Integration Boards. I also sit on the Long-Term Conditions, Urgent and Emergency Boards, ICS Quality and Serious Incident Boards for Berkshire West and am the Commissioner Clinical Governance Lead for Thames Valley Integrated Urgent Care Service.

From March - August 2020 I was seconded to support COVID clinical services as one of three GPs setting up the Reading and Wokingham Respiratory Response Hub. The service supported Primary Care by seeing COVID patients face-to-face and, by working collaboratively with Royal Berkshire Foundation Trust, and providing both initial investigations (lung ultrasound), treatment and ongoing surveillance of the at-risk patients, reducing hospital admissions. Some of learning from this clinic has helped shape the new Long COVID clinic.

During the vaccine roll-out I was part of the sign-off team visiting sites to ensure adequate training of staff and suitability of sites, as well as supporting Primary Care by vaccinating patients in care homes or who were housebound.

During the autumn I also supported Thames Valley and Frimley with the roll-out of the 111 First service to EDs in these areas and throughout the year continued to have 111 and, more recently, 999/111 end-to-end meetings to ensure pathways are correct and safe for patients through shared learning.

Boards and Committees

- Berkshire West CCG Board
- Wokingham Health and Wellbeing Board
- Long Term conditions Board
- Urgent and Emergency Care Board
- ICS Quality Board for Berkshire West
- Serious Incident Board

Networks

- Thames Valley Integrated Urgent Care Service

Dr Kajal Patel, Reading Locality Lead GP and Cancer Lead for Berkshire West CCG:

The last 12 months has seen a tremendous pressure on the whole system.

As a Lead, commissioning GP services across Berkshire West, my role has been to support patients, GP Practices, PCNs and our secondary care teams to work together to streamline care, during the challenging recovery phase.

I have continued to focus my attention on inequalities and our deprived populations. I am also committed to supporting the COVID 19 vaccination programme across the whole of Reading.

In my GP Cancer role, we have worked closely with the Thames Valley Cancer Alliance, Secondary Care Trusts, and GP Practices, and really focusing on getting our patients through cancer pathways for faster diagnosis.

Dr Heike Veldtman, Chair of Long-Term Conditions Board (LTCB)

Over the past year, I have been the Chair for the LTCB for BWCCG and interim CVD Lead for BOB ICB.

Highlights over the past year:

1. BP@H This is a National Trailblazer project to get BP machines out to patients and improve BP control. I led on this project for our ICS (BOB) and at Berkshire West level. Our approach and results are now being used as Case Study for the rolling out of BP work on the Futures webpage. This project focused on Clinically more Vulnerable Patients with known diagnosis of HT in our areas of Highest Deprivation.

2. BOB has been chosen as Demonstrator site for Heart Failure project. Aim of project to improve prevalence of heart failure. The benefit of this earlier diagnosis, starting treatment earlier and optimising of medical management, will keep care closer to home.

3.Started work on improving Cardiac Rehab. This is also a national bid that was awarded to our ICB for improving cardiac care.

4. Joint working with Legacy services in Berkshire West, where 13 practices signed up for review of their COPD patients over the past year. Most of these practices are in our more deprived areas. This supported our areas that were more significantly affected during the Covid pandemic. Patients were reviewed, ensuring correct diagnosis, and optimising of medication. Building on the success of this project

the project will be rolled out to all of BW practices who wish to sign up.

5.Continued progress and service delivery of Long Covid Service for our patients affected by this over the past 2 years.

Dr Rupert Woolley:

I attend the planned care programme board meetings and have been actively involved in many projects including: MSK redesign, IPASS pain service and ophthalmology. I provide clinical input for these projects as well as other ongoing programmes such as the DXS system. I am the clinical lead for Dermatology for the planned care board. We work with the clinical team at the Royal Berkshire Hospital to look at ways of maximizing capacity as well as improving the referrals coming into the service and providing support to GPs in managing skin conditions in primary care.

Boards

- Planned Care Programme Board
- ICB Elective Recovery Board

Dr Abid Irfan MB, CHB, MRCS, MRCGP.

I am the clinical chair of Berkshire West CCG. My work over the last year has not only spanned the governing board (GB) role but meetings across our Integrated Care Partnership (ICP) and System (ICS). I provide senior clinical advice to the various boards to help set, drive, and implement the clinical strategy but also to help unlock any key clinical issues.

In my GB role, in addition to ensuring the quality and performance of the services we commission, I have worked closely with my GP clinical colleagues across the system to work through and design the model for ongoing effective primary care engagement and involvement at all levels of the new ICCS. This will be critical as we work in collaboration with our developing Primary Care Networks (PCNs)to deliver integrated and seamless care for our patients.

I co-chair the ICP Planned Care Board. As we recover from Covid and restore services we have continued to focus on ensuring for example all access and treatment standards for our cancer patients are being met. I have joined the Elective Care Board at system level where the focus has been on reducing long waits and increasing capacity in addition to planning and improving access to all

our community diagnostics (e.g., endoscopy/MRI/CT scans)

I also chair the CCG Primary Care Programme Board. This brings together all our system stakeholders to work together to help plan and deliver the broader primary care strategy. I have continued to work with system partners to help understand and deliver the PCN specifications. These help to deliver key elements of the Long-Term Plan. I have continued to chair a task and finish group to work on the Care Homes specification. This has been critical and timely given the effect of covid on our care home community. I have worked with our clinical directors, community trust colleagues and care home staff to work out how to best embed and further develop multidisciplinary meetings and develop the best model of care for this group of patients.

Boards and Committees

- Berkshire West CCG Board (Chair)
- Planned Care Board (Co-chair) & ICS Elective Care Board
- CCG Executive/Commissioning Committee (Chair)
- Berkshire West Primary Care Programme Board (Chair)
- BOB Primary Care Programme Board
- BOB Finance Committee
- Newbury & District Local Integration Board
- Berkshire West ICP Unified Executive
- West Berkshire Health & Wellbeing Board (Vice-Chair)

Statement of Disclosure to Auditors

Each individual who is a member of the Board at 31 March 2022 confirms:

- so far as the Board member is aware, that there is no relevant audit information of which the clinical commissioning group's external auditor is unaware and;
- that the Board member has taken all the steps that they ought to have taken as a member in order to make themselves aware of any relevant audit information and to establish that the clinical commissioning group's auditor is aware of that information.

Personal Data Related Incidents

The CCG did not have any personal data related serious incidents in 2021/22. This is as reported in the Governance Statement.

Modern Slavery Act

BWCG fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2021 will be published on our website.

www.berkshirewestccg.nhs.uk

Statement of Accountable Officer's Responsibilities:

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England appointed Dr James Kent to be Accountable Officer of NHS Oxfordshire Clinical Commissioning Group.

The responsibilities of an Accountable Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for:

- The propriety and regularity of the public finances for which the Accountable Officer is answerable,
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction),
- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).
- The relevant responsibilities of accounting officers under Managing Public Money,
- Ensuring the CCG exercises its functions effectively, efficiently, and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section 14R of the National Health Service Act 2006 (as amended)),
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

Under the National Health Service Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its income and expenditure, Statement of Financial Position, and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced, and understandable.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that Ernst & Young LLP auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Dr. James Kent

Accountable Officer

21 June 2022

Governance Statement

Introduction and context

Berkshire West CCG is a body corporate established by NHS England on 1 April 2018 under the National Health Service Act 2006 (as amended).

The clinical commissioning group's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, in particular, required to arrange for the provision of certain health services to +such extent as it considers necessary to meet the reasonable requirements of its local population.

As of 1 April 2018, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the clinical commissioning group's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I am responsible for ensuring that the clinical commissioning group is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the clinical commissioning group as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently, and economically and complies with such generally accepted principles of good governance as are relevant to it.

The CCG Constitution sets out how the organisation will work with and on behalf of the local clinical community to enhance the health and wellbeing of its local population, and how it will fulfil its statutory duties. The CCG has the following statutory committees:

- The Audit Committee
- The Remuneration Committee
- The Primary Care Commissioning Committee

It has also established:

- Finance Committee
- Clinical Commissioning Committee
- PBP Quality Committee

The terms of reference for each of these committees have been ratified by the Governing Body, and the minutes are publicly available along with those of the Governing Body meeting papers (except for Remuneration Committees). Each Committee submits an annual report to the Governing Body giving assurance they are carrying out their duties.

Standing Orders regulate the proceedings of the CCG, as set out in the Health and Social Care Act 2012 ("HSCA"). The Standing Orders, together with the CCGs scheme of delegation and the CCGs prime financial policies, provide the procedural framework within which the CCG discharges its business.

Covid-19 Pandemic

During the whole of 2021/22, the NHS has been responding to the Covid-19 pandemic. This has included operating at level 4 (national control) or Level 3 (regional control) for most of the year. This required some amendment to the way the CCG operated including the following:

- Implementation of Covid-19 specific and temporary framework of meetings, an extension of those agreed in 2020/21.

- Governing Body and Primary Care Commissioning Committees were held virtually as meetings in public with attendees able to submit questions.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICS)

The Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (ICS) operates as a partnership to support each place and organisation within the system for the delivery of services, constitutional standards, and requirements of the NHS Long Term Plan. This also includes groups for system leaders to regularly meet, along with financial and delivery oversight. The role of the ICS is to

- Improve population health and healthcare
- Tackle unequal outcomes and access
- Enhance productivity and value for money
- Help the NHS to support broader social and economic development

Governing Body

To align its process and across the three CCGs' and in accordance with the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) CCGs' Constitution, the BOB CCGs' Governing Bodies held their meetings 'in common' during 2021/22, holding five meetings in public during this period. The meetings that were due to be held in December 2021 were postponed due to the need to concentrate on the NHS response to COVID-19); this meeting subsequently took place in January 2022.

All meetings were quorate in terms of executive and lay member representation. Where meetings were not quorate, in terms of GP clinical representation, matters that required approval were obtained virtually. A table of members attendance is included in Appendix 1.

Matters Reserved to the Membership Body (Practice Members) are clearly defined in the CCGs Constitution.

The Practice Members are represented on the Governing Body through the Locality Clinical Directors/Locality Leads, and meetings are convened by a GP/Clinical Lead.

The Governing Bodies in 2021/22 focused on organisational objectives, national priorities, and the local health economy's priorities in the Operational Plan. The Board has also held workshops on 'Constitutional alignment across the BOB CCGs'.

Standing agenda items include the Accountable Officers' report, items in relation to finance, strategic risk, corporate governance, performance, patient and public involvement, and clinical concerns. Other items discussed this year include:

- Budget setting and arrangements for annual report and accounts
- Standing items on Quality, Finance, Contracting and Performance
- Review of strategic risk through the Governing Body Risk Report
- Ratification of policies and procedures as required
- NHS Priorities and Operational Planning
- Governance Alignment
- Developing the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (ICS)
- Future provision for GP IT
- Operational Priority Service – Urgent and Emergency Care

- Communications, Patient and Public Community Engagement
- Emergency Preparedness Response and Resilience (EPRR) winter preparedness and Annual Report
- Response to and recovery from Covid-19, including governance accountability and compliance with statutory duties.

The Governing Bodies also reviewed its own governance arrangements and effectiveness. Members' attendance, apologies for absence, and declarations of interests and/or conflicts of interests (including gifts, hospitality) were formally recorded and published in the minutes of the meetings.

Governing Body Committees

All committees outlined provide assurance to its Governing Body through presentation of their minutes and annual reports. The Committees may also undertake self-assessments of their effectiveness.

Audit Committee

As for the Governing Bodies, the BOB CCG Audit Committees held their meetings 'in common'. The Committee reviews critically the CCGs' financial reporting and internal control principles; ensures that all the CCGs activities are managed in accordance with legislation and regulations governing the NHS; ensures adequate assurance is in place over the management of significant risks; and ensures that appropriate relationships with both internal and external auditors are maintained. The Audit Committees met four times in 2021/22.

The Audit Committees 'in common' receive regular reports to provide it with assurance from:

- The Directors of Finance and deputies on finances and performance, losses and special payments and single tender waivers
- Internal Audit and External Audit – including reports on the outcome of reviews together with recommendations on any necessary actions
- The Local Counter Fraud Specialists (LCFS)
- The Director of Finance and Head of Governance in respect of the Strategic and Operational risk registers
- The Director of Governance in respect of corporate governance including conflicts of interest exceptions, gifts, hospitality, sponsorship, joint working agreements.
- The Senior Information Risk Owner (SIRO) in respect of data security and protection arrangements.

The Accountable (Chief) Officer and other executive directors attend meetings as requested. Representatives of internal audit, external audit and local counter fraud service attend each meeting. A meeting in private session with the Lay Members is also held at least once per annum. The agenda of the Audit Committee is governed by its annual business cycle. A table of members attendance is included in Appendix 1.

Remuneration Committee

As for the Governing Bodies and Audit Committees, the Remuneration Committees held their meetings 'in common'. This Committee reviews the framework for the Remuneration, Allowances and Terms of Service for employees of the CCG's and for people who provide services to the CCGs'. It makes recommendations to ensure effective oversight of the performance of the CCGs' Convenor, Accountable (Chief) Officer, Directors of Finance, and other senior posts, and for scrutiny of any redundancy payments. The Remuneration committees met three times in 2021/22.

The overall purpose of the Remuneration Committee is to assure the Governing Bodies that the duty to act effectively, efficiently, and economically has been met, and that use of resources for remuneration does not exceed any amount specified. A table of members attendance is included in Appendix 1.

Primary Care Commissioning Committee (PCCC)

The BW CCG Primary Care Commissioning Committee held its individual (at Place) meeting in April 2021(Q1 April- June) before moving to a combined BOB PCCC, meeting (Q2-4 July – March). The PCCC Committee has been established in accordance with the statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Buckinghamshire, Oxfordshire, and Berkshire West under delegated authority from NHS England.

Meetings are held four times a year and in public. Health and Wellbeing Board representatives and NHS England are also invited to attend in accordance with the Delegation Agreement. The CCGs' clinical leads are voting members.

The Committee met three times in 2021/2022 as one meeting was stood down due to the requirement to support the national response to the Covid-19 pandemic.

The Committee undertakes the following activities:

- Review and monitor GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract) and enhanced services ("Local Commissioned Services" and "Directed Enhanced Services")
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- Decision making on whether to establish new GP practices in an area and to approve practice mergers and making decisions on 'discretionary' payments
- To plan, including needs assessment, primary care services across BOB and undertakes and delivers a primary care estates strategy across the BOB geography

- To undertake reviews and manage the budget for commissioning of primary care services at Place and to co-ordinate a common approach to the commissioning of primary care services generally
- To assist and support NHS England in discharging its duty under section13E of the NHS Act 2006 (as amended by the Health and Social Care Act2012) so far as relating to securing continuous improvement in the quality of primary medical services.

A table of members attendance is included in Appendix 1

Clinical Commissioning Committee

The Clinical Commissioning Committee is responsible for the overall management and delivery of the operational plan and its associated work programmes and has the responsibility for day-to-day management of the CCG and certain functions as delegated by the Governing Body. Certain matters are considered at most meetings as part of a standing agenda including the Finance, ICP Quality Reports alongside corporate risks.

In addition to the standing items, the Clinical Commissioning Committee provides clinical leadership and direction for the CCG; supports joint commissioning with the three unitary authorities in Berkshire West and oversees the work of the CCG Programme Boards.

The Committee meets monthly, and in accordance with the CCG constitution is Chaired by the Governing Body Chair. The Committee met seven times in 2021/22.

A table of members attendance is included in Appendix 1

Finance Committee

As with the Governing Bodies delegated Committees, and to align services across BOB, the Finance Committees held their meetings 'in common' during 2021/22. The Finance Committee scrutinises the financial plans and performance in relation to key national targets and in support of the delivery of the outcomes included in the NHS Long Term Plan. It also takes relevant decisions as required under delegated authority, such as business cases.

The Committee reviews reports, identifying key issues and risks and gives opinion and assurance to Governing Body on the stewardship of CCG financial resources and their going concern status. Additionally, the Governing Body may request that the Finance Committee reviews specific aspects of financial performance where they require additional scrutiny and assurance. The Committee met nine times in 2021/22.

A table of members attendance is included in Appendix 1.

The work of the Committee also includes the following activities:

- Monitor use of financial resources and to ensure that value for money can be demonstrated and that the best possible value is secured for the BOB pound
- Scrutiny of Quality, Innovation, Productivity and Prevention (QIPP) and Cost Improvement Programmes (CIPs)
- Evaluate, scrutinise and quality assure the financial validity of the investment, disinvestment, and business case framework.
- Maintain an overview of the value for money provided by the CCGs' expenditure, contracts, and support arrangements (for example, the contract provided by NHS South, Central and West Commissioning Support Unit)
- Approves the release of finance from allocated reserves to support investments and to make recommendations to the Governing Bodies as appropriate.
- Advise the Governing Bodies on relevant reports by NHS England, regulators, and other national bodies, and, where appropriate, management's response to these.

<u>PBP Quality Committee</u>

Reviews and assures provider performance; has oversight of the quality and safety of commissioned services considering safety, effectiveness and patient experience; ensures that the patient voice is heard; reviews reports on Serious Incidents and Never Events; ensures that there are processes in place to safeguard adults and children; considers national quality inspection reports; monitors arrangements relating to equality and diversity; reviews the corporate risk register; and receive chairs reports from various subcommittees for oversight and assurance.

It promotes a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness, outcomes, and patient experience. This includes a responsibility to promote research and the use of research and monitor reports made to the National Reporting and Learning System.

The Committee met 4 times in 2021/22. The meeting scheduled to take place in March 2022 was postponed and re-scheduled for 12 April 2022. A table of members attendance is included in Appendix 1.

The work of the Committee also includes the following activities:

- Assure the Governing Body in respect of constitutional standards e.g., Stroke services, cancer waiting times and A&E performance etc., alongside safeguarding, infection control, incident management, complaints, workforce data, staff surveys, reporting of quality accounts, or any other area of quality
- Receive assurance on performance and quality and clinical risks, and compliance with National Institute for Health and Care Excellence (NICE) Quality Standards
- Receive assurance on Quality Impact Assessments (QIAs), to assess any impact on quality and performance, in order to provide

challenge where necessary

- Ensure that there is a continuing structured process for leadership, accountability and working arrangements for quality and performance within the CCG
- Approval and ratification of policies relating to quality and patient safety

(Individual Funding) Case Review committee (CRC)

Considers individual funding requests (IFRs) put to it; considers whether the CCG's full requirements for statement of clinical exceptionality, as defined in the relevant CCG policy, have been demonstrated within the case submitted for consideration of funding; carries out its decision making about the IFR in line with the CCG Ethical Framework; and ensures it is consistent in its decision making.

Meetings are held monthly or more frequently when caseload demands and/or at the discretion of the CCG. Membership of the CRC comprises a Lay Member from the CCG, who chairs the meetings, two GPs, CCG Operations Director, CCG Associate Director for Quality and Nursing, and a member of the CCG Medicines Optimisation Team. Because of the sensitive and potentially identifiable nature of the cases reviewed by the CRC, the outcome of the committee's decisions is only communicated to referring clinicians. If patients/family representatives are not satisfied with the outcome, they have the opportunity to request a review by the IFR Appeals Panel which meets when such requests are made.

Where committees have met less frequently than normal during 2021/22, this was to release the team to support the CCG's response to the pandemic.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. However, we have reported on its governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code considered relevant to the clinical commissioning groups and best practice. The Corporate Governance Report is intended to demonstrate the clinical commissioning groups' compliance with the principles as set out in the Code.

For the financial year ending 31 March 2022 and up to the signing of the statements, we complied with the provisions set out in the Code and applied the principles of the Code.

Discharge of Statutory Functions

In light of the recommendations of the 1983 Harris Review, The Clinical Commissioning Group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations.

As a result, I, the Accountable Officer, can confirm that the clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all the clinical commissioning groups' statutory duties.

Risk management arrangements and effectiveness

The Audit Committees, at their meetings in common, review the full Strategic Risk Register at [1]every meeting; the Quality Committees review and discusses risks relating to quality and performance; the Finance Committees, at their meetings in common, review and discuss financial risks; the single Primary Care Commissioning Committee reviews and discusses Primary Care risks and the CCG Executive/Clinical Commissioning Committee reviews and discusses the strategic risks.

Capacity to Handle Risk

The Governance Team co-ordinate production of risk registers, offer advice and training (when required) and work with designated risk owners and Executive Directors via individual 1:1s or designated Executive/Director meetings. The purpose of the meeting is to identify any new risk areas; ensuring the appropriate management, quality of recording and scoring of that risk; the review of all current risks obtaining assurance that appropriate actions and mitigations are in place and that all risks are reviewed and managed appropriately. The Governance Leads also maintain the risks cycle ensuring that timely reminders are sent to risks managers for each risk cycle as per Board and Sub-Committee meetings.

Risk Assessment

All risks are reviewed and managed at programme board level before being taken to the appropriate executive/director for review/sign-off at place, with review and escalating to the appropriate Committee; and subsequently Governing Body, providing the necessary assurances that risks are being managed effectively and appropriately.

CCG staff are responsible for own risk and for maintaining risk awareness and identifying and reporting risks as appropriate to their line manager. Staff are to ensure that they familiarise themselves with the Risk Management Policy and undertaking risk management training as appropriate to their role.

The BOB CCGs have no appetite for fraud/financial risk and zero tolerance for regulatory breaches. The CCG support well managed

[1] During the covid-19 pandemic and the requirement to assist in the rollout of the vaccination programme, the order and/or regularity of business being conducted at Audit Committee will have impacted on delivery of 'business as usual'.

risk taking and will ensure that the skill, ability, and knowledge are in place to support innovation and maximise opportunities to improve its service. The Audit committees and the Directors Risk Review meetings will review the appetite statement on an annual basis and propose any changes to its Governing Bodies. The reports on BW CCGs principal, strategic and operational risks and mitigations as of 31 March 2021 can be found on BWCCGs website here

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the clinical commissioning group to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.

The revised statutory guidance (further updated in June 2017) provides for a practical toolkit, which includes templates and case studies to support CCGs with conflicts of interest management. The CCG also takes guidance and assurance from the managing conflicts of interest in the NHS – guidance for staff and organisations (published June 2017) applicable to CCGs, NHS Trusts and NHS Foundation Trusts and NHS England. Other bodies involved in the provision of NHS services are invited to consider implementing this guidance.

The CCG recognises the potential for interests of members to conflict with the business of the CCG; consequently, the CCGs have embedded within its governance a number of policies, protocols, and processes to ensure that potential conflicts are recognised and managed, and that informed decisions are made only by those who do not have a vested interest.

The CCGs internal auditors carried out their annual audit for 2021/22 and made the following assessments/recommendations:

Berkshire West CCG: Rated: 'Good Practice' and consistent with previous years. One Low Risk and 1 Advisory (declarations of conflicts of interest and completion of the core due diligence checklists)

- The Low Risk (1 point) was investigated and found to be an isolated incident

- The Advisory (1 point) this will be picked up as part of the work for the new Integrated Care Board.

Data Quality

The sourcing of data and management of provider data quality is achieved via contracts. The data contract management processes are well established in the three CCGs, and we continue to capitalise on strong relationships between NHS South Central and West Commissioning Support Unit (SCWCSU) and information governance teams within provider organisations to drive continuous improvement.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently, and effectively.

The CCG is due to submit its Data Security and Protection Toolkit for 2021/22 by the 30 June 2022. The date for submission was extended by NHS England due to the pressure on organisations caused by the COVID-19 pandemic.

The CCG places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. An information governance management framework and processes and procedures are in place and aligned to the information governance toolkit. All staff undertake annual information governance training, and a staff information governance handbook is promoted to ensure staff are aware of their information governance roles and responsibilities.

There are established processes in place for incident reporting and investigation of serious incidents. In 2021/22, there were no incidents which required reporting to the information Commissioner's Office.

Information Governance is reported to the Audit Committees in common as a standing agenda item at each meeting and is reviewed regularly through the individual CCG management meetings.

Business Critical Models

The CCG is aware of the Macpherson Report on government business critical models and quality assurance mechanisms, and of its findings. The CCG does not operate any business-critical models as defined in the report.

Third party assurances

Where the CCG relies on third party providers, it gains assurance through service level agreement and contract specifications; regular

review meetings with providers on multiple levels; the use of performance data and external regulatory inspection reports; and monitoring and review by appropriate programme boards and committees. Third party assurances are reported to the Audit Committees in Common and informs this governance statement and external audit conclusion.

Control Issues

The CCGs performance against constitutional targets has been impacted by the Covid-19 pandemic and further details can be found in the Performance Report along with information about how the CCGs performance will be recovered through the course of 2021/22.

Review of economy, efficiency & effectiveness of the use of resources

The CCG has well-established systems and processes for managing its resources effectively, efficiently, and economically. The Governing Body has an overarching responsibility for ensuring that the CCG has appropriate arrangements in place, and delegates responsibilities to the Audit Committee, the ICP Quality Committee, and the Finance Committee. The Chief Finance Officer has delegated responsibility to determine arrangements to ensure a sound system of financial control. An audit programme is followed to ensure that resources are used economically, efficiently, and effectively.

The Audit Committees met regularly throughout the 2021/22 financial year to review and monitor the CCGs' financial reporting and internal control principles; to ensure that the CCGs activities were managed in accordance with legislation and regulations governing the NHS; and to ensure that appropriate relationships were maintained with internal and external auditors.

The Finance Committees met throughout the year to monitor contract and financial performance, savings plans and overall use of resources; to approve business cases and release of finance from allocated reserves; and to monitor and provide a scrutiny function to ensure the delivery of projects within the CCGs' care programme boards.

The CCG has processes in place to secure economy, efficiency and effectiveness through its procurement, contract negotiation and contract management processes. There are regular performance review meetings on the following contracts: Royal Berkshire NHS Foundation Trust (hospital services), Berkshire Healthcare NHS Foundation Trust (community and mental health services), and South-Central Ambulance Services. Effectiveness is monitored specifically through the quality processes and ICP Quality Committee/Quality Committee.

The Chief Finance Officer meets regularly with the CCG's finance teams and holds monthly meetings with the CSUs finance leads to review month-end reporting. Regular meetings are also held with the local authorities' finance leads.

The CCG informs its control framework by the work over the year of the Internal and External Audit functions. As part of their annual

audit, the CCGs external auditors are required to satisfy themselves that the CCG has made proper arrangements for securing economy, efficiency, and effectiveness in the use of its resources. Their audit work is made available to and reviewed by the Audit Committee and Governing Body. The CCG has not yet received the annual rating from NHSE&I.

Delegation of functions

The CCGs Scheme of Reservation and Delegation outlines the control mechanisms in place for delegation of functions and is found in the CCGs Constitution.

The Governing Body receive reports from each of its committees detailing the delivery of work, and associated risks, within their specific remit. Additionally, the Governing Body maintains a high-level overview of the organisations' business and identifies and assesses risks and issues straddling Committees. These risks are owned and overseen at Governing Body level and scrutinised at each meeting to ensure appropriate management and reporting is in place.

Internal Audit is used to provide an in-depth examination of any areas of concern.

Counter fraud arrangements

The CCG is committed to reducing the risk from fraud and corruption and discharges its counter fraud responsibilities locally through its appointed Local Counter Fraud Specialist (LCFS) who acts as the "first line of defence" against fraud, bribery, and corruption, working closely with the CCGs and NHSCFA. The Chief Finance Officer is the Executive Lead for Counter Fraud. The CCGs have a Counter Fraud and Corruption Policy and Response Plan in place, and this was last reviewed in January 2022.

Fraud awareness material, including fraud alerts and information on bribery, is regularly circulated to CCG staff. Fraud referrals are investigated by the LCFS, and the progress and results of investigations are reported to the Chief Finance Officer and the Audit Committee. Audit Committee receives a report each meeting on an aspect of counter-fraud work. There is a proactive risk-based work plan aligned to the NHSCFA Standards for Commissioners to maintain and improve compliance and performance against each of the standards; this is assessed on an annual basis.

The CCG also participates in the National Fraud Initiative Exercise now run by the Cabinet Office which is a mandatory exercise that matched electronic data within and between public and private sector bodies to prevent and detect fraud. It has been run every two years since 1996.

Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the clinical commissioning group, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance, and internal control. The Head of Internal Audit concluded that:

In accordance with the Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, based upon, and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control, and governance processes. The opinion contributes to the organisation's annual governance statement.

The Head of Internal Audit Opinion is included in the Annual Report that follows.

Internal audit annual report 2021/2022

Berkshire West CCG
Final
April 2022

pwc

Contents

Distribution list

For action: Audit Committee (Final Only)

For information:
Ed Haxton (Interim Chief Finance Officer)
Noreen Kanyangarara (Interim Deputy Chief Finance Officer)

Executive summary

Introduction

This report outlines the internal audit work we have carried out for the year ended 31st March 2022.

The Public Sector Internal Audit Standards require the Head of Internal Audit to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which should provide a reasonable level of assurance, subject to the inherent limitations described below and set out in Appendix 1. The opinion does not imply that Internal Audit has reviewed all risks relating to the organisation.

Internal audit work was performed in accordance with PwC's Internal Audit methodology which is in conformance with the Public Sector Internal Audit Standards.

Head of internal audit opinion

We are satisfied that sufficient internal audit work has been undertaken to allow an opinion to be given as to the adequacy and effectiveness of governance, risk management and control. In giving this opinion, it should be noted that assurance can never be absolute. The most that the internal audit service can provide is reasonable assurance that there are no major weaknesses in the system of internal control.

Opinion

Our opinion is as follows:

Generally satisfactory with some improvements required

Governance, risk management and control in relation to business critical areas is generally satisfactory. However, there are some areas of weakness and non-compliance in the framework of governance, risk management and control which potentially put the achievement of objectives at risk.

Some improvements are required in those areas to enhance the adequacy and/or effectiveness of the framework of governance, risk management and control. Please see our Summary of Findings in Section 2.

An explanation of the types of opinion that may be given can be found in Appendix 2.

Basis of opinion

Our opinion is based on:

- All PwC internal audits undertaken during the year.
- Any follow up action taken in respect of PwC audits from previous periods.
- The effects of any significant changes in the organisation's objectives or systems.
- Any limitations which may have been placed on the scope or resources of internal audit.
- NHSE requires that the assurance rating for each review of delegated commissioning needs to be included in BWCCG's annual report and governance statement and discussed at a Governing Body meeting in public. We reviewed Primary Care Commissioning with an overall assurance rating of Full in line with NHSE classifications.

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety.

Commentary

The key factors that contributed to our opinion are summarised as follows:

- Of our 6 reviews completed in the year, one has been rated as high risk overall, one has been rated as medium risk overall, three have been rated as low risk overall and our follow-up review was not risk rated. We have not raised any critical risk rated reports in 2021/22. The 6 reports included 3 high, 3 medium and 10 low risk findings, with no critical rated issues identified within those reports.
- The number of high, medium and low risk rated reports, the nature of the issues raised within them, has led us to conclude that the internal controls in place at the CCG are generally satisfactory with some improvements required. We have highlighted in section 2 specific findings which have contributed to this overall assessment, and the CCG should consider whether these findings are reflected within the Annual Governance Statement.

Acknowledgement

We would like to take this opportunity to thank BWCCG staff for their cooperation and assistance provided during the year.

Summary of findings

Our annual internal audit report is timed to inform the organisation's Annual Governance Statement. A summary of key findings from our programme of internal audit work is included below:

Description	Detail
Overview We completed **6** internal audit reviews. This resulted in the identification of **3 high, 3 medium and 10 low** risk findings to improve weaknesses in the design of controls and/or operating effectiveness.	• Priorities and the associated risks have been determined by the CCG and considered when preparing the 2021/22 Internal Audit plan. To ensure we focused on the most valuable areas, as part of our planning we held discussions with management over key risk areas, reviewed areas of previous Internal Audit focus and incorporated the required reviews in order to meet NHSE regulations and Public Sector Internal Audit Standards (PSIAS). We have also attended and contributed to all Audit Committee meetings to provide periodic updates and inform our work. • An overview of our findings has been set out on page 3 of this report and focused on areas of risk as identified by management, the Audit Committee and Internal Audit.
Internal control issues During the course of our work we identified a number of weaknesses that we consider should be reported in your Annual Governance Statement.	• 3 high, 3 medium and 10 low risk rated findings were identified during our 2021/22 internal audit work and the CCG is required to consider which of these findings should be included in your Annual Governance Statement. • Our review of Cyber Security Incident Response identified several areas of heightened risk relating to relating to the cyber security function and capabilities to respond to and manage cyber security incidents.
Other weaknesses Other weaknesses were identified within the organisation's governance, risk management and control.	• The CCG faces wider challenges associated with the move to working as an Integrated Care System particularly around maintaining a strong governance framework throughout the transition period, ensuring both statutory responsibilities are discharged whilst working effectively as a system.
Follow up During the year we have undertaken follow up work on previously agreed PwC actions.	• We obtained management's self assessment of 2019/20 and 2020/21 recommended actions and performed testing of all medium risk rated findings to determine whether these were fully implemented. • The outcomes of our follow-up reviews have been included on page 5-6 of this Annual Report. In general, we found that the CCG had taken action to implement prior recommendations and mitigate the risks identified.
Good practice We also identified a number of areas where few weaknesses were identified and/or areas of good practice.	• We have found that business as usual processes have remained largely resilient during the Covid-19 period. • The overall risk classifications from our core reviews of Corporate Governance and Conflicts of Interest, Core Financial Systems and Primary Care Commissioning were low risk.

Internal audit work conducted

Introduction

The table below sets out the results of our internal audit work performed in 2021/22. The following page shows the direction of control travel and a comparison of planned and actual internal audit activity.

Results of individual assignments

Review	Report classification	Number of findings			
		Critical	High	Medium	Low
Cyber Security Incident Response	High	-	2	2	2
Information Governance (CHC Data Management)	Medium	-	1	1	1
Primary Care Commissioning - Contract Oversight and Management	Low	-	-	-	4
Core Financial Systems	Low	-	-	-	2
Corporate Governance and Conflicts of Interest	Low	-	-	-	1
Internal Audit Actions Follow-up	N/A	N/A	N/A	N/A	N/A
	Total	**-**	**3**	**3**	**10**

Internal audit work conducted

Direction of control travel

Finding rating	Trend between current and prior year	Number of findings		
		2021/22	2020/21	2019/20
Critical	⟷	-	-	-
High	↑	3	-	-
Medium	↓	3	4	9
Low	↓	10	12	12
Total	⟷	**16**	**16**	**21**

As agreed with management and the Audit Committee, we have reduced the scope of this year's Internal Audit plan to include core reviews in support of the Head of Internal Audit opinion. With the exception of our Cyber Security review, we have not performed any additional risk based reviews. Our follow-up review was also not risk rated. These factors, both individually and in aggregate, could distort the trend analysis of total findings.

Comparison of planned and actual activity

Audit unit	Budgeted days	Actual days
Corporate Governance and Conflict of Interest	10	10
Primary Care Commissioning	13	13
Core Financial Systems	10	10
Information Governance (CHC Data Management)	10	10
Cyber Security Incident Response	12	12
Internal Audit Actions Follow-up (Interim and Final)	3	3
Total	**58**	**58**

Follow up work conducted

Introduction

In order for the CCG to derive maximum benefit from internal audit, agreed actions should be implemented. To ensure that actions arising from internal audit reviews are being completed in a timely manner by management, internal audit follow up on the completion and implementation of Critical/High and Medium findings after their nominated completion date. In accordance with our Internal Audit plan, we have performed the following based on the risk rating allocated to the action:

- **Critical / High Risk Actions** - We have obtained management's self assessment of the current status of all recommendations in this category. Where management state that the recommendations have been fully completed, we have performed testing to verify these have been implemented.
- **Medium Risk Actions** - We have obtained management's self assessment of the current status of all recommendations in this category. For the fully implemented recommendations population, we have obtained supporting evidence to verify that these have been addressed.
- For any other actions i.e. those categorised as low risk / advisory, we have obtained a listing of these and understand the status as reported by management. We have not performed any validation over these.

Results of follow up work - 2020/21 findings

Audit unit	Report classification	Number of agreed findings[1]	Status of sampled findings		
			Implemented	Overdue	Removed
2020/21					
Primary Care Commissioning	Medium	2	2	-	-
Core Financial Systems	Low	1	1	-	-
Follow-up	Low	1	1	-	-
Total		**4**	**4**	-	-

[1] *High and Medium only, in accordance with the risk-based approach agreed with management.*

Follow up work conducted

Results of follow up work - 2019/20 findings

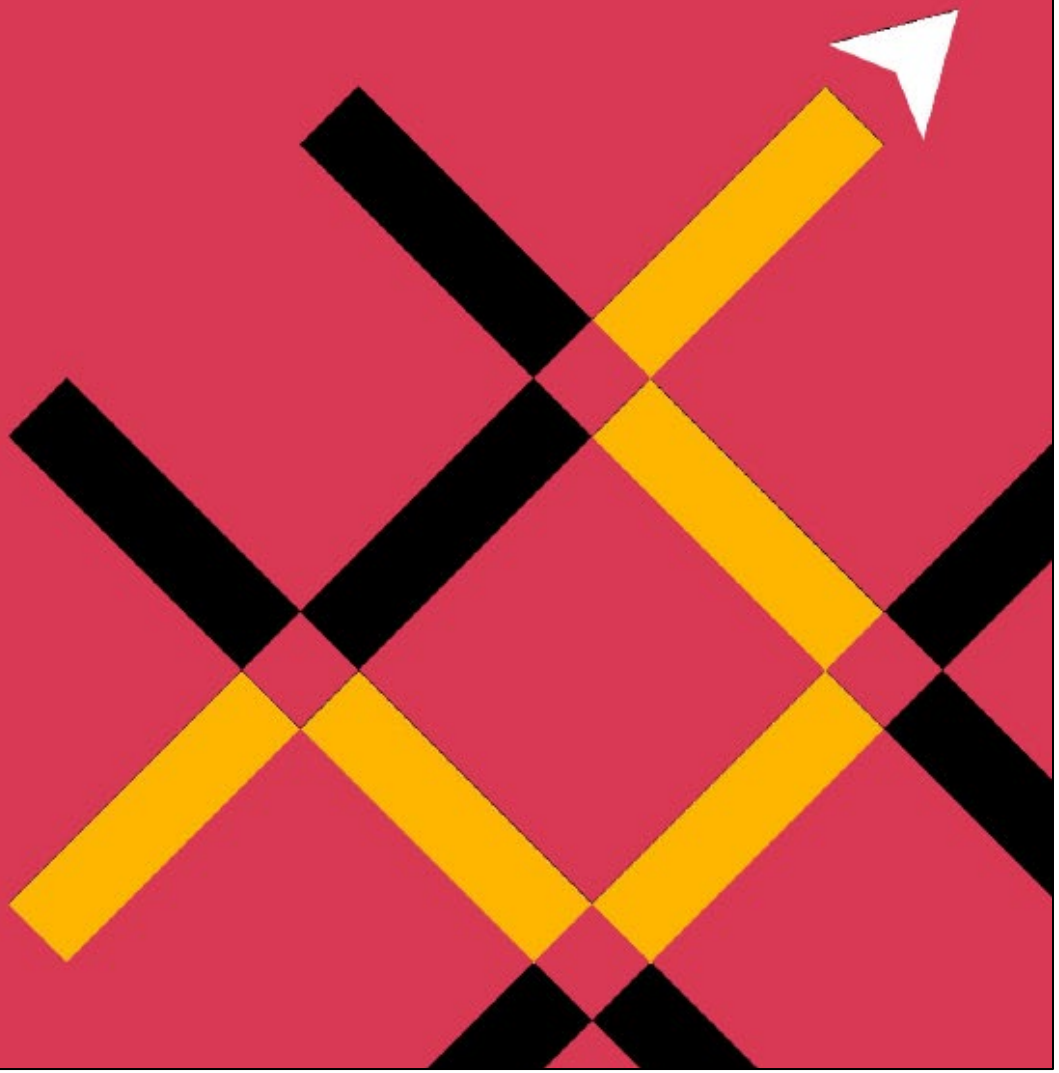
Audit unit	Report classification	Number of agreed findings[1]	Status of sampled findings		
			Implemented	Overdue	Removed
2019/20					
Continuing Healthcare	Medium	3	2	1	-
Business Continuity Management	Medium	2	1	1	-
Primary Care Commissioning	Medium	2	2	-	-
ICP Risk Sharing and Project Sign-off	Low	1	1	-	-
Core Financial Systems	Low	1	1	-	-
Total		**9**	**7**	**2**	-

[1]*High and Medium only, in accordance with the risk-based approach agreed with management.*

Summary

We recommend that further work is conducted by BWCCG to ensure all previously agreed recommendations are implemented at the earliest opportunity. All outstanding actions were reported to the Audit Committee in January 2022, as part of our final follow-up review.

Appendices



Appendix 1: Limitations and responsibilities

Limitations inherent to the internal auditor's work

Our work has been performed subject to the limitations outlined below.

Opinion

The opinion is based solely on the work undertaken as part of the agreed internal audit plan. There might be weaknesses in the system of internal control that we are not aware of because they did not form part of our programme of work, were excluded from the scope of individual internal audit assignments or were not brought to our attention. As a consequence management and the Audit Committee should be aware that our opinion may have differed if our programme of work or scope for individual reviews was extended or other relevant matters were brought to our attention.

Internal control

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

Our assessment of controls relating to Berkshire West CCG is for the period 1st April 2021 to 31st March 2022. Historic evaluation of effectiveness may not be relevant to future periods due to the risk that:

- The design of controls may become inadequate because of changes in operating environment, law, regulation or other; or
- The degree of compliance with policies and procedures may deteriorate.

The specific time period for each individual internal audit is recorded within section 3 of this report.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected, and our examinations as internal auditors should not be relied upon to disclose all fraud, defalcations or other irregularities which may exist.

Appendix 2: Opinion types

The table below sets out the four types of opinion that we use, along with an indication of the types of findings that may determine the opinion given.

Type of opinion	Indication of when this type of opinion may be given
Satisfactory	• A limited number of medium risk rated weaknesses may have been identified, but generally only low risk rated weaknesses have been found in individual assignments; and • None of the individual assignment reports have an overall report classification of either high or critical risk.
Generally satisfactory with some improvements required	• Medium risk rated weaknesses identified in individual assignments that are not significant in aggregate to the system of internal control; and/or • High risk rated weaknesses identified in individual assignments that are isolated to specific systems or processes; and • None of the individual assignment reports have an overall classification of critical risk.
Major improvement required	• Medium risk rated weaknesses identified in individual assignments that are significant in aggregate but discrete parts of the system of internal control remain unaffected; and/or • High risk rated weaknesses identified in individual assignments that are significant in aggregate but discrete parts of the system of internal control remain unaffected; and/or • Critical risk rated weaknesses identified in individual assignments that are not pervasive to the system of internal control; and • A minority of the individual assignment reports may have an overall report classification of either high or critical risk.
Unsatisfactory	• High risk rated weaknesses identified in individual assignments that in aggregate are pervasive to the system of internal control; and/or • Critical risk rated weaknesses identified in individual assignments that are pervasive to the system of internal control; and/or • More than a minority of the individual assignment reports have an overall report classification of either high or critical risk.
Disclaimer opinion	• An opinion cannot be issued because insufficient internal audit work has been completed. This may be due to either: – Restrictions in the audit programme agreed with the Audit Committee, which meant that our planned work would not allow us to gather sufficient evidence to conclude on the adequacy and effectiveness of governance, risk management and control; or – We were unable to complete enough reviews and gather sufficient information to conclude on the adequacy and effectiveness of arrangements for governance, risk management and control.

Appendix 3: Basis of our classifications

Report classifications

The report classification is determined by allocating points to each of the findings included in the report.

Findings rating	Points
Critical	40 points per finding
High	10 points per finding
Medium	3 points per finding
Low	1 point per finding

Report rating	Points
Critical risk	40 points and over
High risk	16–39 points
Medium risk	7–15 points
Low risk	6 points or less

Appendix 3: Basis of our classifications

Individual finding ratings

Finding rating	Assessment rationale
Critical	A finding that could have a: • **Critical** impact on operational performance; or • **Critical** monetary or financial statement impact; or • **Critical** breach in laws and regulations that could result in material fines or consequences; or • **Critical** impact on the reputation or brand of the organisation which could threaten its future viability.
High	A finding that could have a: • **Significant** impact on operational performance; or • **Significant** monetary or financial statement impact; or • **Significant** breach in laws and regulations resulting in significant fines and consequences; or • **Significant** impact on the reputation or brand of the organisation.
Medium	A finding that could have a: • **Moderate** impact on operational performance; or • **Moderate** monetary or financial statement impact; or • **Moderate** breach in laws and regulations resulting in fines and consequences; or • **Moderate** impact on the reputation or brand of the organisation.
Low	A finding that could have a: • **Minor** impact on the organisation's operational performance; or • **Minor** monetary or financial statement impact; or • **Minor** breach in laws and regulations with limited consequences; or • **Minor** impact on the reputation of the organisation.
Advisory	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.

Appendix 4: Performance of internal audit

Key performance indicators

We agreed a suite of Key Performance Indicators (KPIs) with management and the Audit Committee. Our performance against each KPI is shown in the table below. These highlight the focus of our work and the standard attained:

Overall KPI summary

- Target fully achieved
- Target achieved with minor exceptions
- Target not achieved

KPI	Target	Actual results for 2021/22	Comments
Scope agreed 2 weeks prior to fieldwork	100%	100%	
Exit meeting held	100%	100%	
Draft report issued within 10 working days of completion of fieldwork	100%	100%	
Management response received within 10 working days of receipt of draft report	100%	100%	
Final report issued within 5 working days of agreement of management response	100%	100%	

Appendix 5: Conformance with the code of ethics and internal audit standards and Independence

Code of Ethics and Internal Audit Standards

We have a firm wide internal audit methodology which is aligned to the Institute of Internal Auditors International Standards for the Professional Practice of Internal Auditing Public Sector Internal Audit Standards. This is designed to standardise the approach to conducting internal audit engagements. All our work is documented in our dedicated internal audit software which sets out the procedures to be performed to achieve compliance with the standards. The inbuilt workflow functionality ensures that work is adequately documented and reviewed before results are shared. This is further supported by relevant training, supervision and review of the work performed by those with adequate experience and skill in the relevant areas. We also review a random selection of engagements to ensure they comply with the firm's requirements and have appropriately followed the internal audit methodology.

We can confirm that our work has been performed in accordance with this methodology.

Independence

We confirm that in our professional judgement, as at the date of this document, Internal Audit staff have had no direct operational responsibility or authority over any of the activities planned for review.

We can confirm that as an organisation we are independent from BWCCG.

Thank you

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Internal Auditors undertook the CCG cyber security incident audit and identified two high risk areas, the cyber security function and capability to respond to and manage cyber security incidents. Although the audit report identifies these high risks areas including proposed action plan the CCG did not have any cyber security incidents which negatively impacted the CCG processes.

The CCG will continue to ensure all recommendations are considered during the process of transitioning to a ICB and senior managers have been assigned to undertake this work.

There are no issues from the work to date that we believe the CCG needs to consider as significant control issues.

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the clinical commissioning groups who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

The strategic risk register itself provides me with evidence of the effectiveness of controls that manage risks to the clinical commissioning groups achieving its principle objectives have been reviewed.

I have been guided on the effectiveness of controls through the oversight of the Board and its committees and this has also informed my review. If necessary, a plan to addresses weaknesses, for example responses to audit recommendations and ensure continuous improvement of the system, will be put in place.

Conclusion

No significant internal control issues have been identified.

Dr. James Kent

Accountable Officer

21 June 2022

Remuneration and Staff Report:

The CCGs use Agenda for Change terms and conditions for all employees except those classified as Very Senior Managers (VSMs). The Remuneration Committee has a standing agreement that VSM pay, and expenses are up lifted in accordance with Agenda for Change awards as made by the national Pay Review Body. This agreement is reviewed at each Agenda for Change award to ensure that it remains an appropriate strategy.

Senior managers' remuneration is set through a process that is based on a consistent framework and independent decision-making based on accurate assessments of the content of the roles and individuals' performance in them. This ensures a fair, independent and transparent process for setting the pay of the senior managers. No individual is involved in deciding his or her own remuneration. Executive senior managers are on permanent NHS contracts. The length of contract, notice period and compensation for early termination are set out in the Agenda for Change, NHS terms and conditions of service handbook.

Remuneration Committee

The CCG has a Remuneration Committee; the role of the committee is to advise on appropriate remuneration levels and terms of service for the Very Senior Managers on the Executive Team and for Clinical Leads. Membership in 2021/22 was as follows:

Saby Chetcuti, Lay Member (Chair)

Geoffrey Braham, Lay Member

Wendy Bower, Lay Member

Policy on the remuneration of senior managers

Senior managers' remuneration is set through a process that is based on a consistent framework and independent decision-making based on accurate assessments of the weight of roles and individuals' performance in them. This ensures a fair and transparent process via bodies that are independent of the senior managers whose pay is being set. No individual is involved in deciding his or her own remuneration.

Executive senior managers are ordinarily on permanent NHS contracts. The length of contract, notice period and compensation for early termination are set out in the Agenda for Change, NHS terms and conditions of service handbook.

All GPs on the BWCCG Board have employment contracts and are paid via payroll.

All very senior manager remuneration (VSM) is determined by BWCCG's Remuneration Committee based on available national guidance, benchmarking data against other CCGs and with due regard for national pay negotiations/awards for NHS staff on national terms and conditions. The Remuneration Committee is also cognisant of public sector pay restraint and its responsibility to ensure that executive pay remains publicly justifiable. The Remuneration Committee acknowledges and commits to complying with the requirement to seek pre-approval from NHS England for salaries in excess of £150,000.

For those very senior managers who have total benefits exceeding £150k, the CCG is assured that amounts are reasonable based on the rigorous process undertaken by Remuneration Committee in assessing and agreeing such benefits.

There are 3 Very Senior Managers (VSMs) who have individual notice periods.

Senior Managers have not received any remuneration linked to performance.

The CCG does not hold a provision for compensation for early retirement. Any non- contractual payments made outside of the Agenda for Change framework would be subject to HM Treasury approval.

Greenbury information including salaries and pensions Senior Manager Remuneration 2021/22 Subject to audit

Name	Title	Berkshire West CCG Salary (Bands of £5,000) £000	Expense payments (taxable) (Rounded to the nearest £100) £	Performance Pay and bonuses (Bands of £5,000) £000	Long Term performance pay and bonuses (Bands of £5,000) £000	All Pension related benefits (bands of £2,500) £000	Total (Bands of £5,000) £000
Rebecca Clegg *	Chief Finance Officer	40-45	0	0-5	0-5	5-7.5	45-50
Debbie Simmons	Director of Nursing	115-120	0	0-5	0-5	72.5-75	190-195
Dr James Kent *	ICS Lead & Accountable Officer for BOB CCGs	50-55	0	5-10	0-5	47.5-50	105-110
Edward Haxton *	Acting Chief Finance Officer	75-80	0	0-5	0-5	140-142.5	215-220
Raju Reddy	Secondary Care Consultant	35-40	0	0-5	0-5	0-2.5	35-40
Dr Abid Irfan *	BWCCG Chair/GP Clinical Lead - Newbury & District Locality	125-130	0	0-5	0-5	42.5-45	165-170
Helen Clark *	Director of Primary Care	20-25	0	0-5	0-5	25-27.5	45-50
Niki Cartwright	Director of Joint Commissioning	105-110	0	0-5	0-5	0-2.5	105-110
Katie Summers	Director of Operations – Wokingham Locality & Digital Lead	90-95	0	0-5	0-5	25-27.5	115-120
Shairoz Claridge	Director of Operations – Newbury & District Locality & Long-Term Conditions Lead	90-95	0	0-5	0-5	30-32.5	120-125
Maureen McCartney *	Director of Operations – Reading Locality & CCG Director Lead for Urgent Care	75-80	0	0-5	0-5	0-2.5	75-80
Dr D Milligan	GP Clinical Lead – Wokingham Locality	75-80	0	0-5	0-5	0-2.5	75-80
Dr Kajal Patel	GP Clinical Lead – Reading Locality	90-95	0	0-5	0-5	25-27.5	115-120
G E Braham	Lay member – Governance & Probity	5-10	0	0-5	0-5	0-2.5	5-10
S Chetcuti	Lay member – Governance	5-10	0	0-5	0-5	0-2.5	5-10
W Bower *	Lay member – Patient & Public Engagement	5-10	0	0-5	0-5	0-2.5	5-10

* Dr James Kent is joint Chief Officer for Buckinghamshire CCG, Oxfordshire CCG and Berkshire West CCG, salary disclosure is for BWCCG share of costs. The remuneration for 2021/22 shown above is a proportion of his total salary and is based on “fair shares” (average registered population relative to the two other CCGs in the ICS) which equates to 29.45% for BW CCG. He was contractually entitled to a performance bonus for 2021/22, the BWCCG share of which is shown above.
* Rebecca Clegg in substantive post from 1 April 2021 to 1 August 2021 – on secondment to Berkshire Healthcare NHS Foundation Trust.
* Edward Haxton Interim Chief Finance Officer from 2 August 2021 – on going.
* Helen Clark in substantive post from 1 April 2021 to 25 July 2021 – on secondment to PCN
* Dr Abid Iran is salaried chair and clinical lead with 2 employment contracts since 2018 but no longer contribute to the pension scheme.
* Maureen McCartney is salaried director but no longer contribute to the pension scheme since last year.
* W Bower is Lay member for Buckinghamshire CCG, Oxfordshire CCG and Berkshire West CCG. Single remuneration is disclosed on Berkshire West CCG.

Senior Manager Remuneration 2020/21 Subject to audit

Name	Title	Salary (Bands of £5,000) £000	Expense payments (taxable) (Rounded to the nearest £100) £	Performance Pay and bonuses (Bands of £5,000) (Re-stated)* £000	Long term performance pay and bonuses (Bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	Total (Bands of £5,000) £000
Cathy Winfield	Chief Officer	25-30	0	0-5	0-5	55-57.5	85-90
Rebecca Clegg	Chief Finance Officer	120-125	0	0-5	0-5	20-22.5	145-150
Debbie Simmons	Director of Nursing	105-110	0	0-5	0-5	15-17.5	125-130
Dr James Kent[1]	ICS Lead & Accountable Officer for BOB CCGs	45-50	0	5-10	0-5	35-37.5	85-90
Katrina Anderson[3]	Director of Joint Commissioning	60-65	0	0-5	0-5	22.5-25	85-90
Raju Reddy	Secondary Care Consultant	35-40	0	0-5	0-5	0-2.5	35-40
Dr Abid Irfan	Chair & GP Clinical Lead – Newbury & District Locality	125-130	0	0-5	0-5	22.5-25	150-155
Helen Clark	Director of Primary Care	70-75	0	0-5	0-5	35-37.5	105-110
Sam Burrows [4]	Deputy Accountable Officer	55-60	0	0-5	0-5	60-62.5	120-125
Sarah Seaholme [5]	Director of Strategy	45-50	0	0-5	0-5	0-2.5	45-50
Niki Cartwright [6]	Director of Joint Commissioning	35-40	0	0-5	0-5	0	35-40
Katie Summers	Director of Operations – Wokingham Locality	85-90	0	0-5	0-5	22.5-25	110-115
Shairoz Claridge	Director of Operations – Newbury & District	85-90	0	0-5	0-5	35-37.5	125-130
Maureen McCartney	Director of Operations – Reading Locality	65-70	0	0-5	0-5	0-2.5	65-70
Dr D Milligan	GP Clinical Lead – Wokingham Locality	75-80	0	0-5	0-5	52.5-55	130-135
Dr Kajal Patel	GP Clinical Lead – Reading Locality	95-100	0	0-5	0-5	22.5-25	115-120
G E Braham	Lay member – Governance & Probity	5-10	0	0-5	0-5	0-2.5	5-10
S Chetcuti	Lay member – Governance	5-10	0	0-5	0-5	0-2.5	5-10
W Bower	Lay member – Patient & Public Engagement	5-10	0	0-5	0-5	0-2.5	5-10

1. Dr James Kent ICS Lead and Accountable Officer from 15 June 2020 – ongoing for Buckinghamshire CCG, Oxfordshire CCG and Berkshire West CCG. Berkshire West's share of the salary is 29.45% of the total salary.
2. C Winfield in substantive post from 1 April 2020 to 14 June 2020 – on secondment to NHS England.
3. K Anderson in substantive post from 1 April 2020 to 30 November 2020 – on secondment to Oxford Health NHS Foundation Trust
4. S Burrows on secondment to BOB ICS from 1 April to 17 May 2020 and left the CCG on 22 November.
5. S Seaholme in substantive post from 1 April after which she was on secondment to BOB ICS role from 28 September until 30 November when she left the CCG.

6. N Cartwright employed from 23 November 2020 – ongoing.

* Restated performance bonus of Dr James Kent to align with the reporting guidance to disclose all bonuses paid and accrued for the financial year. He is contractually eligible to performance bonus in 2020-21 but only settled this year and was omitted in the prior year disclosure.

Pension Benefits 2021-2022 subject to audit

Name	Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2022 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 1st April 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employer's contribution to stakeholder pension
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rebecca Clegg *	Chief Finance Officer	0-2.5	0-2.5	45-50	90-95	823	0	861	0
Debbie Simmons	Director of Nursing	2.5-5	5-7.5	35-40	80-85	675	79	775	0
Dr James Kent *	ICS Lead & Accountable Officer for BOB CCGs	2.5-5	0-2.5	5-10	0-5	67	27	125	0
Edward Haxton *	Acting Chief Finance Officer	2.5-5	7.5-10	35-40	100-105	726	98	900	0
Dr Abid Irfan *	BWCCG Chair/GP Clinical Lead - Newbury & District Locality	2.5-5	0-2.5	25-30	45-50	392	32	436	0
Helen Clark *	Director of Primary Care	0-2.5	0-2.5	20-25	40-45	300	0	329	0
Katie Summers	Director of Operations - Wokingham Locality & Digital Lead	0-2.5	0-2.5	20-25	15-20	284	17	314	0
Shairoz Claridge	Director of Operations - Newbury & District Locality & Long Term Conditions Lead	0-2.5	0-2.5	20-25	35-40	359	25	399	0
Dr D Milligan	GP Clinical Lead - Wokingham Locality	0-2.5	0-2.5	15-20	25-30	315	2	329	0
Dr Kajal Patel	GP Clinical Lead - Reading Locality	0-2.5	0-2.5	20-25	30-35	243	9	270	0

* Dr James Kent is joint Chief Officer for Buckinghamshire CCG, Oxfordshire CCG and Berkshire West CCG, salary disclosure is for BWCCG share of costs.

* Rebecca Clegg in substantive post from 1 April 2021 to 1 August 2021 - on secondment to Berkshire Healthcare NHS Foundation Trust.

* Edward Haxton Interim Chief Finance Officer from 2 August 2021 – on going

* Helen Clark in substantive post from 1 April 2021 to 25 July 2021 - on secondment to PCN

Pension Benefits 2020-2021 subject to audit

Name	Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 1st April 2020	Real increase in Cash Equivalent Transfer Value (Re-stated) *	Cash Equivalent Transfer Value at 31 March 2021	Employer's contribution to stakeholder pension
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cathy Winfield[2]	Chief Officer	0-2.5	0-2.5	55-60	175-180	1,276	2	1,412	0
Rebecca Clegg	Chief Finance Officer	0-2.5	0-2.5	40-45	90-95	770	22	823	0
Debbie Simmons	Director of Nursing	0-2.5	0-2.5	30-35	75-80	630	20	675	0
Dr James Kent[1]	ICS Lead & Accountable Officer for BOB CCGs	2.5-5	0-2.5	0-5	0-5	25	13	67	0
Katrina Anderson[3]	Director of Joint Commissioning	0-2.5	0-2.5	0-5	0-5	18	0	44	0
Dr Abid Irfan	BWCCG Chair/GP Clinical Lead - Newbury & District Locality	0-2.5	0-2.5	20-25	45-50	351	16	392	0
Helen Clark	Director of Primary Care	0-2.5	0-2.5	20-25	35-40	262	24	300	0
Sam Burrows[4]	Deputy Accountable Officer	0-2.5	0-2.5	10-15	0-5	64	10	97	0
Sarah Seaholme[5]	Director of Strategy	0-2.5	0-2.5	25-30	40-45	482	0	392	0
Katie Summers	Director of Operations - Wokingham Locality	0-2.5	0-2.5	20-25	15-20	254	14	284	0
Shairoz Claridge	Director of Operations - Newbury & District Locality	0-2.5	0-2.5	20-25	35-40	312	30	359	0
Maureen McCartney	Director of Operations - Reading Locality	0-2.5	97.5-100	30-35	225-230	0	0	0	0
Dr D Milligan	GP Clinical Lead - Wokingham Locality	2.5-5	0-2.5	15-20	25-30	261	38	315	0
Dr Kajal Patel	GP Clinical Lead - Reading Locality	0-2.5	0-2.5	15-20	30-35	214	7	243	0

1. Dr James Kent ICS Lead and Accountable Officer from 15 June 2020 for Berkshire West CCG. Salary disclosure is for BWCCG share of costs.
2. C Winfield in substantive post from 1 April 2020 to 14 June 2020 - on secondment to NHS England.
3. K Anderson in substantive post from 1 April 2020 to 30 November 2020 - on secondment to Oxford Health NHS Foundation Trust.

4. S Burrows on secondment to BOB ICS from 1 April to 17 May 2020 and left the CCG on 22 November.
5. S Seaholme in substantive post from 1 April after which she was on secondment to BOB ICS role from 28 September until 30 November when she left the CCG.

* The real increase in CETV for 2020/21 has been restated due to an error in the calculation, this has no impact on the financial performance.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

McCloud Judgement: The calculations above do not take account of the recent McCloud ruling (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the eldest members who retained a Final Salary design). We believe that this is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS2015 scheme would be adjusted in future once the legal proceedings are completed. HM Treasury have responded last Feb 2021 to the October 2020 McCloud remedy consultation confirming that some members will have NHS 2015 benefits replaced with NHS 1995/2008 section benefits by 2023, with an option to switch back to NHS 2015 at their retirement date. NHS Pension Scheme regulations to allow for the implementation are only currently being drafted following the enabling legislation known as the Public Service Pensions and Judicial Offices Act 2022 which came into force in March 2022.

Cash Equivalent Transfer Values subject to audit

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No. 1050 Occupational Pension Schemes (Transfer Values) Regulations.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Fair Pay Disclosure (pay multiples) subject to audit

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director or member of the CCG Governing Body in the financial year 2021-22 was £210-£215k (2020/21 was £210k to £215k) on an annualised basis. The relationship to the remuneration of the organisation's workforce is disclosed in the table below.

Pay ratio information table

2021-22	25th percentile	Median	75th percentile
Total remuneration (£)	35,866	48,338	65,664
Salary component of total remuneration (£)	35,866	48,338	65,664
Pay ratio information	5.92	4.40	3.24
2020-21	**25th percentile**	**Median**	**75th percentile**
Total remuneration (£)	31,365	44,503	62,001
Salary component of total remuneration (£)	31,365	44,503	62,001
Pay ratio information	6.78	4.77	3.43

Year on Year Pay ratio variance %	**-13%**	**-8%**	**-6%**

Pay ratio reduction is a result of senior roles who have left the CCG in year not being replaced on substantive basis.

In 2021-22, no employee (2020-21 no employee) received remuneration in excess of the highest paid director/member of the CCG Governing Body. Remuneration ranged from £8,000 to £211,000 (2020/21 £8,000 to £211,000).

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Fair Pay disclosure

Percentage change in remuneration of highest paid director March-21 to March-22.

Salary and allowances - 0% change

Performance pay and bonuses - 0% change

Average Percentage change in remuneration in respect of employees as a whole March-21 to March-22

Salary and allowances - 8.4% change

Performance pay and bonuses – 0% change

Staff Report

Staff Sickness

Sickness absence data is supplied by NHS Digital based on data from the Electronic Staff Record Data Warehouse.

Time	**Jan 2021 - Dec 2021**					
Org Type	**Clinical Commissioning Group**					
CCGs with 12 months of Data						
Org Code	**Org Name**	**Org Code**	**Sum of FTE Days Sick** a	**Sum of FTE Days Available** b	c= a/b*225 **Average Annual Sick Days per FTE** c	**Occurrences**
15A	NHS Berkshire West CCG	15A	655	36,068	4.1	12

This Data is available via the following link:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Staff Numbers and Gender Analysis

As at 31 March 2022, the CCG had 133 employees, with the following gender:

	Female Headcount	Male Headcount	Total Headcount
Governing Body Members	10	4	14
Other Employees	93	26	119
Total	**103**	**30**	**133**

Staff Turnover

As at 31 March 2022, the CCG staff turnover figure is 17.95%. This is calculated by headcount percentage (%) and not Full Time Equivalent (FTE).

Employees Benefits were as follows:

Employee benefits 2021/22	**Permanent Employees**	**Other**	**2021-22 Total**
	£'000	**£'000**	**£'000**
Employee Benefits			
Salaries and wages	**4,551**	**1,234**	**5,785**
Social security costs	**550**	**-**	**550**
Employer Contributions to NHS Pension scheme	**931**	**-**	**931**
Apprenticeship Levy	**13**	**-**	**13**
Termination benefits	**233**	**-**	**233**
Gross employee benefits expenditure	**6,278**	**1,234**	**7,512**

2020-21

Employee benefits 2020/21

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**4,730**	**554**	5,284
Social security costs	**523**	**-**	523
Employer Contributions to NHS Pension scheme	**945**	**-**	945
Apprenticeship Levy	**12**	**-**	12
Gross employee benefits expenditure	**6,210**	**554**	**6,764**

Trade Union Official Facility Time

BWCCG does not have any trade union representatives.

Expenditure on Consultancy

Expenditure on consultancy was £332k in 2021/22 (£173k in 2020/21) as per Note 5 to the Annual Accounts.

Off Payroll Engagements

Under Treasury' Public Expenditure Guidance, all public sector organisations are required to disclose information about high paid off payroll engagements. As at 31 March 2022 there were no off payroll engagements for more than £245 per day that lasted longer than six months. There were none for the year ending 31 March 2021.

Exit Packages 2021/22

The CCG had one exit packages during 2021/22 and none during 2020/21. The National Audit Office (NAO) identified an irregularity with regard to elements of the exit package made to the former Accountable Officer (AO) of the Berkshire West CCG. This package was agreed in good faith between NHSE SE Region, the CCG and the former AO during the first wave of COVID but paid out this year following a secondment with NHSE. However, as a special severance payment it should have been approved at the time by NHSE and HM Treasury. We have reviewed and clarified the CCG processes for setting and approving exit packages. The NAO did not make any specific recommendations for BWCCG but has made a number of recommendations to NHS England to strengthen compliance and scrutiny.

Exit packages agreed in the financial year

	2021-22 Compulsory redundancies		2021-22 Other agreed departures		2021-22 Total	
	Number	**£**	**Number**	**£**	**Number**	**£**
£100,001 to £150,000	-	-	1	109,960	1	109,960
£150,001 to £200,000	1	160,000	-	-	1	160,000
Total	**1**	**160,000**	**1**	**109,960**	**2**	**269,960**

	2021-22 Departures where special payments have been made		2020-21 Departures where special payments have been made	
	Number	**£**	Number	£
£25,001 to £50,000	1	36,809	-	-
Total	**1**	**36,809**	**-**	**-**

Analysis of Other Agreed Departures 2021/22

The CCG had one departure made in the year 2021/22 in respect of voluntary redundancy, ill health retirements, mutually agreed resignations, early retirements in the efficiency of the services, payments in lieu of notice, exit payments following employment tribunals or court orders or non-contractual payments requiring HMT approval.

Analysis of Other Agreed Departures

	2021-22 Other agreed departures		2020-21 Other agreed departures	
	Number	**£**	Number	£
Contractual payments in lieu of notice	1	73,151	-	-
Special Severance Payment *	1	36,809	-	-
Total	**2**	**109,960**	**-**	**-**

In respect of £36,809 special severance payment the National Audit Office (NAO) identified an irregularity with regard to elements of the exit package made to the former Accountable Officer (AO) of the Berkshire West CCG. This package was agreed in good faith between NHSE SE Region, the CCG and the former AO during the first wave of COVID but paid out this year following a secondment with NHSE. However, as a special severance payment it should have been approved at the time by NHSE and HM

Treasury. We have reviewed and clarified the CCG processes for setting and approving exit packages. The NAO did not make any specific recommendations for Berkshire West CCG but has made a number of recommendations to NHS England to strengthen compliance and scrutiny.

In 2020/21 there were no departures due to voluntary redundancy the costs of which are reported in note 4.3 to the Accounts

Staff Policies:

BW CCG recognise and value the importance of maintaining positive working relationships with its staff and their representatives. Since December 2020 there has been a single joint management and staff forum for staff engagement and consultation; the BOB CCGs Staff Partnership Forum (BOB SPF).

The CCG has actively and successfully worked in partnership on a number of issues affecting staff with a particular focus on wellbeing and inclusion during a period that has included lockdown due to the COVID-19 pandemic and the setting up of a new Integrated Care Board from 1 July 2022 into which staff will be 'lifted and shifted'.

The BOB SPF has reviewed a number of human resources policies. Work is continuing to align policies with those of Buckinghamshire and Oxfordshire CCGs to support the BOB ICB. Policies are ratified by the CCG's Executive prior to publication.

The BOB SPF is representative of the workforce, and the CCG recognises all of the trade unions outlined in the national NHS Terms and Conditions of Service Handbook who have members employed within the organisation.

The CCG has a Health and Wellbeing Policy and an active, staff led, Health and Wellbeing Group which is responsible for the implementation of this policy. Events are held throughout the year with a large number of staff participating. Events have included quizzes and events aimed to support employee's wellbeing. The Wellbeing Wednesday sessions are available to staff in all three CCGs.

A range of methods have been developed to communicate and encourage meaningful, two-way dialogue with staff including:

- Weekly BOB ICS Accountable Officer Staff Briefings
- CCG and BOB ICS Staff surveys to drive improvement in staff experience
- Staff development / training sessions with opportunities across the BOB ICS

Managers hold regular one-to-one meetings with staff and use the values-based appraisal system ensuring all staff work towards clearly defined personal objectives and standards of behaviour. These are supported with learning, training and development opportunities detailed in individual Personal Development Plans.

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Disability information

BWCCG has developed an integrated approach to delivering workforce equality, so it does not have a separate policy for disabled employees or for any other protected characteristics. Equalities issues are incorporated in policies covering all aspects of the employee lifecycle ranging from recruitment to performance. BWCCG's aim is to provide an environment in which all staff are engaged, supported, and developed throughout their employment and to operate in ways which do not discriminate our potential or current employees by virtue of any of the protected characteristics specified in the Equality Act 2010. BWCCG is also committed to supporting employees to maximise their performance including making any reasonable adjustments that may be required on a case-by-case basis.

BWCCG is committed to implementing the Workforce Race Equality Standards (WRES) and will work with those organisations from it commissions services from and partners to ensure employees from black and ethnic minority backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The CCGs WRES submission is available on the CCG's website here.

Equality and Diversity:

For information of the Workforce Race Equality Standard and how we give 'due regard' to eliminating discrimination information is also available on www.nhs.uk/mynhs.

Health and Safety:

BWCCG recognises that the maintenance of a safe workplace and safe working environment is critical to our continued success and accordingly, we view our responsibilities for health, safety, and welfare with the upmost importance. However, the past year the majority of staff have been working from home. During this time, considerable effort has gone into supporting staff as they continue to work from home. This included all staff undertaking risk assessments of their 'at home' working environment and purchasing

equipment (for example office chairs and monitor) to accommodate individual staff need.

The CCG's health and safety policy covers matters relating to display screen equipment, fire safety, first aid, manual handling, lone working, new and expectant mothers, and work-related stress. Health and safety training forms part of the suite of statutory and mandatory training which is undertaken by all employees as appropriate for roles and for which the compliance rate for 2021/22 was 100%.

BWCCG proactively promotes the health & Safety of staff in line with its Health & Safety Policy and is supported by a health and Safety designated area within the CCG staff intranet which provides advice and support on matters important to staff, as well as helping staff to stay safe whilst at work.

Staff Wellbeing

The Employee Assistant Programme (EAP) is an employee wellbeing service procured by the CCG for its staff. The service offers support, information, excerpt advice and specialist counselling to help staff prepare for life's predictable milestones and cope with unexpected events. The service also provides guidance to help staff stay healthy and enjoy physical, mental, and emotional wellbeing.

Whistleblowing

Berkshire West CCG has a whistleblowing policy that is communicated to all staff and available on the CCG staff intranet. The CCG's Freedom to Speak Out Guardian is Wendy Bower, Lay Member.

Auditable Elements

Please note that the elements of this remuneration and staff report that have been subject to audit are the tables of salaries and allowances of senior managers and related narrative notes on page 106 and 107, pension benefits of senior managers and related narrative on pages 108 to 109, the fair pay and related narrative notes on page 110 and exit packages and any other agreed departures on page 112.

Dr. James Kent

Accountable Officer

21 June 2022

Parliamentary Accountability and Audit Report

Berkshire West Clinical Commissioning Group is not required to produce a Parliamentary Accountability and Audit Report but has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges in this Accountability Report. For 2021/2022 there were no remote contingent liabilities, gifts, fees, or charges. nothing to disclose.

Dr. James Kent

Accountable Officer

21 June 2022

Glossary of Terms

Buckinghamshire, Oxfordshire, and Berkshire West Integrated Board (BOB ICB): will be established as a statutory body from July 2022 and will succeed Sustainability and Transformation Partnerships (STPs). It will be responsible for NHS functions and budgets, and an integrated Care Partnership (ICP), a statutory committee bringing together all systems to produce a health and care strategy. When ICBs are legally established, clinical commissioning groups (CCGs) will be abolished.

Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care (BOB ICS): partnerships that bring together providers and commissions of NHS Services across a geographical area with our local authorities and other local partners to collectively plan health and care services to meet the needs of their population. Supporting delivery of the NHS England's Five Year Forward View to deliver better health, better patient care and improved NHS efficiency

Care Quality Commission: monitors, inspects, and regulates hospitals, care homes, GP surgeries, dental practices, and other care services to make sure they meet fundamental standards of quality and safety

Clinical Chair: medical doctor at the head of Berkshire West Clinical Commissioning Group.

Delayed Transfer of Care (DTOC): occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

Healthwatch: UK consumer watchdog for patients which aims to improve health and social care

Joint Strategic Needs Assessment: provides information about the population and the factors affecting health, wellbeing, and social care needs for the 3 Local Authorities.

Local Authorities: the elected bodies responsible for most strategic local government services in the county.

Local Health Resilience Partnership: a group for local health organisations (including private and voluntary sector where appropriate) which looks at readiness and planning for major health emergencies

Local Medical Committee: a statutory body for local GPs which looks after the interests of family doctors

Locality Plans: intended to build resilient, sustainable primary care for the future based on local need. The plans are intended to support the vision for health services where patients will receive more care closer to home and be supported out of hospital as much as possible.

Medicines Optimisation Team: helps health professionals and patients make the right treatment and medicines choices by promoting cost effective and evidence based clinical practice and effective risk management

National Institute for Clinical Excellence: provides national guidance and advice to improve health and social care. It aims:

- to help medical practitioners deliver the best possible care
- to give people the most effective treatments based on the latest evidence
- to provide value for money
- to reduce inequalities and variation

NHS Long Term Plan: The NHS Long Term Plan, published in January 2019, is a 10-year plan for the NHS to improve the quality of patient care and health outcomes. Its ambitions include measures to prevent 150,000 heart attacks, strokes and dementia cases, and better access to mental health services for adults and children.

Patient Participation Groups (PPG): Patient representatives from a GP practice who advise and inform the practice on what matters most to patients and to help identify solutions to problems as a 'critical friend'

Primary Care: most people's first point of contact with health services, for example, GPs, dentists, pharmacists, or optometrists

Primary Care Networks: Primary care networks bring general practices together to work at scale. This helps to recruit and retain staff; manage financial and estates pressures; provide a wider range of services to patients and to more easily integrate with the wider health and care system.

Referral to Treatment Times: The period of time from referral by a GP or other medical practitioner to hospital for treatment in the NHS

South Central Ambulance NHS Foundation Trust (SCAS): SCAS provides and accident and emergency service to respond to 999 calls; the NHS 11 service for when medical help is needed fast but not a 999 emergency and a non-urgent patient transport service. It covers the counties of Berkshire, Buckinghamshire, Hampshire, and Oxfordshire

Social prescribing: This process enables GPs, nurses, and other primary care professionals to refer people to a range of local, non-clinical services.

Appendix 1: Table of Attendance for Board and Committee Meetings

Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Board (Governing Body)

Key:

Present	**Y**
Apologies/Absent	**A**
N/A	

Berkshire West CCG - Governing Body 2021/22 (meetings held in common with Oxfordshire and Buckinghamshire CCGs)

Berkshire West CCG Attendees	**8/4/21**	**11/5/21**	**10/6/21**	**13/7/21**	**August**	**9/9/21**	**12/10/21**	**11/11/21**	**December**	**13/1/22**	**8/2/22**	**10/3/22**
Voting Members												
Dr James Kent	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y
Dr Abid Irfan	A	Y	A	Y		A	A	A		Y	Y	A
* Wendy Bower	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y
Geoffrey Braham	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y
Saby Chetcuti	Y	Y	Y	Y		Y	Y	Y		Y	A	A
Rebecca Clegg	Y	Y	Y	A								
Edward Haxton				Y		Y	Y	Y		Y	Y	Y
Dr Debbie Milligan (OBE)	Y	Y	Y	Y		A	Y	A		Y	Y	Y
Dr Kajal Patel	Y	Y	A	A		A	A	A		A	Y	A
Dr Raju Reddy	Y	Y	Y	Y		Y	Y	Y		Y	A	A
Debbie Simmons	Y	Y	Y	A		Y	Y	Y		A	Y	Y
Non-Voting members												
Helen Clark	Y	A	A	A								
Katie Summers	Y	Y	Y	A		A	Y	Y		A	Y	Y
Maureen McCartney	Y	Y	Y	A		Y	Y	Y		A	A	Y
Shairoz Claridge	Y	Y	A	Y		Y	Y	Y		Y	Y	Y
Niki Cartwright	Y	Y	Y	Y		A	Y	Y		Y	A	A

*** : Appointed shared Lay Member across BOB**

Berkshire West CCG – Remuneration Committee 2021/22 (meetings held in common with Oxfordshire and Buckinghamshire CCGs)

Attendees	02/06/2021	21/09/2021	18/01/2022	09/08/2021	13/08/2021	15/12/2021	16/02/2022	22/03/2022
Geoffrey Braham	Y	A	Y	**Virtual meetings were held on these dates. Attendance was not recorded.**				Y
Wendy Bower	Y	Y	Y					Y
Saby Chetcuti	Y	Y	Y					A
Abid Irfan	Y	A	Y					Y

Berkshire West CCG – Audit Committee 2021/22 (meetings held in common with Oxfordshire and Buckinghamshire CCGs)

Attendees	28/07/2021	27/10/2021	26/01/2022
Wendy Bower	Y	Y	A
Geoffrey Braham	Y	Y	Y
Saby Chetcuti	Y	Y	Y
Edward Haxton	Y	Y	Y
Noreen Kanyangarara	Y	Y	Y
Rebecca Clegg	Y		

Berkshire West CCG – Finance Committee 2021/22 (meetings held in common with Oxfordshire and Buckinghamshire CCGs)

Attendees	29/04/2021	01/06/2021	24/06/2021	02/09/2021	07/10/2022	04/11/2021	02/12/2021	03/02/2022	03/03/2022
Geoffrey Braham	Y	Y	Y	A	Y	Y	Y	Y	A
Rebecca Clegg	Y	Y	Y						
Edward Haxton	Y	Y	Y	Y	Y	Y	Y	Y	Y
Abid Irfan	Y	Y	A	A	A	A	y	Y	Y
Raju Reddy	Y	Y	Y	Y	Y	Y	Y	Y	Y

Berkshire West CCG – PBP Quality Committee Meetings 2021/22

Attendees	20/04/2021	15/06/2022	29/09/2022	21/12/2022	29/03/2022
Wendy Bowers Lay Chair BWCCG	Y	Y	Y	Y	Meeting postponed until 12 April 2022
Dr Debbie Milligan GP Lead	A	Y	Y	Y	
Dr Raju Reddy Secondary Care Consultant - BW CCG Gov Body	Y	Y	A	Y	
Debbie Simmons Dir. Nursing (BWCCG)	Y	Y	Y	Y	
Jane Thomson-Smith AD (BWCCG)	Y	Y	Y	Y	
Aamir Khan Quality LD (BWCCG)	A	Y	Y	Y	
Helen Ward AD Quality (OCCG)	A	A	A	A	
Eamonn Sullivan Chief Nursing Off. (RBFT)	Y	A	Y	A	
Jane Chandler (RBFT Chief Nurse)	A	Y	Y	A	
Sarah Wise (PC BWCCE)	A	Y	Y	A	
Simon Brown Med Dir. (SCAS)	Y	A	A	A	
Debbie Fulton (BHFT)	Y	A	Y	Y	
Helen Duignan (NHSE)	Y	Y	Y	Y	
John Black Med Dir. (SCAS)	Y	Y	y	Y	
Ann Crawford - Spire (Independent)	A	Y	A	A	
Jo Greengrass Quality Lead E Berks CCG	A	A	A	A	
PH Representative (RBC)	A	A	A	A	
Acquella Sushma PH (W. Berks LA)	A	Y	A	A	
Wokingham LA Attendee	Y	A	A	A	

Berkshire West CCG – Primary Care Commissioning Committee 2021/22 (meetings held in common with Oxfordshire and Buckinghamshire CCGs)

Attendees	13/07/2021	16/09/2021	16/12/2021	17/03/2022
Dr James Kent	A	A	Meeting cancelled	A
Saby Chetcuti	Y	Y		
Dr Abid Irfan	Y	A		Y
Debbie Simmons	Y	Y		Y
Dr Kajal Patel	Y	A		A
Wendy Bower				Y
Sanjay Desai	Y	A		Y
Graham Bridgman	A	A		A
Dr Jim Kennedy	Y	A		A
Stuart Ireland	Y	Y		Y

Berkshire West CCG - Clinical Commissioning Committee (CCC) Meetings 2021/22

Attendees	26/01/2021	23/02/2021	23/03/2021	27/04/2021	25/05/2021	22/06/2021	27/07/2021	24/08/2021	28/09/2021
Dr Abid Irfan	Y	A	Y	Y	Y	A	A	No Meeting	No further Mtgs as Exec. Comm.in Common est.
Niki Cartwright	Y	Y	Y	A	Y	Y	Y		
Shairoz Claridge	Y	Y	Y	Y	Y	Y	Y		
Helen Clark	Y	Y	Y	Y	Y	Y	A		
Rebecca Clegg	Y	Y	Y	Y	Y	Y	Y		
Dr Kajal Patel	Y	Y	Y	Y	Y	Y	Y		
Maureen McCartney	Y	Y	Y	Y	Y	Y	Y		
Dr Debbie Milligan	Y	Y	Y	A	Y	Y	A		
Dr Raju Reddy	Y	Y	Y	Y	Y	Y	Y		
Debbie Simmons	Y	Y	Y	A	Y	Y	A		
Katie Summers	Y	Y	Y	Y	Y	Y	Y		
Jane Thomson-Smith							Y		

FINANCIAL ACCOUNTS

FOR THE PERIOD ENDED 31 MARCH 2022

NHS BERKSHIRE WEST CLINICAL COMMISSIONING GROUP

CONTENTS **Page Number**

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF BERKSHIRE WEST CLINICAL COMMISSIONING GROUP

Opinion

We have audited the financial statements of Berkshire West CCG ("the CCG") for the year ended 31 March 2022 which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 19, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the 2021/22 HM Treasury's Financial Reporting Manual (the 2021/22 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2021/22 and the Accounts Direction issued by the NHS Commissioning Board with the approval of the Secretary of State as relevant to the National Health Service in England).

In our opinion the financial statements:

- give a true and fair view of the financial position of Berkshire West CCG as at 31 March 2022 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021 to 2022; and
- have been properly prepared in accordance with the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the CCG in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – Transition to an Integrated Care Board

We draw attention to Note18 - Events After the Reporting Period, which describes the Clinical Commissioning Group's transition into the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board from the 1 July 2022. Our opinion is not modified in respect of this matter.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the CCG's, or the successor body's, ability to continue as a going concern for a period from when the financial statements are authorised for issue to 30 June 2023, being 12 months beyond the date of authorisation of the financial statements.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the CCG's ability to continue as a going concern.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on the Remuneration and Staff Report

In our opinion the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021/22.

Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the governance statement does not comply with the guidance issued in the Department of Health and Social Care Group Accounting Manual 2021/22; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 (as amended) because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we make a written recommendation to the CCG under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we are not satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

In respect of the following, we have matters to report by exception, on 21 June 2022, we referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 (as amended) in relation to a severance payment of £36,807, which we have reason to believe exceeded the CCG's statutory powers.

Exception reports

Severance payment

We have a duty under the Local Audit and Accountability Act 2014 to refer the matter to the Secretary of State without delay if we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

On 21 June 2022 we referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 in relation to a severance payment of £36,807, which we have reason to believe exceeded the CCG's statutory powers.

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's Responsibilities in respect of the Accounts, set out on page 72, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

In preparing the financial statements, the Accountable Officer is responsible for assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accountable Officer either intends to cease operations, or has no realistic alternative but to do so.

As explained in the Annual Governance Statement the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the CCG's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the CCG and determined that the most significant are the Health and Social Care Act 2012 and other legislation governing NHS CCGs, as well as relevant employment laws of the United Kingdom. In addition, the CCG has to comply with laws and regulations in the areas of anti-bribery and corruption and data protection.

- We understood how Berkshire West CCG is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, the head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. In relation to the matter referred to the Secretary of State under Section 30 in relation to the severance payment, we considered this in relation to non-compliance of laws and regulations, in particular Managing Public Money and we determined that the non-compliance was factual and no further procedures were required. Berkshire West CCG has robust policies and procedures to mitigate potential for override of controls. The oversight of those charged with governance and culture of honesty and ethical behaviour means there is a strong emphasis placed on fraud prevention, which may reduce opportunities for fraud to take place.

- We assessed the susceptibility of the CCG's financial statements to material misstatement, including how fraud might occur by planning and executing a journal testing strategy, testing the appropriateness of relevant entries and adjustments. We have considered whether judgements made are indicative of potential bias and considered whether the CCG is engaging in any transactions outside the usual course of business. In response to the risk of fraud in revenue and expenditure recognition for year-end accruals, we reviewed and tested revenue and expenditure accounting policies, year-end accruals, and expenditure cut-off at the period end date. We specifically focused on key aspects of unrecorded liabilities to provide assurance that the year-end accounts were free from material misstatement; we performed substantive procedures on Department of Health agreement of balances data and investigated significant differences outside of DH tolerances.

- Based on this understanding we designed our audit procedures to identify noncompliance with such laws and regulations. Our procedures involved enquiry of management and those charged with governance, reading and reviewing relevant meeting minutes of those charged with governance and the Governing Body and understanding the internal controls in place to mitigate risks related to fraud and non-compliance with laws and regulations.

- We addressed our fraud risk related to management override through implementation of a journal entry testing strategy, assessing accounting estimates for evidence of management bias and evaluating the business rationale for significant unusual transactions.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in December 2021 as to whether the CCG had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the CCG had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 (as amended) to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 (as amended) requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Report on Other Legal and Regulatory Requirements

Regularity opinion

We are responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice prepared by the Comptroller and Auditor General as required by the Local Audit and Accountability Act 2014 (as amended) (the "Code of Audit Practice").

We are required to obtain evidence sufficient to give an opinion on whether in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

In our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. with the exception of one non-contractual special payment made in year.

Special Payment

We have a duty under the Local Audit and Accountability Act 2014 to refer the matter to the Secretary of State without delay if we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

On 21 June 2022 we referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 in relation to a severance payment of £36,807, which we have reason to believe exceeded the CCG's statutory powers.

Certificate

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have issued our Auditor's Annual Report for the year ended 31 March 2022. We have completed our work on the value for money arrangements and will report the outcome of our work in our commentary on those arrangements within the Auditor's Annual Report.

Until we have completed these procedures, we are unable to certify that we have completed the audit of the accounts in accordance with the requirements of the Local Audit and Accountability Act 2014 (as amended) and the Code of Audit Practice issued by the National Audit Office.

Use of our report

This report is made solely to the members of the Governing Body of Berkshire West CCG in accordance with Part 5 of the Local Audit and Accountability Act 2014 (as amended) and for no other purpose. Our audit work has been undertaken so that we might state to the members of the Governing Body of the CCG those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the members as a body, for our audit work, for this report, or for the opinions we have formed.

Maria Grindley (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Reading
22 June 2022

Statement of Comprehensive Net Expenditure for the year ended 31 March 2022

	Note	2021-22 £'000	2020-21 £'000
Income from sale of goods and services	2	(2,301)	(3,453)
Total operating income		**(2,301)**	**(3,453)**
Staff costs	4	7,512	6,764
Purchase of goods and services	5	876,054	762,018
Depreciation and impairment charges	5	15	35
Provision expense	5	885	1,429
Other Operating Expenditure	5	2,822	3,256
Total operating expenditure		**887,288**	**773,502**
Net Operating Expenditure		**884,987**	**770,049**
Comprehensive Expenditure for the year		**884,987**	**770,049**

The CCG achieved a cumulative surplus of £585k (2020/21: £480k) against revenue resource allocation (RRL) of £885,572k (2020/21: £770,662k). The CCG achieved in year surplus of £105k (2020/21: £133k).

The CCG achieved an in year surplus of £105k (2020/21 in year surplus of £133k).

The notes on pages 138 to 155 form part of these accounts

Statement of Financial Position as at 31 March 2022

	Note	2021-22 £'000	2020-21 £'000
Non-current assets:			
Property, plant and equipment	8	51	21
Total non-current assets		51	21
Current assets:			
Inventories	9	-	2,459
Trade and other receivables	10	2,438	5,000
Cash and cash equivalents	11	63	183
Total current assets		**2,501**	7,642
Total assets		**2,552**	7,663
Current liabilities			
Trade and other payables	12	(52,633)	(48,008)
Provisions	13	(1,682)	(2,211)
Total current liabilities		**(54,315)**	(50,219)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(51,763)**	(42,556)
Non-current liabilities			
Provisions	13	(1,500)	(294)
Total non-current liabilities		**(1,500)**	(294)
Assets less Liabilities		**(53,263)**	(42,850)
Financed by Taxpayers' Equity			
General fund		(53,263)	(42,850)
Total taxpayers' equity:		**(53,263)**	(42,850)

The notes on pages 138 to 155 form part of this statement

The financial statements on pages 136 to 137 were approved by the Audit Committee on behalf of the Governing Body on 15 June 2022 and signed on its behalf by:

Dr James Kent
Chief Accountable Officer

Edward Haxton
Chief Finance Officer

Statement of Changes In Taxpayers Equity for the year ended 31 March 2022

	2021-22 General fund £'000	2020-21 General fund £'000
Changes in taxpayers' equity for 2021-22		
Balance at 01 April 2021	(42,850)	(33,258)
Adjusted NHS Clinical Commissioning Group balance at 31 March 2021	**(42,850)**	**(33,258)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2021-22		
Net operating expenditure for the financial year	(884,987)	(770,049)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial year	**(884,987)**	**(770,049)**
Net funding	874,574	760,457
Balance at 31 March 2022	**(53,263)**	**(42,850)**

The notes on pages 138 to 155 form part of this statement

Statement of Cash Flows for the year ended 31 March 2022

	Note	2021-22 £'000	2020-21 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(884,987)	(770,049)
Depreciation and amortisation	5	15	35
Decrease/(increased) in inventories	9	2,459	412
Decrease/(increased) in trade & other receivables	10	2,562	27
Increase/(decrease) in trade & other payables	12	4,580	7,894
Provisions utilised	13	(208)	(39)
Increase/(decrease) in provisions	13	885	1,429
Net Cash Inflow (Outflow) from Operating Activities		**(874,694)**	(760,291)
Net Cash Inflow (Outflow) before Financing		**(874,694)**	(760,291)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		874,574	760,457
Net Cash Inflow (Outflow) from Financing Activities		**874,574**	760,457
Net Increase (Decrease) in Cash & Cash Equivalents	11	**(120)**	166
Cash & Cash Equivalents at the Beginning of the Financial Year		**183**	17
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**63**	183

The notes on pages 138 to 155 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of Clinical Commissioning Groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2021-22 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Clinical Commissioning Groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Clinical Commissioning Group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Clinical Commissioning Group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on the going concern basis. Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

As set out in Note 20 – Events after the Reporting Period, on 28 April 2022, the Health and Care Act 2022 received Royal Assent. As a result, Clinical Commissioning Groups will be abolished and the functions, assets and liabilities of Berkshire West CCG will transfer to Buckinghamshire Oxfordshire Berkshire West Integrated Care Board from the 1 July 2022.

Where a CCG ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis. It remains the case that the Government has issued a mandate to NHS England and NHS Improvement for the continued provision of services in England in 2022/23 and CCG published allocations can be found on the NHS England website for 2022/23 and 2023/24. The commissioning of health services (continuation of service) will continue after 1 July 2022 but will be through the Buckinghamshire Oxfordshire Berkshire West Integrated Care Board, rather than Berkshire West CCG.

Mergers or a change to the NHS Structure, such as the transfer of CCG functions to the ICB, is not considered to impact on going concern. Our considerations cover the period through to 30 June 2023, being 12 months beyond the date of authorisation of these financial statements. Taking into account the information summarised above, the Governing Body have a reasonable expectation that the CCG (and the successor commissioning organisation) will have adequate resources to continue in operational existence for the foreseeable future.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 Pooled Budgets

The Clinical Commissioning Group has entered into a number pooled budget arrangements with Local Authorities including Wokingham Borough Council, Reading Borough Council and West Berkshire Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for Community Equipment Stores, the Better Care Fund and the Hospital Discharge Programme (scheme 1 and 2) and note 15 to the accounts provides details of the income and expenditure.

The Community Equipment pool is hosted by West Berkshire Council. The Clinical Commissioning Group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement

1.4 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

• As per paragraph 121 of the Standard the Clinical Commissioning Group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

• The Clinical Commissioning Group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the Clinical Commissioning Group to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles. Significant terms include paying all NHS and non-NHS trade payables within 30 calendar days of receipt of goods or a valid invoice unless other payment terms have been agreed.

The value of the benefit received when the Clinical Commissioning Group accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.5 **Employee Benefits**

1.5.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.5.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Clinical Commissioning Group commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.6 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.7 **Property, Plant & Equipment**

1.7.1 **Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the Clinical Commissioning Group;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.7.2 **Measurement**

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

1.7.3 **Depreciation, Amortisation & Impairments**

Depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Clinical Commissioning Group expects to obtain economic benefits or service potential from the asset. This is specific to the Clinical Commissioning Group and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the Clinical Commissioning Group checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Notes to the financial statements

1.8 **Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.8.1 **The Clinical Commissioning Group as Lessee**

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Clinical Commissioning Group's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.
Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.9 **Inventories**

Inventories are valued at the lower of cost and net realisable value, using the *first-in first-out* cost formula.

Given the impending merger of NHS Berkshire West CCG into the BOB ICS it was agreed that the value of the inventory stock £2,459k should be written off in full at the end of 2021/22. This would enable NHS Berkshire West CCG's accounting policy reference to the Community Equipment budget to be in line with that of NHS Buckinghamshire CCG and NHS Oxfordshire CCG.

1.10 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.
In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Clinical Commissioning Group's cash management.

1.11 **Provisions**

Provisions are recognised when the Clinical Commissioning Group has a present legal or constructive obligation as a result of a past event, it is probable that the Clinical Commissioning Group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:
• A nominal short-term rate of 0.47% (2020-21: -0.02%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
• A nominal medium-term rate of 0.70% (2020-21: 0.18%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
• A nominal long-term rate of 0.95% (2020-21 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
• A nominal very long-term rate of 0.66% (2020-21: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the Clinical Commissioning Group has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.12 **Clinical Negligence Costs**

NHS Resolution operates a risk pooling scheme under which the Clinical Commissioning Group pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with Clinical Commissioning Group.

1.13 **Financial Assets**

Financial assets are recognised when the Clinical Commissioning Group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:
- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.14 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the Clinical Commissioning Group becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.15 **Value Added Tax**

Most of the activities of the Clinical Commissioning Group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.16 **Foreign Currencies**

The Clinical Commissioning Group's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Clinical Commissioning Group's surplus/deficit in the period in which they arise.

1.17 **Losses & Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Clinical Commissioning Group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.18 **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the Clinical Commissioning Group's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.18.1 **Critical accounting judgements in applying accounting policies**

In the application of the Clinical Commissioning Group's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.18.2 **Sources of estimation uncertainty**

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Accruals

For goods and/or services that have been delivered but for which no invoice has been received/sent, the Clinical Commissioning Group has made an accrual based upon known commitments, contractual arrangements that are in place and legal obligations.

Prescribing liabilities

NHS England actions monthly cash charges to the Clinical Commissioning Group for prescribing contracts. These are issued approximately 8 weeks in arrears. The Clinical Commissioning Group uses information provided by the NHS Business Authority as part of the estimate for full year expenditure.

Continuing Care Provisions

NHS Continuing Health Care (CHC) provision at 31st March 2022 relates to amounts set aside for adult CHC clients awaiting their first assessment at 31 March 2022, Children's Continuing Care clients awaiting their first assessment at 31 March 2022, PUPoC claims (Previously Unassessed Periods of Care) awaiting assessment at 31 March 2022 and amounts set aside to cover outstanding CHC appeals, Local Authority disputes and CCG Responsible Commissioner disputes.

The total cost of all adult CHC clients awaiting their first assessment has been calculated using the average local current nursing home and homecare package weekly costs for NHS CHC Adult Fully Funded clients multiplied by the number of days on the waiting list since the date of application (less 28 days) until 31st March 2022. Provision has been made at 24.5% of the total as per the average approval rate over the last two complete financial years for first-time applications for CHC funding.

The total cost of all Children's Continuing Care clients awaiting their first assessment has been calculated using the average local current placement and homecare package weekly costs for Children's Continuing Care clients multiplied by the number of days on the waiting list since the date of application until 31st March 2022. Provision has been made at 24.5% of the total as per the average approval rate over the last two complete financial years for first-time applications for CHC funding.

The PUPoC claims (Previously Unassessed Periods of Care) provision has been calculated on an individual basis for each client. The provision is based on the time period from the start-date of the claim up to 31st March 2022 (or RIP date) and either the actual weekly cost where known or the current average local nursing home and homecare package weekly costs. Provision has been made at 67% of the total as per the average approval rate over the last two financial years for PUPoC claims.

The CHC appeals, Local Authority disputes and CCG Responsible Commissioner disputes provision has been calculated on an individual basis for each client. The provision is based on the time period from the start-date of the claim up to 31st March 2022 (or RIP date) and either the actual weekly cost where known or the current average local nursing home and homecare package weekly costs. Provision for the CHC appeals and local authority disputes has been made at 14.51% of the total as per the average approval rate over the last four years (a longer time-period has been used due to the variation in the number of cases assessed per annum during the pandemic). The CCG Responsible Commissioner dispute provision has been estimated at a 50% risk-rating.

1.19 **Accounting Standards That Have Been Issued But Have Not Yet Been Adopted**

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2021-22. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

● IFRS 16 Leases – IFRS 16 Leases has been deferred until 1 April 2022, but CCGs will still need to provide adequate disclosure on the impact of the new standard. HM Treasury have issued application guidance which will assist entities in assessing the impact and this can be found at IFRS_16_Application_Guidance_December_2020.pdf (publishing.service.gov.uk).

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Clinical Commissioning Group will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Clinical Commissioning Group will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Clinical Commissioning Group's incremental borrowing rate. The Clinical Commissioning Group's incremental borrowing rate will be a rate defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Clinical Commissioning Group will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Clinical Commissioning Group has an administrative property which falls under IFRS16 and have evaluated its existing leases which have resulted in no significant impact to the financial statements.

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2023: early adoption is not therefore permitted.

2. Other Operating Revenue

	Admin	Programme	2021-22 Total	2020-21 Total
	£'000	£'000	£'000	£'000
Income from sale of goods and services (contracts)				
Education, training and research	-	-	**-**	88
Non-patient care services to other bodies	-	141	**141**	221
Other Contract income	68	2,092	**2,160**	3,144
Total Income from sale of goods and services	**68**	**2,233**	**2,301**	**3,453**
Total Operating Income	**68**	**2,233**	**2,301**	**3,453**

Admin other operating income is income received that is not directly attributable to the provision of healthcare or healthcare services.

Income in this note does not include cash received from NHS England, which is drawn down directly into the bank account of the CCG and credited to the General Fund.

3. Disaggregation of Income - Income from sale of good and services (contracts)

	2021-22 Education, training and research £'000	2021-22 Non-patient care services to other bodies £'000	2021-22 Other Contract income £'000
Source of Revenue			
NHS	-	-	-
Non NHS	-	141	2,160
Total	**-**	**141**	**2,160**

	Education, training and research £'000	Non-patient care services to other bodies £'000	Other Contract income £'000
Timing of Revenue			
Point in time	-	141	2,160
Total	**-**	**141**	**2,160**

	2020-21 Education, training and research £'000	2020-21 Non-patient care services to other bodies £'000	2020-21 Other Contract income £'000
Source of Revenue			
NHS	88	74	1,609
Non NHS	-	147	1,535
Total	**88**	**221**	**3,144**

	Education, training and research £'000	Non-patient care services to other bodies £'000	Other Contract income £'000
Timing of Revenue			
Point in time	88	221	3,144
Total	**88**	**221**	**3,144**

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	Permanent Employees £'000	Other £'000	2021-22 Total £'000
Employee Benefits			
Salaries and wages	**4,551**	**1,234**	**5,785**
Social security costs	**550**	**-**	**550**
Employer Contributions to NHS Pension scheme	**931**	**-**	**931**
Apprenticeship Levy	**13**	**-**	**13**
Termination benefits	**233**	**-**	**233**
Gross employee benefits expenditure	**6,278**	**1,234**	**7,512**

4.1.1 Employee benefits

	Permanent Employees £'000	Other £'000	2020-21 Total £'000
Employee Benefits			
Salaries and wages	**4,730**	**554**	5,284
Social security costs	**523**	**-**	523
Employer Contributions to NHS Pension scheme	**945**	**-**	945
Apprenticeship Levy	**12**	**-**	12
Gross employee benefits expenditure	**6,210**	**554**	**6,764**

4. Employee benefits and staff numbers continued

4.2 Average number of people employed

	2021-22			2020-21		
	Permanent Employees Number	Other Number	Total Number	Permanent Employees Number	Other Number	Total Number
Total	**96.14**	**16.88**	**113.02**	**98**	**6**	**104**

4.3 Exit packages agreed in the financial year

	2021-22 Compulsory redundancies		2021-22 Other agreed departures		2021-22 Total	
	Number	£	Number	£	Number	£
£100,001 to £150,000	-	-	1	109,960	1	109,960
£150,001 to £200,000	1	160,000	-	-	1	160,000
Total	**1**	**160,000**	**1**	**109,960**	**2**	**269,960**

	2021-22 Departures where special payments have been made		2020-21 Departures where special payments have been made	
	Number	£	Number	£
£25,001 to £50,000	1	36,809	-	-
Total	**1**	**36,809**	**-**	**-**

Analysis of Other Agreed Departures

	2021-22 Other agreed departures		2020-21 Other agreed departures	
	Number	£	Number	£
Contractual payments in lieu of notice	1	73,151	-	-
Special Severance Payment	1	36,809	-	-
Total	**2**	**109,960**	**-**	**-**

Exit package costs of £269,960 were paid in year, of which £36,809 were non contractual. The non-contractual payment was approved and authorised by NHSE regional office after consideration of the circumstances.

The CCG had no agreed exit packages in 2020-21

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

5. Operating expenses

	2021-22 Total £'000	Admin £'000	Programme £'000	2020-21 Total £'000
Gross employee benefits				
Employee benefits excluding governing body members	**7,512**	**5,035**	**2,477**	**6,764**

	2021-22 Total £'000	Admin £'000	Programme £'000	2020-21 Total £'000
Purchase of goods and services				
Services from other CCGs and NHS England	4,463	2,673	1,790	5,050
Services from foundation trusts	600,098	-	600,098	506,917
Services from other NHS trusts	729	-	729	995
Services from Other WGA bodies	-	-	-	2
Purchase of healthcare from non-NHS bodies	101,158	-	101,158	92,723
Purchase of social care	4,328	-	4,328	1,539
Prescribing costs	69,311	-	69,311	69,432
GPMS/APMS and PCTMS	83,963	-	83,963	77,530
Supplies and services – clinical	97	-	97	94
Supplies and services – general	2,377	887	1,490	686
Consultancy services	332	3	329	173
Establishment	4,540	72	4,468	3,311
Transport	1	-	1	1
Premises	3,376	674	2,702	1,902
Audit fees	106	106	-	109
Other non statutory audit expenditure				
· Internal audit services	59	59	-	65
· Other services	18	18	-	29
Other professional fees	693	279	414	935
Legal fees	357	2	355	91
Education, training and conferences	48	17	31	434
Total Purchase of goods and services	**876,054**	**4,790**	**871,264**	**762,018**
Depreciation and impairment charges				
Depreciation	15	-	15	35
Total Depreciation and impairment charges	**15**	**-**	**15**	**35**
Provision expense				
Provisions	885	(291)	1,176	1,429
Total Provision expense	**885**	**(291)**	**1,176**	**1,429**
Other Operating Expenditure				
Chair and Non Executive Members	325	325	-	332
Inventories consumed	2,459	-	2,459	2,871
Other expenditure	38	38	-	53
Total Other Operating Expenditure	**2,822**	**363**	**2,459**	**3,256**
Total Other Costs	**879,776**	**4,862**	**874,914**	**766,738**
Total operating expenditure	**887,288**	**9,897**	**877,391**	**773,502**

*Inventories Consumed - relates to in year write off of £2,459k (2020/21: £2,871k) community equipment and note 9 Inventories, provides further details of this write off.

The CCG has a contract for the supply of external audit services with Ernst and Young LLP (the Supplier), which covers the period 1 April 2017 to 31 March 2022. The CCG also has arrangements in place with Ernst and Young LLP for the continued supply of external audit services beyond 31 March 2022 until the functions of the CCG transfer to the Integrated Care Board in July 2022. The contract includes limitation of liability of £2m in respect of the following:
- The work undertaken by the Supplier is for the sole use of Berkshire West CCG
- If the Supplier becomes liable to the CCG or any other customer to which services are provided, for loss or damage to which other persons have contributed, liability shall be several and not joint with others and shall be limited to its fair share of that total loss or damage based on its contribution to the loss or damage relative to the others' contributions.
- The CCG shall make any claim or bring any proceedings only against the Supplier.

6. Better Payment Practice Code

Measure of compliance	2021-22 Number	2021-22 £'000	2020-21 Number	2020-21 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	15,273	163,987	16,509	95,253
Total Non-NHS Trade Invoices paid within target	14,706	161,866	16,073	94,216
Percentage of Non-NHS Trade invoices paid within target	**96.3%**	**98.7%**	**97.4%**	**98.9%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	356	18,619	1,173	16,681
Total NHS Trade Invoices Paid within target	330	17,749	1,144	16,387
Percentage of NHS Trade Invoices paid within target	**92.7%**	**95.3%**	**97.5%**	**98.2%**

Reduction in NHS Payables is due to NHS Providers being paid on block which requires a different payment method.

7. Operating Leases

7.1 As lessee

Payments recognised as an Expense	Buildings £'000	Other £'000	2021-22 Total £'000
Payments recognised as an expense			
Minimum lease payments	675	1	**676**

Payments recognised as an expense	Buildings £'000	Other £'000	2020-21 Total £'000
Minimum lease payments	541	1	**542**

Whilst our arrangements with NHS Property Services Limited fall within the definition of operating leases, rental charge for future years has not yet been agreed. Consequently this note does not include future minimum lease payments for the arrangements only. The amounts included are the CCG charges made by NHS Property services for administrative property, void space in clinical estate and any historic subsidisation of provider organisation occupancy of NHSPS owned clinical estate.

8. Property, plant and equipment

2021-22	Information technology £'000
Cost or valuation at 01 April 2021	127
Additions purchased	45
Cost/Valuation at 31 March 2022	**172**
Depreciation 01 April 2021	106
Charged during the year	15
Depreciation at 31 March 2022	**121**
Net Book Value at 31 March 2022	**51**
Purchased	51
Total at 31 March 2022	**51**
Asset financing:	
Owned	51
Total at 31 March 2022	**51**

2020-21	Information technology £'000
Cost or valuation at 01 April 2020	1,330
Disposals other than by sale	(1,203)
Cost/Valuation at 31 March 2021	**127**
Depreciation 01 April 2020	1,274
Disposals other than by sale	(1,203)
Charged during the year	35
Depreciation at 31 March 2021	**106**
Net Book Value at 31 March 2021	**21**
Purchased	21
Total at 31 March 2021	**21**
Asset financing:	
Owned	21
Total at 31 March 2021	**21**

8.1 Economic lives

Balance at 01 April 2021

	Minimum Life (years)	Maximum Life (years)
Information technology	2	3

9. Inventories

Loan Equipment-(Community Equipment)	2021-22 £'000		2020-21 £'000
Balance at 01 April 2021	2,459	**Balance at 01 April 2020**	2,871
Additions	-	Additions	2,459
Inventories recognised as an expense in the period	(2,459)	Inventories recognised as an expense in the period	(2,871)
Balance at 31 March 2022	**-**	**Balance at 31 March 2021**	**2,459**

The CCG has signed a Section 75 Pooled Budget agreement with West Berkshire Council re the provision of community equipment (home loans). West Berkshire Council holds and manages the contract with the provider, NRS Ltd, and is the lead member of the consortium, which consists of two Berkshire CCGs, six Berkshire Local Authorities and the Royal Berkshire Fire and Rescue Service.

Three categories of high-cost equipment exclusively prescribed by health professionals have been treated as inventory stock: Bedroom, Tissue Viability and Specials (i.e. bespoke and off-contract) Bedroom equipment.

Given the impending merger of NHS Berkshire West CCG into the BOB ICS it was agreed that the value of the inventory stock £2,459k should be written off in full at the end of 2021/22. This would enable NHS Berkshire West CCG's accounting policy re the Community Equipment budget to be in line with that of NHS Buckinghamshire CCG and NHS Oxfordshire CCG.

Total value of Equipment in the Community

	31/03/2021 £'000	Movement £'000	31/03/2022 £'000
Bedroom	594	(594)	-
Tissue Viability	1,269	(1,269)	-
Specials (Bedroom)	596	(596)	-
	2,459	**(2,459)**	**-**

Inventories recognised as an expense in the period

The CCG's previous accounting policy was to write off community equipment inventory that had been in the community for more than 3 years. However, given the impending merger of NHS Berkshire West CCG into the BOB ICS it was agreed that the value of the inventory stock £2,459k should be written off in full at the end of 2021/22 (2020/21 value £2,871k) as indicated on note 5 inventories consumed.

10. Trade and other receivables

10.1 Trade and other receivables	Current 2021-22 £'000	Current 2020-21 £'000
NHS receivables: Revenue	896	2,548
NHS prepayments	699	699
NHS accrued income	-	21
NHS Non Contract trade receivable (i.e pass through funding)	105	249
Non-NHS and Other WGA receivables: Revenue	653	627
Non-NHS and Other WGA prepayments	39	825
Expected credit loss allowance-receivables	(2)	(2)
VAT	48	33
Total Trade & other receivables	**2,438**	**5,000**
Total current and non current	**2,438**	**5,000**

10.2 Receivables past their due date but not impaired

	2021-22 DHSC Group Bodies £'000	2021-22 Non DHSC Group Bodies £'000	2020-21 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000
By up to three months	618	2	283	-
By three to six months	96	-	-	-
By more than six months	7	-	-	-
Total	**721**	**2**	**283**	**-**

10.3 Loss allowance on asset classes	Trade and other receivables - Non DHSC Group Bodies £'000
Balance at 01 April 2021	(2)
Total	**(2)**

11. Cash and cash equivalents

	2021-22	2020-21
	£'000	£'000
Balance at 01 April 2021	183	17
Net change in year	(120)	166
Balance at 31 March 2022	**63**	**183**
Made up of:		
Cash with the Government Banking Service	63	183
Cash and cash equivalents as in statement of financial position	**63**	**183**
Balance at 31 March 2022	**63**	**183**

12. Trade and other payables

	Current 2021-22	Current 2020-21
	£'000	£'000
NHS payables: Revenue	808	948
NHS accruals	3,065	329
Non-NHS and Other WGA payables: Revenue	7,982	4,012
Non-NHS and Other WGA payables: Capital	45	-
Non-NHS and Other WGA accruals	18,284	24,085
Social security costs	84	86
Tax	72	71
Other payables and accruals	22,293	18,477
Total Trade & Other Payables	**52,633**	**48,008**

Other payables include £726K outstanding pension contributions at 31 March 2022

13. Provisions

	Current 2021-22 £'000	Non-current 2021-22 £'000	Current 2020-21 £'000	Non-current 2020-21 £'000
Restructuring	-	-	291	-
Continuing care	1,682	1,500	1,920	294
Total	**1,682**	**1,500**	**2,211**	**294**
Total current and non-current	**3,182**		**2,505**	

	Restructuring £'000	Continuing Care £'000	Total £'000
Balance at 01 April 2021	**291**	**2,214**	**2,505**
Arising during the year	-	3,016	**3,016**
Utilised during the year	-	(208)	**(208)**
Reversed unused	(291)	(1,840)	**(2,131)**
Balance at 31 March 2022	**-**	**3,182**	**3,182**
Expected timing of cash flows:			
Within one year	-	1,682	**1,682**
Between one and five years	-	1,500	**1,500**
Balance at 31 March 2022	**-**	**3,182**	**3,182**

NHS Continuing Health Care (CHC) provision totalling £3,182k (2020/21: £2,214k) at 31 March 2022 relates to amounts set aside for the following items:

	2021-22 £'000	2020-21 £'000
Clients waiting over 28 days to be assessed for the first time for NHS Continuing Healthcare Funding	59	115
Children's Waiting List (new provision)	91	30
PUPoC's Claims arising 2013/14 onwards	412	309
CCG Appeals, Local Authority Disputes and CCG Responsible Commissioner Disputes	2,620	1,760
	3,182	**2,214**

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of the Clinical Commissioning Group (PUPoC claims). However, the legal liability and the responsibility for processing and assessing the claims remains with the CCG. All of the remaining PCT Legacy PUPoC claims have now been assessed as eligible or not eligible and no claims remain outstanding at 31 March 2022. The total value of provisions and accruals accounted for by NHS England on behalf of this CCG at 31 March 2022 therefore stands at nil (2020/21: £138k).

£Nil is included in the provisions of the NHS Resolution as at 31March 2022 in respect of clinical negligence liabilities of the Clinical Commissioning Group (£Nil 2020/21).

14. Financial instruments

14.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS Clinical Commissioning Group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Clinical Commissioning Group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Clinical Commissioning Group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS Clinical Commissioning Group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS Clinical Commissioning Group and internal auditors.

14.1.1 Currency risk

The NHS Clinical Commissioning Group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS Clinical Commissioning Group has no overseas operations. The NHS Clinical Commissioning Group and therefore has low exposure to currency rate fluctuations.

14.1.2 Interest rate risk

The Clinical Commissioning Group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Clinical Commissioning Group therefore has low exposure to interest rate fluctuations.

14.1.3 Credit risk

Because the majority of the NHS Clinical Commissioning Group and revenue comes parliamentary funding, NHS Clinical Commissioning Group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

14.1.4 Liquidity risk

NHS Clinical Commissioning Group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS Clinical Commissioning Group draws down cash to cover expenditure, as the need arises. The NHS Clinical Commissioning Group is not, therefore, exposed to significant liquidity risks.

14.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

14.2 Financial assets

	Financial Assets measured at amortised cost	
	2021-22	2020-21
	£'000	£'000
Trade and other receivables with NHSE bodies	514	2,467
Trade and other receivables with other DHSC group bodies	938	837
Trade and other receivables with external bodies	203	141
Cash and cash equivalents	63	183
Total at 31 March 2022	**1,718**	**3,628**

14.3 Financial liabilities

	Financial Liabilities measured at amortised cost	
	2021-22	2020-21
	£'000	£'000
Trade and other payables with NHSE bodies	739	739
Trade and other payables with other DHSC group bodies	4,698	10,183
Trade and other payables with external bodies	47,040	36,930
Total at 31 March 2022	**52,477**	**47,852**

15. Interests in joint operations

			Amounts recognised in CCG books ONLY		Amounts recognised in CCG books ONLY	
			2021-22		2020-21	
Name of arrangement	Parties to the arrangement	Description of principal activities	Income	Expenditure	Income	Expenditure
			£'000	£'000	£'000	£'000
Community Equipment Stores	Pooled Budget with West Berkshire Council (consortium lead), Reading Borough Council, Wokingham Borough Council, Bracknell Forest Borough Council, Slough Borough Council, Royal Borough of Windsor and Maidenhead, NHS Frimley CCG (formerly NHS East Berkshire CCG), Royal Berkshire Fire and Rescue Service and Berkshire West CCG.	West Berkshire Council acts as the consortium lead hosting the contract with NRS Healthcare Ltd to provide community equipment (also known as home loans) for Berkshire residents and patients. The equipment items are prescribed by social services, health and fire professionals from the partner organisations. The provision of this community equipment is intended to facilitate timely discharges of patients from hospital to home, prevent unnecessary hospital admissions, and promote health and independence in enabling people to continue living safely in their own homes.	4,328	4,328	3,998	3,998
Better Care Fund	Pooled Budget with Wokingham Borough Council and Berkshire West CCG	Short term integrated health and social care, Step up beds at Wokingham Hospital, Community health and social care, Preventative services and Protection of adult social care	5,295	5,295	4,603	4,603
Better Care Fund	Pooled Budget with Berkshire West CCG and Wokingham Borough Council	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	3,862	3,862	4,108	4,048
Better Care Fund	Pooled Budget with West Berkshire Council and Berkshire West CCG	Step down beds in West Berkshire Care Home, adult social care, 7 day week service, protecting social care services and delayed transfer of care projects	6,139	6,139	5,811	5,811
Better Care Fund	Pooled Budget with Berkshire West CCG & West Berkshire Council	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	4,421	4,421	4,233	4,164
Better Care Fund	Pooled Budget with Reading Borough Council and Berkshire West CCG	Protection of social care, time to decide beds, Care Act costs, carers funding and delayed transfer of care projects	6,198	6,198	5,432	5,432
Better Care Fund	Pooled Budget with Berkshire West CCG & Reading Borough Council	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	4,953	4,953	5,174	5,101
Hospital Discharge Programme (Schemes 1 and 2)	Pooled Budget with West Berkshire Council, Reading Borough Council and Wokingham Borough Council	The Hospital Discharge Programme (HDP) Schemes 3 and 4 total expenditure of £7,771k covers the costs of care for all patients who were discharged from NHS hospitals during 2021/22. Costs of care such as nursing and residential home beds, homecare packages, equipment costs etc for the discharged patients were met directly by the local authorities via a Pooled Budget under Section 35 who were in turn refunded by the CCG from COVID-19 funding. In 2021/22 the period of HDP funding was time-limited to six weeks for all those patients discharged between 1st April 2021 and 30th June 2021; and to a maximum of four weeks for all those patients discharged between 1st July 2021 and 31st March 2022. HDP funding ceases after 31st March 2022. Scheme 3 HDP expenditure £4,060k relates to the costs of those patients discharged in the first half of the financial year 2021/22. Scheme 4 HDP expenditure £3,711k relates to those patients discharged in the second half of 2021/22 and was further restricted to new and/or additional costs over and above existing packages of care. The Hospital Discharge Programme expenditure in 2020/21 was higher than in 2021/22 because in the preceding financial year the costs of care for all patients who were discharged from NHS hospitals between 19th March and 31st August 2020 were met in full for the first five months of the financial year (Scheme 1). Due to the COVID-19 pandemic all CCG assessments for Continuing Healthcare and Local Authority financial assessments were paused as per guidance from NHS England. The assessment process of these discharged patients re-commenced on 1st September 2020 and Scheme 1 funding totalling £11,840k continued until the patient had been assessed by either the CCG or the local authority. The Hospital Discharge Programme Scheme 2 total expenditure of £3,815k covered similar costs of care for all patients discharged from hospital from 1st Sept 2020 onwards under the same Section 35 arrangement between the CCG and the local authority but for a time-limited period of the first six weeks of aftercare. The overall total of 2020/21 HDP expenditure was therefore £15,655k.	7,771	7,771	15,655	15,655

16. Related party transactions

Details of related party transactions with individuals are as follows:

Member	Related Party	2021-22				2020-21
		Payments to Related	Receipts from Related	Amounts owed to Related Party	Amounts due from Related Party	Net Payments to Related Party
		£'000	£'000	£'000	£'000	£'000
Dr Abid Irfan CCG Chair and GP Locality Lead (ND)	GP Partner - Strawberry Hill Medical Centre (SHMC), Newbury	2,897	-	5	-	2,755
	Member GP Contracting Team (NHSE)	426	1,706	92	510	(365)
Dr Debbie Milligan Chair, Council of Members GP Locality Lead (Wokingham)	Salaried Doctor - Swallowfield Medical Practice	2,970	-	27	-	2,782
	Governance Lead - Urgent Care/NHS111 (SCAS)	28,869	40	145	-	25,341
	GP - Westcall Out of Hours (BHFT)	153,015	139	58	-	133,695
Geoffrey Braham - Lay Member, Governance	Governor - Oxford Health NHS Foundation Trust	335	0	4	2	151
Edward Haxton - Interim Chief Finance Officer from 02-08-2021*	Spouse works as Midwife at Royal Berkshire NHS Foundation Trust	244,488	-	350	19	-
Saby Chetcuti - Lay Member Governance	Governor - South Central Ambulance Service (CCGs North)	28,869	40	145	-	25,341
Wendy Bower - Lay Member for Patients and Public Engagement	Governor for CCG Federation - Royal Berkshire NHS Foundation Trust	368,752	-	527	29	294,840
	Nurse/Staff support RBFT (during Covid19 pandemic)	368,752	-	527	29	294,840
	Daughter works for - Royal Berkshire NHS Foundation Trust	368,752	-	527	29	294,840
James Kent Accountable Officer (Across BOB - Buckinghamshire, Oxfordshire, Berkshire West CCGs)	Friend John Storey, CEO Porthaven Care Homes	4	-	-	-	36
Kajal Patel GP Locality Lead Reading	Salaried GP - Milman and Kennet Surgery	3,684	-	104	-	2,142

* Edward Haxton was in a substantive role from August 2021, amounts shown relate to period in post.

GP practices within the area have joined other professionals in the Clinical Commissioning Group in order to plan, design and pay for services. Under these arrangements some services are designed to be delivered in a primary care setting. This involves paying GP practices for the delivery of these services. A GP is also paid by the CCG for taking a lead role on clinical services. All such arrangements are in the ordinary course of business and follow the CCGs strict governance and accountability arrangements. From 1 April 2016, the CCG had delegated commissioning responsibility for primary care GP services. This means that the CCG now makes all payments due to practices based on the Statement of Financial Entitlement and the Premises Direction and this has resulted In a significant increase in the amounts recorded against practice based Governing Body members. Material transactions are disclosed appropriately in the accounts.

As a prerequisite of the ICS, during 21-22 Buckinghamshire, Oxfordshire and Berkshire West CCG's have been meeting in common as decision making forums covering Finance, Audit and Governing Body. All Executive members of each CCG attend and are members of these In Common meetings. Additional responsibilities are given to Robert Parkes, Non-Executive Director of Buckinghamshire to act as Convener of the Audit in Common meetings and Duncan Smith, Non-Executive Director of Oxfordshire CCG to act as Convener of the Finance in Common meetings.

The amounts in the table above represent the amounts paid to organisations named rather than the individual. Where an organisation appears several times, it is a duplicate of the previous entry but related to a different Governing Body member.

The Department of Health is regarded as a related party. During the year the Clinical Commissioning Group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities are:

- Clinical Commissioning Groups
- NHS England;
- NHS Foundation Trusts;
- NHS Trusts;
- NHS Resolution; and,
- NHS Business Services Authority.

In addition, the Clinical Commissioning Group has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Local Authority in respect of joint commissioning arrangements.

17. Events after the end of the reporting period

On 28 April 2022, the Health and Care Act 2022 received Royal Assent. As a result, Clinical Commissioning Groups will be abolished and the functions, assets and liabilities of Berkshire West CCG will transfer to Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board from the 1 July 2022. This constitutes a non-adjusting event after the reporting period. This does not impact the basis of preparation of these financial statements.

18. Special Payments

The total number of NHS Clinical Commissioning Group had one special payment detailed as follows;

Special Payments

	Total Number of Cases 2021-22 Number	**Total Value of Cases 2021-22 £'000**	Total Number of Cases 2020-21 £'000	Total Value of Cases 2020-21 £'000
Special Severance Payments	**1**	**37**	**0**	**0**

In 2021-22 the CCG, with the agreement and authorisation of the NHSE regional office, made a non-contractual payment of £36,808. This payment did not fully follow the national NHSE process for approval of such payments, and has therefore been classified by NHSE as an irregular payment.

The National Audit Office (NAO) identified an irregularity with regard to elements of the exit package made to the former Accountable Officer (AO) of the Berkshire West CCG. This package was agreed in good faith between NHSE SE Region, the CCG and the former AO during the first wave of COVID, but paid out this year following a secondment with NHSE. However as a special severance payment it should have been approved at the time by NHSE and HM Treasury. We have reviewed and clarified the CCG processes for setting and approving exit packages. The NAO did not make any specific recommendations for Berkshire West CCG, but has made a number of recommendations to NHS England to strengthen compliance and scrutiny.

The payment noted above is also included in the exit packages disclosure on note 4.3.

19. Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).
NHS Clinical Commissioning Group performance against those duties was as follows:

	2021-22 Target	**2021-22 Performance**	**Target Achieved?**	2020-21 Target	2020-21 Performance	**Target Achieved?**
Expenditure not to exceed income	887,439	887,333	Yes	773,635	773,502	Yes
Capital resource use does not exceed the amount specified in Directions	45	45	Yes	-	-	N/A
Revenue resource use does not exceed the amount specified in Directions	885,093	884,987	Yes	770,182	770,049	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	N/A	-	-	N/A
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	N/A	-	-	N/A
Revenue administration resource use does not exceed the amount specified in Directions	9,837	9,829	Yes	9,839	9,740	Yes

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Health & Wellbeing Board – 21 July 2022

Item 14 – Members' Questions

Verbal Item

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Health and Wellbeing Board Forward Plan (All meetings are on a Thursday, starting at 9.30am in the Council Chamber except where otherwise stated)

Item	Purpose	Action required by the H&WB	Date Agenda Published	Lead Officer/s	Those consulted
29 September 2022 - Board meeting					
Strategic Matters					
West Berkshire Pharmaceutical Needs Assessment	To present the final version of the Pharmaceutical Needs Assessment for approval	For decision	21/09/2022	Healthy Dialogues	Health and Wellbeing Steering Group
Joint Strategic Needs Assessment	To present the web-based Joint Strategic Needs Assessment	For information and discussion	21/09/2022	Sarah Shildrick	Health and Wellbeing Steering Group
Joint Funding for Health and Social Care	To present the outcome of the review of Joint Funding for Health and Social Care.	For information and discussion	21/09/2022	Belinda Seston / Andy Sharp	Health and Wellbeing Steering Group
Review of Terms of Reference for the Health and Wellbeing Board and its Steering Group	To agree the updated terms of reference for the Health and Wellbeing Board and Steering Group to reflect the new Joint Health and Wellbeing Strategy.	For decision	12/07/2022	Gordon Oliver	Health and Wellbeing Steering Group
Operational Matters					
Rising Cost of Living Impacts	To identify the existing and potential impacts of the rising costs of living on residents of West Berkshire, the support that is currently available, and any gaps in provision.	For information and discussion	21/09/2022	Sean Murphy	Health and Wellbeing Steering Group
Voice of Disability	To review progress in delivering the recommendations made in the Healthwatch VoD report	For information and discussion	21/09/2022	Andrew Sharp	Health and Wellbeing Steering Group
Continuing Health Care - Peer Review	To report the outcome of the peer review of Continuing Health Care Payments	For information and discussion	21/09/2022	Andy Sharp / Paul Coe	Health and Wellbeing Steering Group
Homes for Ukraine – West Berkshire Update	To update the Health and Wellbeing Board on the local response to and implementation of the Homes for Ukraine Scheme	For information and discussion	21/09/2022	Sean Murphy	Health and Wellbeing Steering Group
Arts and Culture Health and Wellbeing Projects	To update the Board on health and wellbeing projects being delivered by the Arts and Culture Sector	For information and discussion	21/09/2022	Jessica Jhundoo-Evans	Health and Wellbeing Steering Group
Health & Wellbeing Strategy Delivery Plan - Progress Report Q1 2022/23	To provide the performance dashboard for the delivery of the Health and Wellbeing Strategy Delivery Plan and to highlight any emerging issues	For information and discussion	21/09/2022	TBC	Health and Wellbeing Steering Group
8 December 2022 - Board meeting					
Strategic Matters					
West Berkshire Vision 2036	To present the refreshed West Berkshire Vision 2036 document for approval.	For information and discussion	29/11/2022	Nigel Lynn / Catalin Bogos	Health and Wellbeing Steering Group
Suicide Prevention Strategy	To present the draft Suicide Prevention Strategy and explain the consultation process	For information and discussion	29/11/2022	Tracy Daszkiewicz	Health and Wellbeing Steering Group
Operational Matters					
West Berkshire Better Care Fund Plan	To present the Better Care Fund Plan for approval	For decision	29/11/2022	Andy Sharp	Health and Wellbeing Steering Group
Health & Wellbeing Strategy Delivery Plan - Progress Report Q2 2022/23	To provide the performance dashboard for the delivery of the Health and Wellbeing Strategy Delivery Plan and to highlight any emerging issues	For information and discussion	29/11/2022	TBC	Health and Wellbeing Steering Group
January 2023 - Conference (Date TBC)					
23 February 2023 - Board meeting					
Strategic Matters					
Suicide Prevention Strategy	To present the final version of the Suicide Prevention Strategy for approval	For decision	14/02/2023	Tracy Daszkiewicz	Health and Wellbeing Steering Group
Operational Matters					
Social Determinants of Mental Health - Financial Support	To present the findings of the Mental Health Action Group's review of the impact of financial support on mental health	For decision	14/02/2023	Adrian Barker	Health and Wellbeing Steering Group
Health & Wellbeing Strategy Delivery Plan - Progress Report Q3 2022/23	To provide the performance dashboard for the delivery of the Health and Wellbeing Strategy Delivery Plan and to highlight any emerging issues	For information and discussion	14/02/2023	TBC	Health and Wellbeing Steering Group
May 2023 - Board meeting (Date TBC)					

Health & Wellbeing Board – 21 July 2022

Item 16 – Future Meeting Dates

Verbal Item

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