				Health and We	Ilbeing Str	ategy D	eliver	y Plan			
HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	SRO	Start Date	Ref.	Measure	Target	Latest/YE RAG	Narrative
				April Peberdy (AHRP)		A3/10.m 1	Total number of WBC staff, GP staff, volunteers and staff from Lifestyle Intervention Providers trained in Identification & Brief Advice (IBA) - by June 2018	500	data not available	Procurement process currently underway. Commencement date likely to be end of September 2017	
		Monitor uptake of Identification & Brief Advice (IBA) - training	April Peberdy (AHRP)		A3/10.m 2	Number of WBC staff trained in Identification & Brief Advice (IBA)	(Not targeted)	data not available	Reports from Q2/3 once procurement has been completed		
			A3/10.ac1	April Peberdy (AHRP)	Jun-17	A3/10.m 3	Number of GP practices trained in Identification & Brief Advice (IBA)	(Not targeted)	data not available	Reports from Q2/3 once procurement has been completed	
				April Peberdy (AHRP)		A3/10.m 4	Number of volunteers trained in Identification & Brief Advice (IBA)	(Not targeted)	data not available	Reports from Q2/3 once procurement has been completed	
					April Peberdy (AHRP)		1 1	Number of Lifestyle Intervention Providers trained in Identification & Brief Advice (IBA)	(Not targeted)	data not available	Reports from Q2/3 once procurement has been completed
2017/18 Priorit	y: Reduce a	Icohol related harm across	A3/10.ac2	Monitor how many staff incorporate Identification & Brief Advice (IBA) into their practice	April Peberdy (AHRP)	Jun-17	A3/10.m 6	Proportion of IBA trained people who have used training (3 month survey) - by June 2018	75%	data not available	Indicative target set at 75% in recognition that not all those who are trained might have the opportunity to put their training into practice.
the	district for	all age groups	A3/10.ac3	Outcome: Improve knowledge and confidence of those receiving Identification & Brief Advice (IBA) training	April Peberdy (AHRP)	Jun-17	A3/10.m 7	Proportion of participants who report an increase level of confidence of IBA on training evaluation form (Identification & Brief Advice (IBA)) - by June 2018	75%	data not available	Indicative target set at 75% in recognition that not all those who are trained might achieve a higher level of confidence to deliver IBA.
					April Peberdy (AHRP)		A3/10.m 8	Number of Blue Light (BL) project training sessions and 'train the trainer' sessions delivered	7	data not available	Procurement process currently underway. Commencement date likely to be end of May 2017
			A3/10.ac4	Monitor training in the Blue Light approach	April Peberdy (AHRP)	May-18	A3/10.m 9	Number of health, social care, housing and criminal justice staff who have attended Blue Light (BL) training	(Not targeted)	data not available	Data will be collected upon commencement of training.
			A3/10.ac5	Develop and agree action plans to support treatment resistant drinkers in the Blue Light (BL)	April Peberdy (AHRP)	May-18	A3/10.m 10	Number of identified treatment resistant drinkers on Blue Light project, with an agreed action plan	15	data not available	Reports from Q2/3 once procurement has been completed
			A3/10.ac6	Outcome: Reduce the cost to other WBC services for ongoing support by engaging treatment resistant drinkers in the Blue Light approach	April Peberdy (AHRP)	May-18	A3/10.m 11	£ cost saved per client (at end of project)	(Not targeted)	data not available	Baseline for each client required.

				Health and We	Ilbeing Str	ategy D	eliver	y Plan			
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		A4/1.ac1	Conduct an audit of Community Conversations currently underway to clarify outputs, outcomes and impacts during 2016/17 and to celebrate success	Susan Powell (BCT)	May-17	A4/1.m1	Number of Community Conversations through which local issues are identified and addressed - by March 2018	>10	data not available	Audit completed and findings being used to inform the development of existing and planned conversations. Opportunities to celebrate success being explored. There are currently 3 ongoing Community Conversations and there have been 3 community conversation styled engagement and problem solving events.	
		A4/1.ac2	Identify existing community forums and activities that have potential to become 'new' Community Conversations	Susan Powell (BCT)	Sep-17	A4/1.m2	% of identified communities that have mapped their assets within 3 months (where there is a requirement to do so) - by March 2018	100%	data not available	Mapping of existing community forums commenced.	
	2017/18 Priority: Increase the number of community conversations through which local issues are identified and addressed		A4/1.ac3	Conduct Community Engagement activities to support the development of 'new' Community Conversations and to identify local community based issues	Susan Powell (BCT)	Mar-18	Δ4/1 m3	% of identified communities that have been trained in problem solving methodology (where there is a requirement to do so) - by March 2018	100%	data not available	Opportunities for community engagement activities being explored.
			A4/1.ac4	Develop a Project Management Structure for Community Conversations	Susan Powell (BCT)	Jun-17	A4/1.m4	% of identified communities that have agreed what actions will be undertaken to address locally identified issues - by March 2018	100%	data not available	Project Management Structure under development.
			A4/1.ac5	Use data to support individual Community Conversations in identifying issues and, where, appropriate, to monitor change	Susan Powell (BCT)	Ongoing				data not available	
			A4/1.ac6	Outcome measure tbc						data not available	

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

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

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ıstainable environment in flourish			A4/18.ac1	Run events to raise awareness of Domestic Abuse	Susan Powell (BCT)	Mar-17	A4/18.m 1	Run events to raise awareness of Domestic Abuse - by March 2018	3	3.0 Q1	I have been involved in two events to raise awareness of DA. In May I contributed to a conference we held in the Council Chamber around DA and mental health, attended by over 40 people. Also in this quarter I spoke to staff at Strawberry Hill GP surgery with a victim of DA. This sought to raise awareness of DA with staff and establish clear referral routes when patients disclose abuse. I also completed a training session with the Family Hub staff. The training was to assist with identifying and support DA cases. Evaluations of this training are available			
ving and su unities can	Objective 18	Increase reporting of domestic abuse and decrease repeat incidents of domestic abuse	A4/18.ac2	Monitor uptake of Domestic Abuse, Stalking and Harassment (DASH) and Multi-agency Risk Assessment Committee (MARAC)	Susan Powell (BCT)	Mar-17	A4/18.m 2	Number of WBC staff, volunteers and partner agency staff trained in Deliver Domestic Abuse, Stalking and Harassment (DASH) and Multi-agency Risk Assessment Committee (MARAC) - by March 2018	150		Two DASH / MARAC sessions have been completed, one in Q1 and one in Q2. A total of 18 people of been training in using the DASH risk assessment tool and referring cases to MARAC in this quarter. The total is now 148			
n: Build a thri which comm			A4/18.ac3	Conduct visits to schools to promote the issue of unhealthy, abusive relationships and the links to Child Sexual Exploitation	Susan Powell (BCT)	Mar-17	A4/18.m 3	Number of schools visited (during the academic year) to promote the issue of unhealthy, abusive relationships and the links to Child Sexual Exploitation	3	1.0 Q1	There have not been any specific visits to schools during this quarter. However a Healthy Relationships intervention commenced delivery for year 8's in Kennet School by the EHA.			
rategic Aim: w			A4/18.ac4	Monitor the number of calls to both Thames Valley Police and West Berks Domestic Abuse Helpline	Susan Powell (BCT)	Mar-17	A4/18.m 4	Number of calls to both Thames Valley Police and West Berks Domestic Abuse Helpline	10% increase (2837)	data not available	Awaiting TVP data on Q1 number of DA crimes and Incidents. Please note target is 2837 which is a 10% increase on last years figure of 2574			
HWB Str			A4/18.ac5	Monitor number of repeat incidents of Domestic Abuse reported to Thames Valley Police	Susan Powell (BCT)	Mar-17	A4/18.m 5	Number of repeat incidents of Domestic Abuse reported to Thames Valley Police	<25% in a year (no. Tbc)	42.9% Q1	For comparison: overall rate for Thames Valley = 43.7%			

				Health and We	llbeing Str	ategy D)elive	ry Plan			
HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	SRO	Start Date	Ref.	Measure	Target	Latest/YE RAG	Narrative
າ a healthy, le		Prevent falls and ensure integrated care for those who have sustained a fall	A5/19.ac1	Increase the number of people aged over 65 who are at risk of a fall who have attended a Steady Steps class	April Peberdy (AWTG)	Ongoing	A5/19.m 1	Increase the proportion of people aged 65+ at risk of falling who take part in a 'Fall Prevention' class (Steady Steps) (At risk 35% of population aged 65-84 = 7,188 45% of population aged 85+ = 1389)	tbc	data not available	Data from provider is not yet available
r people maintain a as long as possible			A5/19.ac2	Increase the number of people aged over 65 who are at risk of a fall who have attended a Tai Chi course	April Peberdy (AWTG)	Ongoing	A5/19.m 2	Increase the proportion of people aged 65+ at risk of falling who take part in a Tai Chi for Falls Prevention class (At risk 35% of population aged 65-84 = 7,188 45% of population aged 85+ = 1389)	tbc	data not available	Data from provider is not yet available
lp olde	Objective 19		A5/19.ac3	Conduct campaigns to increase public awareness of falls and how to prevent falls.	April Peberdy (AWTG)	Ongoing	A5/19.m 3	Number of Falls Prevention Awareness Campaigns	tbc	1.0 Q1	One campaign on Falls and Hydration was completed in June 2017, with an accompanying webpage.
Aim: He vendent			A5/19.ac4	Deliver training to WBC staff, NHS Staff and volunteers on the Falls Prevention Pathway to increase knowledge of available services and the recommended approach.	April Peberdy (AWTG)	Jan-17	A5/19.m 4	Number of Falls Prevention Awareness Training sessions delivered	tbc	data not available	Data from provider is not yet available
Strategic / indep			A5/19.ac5	Develop and implement a multi-factorial falls risk assessment tool (FRAT)	April Peberdy (AWTG)	May-17	A5/19.m 5	Number of risk assessments conducted using FRAT tool	tbc	data not available	Due for implementation in May 2017.
HWB St			A5/19.ac6	Conduct an Early Intervention Project to identify those most at risk of falls.	April Peberdy (AWTG)	Sep-17	A5/19.m 6	Number of people aged over 65 identified as at risk of falls.	tbc	data not available	Due for implementation in September 2017.
=			A5/19.ac7	Conduct a Home Safety Check Pilot with RBFRS	April Peberdy (AWTG)	Jan-18	A5/19.m 7	Number of Home Safety Checks	tbc	data not available	Due for implementation in 2018.
				Outcome measure tbc						data not	

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