

# Supplemental Items for Health Scrutiny Committee

**Tuesday 12 December 2023 at 1.30pm**  
in Council Chamber, Council Offices,  
Market Street, Newbury.

## Part I

Page No.

- |    |  |         |
|----|--|---------|
| 7  | <b>Emotional Wellbeing of Children, and Children and Young People<br/>Mental Health Services</b><br>Purpose: To consider reports on the approach to the emotional wellbeing<br>and mental health of young people in West Berkshire.                        | 1 - 14  |
| 10 | <b>Update from Buckinghamshire, Oxfordshire and Berkshire West<br/>Integrated Care Board</b><br>Purpose: The Buckinghamshire, Oxfordshire and Berkshire West<br>Integrated Care Board (ICB) to provide an update on activities and<br>commissioning plans. | 15 - 20 |

*Sarah Clarke.*

Sarah Clarke

Service Director (Strategy & Governance)

For further information about this/these item(s), or to inspect any background documents  
referred to in Part I reports, please contact Vicky Phoenix on 07500 679060

e-mail: [vicky.phoenix1@westberks.gov.uk](mailto:vicky.phoenix1@westberks.gov.uk)

Further information and Minutes are also available on the Council's website at

[www.westberks.gov.uk](http://www.westberks.gov.uk)



WestBerkshire  
C O U N C I L

## Supplemental Items

**Health Scrutiny Committee to be held on Tuesday, 12 December 2023** *(continued)*

West Berkshire Council is committed to equality of opportunity. We will treat everyone with respect, regardless of race, disability, gender, age, religion or sexual orientation.

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



West Berkshire  
C O U N C I L

## Briefing Note – Emotional Health and Wellbeing for Children and Young People in West Berkshire

<b>Produced for:</b>	<i>Health Scrutiny Committee</i>
<b>Requested by:</b>	Members
<b>Portfolio Member:</b>	Councillor Heather Codling
<b>Service Director:</b>	Michelle Sancho
<b>Date Prepared:</b>	21 <sup>st</sup> November 2023
<b>Briefing Author:</b>	Jody Gordon and Kate Pike

### 1 Purpose of the Briefing

- 1.1 The purpose of this report is to provide members of the Health Scrutiny Committee with information on services that support the emotional health and wellbeing of children and young people across West Berkshire.

### 2 Background

- 2.1 The Emotional Health Academy (EHA) was established in April 2016 in partnership with schools, Child, and Adolescent Mental Health (CAMHS), General Practitioners (GPs), Integrated Care Boards (ICBs), health services, the voluntary sector and private investment. The primary function of the EHA is to coordinate the Multiagency Emotional Health Triage and provide evidenced based early intervention to children, young people and families, through promotion, training and direct therapeutic work, developing the role in a variety of community settings including schools.
- 2.2i West Berkshire were successful in their bid for a Mental Health Support Team (MHST) Trailblazer, which had a soft launch in September 2019 and launched in January 2020. The authority has since been successful with a bid for a second team which launched in September 2022 and has attracted over 3 million pounds of investment to West Berkshire over the past 3 years. Within MHST 1 we cover 27 schools, which is 3 schools and 24 Primary schools, based on a population of roughly 8,000 pupils. Within MHST 2 we cover 25 schools, which is 3 Secondary schools and 22 Primary schools. Further details of the EHA and MHST's core functions can be found in **Appendix 1**.
- 2.2ii Funding for the Emotional Health Academy & The Mental Health Support Team is received through a variety of streams including ICB, Public Health and Local authority sources. Further details of EHA and MHST funding can be found in **Appendix 2**.

- 2.2iii The Emotional Health Academy's clinical team & the Mental Health Support Teams receive direct referrals via the Multiagency Emotional Health Triage service and work closely to ensure all children and young people, across West Berkshire have access to support for mild to moderate mental health difficulties. See **Appendix 3** for Emotional Health Services Flow Chart.
- 2.2iv The EHA and MHST teams have worked together on several interventions, including co-delivery of the parent group interventions Helping Your Child with Fears and Worries and Adapted Helping Your Child with Fears and Worries, co-delivery of online drop-in sessions for parents/carers and children/young people during Children's Mental Health Weeks. They meet several times a year to engage in shared training, such as obsessive-compulsive disorder training, Reducing Parental Conflict training and Tics training.

### 3 Current Status

#### 3.1 How partners work together

- 3.1i West Berkshire Council's Multiagency Emotional Health Triage (EHT) promotes children and young people's access to emotional health support. Multiagency EHT does not provide direct support to children and young people. The responsibility of Multiagency EHT is to offer an "open door" policy ensuring that any child or young person, between the ages of 4 and 18, seeking emotional health support for mild to moderate mental health needs will be directed to appropriate support and where possible, not be placed on a waiting list.
- 3.1ii The Multiagency EHT was established on 3 November 2015 by West Berkshire Local Safeguarding Children Board (LSCB). The aims of the Multiagency EHT and membership can be found in **Appendix 4**.

#### 3.2 Demand

- 3.2i West Berkshire Council's Mental Health Support Teams received a total of 744 referrals (493 in MHST 1 and 251 in MHST 2) between September 2022 and August 2023.
- 3.2ii The Emotional Health Triage and the Emotional Health Academy received 854 referrals between September 2022 and August 2023.
- 3.2iii **Appendix 5** provides details on reasons for referral, source of referral and reasons closure.

#### 3.3 User Feedback between September 2022-August 2023

Both EHA and MHST gather regular feedback from children and young people, parent/carers, and staff. Examples of feedback for both EHA and MHST's User Feedback can be found in **Appendix 6**.

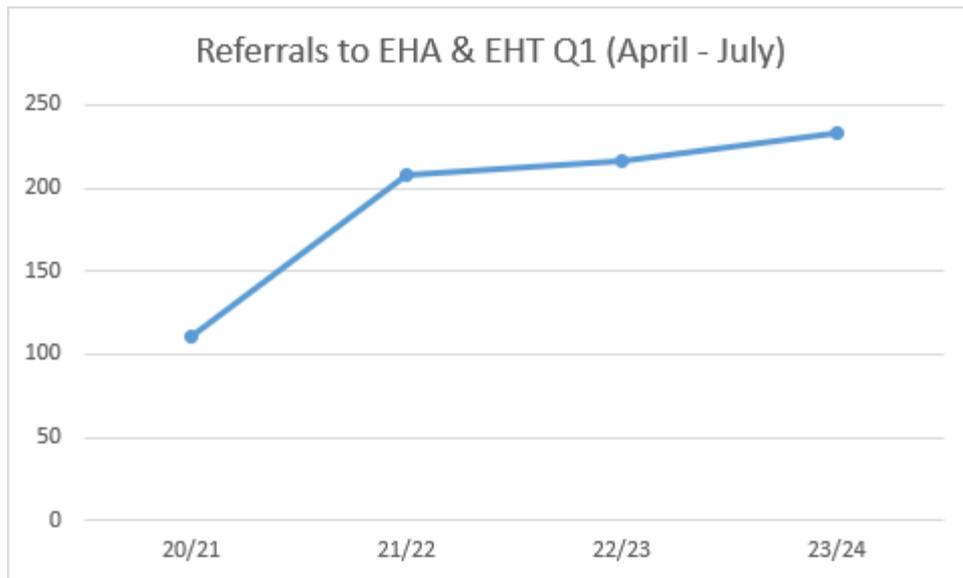
## 4 Implications and Impact

### 4.1 Impact

- 4.1i The number of referrals received by the Emotional Health Triage remains high. In Q1 2023/2024, 233 referrals were received, which is the highest ever in a Q1 period since the EHA's inception in 2016. Within the MHST, referrals were close to the target 500.
- 4.1ii The Department for Education conducted a Mental Health Support Team School and College Survey which asked about the experiences of schools and colleges across the country that are working with Mental Health Support Teams (MHSTs) from Trailblazer to Wave 6 sites. The survey asked about satisfaction levels on various elements of the service, including on the perceived impact of the MHST.
- 4.1iii The survey was conducted between 05 May 2023 and 30 June 2023.
- 4.1iv The tables in **Appendix 7** show West Berkshire scores in comparison to the South East and National scores in terms of satisfaction with direct interventions provided.

### 4.2 Barriers

- 4.2i During the launch year of an MHST, there is more focus on whole school understanding of the support that MHST can offer, which results in a slower referral process. However, it is beneficial as it begins the important conversations with children and young people, families, and staff about mental health, what it is, how to recognise when you need support and what support is out there.
- 4.2ii The most significant barrier for children and young people accessing support from the Emotional Health Academy is wait times. There are currently 72 Children and Young People on the EHA intervention wait list who have not yet been allocated a therapist to begin intervention. This figure does not include Children and Young People awaiting group intervention. Of those currently waiting, the longest wait time from assessment is currently 339 days.
- 4.2iii Over the past two years there has been a significant increase in wait times due to various factors including increasing complexity, capacity challenges and increasing referral numbers.



## 5 Conclusion

- 5.1i Between September 2022 and August 2023, The Emotional Health Academy and The Mental Health Support Teams together have received over 1500 referrals requesting support for the emotional health and wellbeing of children and young people in West Berkshire.
- 5.1ii EHA and the MHSTs work in partnership with several services across West Berkshire to ensure children and young people receive the right support, at the right time.
- 5.1iii The EHA and the MHST continue to engage well with a range of people in the West Berkshire community and receive excellent feedback from the children, young people, parents, and professionals we work with.
- 5.1iv The EHA and the MHST continue to face challenges with high and increasing demand for emotional health support for children and young people and strive to be creative in how we meet the need of children and young people and deliver our services in the West Berkshire area. In order to address this, we are working to provide increased numbers of group and class-based interventions in order to further our reach and are increasing the amount of parent/carers and staff training and workshops we provide.
- 5.1v The EHA & MHST's value the importance of awareness of our services and continue to strive to maintain a presence in the community via collaboration and partnerships with other services in the West Berkshire area.
- 5.1vi Future plans for the EHA include the introduction of a new Multiagency EHT online referral form which will increase the accessibility and efficiency of our referral process. We also plan to review the use of our social media sites and increase our online presence to ensure we increase awareness of service and promote helpful information and advice to children, young people and families in the West Berkshire area.

## 6 Appendices

### **Appendix 1: EHA and MHST core functions**

The EHA's core functions are:

- Coordination of the common point of entry (Multiagency Emotional Health Triage) for children and young people with emerging mental health problems. in partnership with public and voluntary sector partners.
- Deliver evidenced based interventions to children, young people and families earlier in the development of mental health problems so as to reduce pressure on specialist mental health services and enable CAMHS to focus resources on children and young people with greatest need.
- Increase the Early Help workforce by providing additional skills and resources to identify and respond to children with this level of need.
- Support the development of a skilled, responsive and informed wider workforce, by training a range of staff and volunteers in effective, early emotional health initiatives and interventions.
- Engage the wider community, including children and young people, in increasing emotional health awareness.

MHSTs have three core functions:

- To deliver evidence-based interventions for mild-to-moderate mental health issues.
- To support the senior mental health lead in each school or college to introduce or develop whole school wellbeing approaches and;
- To give timely mental health advice to school and college staff and liaise with external specialist services to help children and young people to get the right support and stay in education.

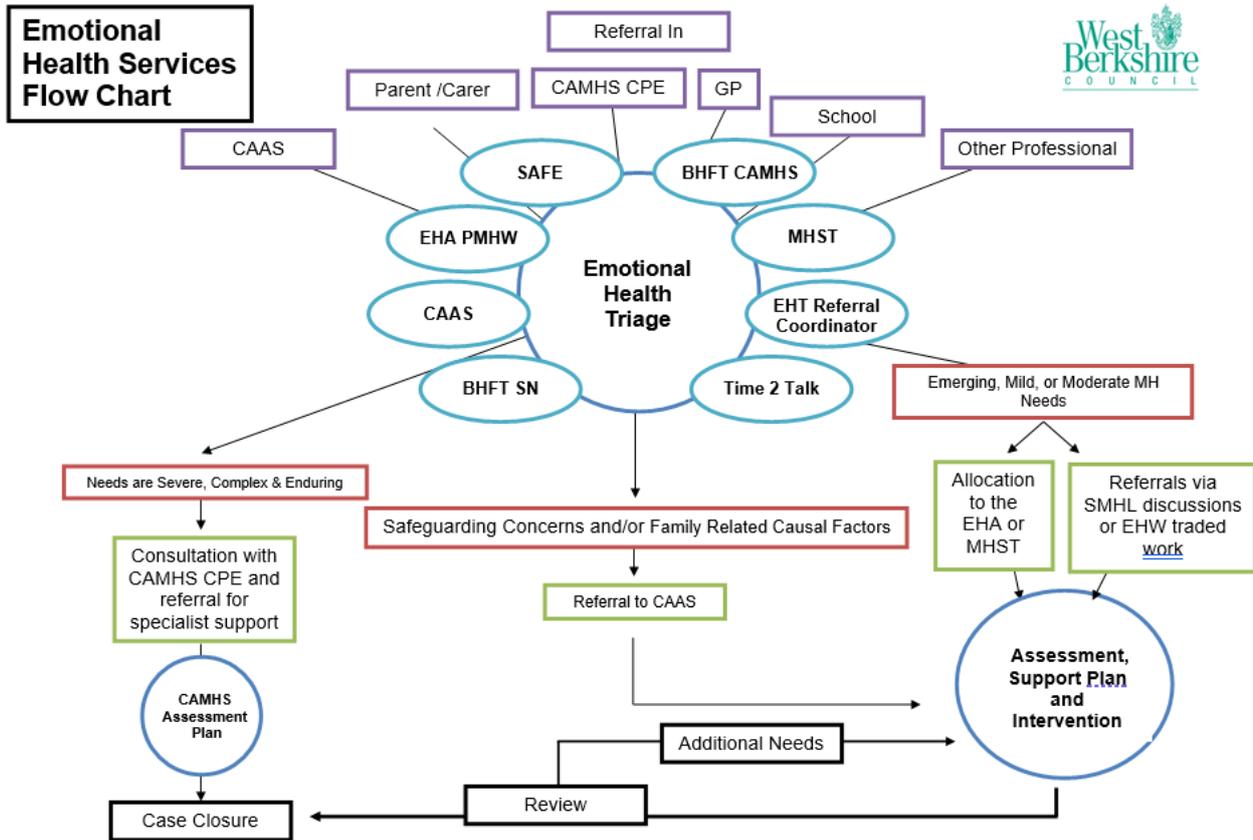
### **Appendix 2: Funding for EHA and MHST**

	<b>MHST 1</b>
HEE/NHS England	£430,000

	<b>MHST 2</b>
HEE/NHS England	£368,140
Public Health contribution	£42,750
<b>Total</b>	<b>£410,890</b>

	<b>EHA</b>
HEE/NHS England	£100,000
HEE/NHS England funding for CBT Therapist	£43,250
Council Funded	£156,920
<b>Total</b>	<b>£300,170</b>

### Appendix 3: Emotional Health Services Flow Chart



### Appendix 4: Aims of Multiagency EHT and membership

The aims of Multiagency EHT are to:

- Coordinate partnership knowledge and resources of local services to best help and promote the emotional well-being of children and young people living in West Berkshire.
- Share information between agencies and identify the appropriate services to provide support to the child/young person, in order to ensure children and young people receive the right emotional health support at the right time.
- Signpost and coordinate step-up and step-down transition of children and young people to emotional health or family support services tailored to their need.
- Ease pressure on Child and Adolescent Mental Health Services.
- To reduce waiting list times for early help emotional health support and subsequently improve outcomes for West Berkshire children and young people, specifically

seeking to reduce the likelihood of their emotional health needs escalating to require a more specialist service.

Core membership of the EHT includes nominated representatives from the following services:

- Emotional Health Academy
- Children and Families Contact Advice and Assessment Service
- Mental Health Support Team
- Educational Psychology Service
- Berkshire Healthcare Foundation Trust CAMHS Clinical Lead for MHST/EHA
- School Nurses
- SAFE Project
- Time to Talk

**Appendix 5: Reasons for referral, Source of referral and Reasons for closure**

**Primary Reason for referral - MHST between September 2022-August 2023**

<b>Primary Reason for referral</b>	<b>#</b>	<b>%</b>
Anxiety	484	65
Low Mood	63	8
Behaviour Concerns	66	9
Emotional Dysregulation	66	9
Diagnosed Autism Spectrum Disorder (ASD)	12	2
Neurodevelopmental Conditions (excluding ASD)	11	1
Suspected ASD	11	1
Relationship Difficulties Self-Harm Behaviours	11	1
Self-Harm Behaviours	9	1
Eating Disorders	3	0.5
Obsessive Compulsive Disorder	3	0.5
Adjustment to Health Issues	2	0.25
Phobias	1	0.25
Gender Discomfort Issues	1	0.25
Missing	1	0.25

### Primary Reason for referral – EHA, including EHT

Primary Reason for referral	#	%
Anxiety	377	44%
Behaviour Concerns	149	17%
Low Mood	84	10%
Emotional Dysregulation	48	6%
Relationship difficulties	47	6%
Self harm behaviours	44	5%
Suspected Autism Spectrum Disorder	29	3%
Diagnosed Autism Spectrum Disorder	28	3%
Neurodevelopmental Conditions, excluding Autism Spectrum Disorder	9	1%
Eating disorders	6	1%
In crisis	6	1%
Obsessive compulsive disorder	5	1%
Phobias	5	1%
Gender Discomfort issues	5	1%
Attachment difficulties	5	1%
Adjustment to health issues	4	0%
Post-traumatic stress disorder	3	0%
<b>TOTAL</b>	<b>854</b>	

### Source of referral - EHT only

Source of referral (EHT only)	#	%
Parent	243	40%
School	121	20%
Local Authority Social Services	81	13%
GP	57	9%
Child and Adolescent Mental Health Services	57	9%
Self	30	5%
Other clinical specialty	6	1%
School Nurse	7	1%
Voluntary sector organization	3	0%
Hospital-based Paediatrics	3	0%
Other secondary care specialty	2	0%
Community-based Paediatrics	1	0%
Inpatient Service (Learning Disabilities)	1	0%
Out of Area Agency	1	0%
<b>TOTAL</b>	<b>613</b>	

## Direct involvement (all open to EHA)

- 534 CYPs
- 1995 hours of clinical session time

## Direct involvement closed to the EHA including reason for closure.

Reason for Closure	No
Finished Treatment	244
Did not engaged	23
Dropped out of treatment	14
Signposted to other services	21
No longer needs service	23
Stepped up to more specialist services	19
Engaged with other services	5
Moved out of area	2
<b>TOTAL</b>	<b>351</b>

## Appendix 6: User Feedback

### School feedback

- End of academic year feedback from a Senior Mental Health Lead/Headteacher: 'I just wanted to say a huge thank you to you personally for your support this year. You do not know what a reassurance it is to know that I can contact you with worries that arise in school. You are always so positive, encouraging, and helpful - which is a rare gem to find these days!'

### Parent/carer feedback

- Results from our Parent Feedback survey for Individual Interventions:
  - Responses to the following statements:
    - I/my child felt listened to 100% – *strongly agree*
    - The MHST staff member understood my/my child's concerns: 100% – *strongly agree*.
    - The MHST staff member worked on things that were important to me/my child: 100% – *strongly agree*.
    - The MHST had a significant and positive impact: 100% – *agree/strongly agree*.
  - Responses when asked how likely they were to recommend the service to someone else if they needed similar help: 100% – *very likely*.
  - Responses how would you rate the service you/your child received from the MHST: 100% – *excellent*.
- Feedback about workers after intervention:

- We would like to thank x for the help she has given us and discussions she has facilitated. Having the time to pause and reflect with some targeted questions has been good and talking to x has been easy. The sessions and the preparation/homework never feel burdensome and whilst our daughter has thankfully been fine for some time, we do feel more confident about spotting and managing any anxiety issues that may arise in the future.
- x was fantastic – committed, dedicated, and really wanted to help our child.
- I have found the book and course beneficial as it's made me feel more confident in encouraging my child by breaking down the challenges she faces into smaller more manageable pieces. I can see how I have been helping her to avoid things that cause her to feel anxious and worried - rather than helping her to try and overcome them.
- Thank you for the support given in the workshop.
- We just really wanted to put our thanks in writing for all you've done for x and our family. Our household is so different, and we truly are thankful for all the help you gave us. x now goes to bed without fuss, talks more about her feelings and is happier going to school (we're working on going into school). I'm not sure who your manager is but please pass our thanks on. Truly brilliant lady!

## CYP feedback

- Results from our Secondary CYP Feedback survey for Individual Interventions:
  - The ratings were as follows:
    - I felt listened to *83% strongly agree*
    - It was easy to talk to the MHST staff member: *83% strongly agree or agree.*
    - I feel they took my concerns seriously: *83% strongly agree or agree.*
    - The MHST understood my concerns: *83% strongly agree or agree.*
    - The appointments were at a convenient time: *83% strongly agree or agree.*
    - If a friend needed help, I would recommend the MHST for support: *67% strongly agree or agree (others put 'don't know')*
    - I feel the MHST included key adults in my life when needed: *agree.*
    - I feel the MHST had a positive impact on my life: *67% strongly agree or agree (other put 'don't know')*
    - I received a great service from the MHST: *83% strongly agree or agree.*
  - When asked to rate how useful they found MHST sessions on a scale of 1-10, the average response was 7
  - When asked how much improvement on their goals they noticed on a scale of 1-10, the average response was 6.5
  - The most useful outcomes of MHST support were *'Feeling less anxious' (100%) and 'Feeling more resilient and able to cope' (80%)*

- When asked what the best thing about MHST support was, feedback included: ‘talking about my worries’, ‘That the challenges that I was facing have got better and I have been able to help myself in situations due to the things we spoke about in the sessions’ and ‘It gave me the chance to talk about all my struggles and worries and they understood and listened to me carefully taking everything I said in. They gave me areas and things I could do to help which were actually beneficial’.
- When asked if they had a magic wand, what would your support look like, responses included: ‘Everything I have been given but perhaps a bit less disjointed, so to have just one therapist and not changes and perhaps at a less busy time in my life’ and ‘helping me to not be physically upset in normal situations’.
- Other comments: ‘it has been really helpful’ and ‘The service was great and I found it really helpful to just have someone to talk to about my struggles’.

## **EHA Examples of User Feedback:**

### Parent/carer Feedback

- From direct 1:1 work with family:
  - “Very happy with service, it exceeded our expectations. The previous clinical experience of our Mental Health Support Worker was really helpful with Autism related complexities and helped us understand our sons needs better. EHA were involved with EBSA support and attend school meetings, so this was very supportive for the family. They were fantastic advocates for our child...Only comment would be that the EHA are in a good position to educate schools more on Autism and mental health, there is clearly a need for this. I think you are already doing this by being present in schools and meetings but any other opportunities to raise awareness might help other children get the help they need earlier when the signs are harder to see.”
- From direct 1:1 work with young person:
  - “I just wanted to say thank you on behalf of my daughter who has received counselling for the past few months and is now in a much more settled place and we are as well as a result. The therapist has been instrumental in helping us get to the bottom of some issues that we have been struggling with for quite a few years and surpassed flummoxed input from GP's, dieticians and OT's. The therapist has been sensitive, reliable, knowledgeable and consistent in her care and we are very grateful for her support.”
  - “It's very clear x is very passionate about his job! His honesty, relaxed approach & 'proactive' attitude has helped massively. I feel communication is key to which there is a huge lack of, x kept me in the loop from start to finish. Not only did x make sure my son was supported, he also made sure I was too! That goes along way & appreciate x for doing so. The advice, confirmation & strength x has given, has given me the confidence to help my son (whether he liked it or not!) which has shifted something in him to start using his voice. I will be forever grateful! Thank you”

**School feedback**

- **From school SENCO**

- Excellent communication with school staff, flexible approach to student support, always prioritizing student outcomes.”

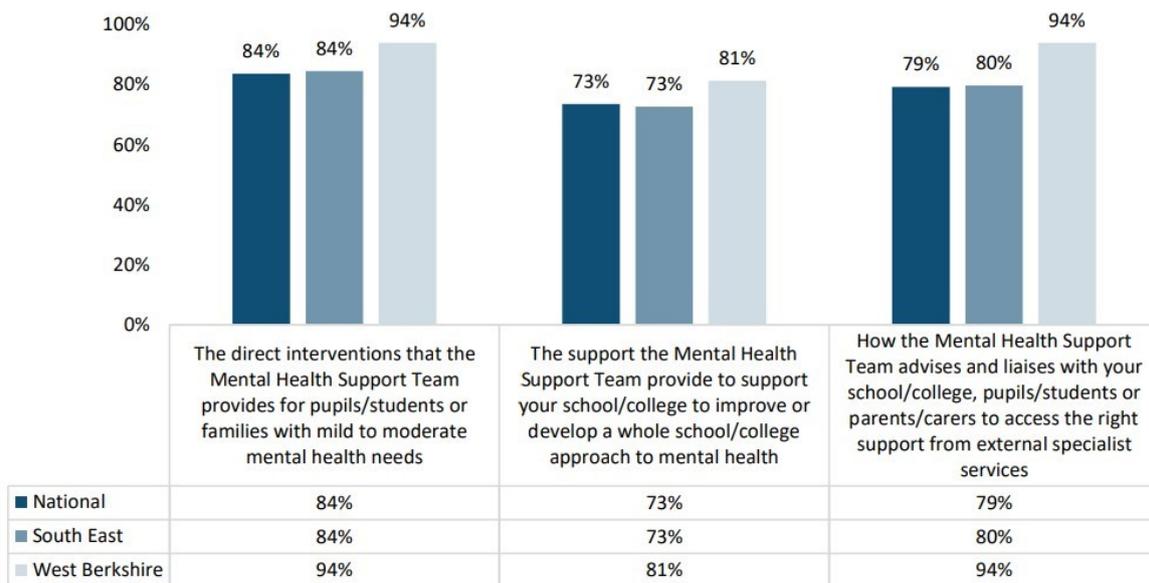
**CYP feedback**

- “I know I can speak to my mum and my family but it’s nice to have a space to talk to someone else about how I really feel and I would recommend these to my friends who self-harm and have problems”

**Appendix 7: Comparison of West Berkshire MHSTs with National and South East**

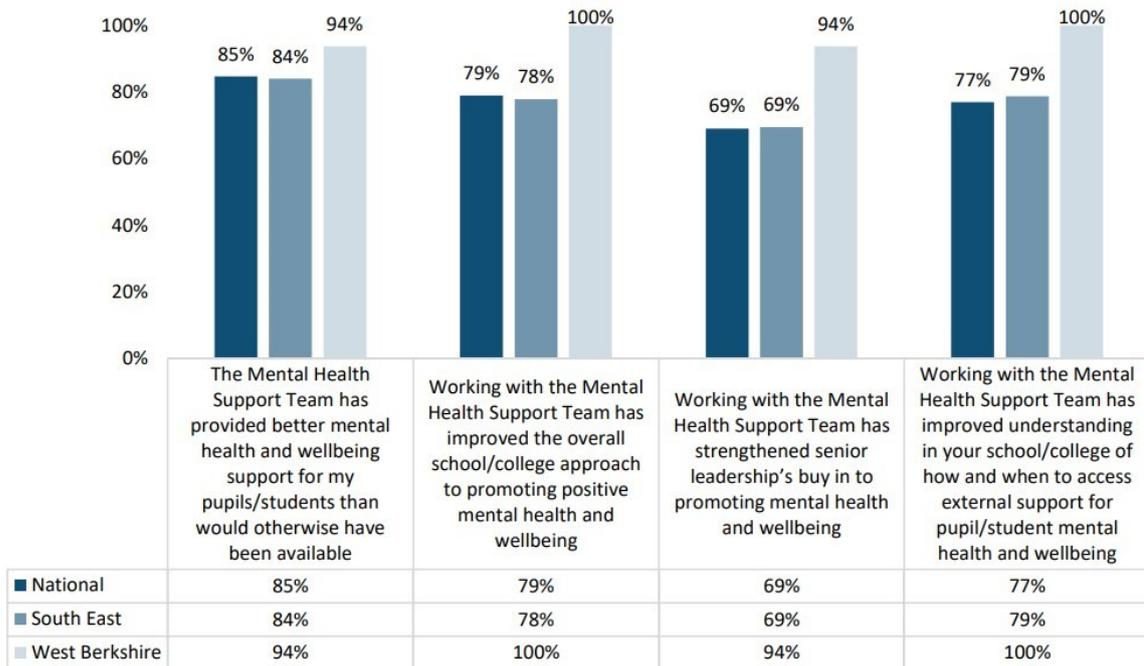
It can be seen in the table below that West Berkshire scored higher than both the South East and Nationally in terms of satisfaction with direct interventions provided, support provided for whole school approaches to mental health and how the MHST advises and liaises with children and young people and parents/carers.

**Percentage of settings satisfied with stated aspects of Mental Health Support Team provision**



It can be seen from the table below that West Berkshire scored higher than the South East and Nationally for providing better mental health support that would have otherwise been available, improving school approaches to promoting positive mental health and wellbeing, for strengthening Senior Leadership’s buy in to promoting mental health and wellbeing and for improving understanding of how and when to access external support for mental health needs.

**Percentage of settings that agree that the Mental Health Support Team had impact on...**



This page is intentionally left blank



## **Buckinghamshire, Oxfordshire & Berkshire West Update Briefing November 2023**

### **In this update:**

[BOB ICB Board Meeting](#)

[BOB Joint Forward Plan and Integrated Care Strategy](#)

[BOB ICB Primary Strategy](#)

[Primary Care Access and Recovery Plan](#)

[BOB ICB Digital and Data Strategy](#)

[Covid and Flu vaccination programme Autumn 2023](#)

### **1. ICB Board Meeting**

The BOB ICB held its board meeting in public on 21 November; papers are available here: <https://www.bucksoxonberksw.icb.nhs.uk/about-us/board-meetings/board-papers/>

### **2. BOB Joint Forward plan and Integrated Care Strategy: shared system goals**

In early 2023, following extensive engagement across the system, the BOB Integrated Care Partnership (ICP) published the Integrated Care Strategy and subsequently BOB NHS partners published the NHS Joint Forward Plan describing our approach to delivering the relevant ambitions of the strategy.

These documents continue to provide the framing and long-term direction for the wider ICS, including the relevant NHS organisations. Within the wider framing provided by these documents, we are proposing that this year, we identify a smaller subset of goals that we wish to prioritise to drive forwards collective action across the BOB system. This will allow us to focus our energy and resources to deliver impact in a few targeted areas.

Our objectives as an 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

To support us in identifying a smaller number of goals to prioritise this year, we held a strategic engagement session with system leaders from NHS, local government, voluntary sector and research partners on 30 October. Within this discussion, we focused on our system vision for the next three to five years and the areas we think we should focus on over the next year to help us make progress towards achieving this.

A draft report on the BOB shared system goals can be found on the [BOB ICB website](#). All NHS and partner organisations have been sent this paper and asked for comments and views during November / December 2023. Following this, we will finalise our system goals and move into organising ourselves to deliver on these during 2024/25.

### **3. BOB ICB Primary Care Strategy**

The Fuller Stocktake, published in May 2022, set out a vision for Primary Care in England and an agenda to help manage these pressures. It emphasised the need for action in three key areas: Access, Continuity and Prevention. It aligns with BOB's local vision and ambitions and now there is a need for a localised strategy to take this forward.

BOB ICB is working with colleagues across the system to document understanding of the current state of primary and community care services, to identify good practice to build on (both locally and nationally), to design a new approach to primary and community care delivery, and to set a plan of how to deliver this together over the coming months and years.

More than 140 stakeholders and system partners gathered in High Wycombe for a Primary Care Strategy Day on 18 October. This was a successful and engaging event where we started to develop the vision and guiding principles for the strategy. An excellent panel session featured representation from all disciplines, including our provider Trust partners and colleagues in Public Health, highlighting the current challenges across different sectors. The voluntary services, Healthwatch, patient participation groups and public health all provided vital contributions.

The challenges facing primary care across BOB:

- Increasing demand from an ageing population with multiple conditions. BOB's population is predicted to grow by five per cent by 2042 (37 per cent increase in those over 65)
- Patient dissatisfaction with access is growing
- Capacity is not keeping pace with demand. Average patient list size has increased from 2,500 per FTE in 2020 to 3,250 today
- General practice staff would like to spend more time on prevention and chronic care, from 50 per cent today to 68 percent
- BOB spends more on acute services than on primary care, community services and mental health combined
- Estates are a barrier to change, e.g., in Buckinghamshire, 70 per cent of practices have more patients per square metre of estate than recommended
- People in our more deprived areas develop poor health 10-15 years earlier than those in wealthier areas

The model for primary care services is expected to focus on:

- Access – people get to the right support first time to meet their needs
- Continuity – people receive personalised, joined up care from an integrated neighbourhood team
- Prevention – we use data to understand outcomes then deliver support that makes a difference

A draft strategy is expected to be available later in December.

As part of our programme of work to transform primary care, the ICB launched its public engagement exercise – the ‘**Primary Care Conversation**’ at: <https://yourvoicebob-icb.uk.engagementhq.com/hub-page/primary-care> to gather the views of local communities through online events, focus groups and a survey which will help inform and shape the strategy.

#### **4. Primary Care Access and Recovery Plan**

NHSE published the national Delivery Plan for Recovering Access to Primary Care on 9 May 2023 in response to the growing demand and pressures in primary care and their impact on the ability of patients to access services.

The BOB ICB Primary Care Access and Recovery Plan (PCARP) has been written in the context of the [BOB ICB Joint Forward Plan](#) and the developing primary care strategy (see above).

The components of the BOB ICP plan are:

- Empowering patients through self-referral pathways; improving NHS App functionality; expanding community pharmacy services  
Modern General Practice including cloud-based telephony and digital pathways
- Building capacity by growing multi-disciplinary teams and expanding training and retention of workforce
- Reducing bureaucracy by improving the interaction between primary and secondary care

All ICBs were asked to report on progress against the Primary Care Access & Recovery Plan (PCARP) at public boards in November 2023.

Among the progress highlights across BOB are:

- patient self- referral pathways in Musculoskeletal; audiology; weight management; community podiatry; wheelchair services.
- All GP practices in the BOB area have enabled the NHS App with more than six out of 10 patients aged 13 and over now registered to use it.
- Eight out of ten BOB residents live within a 20- minute walk of a pharmacy and there are twice as many pharmacies in areas of deprivation than in affluent areas. Across BOB we have 253 community pharmacies offering a range of clinical services. More than 7,760 referrals have been made from GP practices into community pharmacies since April 2023, which equates to approximately 1,295 hours of saved practice appointment time.
- Nearly nine out of 10 BOB GP practices are live with digital telephony and the remaining practices are signed up to make the change by March 2024.
- Initiatives in place to support the recruitment and retention of GP practice staff including a coaching and mentoring service and a return to practice programme for all Allied Health Professionals and nurses returning to primary care.

The full BOB Board report can be found on the [ICB website](#).

#### **5. BOB ICB Digital and Data Strategy**

The ICB board approved the [Digital and Data Strategy](#) in May 2023. The strategy sets out a range of outcomes and priorities under three strategic themes of Digitise, Connect and Transform, a delivery programme and a costed (but not fully funded) plan.

The first BOB Integrated Care System digital summit was held in September in Reading. We believe this may be the first ICS-wide summit of its kind nationally, with more than 200 colleagues in attendance from across the NHS, local authority, VCSE, Health Innovation Network, patient groups and social care.

The summit provided an excellent foundation to showcase the outstanding work underway across BOB and provide an opportunity for people to connect and learn how they can contribute to, share and use the capabilities being developed across the system.

Good progress has been made on digitising social care records, falls prevention, digital diagnostics and virtual wards/hospital at home.

The full Board report on progress can be seen on the [BOB ICB website](#)

## **6. Covid and Flu vaccination programme Autumn 2023**

The BOB autumn/winter vaccination programme is benchmarking well against regional and national counterparts for Covid vaccination uptake. BOB has delivered nearly 370,000 Covid top-up vaccinations since the programme launched in September, which is above both the national and regional average.

BOB continues to perform well with flu vaccination with early indications showing we are ahead of rates delivered at this point in previous years, with nearly 470,000 vaccinations delivered.

Outreach and inequality work will continue to ensure all those who wish to access a Covid vaccination are able to before the end of the programme. There are currently 26 access and inequality projects running across BOB for this Autumn/Winter campaign which are all targeting Covid-19 vaccine hesitancy and uptake through understanding barriers and dispelling myths across different populations, particularly those from ethnic minority/low uptake areas. This includes community champions projects, where champions are engaging with communities/populations where hesitancy is high.

BOB ICB is working with local authorities to run this (through community insight) as part of a wider health promotion/protection approach to health and well-being. Cohorts being targeted as part of this include BAME populations; pregnant women; people with learning disabilities and serious mental illness; homeless and asylum seekers/refugees as well as areas of high deprivation.

Maternity champions are working with hospital trusts across BOB targeting hesitancy in pregnant women and aiming to raise vaccine uptake. We are running engagement projects where our providers contact eligible, often vulnerable, patients to encourage them to book a vaccination. Pop-up clinics target geographical gaps where patients have little access to vaccinations, and this has allowed us to increase uptake in these areas.

Providers are working in hotels for asylum seekers to administer vaccinations to eligible people, who would otherwise not have access to a vaccination.

In addition, a pilot workforce project offers attendees training in vaccine hesitancy conversations with eligible groups. Attendees have reported an increase in confidence, knowledge and skill when talking to patients about having a vaccine. Work with care home

staff has allowed our provider to promote consistent, non-judgemental messaging to staff and in turn, increase vaccination uptake.

The programme is underpinned by a wide-ranging campaign communications plan through all digital and traditional media channels, with emphasis on targeted advertising to those communities which maybe vaccine hesitant or face other challenges.

Among the resources used this season;

- In house materials for Black African and Pakistani communities (+ translated materials to Place)
- Banners, posters, and pullups vaccine packs to for partner use
- Social ad sets to key groups + pharmacy bags to 75 pharmacies
- Maildrop to all fixed budget households

## **7. Berkshire West specific updates**

- Plans are progressing to utilise the £1.3m of Inequalities Funding allocated to Berkshire West (£2.6m over two years) to implement a pilot Community Wellness Outreach Service, taking health and wellbeing support into the heart of our communities that are most in need by offering NHS Health Checks to patients who might otherwise not have access to them through targeted outreach clinics. This initiative has been co-produced with partners via the three integrated partnership boards within the Health and Wellbeing Board governance structures across Berkshire West. The Reading component of the service has now launched with the Wokingham and WestBerkshire services to follow early in the New Year. The pilot will be evaluated against a key set of metrics measuring the impact of the service on CVD prevention and wider patient wellbeing. An update report will be brought to Health and Wellbeing Boards in Q4 of 23/24 with more detailed progress and evaluation reports to follow in 2024/25.
- The Berkshire West-wide Mental Health Programme Board has now met twice, bringing together partners from across the system to develop and oversee a joint transformation programme to improve and enhance our mental health services for our residents in Berkshire West, linking with wider ICB and national initiatives as appropriate. Details of this work programme will be shared in a future meeting.
- The Berkshire West Mental Health Programme Board sits alongside the Urgent and Emergency Care Programme Board, the Berkshire West Children's Board and the Place Enablers Board to form the programme governance framework which will take forward the key shared priorities identified by place partners. All of the programme boards report into the Berkshire West Unified Executive which now meets bi-monthly and involves a core set of senior leaders from each of the partner organisations, working to further refine and oversee key programmes of work. As well as the Community Wellness Outreach Service, other current programmes include the review of the Reading Urgent Care Centre pilot service, optimising intermediate care and reviewing same day access models across primary care and secondary care. Further updates on these programmes will be scheduled for future Health and Wellbeing Board agendas.

This page is intentionally left blank