
Delivering the Health and Wellbeing Strategy (Delivery Plans) – Supporting Information

1. Introduction/Background

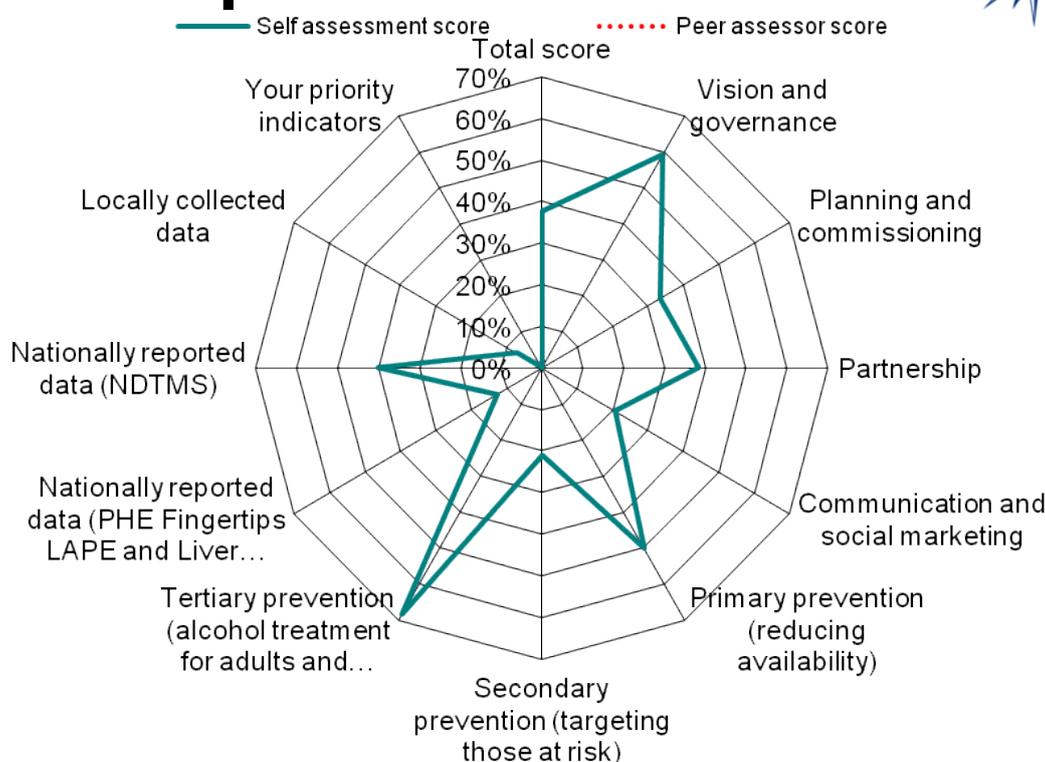
- 1.1 The [West Berkshire Joint Health and Wellbeing Strategy 2017-2020](#) was approved by the Health and Wellbeing Board (the Board) on 24 November 2016 and adopted by the Council on 2 March 2017.
- 1.2 The Strategy sets out two priorities for 2017. The Board intends to achieve progress against these objectives to be achieved by the end of 2017. These are:
- (1) Reduce alcohol related harm for all age groups
 - (2) Increase the number of Community Conversations through which local issues are identified and addressed
- 1.3 The Strategy sets out five strategic aims that the Board is working towards. Under each aim, three to five objectives specify what the Board wants to do to achieve its aims. Two objectives have been chosen as the Board's priorities for 2017 (above). The Health and Wellbeing Board wants to achieve measurable progress against these aims by the end of the period covered by the Strategy (2020). The aims are:
- (1) Give every child the best start in life
 - (2) Support mental health and wellbeing throughout life
 - (3) Reduce premature mortality by helping everyone live healthier lives
 - (4) Build a thriving and sustainable environment in which communities can flourish
 - (5) Help older people maintain a healthy, independent life for as long as possible
- 1.4 When the Strategy was written, the author intended that the full list of objectives would encapsulate the aspects of health and wellbeing which had been identified as significant issues following analysis of the District Needs Assessment. The aims group these objectives which *should* inform the usual business of the Council, Clinical Commissioning Group and other partner organisations of the Health and Wellbeing Board. The author also intended that the Health and Wellbeing Board would choose annually a small number of objectives to be its priorities for the forthcoming year.
- 1.5 So that the Board can achieve measurable outcome change against the aims and objectives in their Strategy it has asked its sub-groups to identify actions that they will complete and measures that they will monitor to ensure their work is having an impact.

- 1.6 The purpose of this report is to outline the activities that will be completed by the sub-groups to deliver measurable progress towards the aims and objectives in the Health and Wellbeing Strategy. Measures have been developed to monitor the progress of these actions and will be reported to the Steering Group on a quarterly basis. These are available in the appendix.
- 1.7 The report also identifies objectives where work is under taken as ‘business as usual’, with no current additional work under the Board’s ‘banner’. The Board should reflect on its oversight of outcome improvement on objectives without delivery plans.

2. Priority for 2017: Reduce Alcohol Related Harm for all Age Groups

- 2.1 Reducing alcohol related harm has been chosen by the Board as a priority following the emergence of the issue at a number of partnership forums. The Board felt that they could be more effective by working together, rather than separately in their organisations, to reduce alcohol related harm for all age groups.
- 2.2 The Alcohol Harm Reduction Partnership (AHRP) has been set up to be responsible for delivering measurable change within 2017 on behalf of the Board.
- 2.3 The AHRP has used the CLear self assessment toolkit to identify the strengths of current services and the areas for improvement. The findings are below in Figure 1.
- 2.4 **Figure 1: West Berkshire CLear Profile (March 2017)**

CLear profile



- 2.5 The CLear assessment identified that in West Berkshire there is strong tertiary prevention (treatment), a strong vision and strong governance around alcohol.

2.6 Areas of improvement were identified as secondary prevention (targeting those at risk) and communication and social marketing. West Berkshire has performance below the national average on some key indicators.

2.7 The result of this assessment was that two projects have been identified to be delivered in 2017; a 'Blue Light' project and an Identification and Brief Advice (IBA) project.

Blue Light Project

2.8 West Berkshire’s rate of alcohol specific mortality is below the national average but it is not falling and its performance is rated as amber (warning) under the [Local Alcohol Profiles for England](#) (Public Health England). There are an estimated 46 people in West Berkshire who are long-term alcohol dependent and are expensive to services, in addition to being at greater risk of alcohol related mortality.

2.9 The Blue Light project has been identified by the AHRP to target those most at risk of alcohol related mortality. It follows Alcohol Concern’s national initiative to develop alternative approaches and care pathways for treatment resistant drinkers who place a burden on public services. It is supported by Public Health England and 23 local authorities across the country.

2.10 Drawing on both motivational and harm reduction approaches it provides non-specialist and specialist workers with tools they can use and pathways they can follow which help to manage the risk and directly reduce associated problems such as domestic abuse, fire deaths and health problems.

2.11 The actions associated with the Blue Light project are:

Alcohol Harm Reduction Partnership Action Plan (Blue Light Project) SRO: Debi Joyce			
Action	Start date	Measure	Target
Monitor training in the Blue Light approach	Mar-18	Number of Blue Light (BL) project training sessions and 'train the trainer' sessions delivered	7
	May-18	Number of health, social care, housing and criminal justice staff who have attended Blue Light (BL) training	(Not targeted)
Develop and agree action plans to support treatment resistant drinkers in the Blue Light (BL)	May-18	Number of identified treatment resistant drinkers on Blue Light project, with an agreed action plan	15
Reduce the cost to other WBC services for ongoing support by engaging treatment resistant drinkers in the Blue Light approach	May-18	£ cost saved per client (at end of project)	(Not targeted)

Identification and Brief Advice

- 2.12 The CLear self-assessment identified that West Berkshire needed to strengthen secondary prevention. The focus of secondary prevention services is on lowering consumption in those drinking at risk. Large-scale delivery of targeted brief advice and early interventions aimed at individuals in at-risk groups can help make people aware of the harm they may be doing and can prevent extensive damage to health and wellbeing.
- 2.13 Identification and Brief Advice (IBA) is an alcohol brief intervention which typically involves:
- (1) **Identification:** using a validated screening tool to identify ‘risky’ drinking.
 - (2) **Brief Advice:** the delivery of short, structured ‘brief advice’ aimed at encouraging a risky drinker to reduce their consumption to lower risk levels
- 2.14 IBA can be initiated by front line health and social care roles wherever they have a good opportunity. It is prevention rather than a treatment approach to helping at-risk drinkers make an informed choice about their drinking.
- 2.15 The actions associated with the IBA project are:

Alcohol Harm Reduction Partnership Action Plan (Identification and Brief Advice) SRO: Debi Joyce			
Action	Start date	Measure	Target
Monitor uptake of Identification & Brief Advice (IBA) training	Jun-17	Total number of WBC staff, GP staff, volunteers and staff from Lifestyle Intervention Providers trained in Identification & Brief Advice (IBA)	1000 (Jun 18)
Monitor how many staff incorporate Identification & Brief Advice (IBA) into their practice	Jun-18	Proportion of IBA trained people who have used training (3 month survey)	75% (Jun 18)
Improve knowledge and confidence of those receiving Identification & Brief Advice (IBA) training	Jun-18	Proportion of participants who report an increase level of confidence of IBA on training evaluation form (Identification & Brief Advice (IBA))	75% (Jun 18)

- 2.16 The AHRP will also work closely with the Board’s Patient and Public Engagement Group to improve communication regarding alcohol. It has already overseen the production of an article which was published in the Newbury Weekly News on 16th March 2017.
- 2.17 These are new projects and will be resourced by the Council’s Public Health team. It is the intention that while Public Health will front the cost of the projects, there should be a system wide benefit to both the pressure on emergency services in the short term and the pressure on the health and wellbeing system in the long term.

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

- 3.1 Community Conversations have been developed by the Building Communities Together programme with the aim to develop a community led restorative approach. The Peer Review in March 2016 recommended that the Board gain more oversight of this work and it was chosen as a priority during the development work following the Peer Review.
- 3.2 A Community Conversation is a form of engagement which seeks to enable communities to find solutions to problems that they have identified, without the need to bring in public services. Communities can be self-selecting or might be 'communities of interest' which are heavily reliant on public services and/or experience inequalities in their health outcomes compared to other West Berkshire communities.
- 3.3 The Building Communities Together (BCT) Partnership was established in May 2017 following the merger of the Safer Communities Partnership and the Brilliant West Berkshire Programme Board. The BCT Team formed on 1st April 2017 and includes officers from the Council and Thames Valley Police. The team is responsible for continuing and developing the work on community conversations, alongside a number of other areas, and is expected to deliver measurable change within 2017 on behalf of the Board.
- 3.4 Susan Powell, the team manager, completed a review of community conversations which was presented to the Board at its meeting on 30 March 2017. The key findings were:
- (1) The range of issues identified during conversations has been diverse and some community orientated solutions identified.
 - (2) Volunteers have been forthcoming with approximately 110 currently engaged in Community Conversations.
 - (3) A professional's forum has arisen from one Community Conversation.
 - (4) Restorative Approaches and Problem Solving have underpinned the conversations with residents and partner working together to identify issues and solutions.
 - (5) Engagement needs to be improved particularly with young people and hard to reach groups/communities.
 - (6) Restorative Approaches need to be sustained.
 - (7) SARA Problem Solving is a useful tool within Community Conversations.

3.5 The following actions were identified as the next steps of developing Community Conversations:

Building Community Together Action Plan (Community Conversations)			
SRO: Susan Powell			
Action	Start date	Measure	Target
Conduct an audit of Community Conversations currently underway to clarify outputs, outcomes and impacts during 2016/17 and to celebrate success	May-17	Number of identified Communities that have started new Community Conversations	>10 (Mar-18)
Identify existing community forums and activities that have potential to become 'new' Community Conversations	Sep-17	% of identified communities that have mapped their assets within 3 months (where there is a requirement to do so)	100% (Mar-18)
Conduct Community Engagement activities to support the development of 'new' Community Conversations and to identify local community based issues	Mar-18	% of identified communities that have been trained in problem solving methodology (where there is a requirement to do so)	100% (Mar-18)
Develop a Project Management Structure for Community Conversations	Jun-17	% of identified communities that have agreed what actions will be undertaken to address locally identified issues	100% (Mar-18)
Use data to support individual Community Conversations in identifying issues and, where, appropriate, to monitor change	Ongoing		(Not targeted)

3.6 This area of work is now resourced by bringing together a team of officers from the Council and Thames Valley Police (joining in June 2017) who are working together in a different way to support the use of Community Conversations. The West Berkshire Volunteer Centre Project Officer continues to provide support for Community Conversations working closely with the BCT Team Manager and Community Anchors.

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

4.1 The aim to give every child the best start in life carries the following objectives:

- (1) Decrease the educational attainment gap between children on free school meals and the rest
- (2) Reduce childhood obesity
- (3) Improve educational and health outcomes for Looked After Children

(4) Support the health and wellbeing of young carers

- 4.2 Much work in support of these objectives is business as usual for the Council’s Education, Children and Family and Public Health teams. The Health and Wellbeing Board received a report at its meeting in November 2016 which outlined the work of the School Improvement Team to help schools to improve educational attainment of children from vulnerable families and/or receiving free school meals. Children’s health and wellbeing is particularly high profile, in the light of West Berkshire’s Children and Family Services Ofsted ‘inadequate’ rating in 2015.
- 4.3 The Children’s Delivery Group is responsible for delivering measurable change by 2020 on behalf of the Board. Its membership includes officers from Council’s Education, Children and Family and Public Health teams, in addition to officers from the Berkshire West CCGs.
- 4.4 The Children’s Delivery Group is also responsible to the Local Safeguarding Children’s Board (LSCB).
- 4.5 The Children’s Delivery Group has identified that they can add value to work regarding the following:

Children’s Delivery Group Action Plan			
SRO: Andrea King			
Action	Start Date	Measure	Target
Organise a conference event for West Berkshire schools on managing autistic types of behaviours in school - promoting inclusion	Ongoing	Number of schools that attended the conference	TBC Summer 17
	Ongoing	% of schools that are implementing the techniques for managing autistic types of behaviour	TBC Mar-18
Schools promote inclusion with focus on managing autistic types of behaviour	TBC	Reduce the number of exclusions due to autistic types of behaviour	TBC Mar-18
Support the physical health of Looked After Children	Ongoing	Percentage of LAC with completed health assessments on time	TBC
Increase the number of LAC who have had a mental health assessment	Ongoing	% of LAC aged 4-16 in care for 12 months+ with a with a SDQ (Strengths and Difficulties Questionnaire) assessment within the last year	100%
	Ongoing	Reduce the Average Difficulties (SDQ) Score	<17
Increase the number of young carers that have been identified and receive support	Ongoing	Number of Young Carers being supported	Increase nos
	Ongoing	Number of Young Carers engaged with support service	

Helping children, young people and families find support for emotional well-being earlier, faster and more easily	Ongoing	Number of referrals to the Emotional Health Academy triage	TBC
	Ongoing	Number of children that worked with the Emotional Health Academy professionals	TBC
	Ongoing	% of children and young people that improved their outcomes following support from the Emotional Health Academy	TBC

- 4.6 These areas of work will have no new resource and will depend on the partner members of the Children’s Delivery Group prioritising their time and service budgets to support its activities.
- 4.7 Recent external assessment has shown that excellent progress is being made in respect of the Council’s Children and Family Services Team. This is also backed up by significant improvements in a number of key performance indicators in relation to child protection. Mindful of the role of the LSCB, the Board should reflect on its oversight of outcome improvement on objectives not covered by the Children’s Delivery Group action plan.

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

- 5.1 The aim to support mental health and wellbeing throughout life carries the following objectives:
- (1) Promote the emotional health and wellbeing of children
 - (2) Promote positive mental health and wellbeing for adults
 - (3) Prevent suicide and self-harm for adults and young people
 - (4) Decrease social isolation
 - (5) Ensure early assessment of and good provision of care for those with dementia
- 5.2 The Council’s Public Health Team, Berkshire West CCG Federation, Berkshire Healthcare Foundation Trust and Berkshire’s Shared Public Health Team conduct a variety of activities on Berkshire-wide, Berkshire West and West Berkshire footprints in support of the above objectives. At the meeting of the Health and Wellbeing Board on 30 March 2017, the Board received presentations from a number of speakers to outline some of these activities.
- 5.3 The Mental Health Collaborative is responsible for delivering measurable change by 2020 on behalf of the Board. The Collaborative is also a sub-group of the West Berkshire Mental Health Forum, formed as a meeting of a variety of professionals with an interest in mental health. The Mental Health Collaborative is currently writing their Strategy and when developing its action plan will need to identify where it can add value and not duplicate work being done already, with a particular focus on uniquely West Berkshire issues.

5.4 The Mental Health Collaborative is aiming to have its delivery plan prepared by June 2017. The Board should investigate the barriers which have prevented faster progress being made.

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

6.1 The aim to reduce premature mortality by helping everyone live healthier lives carries the following objectives:

- (1) Reduce alcohol related harm across the district for all age groups
- (2) Increase uptake of NHS Health Checks
- (3) Support residents to stop smoking and reduce substance misuse
- (4) Support residents to be more physically active, achieve a healthy weight and eat a healthy diet

6.2 The Alcohol Harm Reduction Partnership is responsible for delivering measurable change in 2017 on behalf of the Board. The actions that they will be completing to reduce alcohol related harm have been reported above.

6.3 The Council's Public Health Team and the Berkshire West CCG Federation, as part of the Accountable Care System, are responsible for business as usual activities in support of objectives (2), (3) and (4).

6.4 At present, the activities which the Board is overseeing in support of the aim to 'reduce premature mortality...' is limited to reducing alcohol related harm. The Board should reflect on its oversight of outcome improvement on objectives not covered by the Alcohol Harm Reduction Partnership action plan.

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

7.1 The aim to build a thriving and sustainable environment in which communities can flourish carries the following objectives:

- (1) Increase the number of Community Conversations through which local issues are identified and addressed
- (2) Ensure that housing is of good quality, accessible and affordable.
- (3) Improve rural access to services
- (4) Decrease levels of air pollution in areas that need it
- (5) Increase the number of reports of Domestic Abuse and repeat incidents of abuse reported to Thames Valley Police

7.2 The Building Communities Together (BCT) Partnership and Team are responsible for delivering measurable change within 2017 on behalf of the Board regarding objective (1), increase the number of Community Conversations through which local issues are identified and addressed, and their associated actions have been reported above.

7.3 The BCT Partnership and Team are also responsible for business as usual activities to support objective (5), increase the number of reports of Domestic Abuse and repeat incidents of abuse reported to Thames Valley Police.

Building Community Together Action Plan (Domestic Abuse)			
SRO: Susan Powell/ Jim Boden			
Action	Start Date	Measure	Target
Run events to raise awareness of Domestic Abuse	Mar-17	Number of Domestic Abuse awareness events held	3 events (Mar 18)
Monitor uptake of Domestic Abuse, Stalking and Harassment (DASH) and Multi-agency Risk Assessment Committee (MARAC)	Mar-17	Number of WBC staff, volunteers and partner agency staff trained in Deliver Domestic Abuse, Stalking and Harassment (DASH) and Multi-agency Risk Assessment Committee (MARAC)	150 (Mar 18)
Conduct visits to schools to promote the issue of unhealthy, abusive relationships and the links to Child Sexual Exploitation	Mar-17	Number of schools visited to promote the issue of unhealthy, abusive relationships and the links to Child Sexual Exploitation	Not targeted
Monitor the number of calls to both Thames Valley Police and West Berks Domestic Abuse Helpline	Mar-17	Number of calls to both Thames Valley Police and West Berks Domestic Abuse Helpline	Not targeted
Monitor number of repeat incidents of Domestic Abuse reported to Thames Valley Police	Mar-17	Number of repeat incidents of Domestic Abuse reported to Thames Valley Police	Not targeted

7.4 The Council’s Housing Team is responsible for business as usual activities to support objective (2), ensure that housing is of good quality, accessible and affordable.

7.5 The Council’s Transport Team is responsible for business as usual activities to support objective (3), improve rural access to services.

7.6 The Council’s Public Health Team and Environmental Health Team, together with the Highways and Transport service are responsible for business as usual activities to support objective (4), decrease levels of air pollution in areas that need it.

7.7 Mindful of the Board’s new expanded membership and its ambition to take a broader role in the wider determinants of health the Board, again, should reflect on its oversight of outcome improvement on objectives not covered by the Building Community Together action plan.

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

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

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

8.2 The Ageing Well Task Group (AWTG) is responsible for activities to support objective (1), prevent falls and ensure integrated care for those who have sustained a fall. The Board resolved to set up the Task Group in July 2016 following a Hot Focus Session on Falls Prevention on 23 April 2016. The AWTG considered the NICE guidance in evaluating the services available in West Berkshire and identified the following actions to deliver measurable change by 2020.

Ageing Well Task Group Action Plan			
SRO: April Peberdy			
Action	Start Date	Measure	Target
Increase the number of people aged over 65 who are at risk of a fall who have attended a Steady Steps class	Ongoing	Increase the proportion of people aged 65+ at risk of falling who take part in a 'Fall Prevention' class (Steady Steps) (At risk 35% of population aged 65-84 = 7,188 45% of population aged 85+ = 1389)	tbc
Increase the number of people aged over 65 who are at risk of a fall who have attended a Tai Chi course	Ongoing	Increase the proportion of people aged 65+ at risk of falling who take part in a Tai Chi for Falls Prevention class (At risk 35% of population aged 65-84 = 7,188 45% of population aged 85+ = 1389)	tbc
Conduct campaigns to increase public awareness of falls and how to prevent falls.	Ongoing	Number of Falls Prevention Awareness Campaigns	tbc
Deliver training to WBC staff, NHS Staff and volunteers on the Falls Prevention Pathway to increase knowledge of available services and the recommended approach.	Jan-17	Number of Falls Prevention Awareness Training sessions delivered	tbc
Develop and implement a multi-factorial falls risk assessment tool (FRAT)	May-17	Number of risk assessments conducted using FRAT tool	tbc
Conduct an Early Intervention Project to identify those most at risk of falls.	Sep-17	Number of people aged over 65 identified as at risk of falls.	tbc
Conduct a Home Safety Check Pilot with RBFRS	2018	Number of Home Safety Checks	tbc

- 8.3 The Council's Adult Social Care service and the Berkshire West CCG Federation are responsible for business as usual activities in support of objective (2), maximise independence for older people and those with long-term conditions and objective (3), ensure good end of life care is available and residents are able to die where they choose.
- 8.4 The Board should reflect on its oversight of outcome improvement on objectives not covered by the Ageing Well Task Group action plan.

9. Integration

- 9.1 Integration is a cross cutting theme across the priorities, aims and objectives in the Health and Wellbeing Strategy and each sub-group needs to pursue integrated ways of working.
- 9.2 The Health and Wellbeing Steering Group is responsible for supporting the Health and Wellbeing Board's development as they make decisions about what integration will look and feel like for the patients, service users and residents of West Berkshire.
- 9.3 There is also a Berkshire West 10 Integration Board (BW10) which includes representation from the health authorities and local authorities in Berkshire West (Reading, West Berkshire and Wokingham). The BW10 is committed to pursuing more integrated care for the patients, service users and residents of Berkshire West. The BW10 monitor the overarching performance of the Better Care Fund projects.
- 9.4 The West Berkshire Locality Integration Board (LIB) is linked to the BW10 governance and oversees the performance of the Better Care Fund (BCF) projects locally. There has been a delay in the publication of the national guidance however it is known that there will be four national conditions that the BCF must be used for:
- (1) Delayed transfers of care
 - (2) Non-Elective Admissions (general and acute)
 - (3) Admissions to residential and care homes
 - (4) Effectiveness of reablement
- 9.5 The LIB is responsible for activities to support the above conditions and will provide this information once the Better Care Fund Plan is finalised.

10. Conclusion

- 10.1 The above delivery plans specify the actions that the Board's sub-groups are focusing on in the short and medium term. The progress will be monitored by the Steering Group and the measures to monitor the progress of these actions will form the Board's new performance dashboard. The Steering Group considered that these delivery plans present the outputs that the sub-groups are seeking to achieve but they do not go far enough to explain the outcomes for West Berkshire's residents that are to be improved.
- 10.2 The report identifies objectives in the Health and Wellbeing Strategy which have no additional work being undertaken that go above and beyond business as usual

activities. It is also clear that some groups' delivery plans are more advanced than others and this is due in part to the lengths of time the groups have been operating. The Board should however be concerned that there is no delivery plan as yet for the aim to 'support mental health and wellbeing throughout life'. It should also give attention to the aims to 'build a thriving environment in which communities can flourish' and 'reduce premature mortality by helping everyone live healthier lives' which at present have no limited activity.

10.3 Whilst the Board needs to balance the desires to focus its attention on areas where its involvement can be most effective, it also needs to ensure the delivery of the Health and Wellbeing Strategy in its entirety. At present there is no delivery plan for any objectives under the aim to 'support mental health and wellbeing throughout life' and the Board should investigate the barriers which have lead to the slow progress here.

11. Consultation and Engagement

11.1 Nick Carter, Health and Wellbeing Steering Group

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

Strategic Aims and Priorities Supported:

The proposals will help achieve the following Council Strategy aims:

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

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

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

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