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Health and Wellbeing Board

Thursday, 30th January, 2020 at 9.30 am

in Council Chamber Council Offices
Market Street Newbury

Please note that a test of the fire and lockdown alarms will take place at 10am. If the alarm does not stop please follow instructions from officers.

Date of despatch of Agenda: Wednesday, 22 January 2020

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Catalin Bogos on 519102
e-mail: joanna.reeves@westberks.gov.uk / jessica.bailiss@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 Steve Masters (Shadow Portfolio Holder (green Party) for Health and Wellbeing), Councillor Owen Jeffery (Shadow Portfolio Holder (Liberal Democrats) Health and Wellbeing), Councillor Dominic Boeck (Executive Portfolio: Corporate Services), Councillor Rick Jones (Executive Portfolio: Health and Wellbeing, Leisure and Culture), Dr Bal Bahia (Berkshire West CCG), Councillor Lynne Doherty (Executive Portfolio: Children, Education & Young People), Councillor Graham Bridgman (Executive Portfolio: Adult Social Care), Councillor Richard Somner (Executive Portfolio: Community Resillience and Partnerships), Andy Sharp (Executive Director (People)), Tessa Lindfield (Strategic Director for Public Health), Cathy Winfield (Berkshire West CCG), Ian Mundy (Locality Director, BHFT), Mary Sherry (Chief Operating Officer, Royal Berkshire Hospital), Superintendent Nicholas John (Thames Valley Police), Neil Carter (Group Manager - RBFRS), Luke Bingham (Divisional Director - Sovereign Housing), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch) and Matthew Pearce (Head of Public Health and Wellbeing)

Also to: Jo Reeves (Principal Policy Officer) and Gary Lugg (Head of Planning & Countryside)

Agenda

Part I

Page No.

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

2 **Minutes** 5 - 12
To approve as a correct record the Minutes of the meeting of the Board held on 03 October 2019.

3 **Health and Wellbeing Board Forward Plan** 13 - 14
An opportunity for Board Members to suggest items to go on to the Forward Plan.

4 **Actions arising from previous meeting(s)** 15 - 16
To consider outstanding actions from previous meeting(s).

5 **Declarations of Interest**
To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' Code of Conduct.

6 **Public Questions**
Members of the Executive 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.)

7 **Petitions**
Councillors or Members of the public may present any petition which they have received. These will normally be referred to the appropriate Committee without discussion.

Items for discussion

Strategic Matters

Other Information not for discussion

14 **Members' Question(s)**
Members of the Executive to answer questions submitted by Councillors in accordance with the Executive Procedure Rules contained in the Council's Constitution. *(Note: There were no questions submitted relating to items not included on this Agenda.)*

15 **Future meeting dates**

- 21 May 2020
- 24 September 2020
- 28 January 2021

Sarah Clarke
Head of Legal and Strategic Support

If you require this information in a different format or translation, please contact Moira Fraser on telephone (01635) 519045.

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, 3 OCTOBER 2019

Present: Councillor Steve Masters (Shadow Portfolio Holder (green Party) for Health and Wellbeing), Councillor Owen Jeffery (Shadow Portfolio Holder (Liberal Democrats) Health and Wellbeing), Councillor Dominic Boeck (Executive Portfolio: Corporate Services), Councillor Rick Jones (Executive Portfolio: Health and Wellbeing, Leisure and Culture), Dr Bal Bahia (Berkshire West CCG), Councillor Lynne Doherty (Executive Portfolio: Children, Education & Young People), Cathy Winfield (Berkshire West CCG), Ian Mundy (Locality Director, BHFT), Superintendent Nicholas John (Thames Valley Police), Luke Bingham (Divisional Director - Sovereign Housing), Andrew Sharp (Healthwatch) and Matthew Pearce (Head of Public Health and Wellbeing)

Also Present: Jo Reeves (Principal Policy Officer), Nick Carter (WBC - Chief Executive), Shairoz Claridge (Berkshire West CCG), Kamal Bahia (Patient and Public Engagement Group) and Paul James (Culture Manager)

Apologies for inability to attend the meeting: Councillor Graham Bridgman, Andy Sharp, Tessa Lindfield, Neil Carter and Garry Poulson

PART I

60 Minutes

Councillor Rick Jones welcomed two new members to the Board; Superintendent Nick John, who had replaced Jim Weems as representative for Thames Valley Police, and Charlotte Hall who represented the arts and culture sector.

The Minutes of the meeting held on 30 May 2019 were approved as a true and correct record and signed by the Chairman.

61 Health and Wellbeing Board Forward Plan

The Health and Wellbeing Board agreed the following additions to the Forward Plan:

- Council Strategy Delivery Plan
- Joint Health and Wellbeing Strategy Development Updates
- Winter Plan for Rough Sleepers
- Summer Plan for Rough Sleepers
- Progress on the recommendations in the Voice of Disability Report
- End of Life Conference report
- The Wigan Deal; how can West Berkshire be more like Wigan?
- Inequalities in West Berkshire (report on the Overview and Scrutiny Management Committee work programme)

62 Actions arising from previous meeting(s)

The list of actions arising from previous meetings was noted and updated accordingly.

63 Declarations of Interest

Dr Bal Bahia declared an interest in all matters pertaining to Primary Care, by virtue of the fact that he was a General Practitioner, to Secondary Care by virtue of the fact that he was a Director for Royal Berkshire NHS Foundation Trust and also that he was a Director for Recovery in Mind, but reported that as his interests were personal and not disclosable pecuniary or other registrable interests, he determined to remain to take part in the debate and vote on the matters where appropriate.

Councillor Owen Jeffrey declared an interest by virtue of the fact that his daughter was employed by Frimley Health Foundation Trust and reported that, as his interest was personal and not a disclosable pecuniary or other registrable interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

Councillor Lynne Doherty declared an interest by virtue of the fact that she was employed by a disability charity and reported that, as her interest was personal and not a disclosable pecuniary or other registrable interest, she determined to remain to take part in the debate and vote on the matters where appropriate.

Councillor Steve Masters declared an interest by virtue of the fact that he was the Chair of Trustees for Eight Bells for Mental Health and reported that, as his interest was personal and not a disclosable pecuniary or other registrable interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

Andrew Sharp declared an interest in any items that might refer to South Central Ambulance Service due to the fact that he was the Chair of Trustees of the West Berks Rapid Response Cars (WBRRC), a local charity that supplied blue light cars for ambulance drivers to use in their spare time to help SCAS respond with 999 calls in West Berkshire, and reported that, as his interest was personal and not a disclosable pecuniary or other registrable interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

64 Public Questions

No public questions were submitted.

65 Petitions

There were no petitions presented to the Board.

66 Update on Priority Two (Primary Care Networks) for 2019/20 (Kamal Bahia)

The Board considered a report (Agenda Item 8) to provide an update on the work to establish Primary Care Networks (PCNs) in West Berkshire. Kamal Bahia tabled a leaflet which included a map of the four PCNs named West Berkshire Rural, A34, Kennet and West Reading Villages. Unfortunately Chapel Row Surgery had decided to align with a PCN in Reading but this was not anticipated to impact on development of PCNs in West Berkshire.

Kamal explained that PCNs would build on the already strong joint working in Primary Care to deliver enhanced access to appointments in evenings and weekends. Locally, the focus was on recruiting the additional staff such as Physician's Associates and the recruitment of social prescribers would be aligned with local aspirations for community wellbeing.

Work was ongoing to set up governance boards for each PCN and the chair was rotating between the 14 PCNs in Berkshire West. A 'Design your Neighbourhood' was held on 19 September 2019 to share information with the public.

It was proposed to provide a further report to the Board when the next major stage on the PCN checklist (included in the report) was reached.

Tandra Forster confirmed that the Clinical Directors of each PCN were invited to the Locality Integration Board, a sub-group of the Health and Wellbeing Board which oversaw integration between health and social care in West Berkshire. She reported that their enthusiasm was inspiring.

Councillor Lynne Doherty requested that a leaflet be drafted to be shared at the upcoming District Parish Conference on 22 October 2019. **(Action)**

Luke Bingham asked whether visiting services were involved in PCNs; Kamal advised that they were not at present.

Andrew Sharp asked whether there was any scope for Patient Participation Groups to mirror PCNs. Kamal advised that the approach to engagement was still in development.

Councillor Owen Jeffrey reported that he had been pleased to learn that additional funding had been made available to support the recruitment of the additional posts.

Dr Bal Bahia commented that the development of PCNs was in part to ensure that Primary Care had a sustainable workforce and it would be important to make sure patients were on board.

Councillor Rick Jones, to summarise, stated that the checklist included in the report was helpful and noted that the Board had been calling for updates faster than progress was being made. He confirmed that there needed to be more content before the public would be ready to learn about the changes.

RESOLVED that the Board noted the report.

67 Developing a Berkshire West Shared Joint Health & Wellbeing Strategy (Tessa Lindfield)

The Board considered a report (Agenda Item 9) to confirm the decision made at the Informal Meeting to pursue the development of a Joint Health and Wellbeing Strategy with Reading and Wokingham's Health and Wellbeing Boards. The Strategy would continue to include a localised action plan. A new Prevention Board had been created under the Integrated Care Partnership (ICP) which would oversee the strategy development. Updates would be brought back to the Board as they arose.

Councillor Lynne Doherty stated that she supported the approach but questioned whether the proposed timescales were realistic. Matt Pearce agreed that it might be necessary to slip the proposed timescales to ensure that the strategy was properly coproduced with the public.

Andrew Sharp agreed with the proposal and pressed the need to collaborate with the public. Matt confirmed that the 'Design your Neighbourhood' events were already helping to engage with the public on health and wellbeing priorities.

Cathy Winfield highlighted that the Board would not need to start from scratch to develop the new strategy so would encourage the strategy to be developed with some pace. The strategy would be important to inform the ICP's work.

Councillor Rick Jones concluded that the timescales could not be controlled by West Berkshire alone and the timescales would need to be realistic.

RESOLVED that the Board:

(1) Support the concept of a Shared JHWS
(2) Agree the timeline for the strategy development

(3) Agree to identify dedicated capacity for strategy development
(4) Agree to delegate the development of the strategy to a Strategy Development Group

68 CCG's Improvement and Assessment Rating for 18/19 (Cathy Winfield)

The Board considered the report (Agenda Item 10) which reported the outcome of the 2018/19 CCG Improvement and Assessment Framework evaluation of Berkshire West CCG's performance. Cathy Winfield explained that the CCG had been given the judgment of 'requires improvement' because it had ended the year with a financial deficit. The decision had been taken to support Royal Berkshire Hospital to balance their position in order to enable them to access a further £9m. Unfortunately the funding element trumped all other criteria in the Framework. It was likely that the CCG would be judged 'requires improvement' for 2019/20 as there was a £4m pressure on the budget which the CCG would be unable to mitigate.

Councillor Owen Jeffrey stated that he had read the report with horror because it was ridiculous that finances trumped the quality of care under the Framework. He asked whether the Board would be willing to write to the Secretary of State for Health and Social Care to seek an explanation why a deficit of 0.4% of the total CCG budget had led to the judgement.

Andrew Sharp expressed the view that the judgment was tantamount to corporate vandalism. He stated that it was irresponsible to conflate language used by the Care Quality Commission. Healthwatch had already contacted NHS England and he encouraged the Board to do the same.

Councillor Dominic Boeck asked whether a risk assessment had been undertaken on the judgement and if there were any financial implications. Cathy Winfield advised that the CCG management knew the financial position but had considered the benefits of the additional £9m to support the RBH to be the right thing for the Berkshire West health economy. They had not realised there would be an impact on the rating. The assurance framework had not kept pace with system working. There was no financial penalty associated with the rating. In terms of a formal response by the Board, Cathy advised that the CCG had taken the decision to accept the rating and move forward.

Councillor Lynne Doherty stated that she would like to have more information on the other 58 areas included in the assessment framework before considering whether to submit a formal response. Cathy Winfield agreed to circulate a briefing on those areas and the CCG's performance report **(Action: Cathy Winfield)**

Andrew Sharp declared that Healthwatch would be writing to the Secretary of State to challenge the transparency of the rating and make the point that it gave the wrong message to patients.

RESOLVED that the report be noted.

69 Better Care Fund Plan (Tandra Forster/ Shairoz Claridge)

The Board considered a report (Agenda Item 11) to gain formal sign off for the Better Care Fund (BCF) Plan for 2019/20.

Shairoz Claridge introduced the report and explained that the four key metrics (non-elective admissions, admissions to residential and care homes, effectiveness of reablement; and Delayed Transfers of Care (DTOC)) were being maintained and the system had either 'mature' or 'established' progress against the high-impact areas identified by the Local Government Association.

The BCF was monitored by the Locality Integration Board who moving forward would also monitor Primary Care Networks and a new approach to Population Health Management.

The Plan has already been submitted to NHS England as the guidance was received later than anticipated.

RESOLVED that the Better Care Fund Plan 2019/20 be approved.

70 Development of a new Cultural Strategy (Presentation by Paul James)

The Board received a presentation (Agenda Item 12) by Paul James, Culture and Libraries Manager (West Berkshire Council), regarding the development of a Cultural Strategy. It was planned that the strategy would set out a broad, strategic vision for West Berkshire, the Council and partner organisations, to promote and develop culture and cultural heritage as a valuable resource which made a significant contribution to the economy, improved the health and wellbeing of communities, and which was a unique asset in its own right.

Matt Pearce stated that he recognised the value of culture and asked that closer work with the NHS was undertaken to embed culture in clinical pathways. Dr Bal Bahia supported the view that links should be made and highlighted an example of Poetry on Prescription in Shropshire.

Charlotte Hall reported that she saw the benefits of arts and culture on wellbeing daily through initiatives such as Dance for Parkinson's. The sector was keen to step up and support communities. She welcomed the opportunity to connect culture and wellbeing through the strategy.

Councillor Rick Jones concluded that he welcomed the proposed new Strategy and wanted to ensure the Board's new strategy included culture.

RESOLVED that the Board supported the commencement of a public consultation.

71 West Berkshire Vision 2036 - Strategy Alignment (Jo Reeves)

The Board considered a report (Agenda Item 13) which reported on the alignment of current and emerging strategies with the aspirations outlined in West Berkshire Vision 2036. The Steering Group had recommended that emerging Strategies were added to the Board's Forward Plan so that the Board could ensure it had oversight.

Matt Pearce suggested the addition of the forthcoming Leisure Strategy to the list. Cathy Winfield highlighted that the CCG Operational Plan should be added and more documents would be produced by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

Councillor Steve Masters asked whether it was intended to invite the Portfolio Holder for Environment to present the Environment Strategy. Councillor Rick Jones advised that he would discuss with him how best to engage with the Health and Wellbeing Board.

RESOLVED that the report be noted and the emerging strategies be added to the Board's Forward Plan.

72 Health and Wellbeing Board Self-Assessment (Jo Reeves)

The Board considered a report (Agenda Item 14) which presented the key findings from self-assessment exercise conducted over the summer.

Councillor Rick Jones stated that he recognised the findings and would ask the Steering Group to consider how best to take them forward.

Cathy Winfield noted a theme arising from the feedback that health partners were not considered to be sufficiently involved and asked for any further information.

Tandra Forster recognised that there was always more to do but praised the significant improvement achieved since the Peer Review in 2016.

A discussion was held regarding the recommendation to consider how the Board's public engagement was resourced and it was recognised that while the public did not need to know what the Health and Wellbeing Board was, they needed to know its work. Dr Bal Bahia reminded members that the Board and Steering Group were not responsible for any resource and individual member organisaions needed to identify anything additional they could offer to support public engagement.

RESOLVED that the report be noted.

(Cathy Winfield left the meeting at 11am)

73 Improving Health and Care in Buckinghamshire, Oxfordshire and Berkshire West

Councillor Rick Jones announced that this item would be discussed, although it had been marked on the agenda as for information only.

The Board considered a report (Agenda Item 15) which set out plans to develop priorities for the next five years. Nick Carter introduced the report and stated that the document would be followed by a large technical submission which he recommended Board members to read and provide comments on.

Nick expressed the view that there was very little content on the impact on local government and the NHS Long Term Plan did not include any information on social care. He expressed concern that funding would be allocated to the system (Buckinghamshire, Oxfordshire and Berkshire West(BOB)) instead of the place (Berkshire West). He awaited the technical submission for more information.

Further, it was likely that Berkshire West CCG would be required to merge with its Buckinghamshire and Oxfordshire counterparts which was highly relevant to the Board.

Nick concluded that the Board should make comment on the document and the technical submission to express any concerns.

Andrew Sharp stated that Healthwatch West Berkshire had been invited to attend BOB meetings which were undertaking projects at very large scale. It was unrealistic to expect the Board to sign off the plans with such short deadlines and he stated the Board should be concerned. 30% of patients in the area used services outside the BOB system and he was concerned that there was not sufficient clarity on arrangements for those patients. Andrew expressed the view that prevention was an after thought and at a recent conference the NHS had recognised that only 25% of health outcomes were linked to the provision of care; the remaining 75% of factors were about the wider determinants of health.

It was agreed that any comments would be returned to Jo Reeves to collate and if necessary a small working group would be established. Councillor Rick Jones encouraged all in the public gallery to also provide their comments. **(Action: All)**

RESOLVED that the report be noted.

74 West Berkshire Dementia Friendly Community Update (Sue Butterworth)

The Board noted the report.

75 Members' Question(s)

A question submitted by Andrew Sharp on the subject of West Berkshire residents using services outside the Integrated Care System area was answered by the Chairman.

76 Future meeting dates

Health and Wellbeing Informal Meeting (private) - 28 November 2019

Health and Wellbeing Board (public) - 30 January 2020

The Board wished Ian Mundy a happy retirement and noted that Reva Stewart would replace him as the representative for Berkshire Healthcare NHS Foundation Trust.

(The meeting commenced at 9.30 am and closed at 11.23 am)

CHAIRMAN …….

Date of Signature …….

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Health and Wellbeing Board Forward Plan 2019/20 (All meetings are on a Thursday, starting at 9.30am in the Council Chamber except where otherwise stated)

There is a fire alarm and lockdown alarm in the Council Chamber at 10am on Thursdays.					
Item	**Purpose**	**Action required by the H&WB**	**Date Agenda Published**	**Lead Officer/s**	**Those consulted**
30 January 2020 - Board meeting					
Update on Priority One (Give Every Child the Best Start in Life/ First 1000 Days) for 2019/20	To receive an update of progress made regarding Priority Two (tbc) for 2019/20.	For information and discussion		Pete Campbell	Health and Wellbeing Steering Group
Update on Priority Two (Primary Care Networks) for 2019/20	To receive an update of progress made regarding Priority One (tbc) for 2019/20.	For information and discussion		Paul Coe/ Shairoz Claridge	Health and Wellbeing Steering Group
Delivering the Health and Wellbeing Strategy Q2	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion		Catalin Bogos	Health and Wellbeing Steering Group
Future in Mind Local Transformation Plan Refresh		For discusison		Michelle Sancho/ Andy Fitton	Health and Wellbeing Steering Group
13 February 2020- Health and Wellbeing Workshop (subject tbc) (Council Chamber)					
26 March 2020 Informal Meeting					
Programme Management					
Update on Priority One (Give Every Child the Best Start in Life/ First 1000 Days) for 2019/20	To receive an update of progress made regarding Priority Two (tbc) for 2019/20.	For information and discussion		Pete Campbell	Health and Wellbeing Steering Group
Update on Priority Two (Primary Care Networks) for 2019/20	To receive an update of progress made regarding Priority One (tbc) for 2019/20.	For information and discussion		Paul Coe/ Shairoz Claridge	Health and Wellbeing Steering Group
Delivering the Health and Wellbeing Strategy Q3	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion	19th March 2019	Catalin Bogos	Health and Wellbeing Steering Group
Council Strategy Delivery Plan	To consider the implications of the Council Strategy Delivery Plan on health and wellbeing issues	For information and discussion		Catalin Bogos	Health and Wellbeing Steering Group
Voive od Disability Report Progress	To report on progress made to implement the recommendations in the Voice of Disability Report.	For information and discussion		Andrew Sharp	Health and Wellbeing Steering Group
Life Education report	To provide a report on the Life Education pilot in schools, funded by the Health and Wellbeing Board.	For information and discussion		Denise Sayles/ Caroline Stevenson	Health and Wellbeing Steering Group
Strategic Matters					
Update on Health and Wellbeing Strategy Development		For information and discussion		Matt Pearce/Tessa Lindfield	Health and Wellbeing Steering Group
2 April 2020- Health and Wellbeing Conference (venue tbc)					
21 May 2020 - Board meeting					
Programme Management					
Update on Priority One (Give Every Child the Best Start in Life/ First 1000 Days) for 2019/20	To receive an update of progress made regarding Priority Two (tbc) for 2019/20.	For information and discussion		Pete Campbell	Health and Wellbeing Steering Group
Update on Priority Two (Primary Care Networks) for 2019/20	To receive an update of progress made regarding Priority One (tbc) for 2019/20.	For information and discussion		Paul Coe/ Shairoz Claridge	Health and Wellbeing Steering Group
Delivering the Health and Wellbeing Strategy Q4	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion	21st May 2019	Catalin Bogos	Health and Wellbeing Steering Group
Strategic Matters					
Update on Health and Wellbeing Strategy Development		For information and discussion		Matt Pearce/Tessa Lindfield	Health and Wellbeing Steering Group
End of Life Conference Report	To provide a report following the End of Life Conference	For information		Andrew Sharp	Health and Wellbeing Steering

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Actions arising from Previous Meetings of the Health and Wellbeing Board

RefNo	Meeting	Action	Action Lead	Agency	Agenda item	Comment
136	03/10/19	A leaflet to be drafted on Primary Care Networks to be shared at the upcoming District Parish Conference on 22 October 2019	Sally Moore	ICP	Update on Priority Two (Primary Care Networks) for 2019/20	Completed
137	03/10/19	Circulate a briefing IAF and the CCG's performance report	Cathy Winfield	CCG	CCG's Improvement and Assessment Rating for 18/19	
138	03/10/19	All Members to provide comments on the Plan to Jo Reeves by 18 October 2019.	All	All	Improving Health and Care in Buckinghamshire, Oxfordshire and Berkshire West	Completed

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Delivering the Health and Wellbeing Strategy Q2 2019/20

Report being considered by:	Health and Wellbeing Board
On:	30 January 2020
Report Author:	Catalin Bogos
Item for:	Discussion

1. Purpose of the Report

The purpose of this report is to review the progress made by the Health and Wellbeing Board's sub-groups to deliver the Health and Wellbeing Strategy

2. Recommendation

The Health and Wellbeing Board note the progress made to deliver the Health and Wellbeing Strategy at Quarter Two of 2019/20

3. How the Health and Wellbeing Board can help

To note progress achieved to date and guide the work of the Board's sub-groups to continue the delivery of the Health and Wellbeing Strategy.

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

4. Introduction/Background

4.1 The West Berkshire Joint Health and Wellbeing Strategy 2017-2020 was adopted by the Health and Wellbeing Board in November 2016.

4.2 To deliver the strategy, the Board's sub-groups developed delivery plans which outlined the actions that they will complete and measures that they will monitor to ensure their work is having an impact. Delivery of these actions now constitutes the Board's performance dashboard.

4.3 The Board currently receives detailed reports at each of its meetings regarding the activities around its priorities for 2019/20; Give Every Child the best Start in Life/ First 1000 Days and Primary Care Networks.

5. Supporting Information

5.1 The Strategy sets out five strategic aims that the Board is working towards. Under each aim, a number of objectives specify what the Board wants to do to achieve its aims. Two objectives have been chosen as the Board's priorities for 2019/20 (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

6. 2019/20 HWBB Priority: Give every child the best start in life

6.1 The aim to give every child the best start in life carries the following actions:

(1) Develop knowledge of Adverse Childhood Experiences (ACEs) in the system and embed trauma informed approaches in our services.

(2) Support children and young people at an earlier stage, ensuring they are safe through prevention and early intervention services.

(3) Provide young people with information and skills to enable them to make informed decisions that will enhance their wellbeing and build resilience against health harming behaviours.

6.2 For most of the performance measures listed under this priority, data is due in Q4 and for measures about schools receiving Therapeutic Thinking Training and reduction of number of child protection or care applications data was not provided in time for inclusion in this report.

6.3 During Q2, a total 17,201 page views have been recorded on the West Berkshire Directory (Family Information and SEND Local Offer) which would suggest that the website has a high level of usage.

7. 2019/20 HWBB Priority: Primary Care Networks

7.1 The main action included in the delivery plan refers to supporting the development of Primary Care Networks.

7.2 Expected progress has been achieved, the two milestones due for completion by the end of Sep 2019 have been completed (All GP practices in the district are included in a PCN and All West Berkshire PCNs identified a Clinical Director). There are two additional milestones in progress and due for completion by the end of March 2020 and one to be completed by 2021.

7.3 Consideration should be given in the refresh of the Delivery Plan for 2020/21 if additional milestones are required under this priority area.

8. HWB Strategic Aim: Support mental health and wellbeing throughout life

8.1 This aim carries the following objectives:

(1) Promote positive mental health and wellbeing for adults

(2) Prevent suicide and self-harm for adults and young people

8.2 At Q2, the majority of performance measures under Promote positive mental health and wellbeing for adults objective have achieved result in line or better than at Q2 in the previous year. Open for Hope continues the work to deliver lunch or evening meal meet ups but the cumulative total by the end of Q2 is below the numbers required to achieve the end of year target. Data is not yet available regarding the number of organisations that signed up to the Prevention Concordat but the Mental Health Action Group is working to review the documentation required to comply with the Prevention Concordat for Mental Health. Discussions are also underway with partners to consider whether Berkshire West approach could be adopted.

8.3 Good progress is reported against the delivery of the second objective Prevent suicide and self-harm for adults and young people. Most of the measures have achieved the end of year targets.

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

9.1 Progress in delivering this aim is reported under the following objectives:

(1) Reduce alcohol related harm across the district for all age groups

(2) Support residents to stop smoking and reduce substance misuse

9.2 Consideration should be given if the approach to not set target for the performance measures associated with these two objectives is appropriate.

9.3 Training sessions are provided to train trainer as part of the Blue Light Project. However, low numbers of individuals supported though the project, linked t low number of referrals, suggest that the referral route and criteria need to be reviewed. Early calculations on cost savings for one individual suggest that saving of around 20k per year are being achieved.

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

10.1 This aim 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) Increase reporting of domestic abuse and decrease repeat incidents of domestic abuse

10.2 Whilst not a targeted measure, the number of community engagements facilitated/supported by the Building Together Team (20 for Apr Sep 2019) exceeded the level achieved for the first half of the previous year (12).

10.3 Similar positive comparative results have been achieved in relation to numbers of individuals accepted and helped by the Making Every Adult Matter approach.

Progress with a number of key strategies (Homelessness, Housing, Rough Sleeping etc) was reported on track as at the end of September 2019.

10.4 Good results are reported in relation to increasing reporting of domestic violence whilst repeat victimisation rate at 35.2% is below the 42.2% for Q2 previous year. Measures around number of staff awareness and training relating to domestic abuse are also better that the same period last year.

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

11.1 The objective included in the Delivery Plan against this aim is 'Prevent falls and ensure integrated care for those who have sustained a fall'.

11.2 Performance is on track to achieve the end of year target for fall prevention awareness campaign and training. However, the new referrals to Steady Steps Class is below the expected trajectory to achieve the end of year target.

12. Integration, Public Engagement and Additional Objectives

12.1 A number of objectives are grouped under the following categories that enable the delivery of the HWB Strategy:

(1) Integration

12.2 Good performance is reported for the measures relating to re-ablement. The rate of permanent admissions of older people to residential and care homes at 584.9 per 100k is also better that 636.8 for Q2 of previous financial year.

12.3 The number of delayed transfers of care is above the target. Provisional data indicates that the largest group are attributable to Health delays, followed by Joint delays, with Social Care delays accounting for 23% of all delays. Levels of demand for support with hospital discharges has remained consistently high. Through 2019 there has been an increasing challenge in finding domiciliary care and this has led to heavy reliance on our own in house Reablement service and the BHFT Carewatch. In December 2019, private agencies were reluctant to take on any new care packages over the 2 week Christmas period and the only discharges were with Reablement. There have also been consistent delays in care homes visiting hospitals to carry out assessments which were counted as a social care delay by Hospitals. There has been a notable increase in the complexity of cases. One person was difficult to place due to bariatric needs and we have had a long term Court of protection case which until recently had been counted by the hospital as a Social care delay until court papers were submitted.

(2) Public Engagement

12.4 The measures relating to public engagement are on target. However, a number of key achievements delivered under this component of the Delivery Plan are not reflected by these measures. These include the development of the HWBB web presence, running of the District Parish conference and co-production workshops for all health and wellbeing partners, establishment of a presence on Facebook (@WellbeinginWB) and Twitter (@PPEWest) etc. This would suggest that a review of the measures included under this category is required.

(3) Additional objective

12.5 The activity to facilitate a 'Business and Wellbeing' conference has been completed as planned. An action plan was under development for holding a Skills Awareness day event for vulnerable people, including those with learning difficulties and disabilities promoting employment pathways.

13. Proposals

- The Board should particularly note that:

  (1)Improvements have been made in reporting performance in order to give a more complete picture of delivery of the Health and Wellbeing Strategy at Q2.

  (2)The sub-groups still have some work to do to conclude some of the targets. Some of the performance measures that cannot be targeted should be grouped into a separate set of measures that provide context.

  (3)Good progress is evident against the majority of the performance measures that form part of the Health and Wellbeing Strategy Delivery Plan.

14. Conclusion

The Health and Wellbeing Board are invited to consider the progress made against the delivery plans included in the supporting information and the Delivery Plan dashboard attached.

15. Consultation and Engagement

Health and Wellbeing Steering Group.

16. Appendices

Appendix A – Health and Wellbeing Strategy Delivery Plan 2019/20

Background Papers:

None

Health and Wellbeing Priorities 2018/19 Supported:

X☐ Support mental health and wellbeing for adults
X☐ Improve access to employment for vulnerable people

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

X☐ Give every child the best start in life
X☐ Support mental health and wellbeing throughout life
X☐ Reduce premature mortality by helping people lead healthier lives
X☐ Build a thriving and sustainable environment in which communities can flourish
X☐ Help older people maintain a healthy, independent life for as long as possible

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim by providing an update on the progress made against the measures included in the Delivery Plan.

Officer details:

Name:	Catalin Bogos
Job Title:	Performance and Risk Manager
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Appendix A

Data Protection Impact Assessment – Stage One

The General Data Protection Regulations require a Data Protection Impact Assessment (DPIA) for certain projects that have a significant impact on the rights of data subjects.

Should you require additional guidance in completing this assessment, please refer to the Information Management Officer via dp@westberks.gov.uk

Directorate:	Resources
Service:	Legal and Strategic Support
Team:	Performance, Research and Risk
Lead Officer:	Catalin Bogos
Title of Project/System:	n/a
Date of Assessment:	22/01/2020

Do you need to do a Data Protection Impact Assessment (DPIA)?

	Yes	No
Will you be processing SENSITIVE or "special category" personal data? Note – sensitive personal data is described as "*data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation*"	☐	x☐
Will you be processing data on a large scale? Note – Large scale might apply to the number of individuals affected OR the volume of data you are processing OR both	☐	x☐
Will your project or system have a "social media" dimension? Note – will it have an interactive element which allows users to communicate directly with one another?	☐	x☐
Will any decisions be automated? Note – does your system or process involve circumstances where an individual's input is "scored" or assessed without intervention/review/checking by a human being? Will there be any "profiling" of data subjects?	☐	x☐
Will your project/system involve CCTV or monitoring of an area accessible to the public?	☐	x☐
Will you be using the data you collect to match or cross-reference against another existing set of data?	☐	x☐
Will you be using any novel, or technologically advanced systems or processes? Note – this could include biometrics, "internet of things" connectivity or anything that is currently not widely utilised	☐	x☐

If you answer "Yes" to any of the above, you will probably need to complete Data Protection Impact Assessment - Stage Two. If you are unsure, please consult with the Information Management Officer before proceeding.

Health and Wellbeing Strategy Delivery Plan 2019/20

											last updated 20 November 2019
		Guidance	eg A1/5.ac1	What actions are required to deliver the outcome? Ie. Conduct a Needs Assessment/ Write a strategy/ Develop an education programme/ Lobby the		Sep-17	eg A2/3.d1	What is the impact your actions will have against the objective? Ie. Reduce the number of alcohol related hospital			
HWB Strategy Priority/ Strategic Aim	**Objective Reference**	**HWB Strategy Objective**	**Ref.**	**Action**	**Chair/ Group**	**Start Date**	**Ref.**	**Measure**	**Target**	**Latest/YE RAG (grey=not targeted)**	**Narrative**
2019/20 HWBB Priority: Give every child the best start in life			A1/1.ac1	Develop knowledge of Adverse Childhood Experiences (ACEs) in the system and embed trauma informed approaches in our services.	Pete Campbell (CDG)	Sep-19		Proportion of West Berkshire schools who have recieved Therapeutic Thinking training	30%	data not available	
					Pete Campbell (CDG)	Sep-19		Reduce the number of fixed term exclusion days issued in schools adopting therapeutic thinking by 25% (data expected at the end of July 2020)	25%	data expected Jul 2020	
			A1/1.ac2	Support children and young people at an earlier stage, ensuring they are safe through prevention and early intervention services.	Pete Campbell (CDG)	*tbc*	A1/1.m1	Develop and implement the My Family Plan multi-agency early assessment offer.	*tbc Spring 2020*	due Spring 2020	This project is in early stages and suitable indicators will be added over time.
					Pete Campbell (CDG)	tbc	A1/1.m5	Reduction in number of child protection / care applications as a result of domestic abuse	tbc	data not available	Performance measure to be re-worded once the Domestic Abuse Bill will came into force.
					All groups	Apr-19	A1/1.m6	Total number of pageviews per quarter on West Berkshire Directory (Family Information and SEND Local Offer	Not targetted	17,201.0 Q2	Measure ownership to moved to all groups starting Q4.
			A1/1.ac3	Provide young people with information and skills to enable them to make informed decisions that will enhance their wellbeing and build resilience against health harming behaviours.	Denise Sayles (CDG)	Sep-19	A1/2.m1	Number of local primary schools who have received a Life Education performance (data expected at the end of March 2020)	12	data expected Mar 2020	(data expected at the end of March 2020)
					Denise Sayles (CDG)	Sep-19	A1/3.m1	Proportion of pupils who feel that their knowledge regarding alcohol and tobacco has increased since the performance. (data expected at the end of March 2020)	70%	data expected Mar 2020	(data expected at the end of March 2020)
2019/20 HWBB Prioirity: Primary Care Networks				Support the development of Primary Care Networks	Paul Coe/ Shairoz Claridge (WBLIB)	May-19		All West Berkshire GP Practices are included in a PCN	31/05/2019	Completed Q1	
					Paul Coe/ Shairoz Claridge (WBLIB)	Jul-19		All West Berkshire PCNs identify a Clinical Director	01/07/2019	Completed Q2	
					Paul Coe/ Shairoz Claridge (WBLIB)	Jul-19		All West Berkshire PCNs employ additional pharmacists	31/03/2020	due in Mar 2020	
					Paul Coe/ Shairoz Claridge (WBLIB)	Jul-19		All West Berkshire PCNs employ social prescribers	31/03/2020	due in Mar 2020	
					Paul Coe/ Shairoz Claridge (WBLIB)	Jul-19		All West Berkshire PCNs to deliver: - Structured Medication Reviews - Enhanced Health in Care Homes (EHCH)	31/04/21	due in Apr 2021	

Health and Wellbeing Strategy Delivery Plan 2019/20

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HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	Chair/ Group	Start Date	Ref.	Measure	Target	Latest/YE RAG (grey=not targeted)	Narrative
HWB Strategic Aim: Support mental health and wellbeing throughout life	Objective 6	Promote positive mental health and wellbeing for adults	A1/6.ac1	Celebrate, promote and connect existing resources especially those who provide Community Navigation and Peer Support.	Matt Pearce (MHAG)	Jan-18	A1/6.m1	Number of new members attending Eight Bells for Mental Health	Not targetted	86 (Cumulative to Q3)	The MHAG have awarded funding to Eight Bells to enable them to open a third day. The bid included a commitment to provide additional training to staff and reduce the number of members requiring additional support from the Crisis team.
			A1/6.ac4		Matt Pearce (MHAG)	Jan-18	A1/6.m4	Open for Hope to run 75 3hr group meetings	75	74 (Cumulative to Q3)	The MHAG have awarded funding to Open for Hope, run by the West Berkshire Independent Living Network. They will expand from Thatcham into Hungerford or Theale and run a multitude of activities to provide peer support to people with low mental health or isolation. .
			A1/6.ac5		Matt Pearce (MHAG)	Jan-18	A1/6.m5	Open for Hope to run 80 lunch or evening meal meet ups	80	36 (Cumulative to Q3)	
					Matt Pearce (MHAG)	Jan-18		Open for Hope to run 40 physical activity sessions	40	66 (Cumulative to Q3)	Open for hope have delivered a number pf physical activity session such as yoga to support people with mental ill-health
			A1/6.ac10	Adopt the Prevention Concordat for Better Mental Health across West Berkshire	Matt Pearce (MHAG)	Jan-19	A1/6.m1	Number of organisations signed up to the Prevention Concordat	(Not targeted)	#N/A	The MHAG is currently reviewing the documentation required to comply with the Prevention Concordat for Mental Health. Discussions are also underway with partners to consider whether Berkshire West approach could be adopted
			A1/6.ac4	Support the CCG with their review Crisis Review and ensure sufficient user engagement	Matt Pearce (MHAG)	Apr-18	A1/6.m3	Run one Thinking Together Event or equivalent	Jan-20	100.0% Q3	The MHAG have submitted a priority fund bid to undertake a series of 'thinking together events' to inform both crisis review and wider mental health agenda. The Volunteer Centre are organising a Mental Health Crisis Pathway Review Event on the 10th February on behalf of the CCG which may fulfil this action
	Objective 7	Prevent suicide and self-harm for adults and young people	A1/7.ac1	Organise training for employers regarding suicide awareness and the signs of stress	Garry Poulson (SPAG)	Oct-18	A1/7.m1	Number of events held per year.	2	1.0 Q3	First held on 25 October 2019. There has been a focus on training in relation to suicide awareness and attendance had been good.
						Oct-18	A1/7.m2	Number of employers who attend each training event	30	53.0 Q3	
						Oct-18	A1/7.m3	Proportion of participants who report an increased level of confidence of suicide prevention on training evaluation form	75%	100.0% Q3	
			A1/7.ac2	Reduce access to the means of suicide	Garry Poulson (SPAG)	Apr-18	A1/7.m4	Identify suicide risk sites at which to promote Samaritans with appropriate signage (subject to available resources).	6	6 (Cumulative to Q3)	
			A1/7.ac3	Reduce the risk of suicide in key high-risk groups	Garry Poulson (SPAG)	Apr-18	A1/7.m5	Run a suicide awareness campaign to target men in places such as the rugby club, pubs, comedy nights, etc.	1	1.0 Q1	A campaign is being run in barber shops to target men. The SPAG's Chair has also performed at the Hungerford Comedy Club to raise awareness in a rural community. Volunteers are coming forward to help distribute leaflets among the community.
					Garry Poulson (SPAG)	Apr-18	A1/7.m6	Run events to raise awareness of suicide among men.	2	data not available	A survivor of bereavement by suicide has come forward to hold talks at sports clubs.

Health and Wellbeing Strategy Delivery Plan 2019/20

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		Guidance	eg A1/5.ac1	What actions are required to deliver the outcome? Ie. Conduct a Needs Assessment/ Write a strategy/ Develop an education programme/ Lobby the		Sep-17	eg A2/3.d1	What is the impact your actions will have against the objective? Ie. Reduce the number of alcohol related hospital			
HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	Chair/ Group	Start Date	Ref.	Measure	Target	Latest/YE RAG (grey=not targeted)	Narrative
HWB Strategic Aim: Reduce premature mortality by helping everyone live healthier lives	Objective 10	Reduce alcohol related harm across the district for all age groups	A3/10.ac4	Monitor training in the Blue Light approach	Denise Sayles (SMHRP)	May-18	A3/10.m8	Number of Blue Light (BL) project training sessions and 'train the trainer' sessions delivered by Public Health	(Not targeted)	3.0 Q2	A total of 30 professionals were trained in 2 training sessions we also had a further 3 trainers trained in delivery of the training
			A3/10.ac5	Develop and agree action plans to support treatment resistant drinkers in the Blue Light (BL)	Denise Sayles (SMHRP)	May-18	A3/10.m10	Number of identified treatment resistant drinkers on Blue Light project, with an agreed action plan	(Not targeted)	3.0 Q2	3 Blue light individuals were being supported by the project Referrals to the project have been low and it is hoped that the training will help to raise awareness and increase levels of engagement. Work to be done with A&E ambulance and police colleagues to raise awareness about the project. Referral route to be reviewed.
			A3/10.ac6	**Outcome:** Reduce the cost to other WBC services for ongoing support by engaging treatment resistant drinkers in the Blue Light approach	Denise Sayles (SMHRP)	May-18	A3/10.m11	£ cost saved per client (at end of project)	(Not targeted)	#N/A	Early calculations on cost savings for one individual are the saving of around 20k per year.
	Objective 12	Support residents to stop smoking and reduce substance misuse	A1/12.ac1	Monitor effectiveness of Drug Diversion Pilot	Denise Sayles (SMHRP)	Apr-19	A1/12.m1	Proportion of cases where an individual has completed the voluntary Drug Diversion course delivered by Swanswell after being stopped by police for drug possession.	(Not targeted)	42.0% Q1	Full update to Steering Group on 7 November 2019
ng and sustainable environment in which communities can flourish	Objective 14	Increase the number of Community Conversations through which local issues are identified and addressed	A4/1.ac1	Facilitate/ support community engagements	Susan Powell (BCT)	Apr-18	A4/1.m1	Number of community engagements facilitated/ supported (BCT)	Not targetted	5.0 Q2	
		Ensure that housing is of good quality, accessible and affordable.	A4/15.ac2	Support people experiencing multiple needs including homelessness, substance abuse, contact with the criminal justice system and mental ill health through a coordinated approach	Susan Powell (BCT)	Apr-18	A4/15.m2	Number of individuals accepted into the Making Every Adult Matter (MEAM) cohort	Not targetted	2.0 Q2	
					Susan Powell (BCT)	Apr-18	A4/15.m3	Number of individuals helped by / moved on from the Making Every Adult Matter (MEAM) cohort	Not targetted	0.0 Q2	
				Continue to work together to prevent rough sleeping and reduce the number of people who do sleep rough in West Berkshire to 6 or less by 2025	Gary Lugg (HSG)	Sep-19		The number of rough sleepers in West Berkshire on the last day of the quarter	<6 by 2025	9.0 Q2	Housing Strategy Group to review and confirm target.
				Develop and adopt the Homelessness Strategy by 31 December 2019.	Gary Lugg (HSG)	Sep-19		Adoption of the Strategy	31/12/2019	On track Q2	
				Develop and adopt the Housing Strategy by 31st March 2020	Gary Lugg (HSG)	Oct-19		Adoption of the Strategy	31/03/2020	On track Q3	
				Adopt the 2019/20 Rough Sleepers Winter Plan by November 2019.	Gary Lugg (HSG)	Sep-19		Adoption of the Plan	30/11/2019	On track Q4	
				Develop and adopt a Serious Case Review protocol by December 2020.	Gary Lugg (HSG)	Sep-19		Adoption of the Protocol	01/12/2020	On track Q5	

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HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	Chair/ Group	Start Date	Ref.	Measure	Target	Latest/YE RAG (grey=not targeted)	Narrative
HWB Strategic Aim: Build a thrivin	Objective 18	Increase reporting of domestic abuse and decrease repeat incidents of domestic abuse	A4/18.ac1	Monitor number of repeat incidents of Domestic Abuse reported to Thames Valley Police	Susan Powell (BCT)	Apr-18	A4/18.m1	Number of Domestic Abuse incidents reported to Thames Valley Police (recorded crimes)	Not targetted	386.0 Q2	
							A4/18.m2	Number of Domestic Abuse incidents reported to Thames Valley Police (non crime)	Not targetted	317.0 Q2	New for 2018/19 to provide context for Repeat Victimisation Rate.
							A4/18.m3	Domestic Abuse Repeat Victimisation Rate reported to Thames Valley Police	Not targetted	35.2% Q2	
			A4/18.ac2	Improve staff awareness of domestic abuse	Susan Powell (BCT)	Jul-18	A4/18.m4	Number of multi-agency staff trained in Domestic Abuse Awareness	Not targetted	88 (Cumulative to Q2)	30 people trained over 3 sessions 02/07 and 17/09. Future quarterly figures to report total number of new people trained
							A4/18.m5	Number of multi-agency staff trained in Domestic Abuse Champions	Not targetted	23 (Cumulative to Q2)	23 people trained on 22/06/2019. Future quarterly figures to report total number of new people trained
HWB Strategic Aim: Help older people maintain a healthy, independent life for as long as possible	Objective 19	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.m1	The number of new referrals of people aged 65+ at risk of falling to a Steady Steps Class	60	21.0 Q2	This year the target has been changed to reflect the actual number of new referrals per quarter rather than number visits people make to classes over the quarter. There has been less opportunity for new participants to start on the course, due to the number of Bank Holidays in Q1. In previous quarters there have been 37 new referrals.
			A5/19.ac3	Conduct campaigns to increase public awareness of falls and how to prevent falls.	April Peberdy (AWTG)	Ongoing	A5/19.m3	Number of Falls Prevention Awareness Campaigns	3	3 (Cumulative to Q3)	
			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-18	A5/19.m4	Number of Falls Prevention Awareness Training sessions delivered	11	10.0 Q2	
			A5/19.ac7	Monitor the number of Falls Risk Assessments completed by RBFRS as part of their Safe and Well checks	April Peberdy (AWTG)	Jan-18	A5/19.m7	Number of Safe and Well checks completed by RBFRS where a Falls Risk Assessment has been undertaken	60	35.0 Q2	There had been some difficulty in getting the necessary data but a recent report stated that there had been 35 referrals so this showed that the process was working.

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HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	Chair/ Group	Start Date	Ref.	Measure	Target	Latest/YE RAG (grey=not targeted)	Narrative
How we will deliver the Strategy: Integration	Batter Care Fund National Condition 1	Delayed transfers of care	BCF1/ac1	Decrease the number of bed days due to Delayed Transfers of Care (DTOC) from hospital	Paul Coe/ Shairoz Claridge (WBLIB)	Mar-17	BCF1/m1	Decrease the number of bed days due to Delayed Transfers of Care (DTOC) from hospital	Target variable based on DoH methodogology Q1 & Q2 = 492 Q3 & Q4 = 508	561.0 Q2	Snapshot data reflects September The number of delayed transfers of care is above the target. Provisional data indicates that the largest group are attributable to Health delays, followed by Joint delays, with Social Care delays accounting for 23% of all delays. Levels of demand for support with hospital discharges has remained consistently high. Through 2019 there has been an increasing challenge in finding domiciliary care and this has led to heavy reliance on our own in house Reablement service and the BHFT Carewatch. In December 2019, private agencies were reluctant to take on any new care packages over the 2 week Christmas period and the only discharges were with Reablement. There have also been consistent delays in care homes visiting hospitals to carry out assessments which were counted as a social care delay by Hospitals. There has been a notable increase in the complexity of cases. One person was difficult to place due to bariatric needs and we have had a long term Court of protection case which until recently had been counted by the hospital as a Social care delay until court papers were submitted.
	Better Care Fund National Condition 2	Non-elective admissions (General and Acute)	BCF2/ac1	Monitor the number of non-elective admissions (General and Acute)	Paul Coe/ Shairoz Claridge (WBLIB)	Mar-17	BCF2/m1	Number of non-elective admissions (General and Acute) per 100k population	tbc	data not available	
	Better Care Fund National Condition 3	Admissions to residential and care homes	BCF3/ac1	Monitor the number of permanent admissions of older people aged 65+ to residential and care homes (per 100,000 of population)	Paul Coe/ Shairoz Claridge (WBLIB)	Mar-17	BCF3/m1	New permanent admissions of older people aged 65+ to residential and care homes (per 100,000 of population) (ASCOF 2A (part 2))	tbc	584.9 Q2	No RAG as target tbc **Provisional data - to be confirmed** ASCOF 2A presented as per 100,000. Numerator just shows number of new admissions We focus on helping people home wherever possible and were disappointed to see an increase in admissions last year. We will continue to focus on promoting community options.
	Better Care Fund National Condition 4	Effectiveness of reablement	BCF4/ac1	Increase the percentage of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Paul Coe/ Shairoz Claridge (WBLIB)	Mar-17	BCF4/m1	% of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	84%	87.1% Q2	Target met
				Increase the percentage of new clients where service following enablement was Ongoing Low Level Support, STS (Other), Universal Services/IAS or No identified needs (ASCOF 2D)		Mar-17	BCF4/m2	% of new clients where service following enablement was Ongoing Low Level Support, STS (Other), Universal Services/IAS or No identified needs (ASCOF 2D)	>60%	66.1% Q2	Data is not yet validated (provisional)

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HWB Strategy Priority/ Strategic Aim	Objective Reference	HWB Strategy Objective	Ref.	Action	Chair/ Group	Start Date	Ref.	Measure	Target	Latest/YE RAG (grey=not targeted)	Narrative
How we will deliver the strategy: Public Engagement		Raise the profile of the Health and Wellbeing Board and its workstreams using a range of platforms.		Use local media to promote the work of the Health and Wellbeing Board, its sub-groups or any pertinent issues	Kamal Bahia (PPE)	May-19		Number of articles published in the Newbury Weekly News per year	12	6.0 Q2	6 articles have been published in the Newbury Weekly News so far this year under the Your Health Matters brand. Published 34 articles in NWN and NewburyToday since January 2017 ; established a Facebook (@WellbeinginWB) and Twitter (@PPEWest) presence last year.
				Engage with Board's other sub-groups to improve information sharing	Kamal Bahia (PPE)			Number of sub-group meetigs attended by PPE Chair	3	3.0 Q2	Attended Skills and Enterprise, BCT, Integration Board and Substance Misuse
				Promote the West Berkshire Directory as a one stop shop for information and advice. (Adults)	Kamal Bahia (PPE)	Jun-18		Total number of pageviews on West Berkshire Directory - Adults	Not targetted	5,411.0 Q2	Launched the West Berkshire Directory at the annual conference and GP TIPS
Additional objective added mid-strategy period		Improve access to employment, education, training and volunteering for vulnerable people.		Raise local employers' understanding of regional skills needs and challenges of promote local employment opportunities to all, including vulnerable people.	Iain Wooloff (SEP)	Sep-18		Facilitate a 'Business & Wellbeing' conference for local employers, local authority representatives, business skills representatives and other stake holders to raise awareness of: 1. skills required to address the economic development strategy of the region 2. challenges facing vulnerable people when seeking employment	17 October 2019	Completed Q2	
				Run events to engage local employers in promoting sustainable employment pathways for local people at all levels of work.	Iain Wooloff (SEP)	Sep-18		Hold a Skills Awareness day for vulnerable people, including those with learning difficulties and disabilities promoting employment pathways.	tbc Autumn 2019	data not available	An action plan is currently being developed.
				Determine bids for grants under the Health and Wellbeing Priority Fund	Bal Bahia (HWB Steering Group)			Amount of Health and Wellbeing Priority Funding allocated to HWBB Sub-Groups	Not targetted	£36,659.33 of £96k	

Primary Care Networks Update - January 2020

Report being considered by: Health and Wellbeing Board on 30 January 2020

Report Author: Shairoz Claridge

Item for: Information

1. Purpose of the Report

1.1 The Health and Wellbeing Board identified Primary Care Networks as one of its two priorities for 2019/20. This report provides an update to the Board on activity since the last update at the meeting in October 2019.

2. Recommendation(s)

2.1 The Health and Wellbeing Board are asked to note the report.

3. How the Health and Wellbeing Board can help

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

4. Introduction/Background

4.1 Primary Care Networks (PCNs) are groupings of GP practices and other services working together to plan and co-ordinate care within local neighbourhoods typically serving 30-50,000 patients. The NHS Long Term Plan and the subsequent five-year framework for GP contract reform set out arrangements and funding for all practices to become part of a PCN.

4.2 NHS England has significant ambitions for primary care networks, with the expectation that they will be a key vehicle for delivering many of the commitments in the long-term plan and providing a wider range of services to patients.

4.3 In Berkshire West, 'Designing our Neighbourhoods' is an approach to fostering the development of PCNs. It brings together various pieces of work to improve the health of neighbourhoods through taking a proactive approach to managing population health, supporting multi-disciplinary team working, risk stratification and planning personalised approaches to care. The Locality Integration Board has put Designing our Neighbourhoods at the centre of its work programme.

5. Supporting Information

(1) Progress so far

5.2 In October 2019, the Health and Wellbeing Board heard that PCNs were formally constituted in May 2019. Each PCN in West Berkshire was required to register with Berkshire West Clinical Commissioning Group and identify their network coverage, or area, to ensure that all of the population was covered. Each PCN is led by a Clinical Director and as of 1 July 2019, PCNs were able to begin recruiting to the additional roles.

5.3 In November 2019 the PCN Clinical Directors joined the West Berkshire Locality Integration Board (LIB), a sub-group of the Health and Wellbeing Board. As a result, the LIB has held two workshops to refocus its purpose so that it can better support the maturation of PCNs.

5.4 Taking on board its changing role and membership, the LIB has set a new vision and is developing its work programme to include:

- risk stratification,
- improving access to information,
- multi-disciplinary team training and
- personalised care planning.

5.5 Underpinning some of the work of PCNs is Population Health Management, an approach which aggregates patient data so that the networks can implement better risk stratification processes to support care planning for patients. Initially the focus will be to identify patients whose health and wellbeing outcomes are at high risk of worsening in order to prevent hospital admissions, improve quality of care for patients and reduce pressure on GPs. Data packs for each of West Berkshire's PCNs have been developed and reviewed by the LIB and the PCN boards.

5.6 This approach to Population Health Management already informed new ways of working to improve patient experience and outcomes. Dr Jimmy Lennox (GP at Chapel Row Surgery) and Sara Meakin (Nurse Practitioner at Thatcham Health Centre) have been leading a project focussed on patients aged over 65 who had been admitted to hospital twice or more in the preceding year. Health coaching approaches have been used to improve patient activation, the motivation a patient has to self-care. An update on the progress of the project will be received by the LIB in February 2020 and a full evaluation is anticipated. Early indications from patients' experiences suggest that there is a positive impact on patients' health and wellbeing.

(2) Next Steps

5.7 The Network Contract Direct Enhanced Service Draft Outline Service Specifications was published on 23 December 2019. This outlined the requirements on PCNs as part of the new contract and a consultation closed on 15 January 2020. Nationally there has been significant concern expressed by GPs regarding the expectations set out in the document and whether it is achievable within the additional funding offered. The final specification is expected to be published in April 2020.

5.8 On 16 January 2020 a workshop was held by Berkshire West CCG with Clinical Directors of PCNs across the whole of Berkshire West. The workshop focussed on the ways in which Berkshire Healthcare Foundation Trust could support PCNs to deliver the service specifications, recognising that effective joint working with community and mental health providers will be fundamental to the success of PCNs.

5.9 In the meantime, work continues to support the newly appointed social prescribing link workers to settle into their new roles. These new roles are pivotal to supporting personalised care approaches and reducing the number of GP appointments used

by patients with social rather than medical issues. It is the ambition to work towards an integrated community wellbeing model in West Berkshire, being championed by Matt Pearce, to ensure that the new roles complement rather than duplicate the existing Village Agents service and other key sources of support in West Berkshire's strong voluntary sector.

6. Options for Consideration

6.1 n/a

7. Conclusion(s)

7.1 By making Primary Care Networks one of its priorities for 2019/20 the Health and Wellbeing Board has recognised their potential impact on health outcomes and inequalities. Since PCNs formed in May 2019, PCNs have been working hard to recruit to the additional roles, such as social prescribers, put in place the appropriate governance and test the new approaches through pilots. The LIB has evolved to encompass these new approaches which demand integrated neighbourhood working to be successful.

Health and Wellbeing Priorities 2018/19 Supported:

x Support mental health and wellbeing for adults
x Improve access to employment for vulnerable people

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

x Give every child the best start in life
x Support mental health and wellbeing throughout life
x Reduce premature mortality by helping people lead healthier lives
x Build a thriving and sustainable environment in which communities can flourish
x Help older people maintain a healthy, independent life for as long as possible

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Appendix A

Data Protection Impact Assessment – Stage One

The General Data Protection Regulations require a Data Protection Impact Assessment (DPIA) for certain projects that have a significant impact on the rights of data subjects.

Should you require additional guidance in completing this assessment, please refer to the Information Management Officer via dp@westberks.gov.uk

Directorate:	
Service:	
Team:	
Lead Officer:	
Title of Project/System:	
Date of Assessment:	

Do you need to do a Data Protection Impact Assessment (DPIA)?

	Yes	No
Will you be processing SENSITIVE or "special category" personal data? Note – sensitive personal data is described as "*data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation*"	☐	☐
Will you be processing data on a large scale? Note – Large scale might apply to the number of individuals affected OR the volume of data you are processing OR both	☐	☐
Will your project or system have a "social media" dimension? Note – will it have an interactive element which allows users to communicate directly with one another?	☐	☐
Will any decisions be automated? Note – does your system or process involve circumstances where an individual's input is "scored" or assessed without intervention/review/checking by a human being? Will there be any "profiling" of data subjects?	☐	☐
Will your project/system involve CCTV or monitoring of an area accessible to the public?	☐	☐
Will you be using the data you collect to match or cross-reference against another existing set of data?	☐	☐
Will you be using any novel, or technologically advanced systems or processes? Note – this could include biometrics, "internet of things" connectivity or anything that is currently not widely utilised	☐	☐

If you answer "Yes" to any of the above, you will probably need to complete Data Protection Impact Assessment - Stage Two. If you are unsure, please consult with the Information Management Officer before proceeding.

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Future in Mind Local Transformation Plan

Report being considered by:	Health and Wellbeing Board on 30 January 2020
Report Author:	Andy Fitton/ Michelle Sancho
Item for:	Information

1. Purpose of the Report

1.1 To provide an overview of the refreshed Future in Mind Local Transformation Plan (LTP) which was published in October 2019 in accordance with national Future In Mind requirements. The LTP provides an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system. The full LTP can be found here https://www.berkshirewestccg.nhs.uk/about-us/how-we-work-with-others/the-local-transformation-plan/ Our LTP has been assured by NHS England.

1.2 A wide range of initiatives across the system are underway to improve emotional health and wellbeing of children and young people. Initiatives reflect the THRIVE model.

1.3 Like most other areas of the country, demand for emotional health and wellbeing services have increased and the complexity of presenting issues is increasing. The increase in demand and complexity is being seen across voluntary sector, schools and specialist services. This is having an impact on waiting times.

2. Recommendation(s)

2.1 The Board is asked to approve the refreshed Local Transformation Plan 2019.

3. How the Health and Wellbeing Board can help

3.1 To note, approve and endorse the plan.

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

4. Introduction/Background

4.1 Areas of strength

- The NHS Long Term Plan has been published and the local partnership is on track in the key areas of Children and Young People's Mental Health Services, Learning Disability and Autism, Local System Support, Investment in Forensic Community Support and Redesigning CYP Health Services.

- We have continued to develop outcomes reporting and can evidence that most children and young people have positive outcomes across providers.
- We can evidence that most children and young people feel listened to across providers.

- We can evidence the impact of large scale training across partners. In particular the introduction of Trauma Informed/ adverse childhood experiences training, at School and a community level is expanding rapidly across the patch. Aligned to this is the start this year of the roll out of the regional Restorative Practise awareness and training in all three Local Authorities reaching 100+ multi-agency practitioners and snr leaders as well as CYP.
- Access to services by Children and Young people has increased again this year. Providers are seeing more children and young people for evidence informed help than ever before.
- We continue to meet the challenge of working with partners to flow CYP access data onto the national dataset, with 3 more now providers' data monthly and BHFT improving the quality of their returns.
- We are one of 20 national trailblazer sites to set up Mental Health Support Teams in two Local Authorities. We have built on our existing strengths and learning from the Emotional Health Academy the Reading Emotional Well-Being Partnership to create an exciting offer. Recently we have secured a further team for Wokingham.
- Following the completion of a service review, more financial investment has been secured for our Eating Disorder Service that will enable our local Mental Health provider (BHFT) to meet waiting time standards by 20/21.
- We were successful in becoming one of 9 pilot sites for a research project on improving mental health assessment for Children in Care. Training has been completed and the first 12 children in care have already participated in the project.
- BHFT have secured funding from NHS England to build a new inpatient facility to replace Willow House in Wokingham. This will provide more capacity and reduce the number of children who have to be placed out of area.

4.2 Areas of Challenge and Development

- There continues to be increased demand which in turn is having an impact on waiting times, across providers. Although we were successful in winning additional resources to reduce waiting times in our specialist CAMHs teams, recruiting the workforce continues to be challenge across the sector.
- There continues to be concern about the in self-harm rates in all three Local Authorities for people aged 10 – 24. Self-harm rates for 15 to 19 year olds across all three areas continue to be higher than the national average with the biggest jump being in Reading. Prior to 2015/16 all three LA's were below or in line with the national average. A set of clear recommendations have emerged from the CYP High Impact User project that require further attention
- Availability of suitable skilled, qualified and experienced health workforce. There are recruitment and retention challenges for many parts of the wider children's workforce e.g. social care. The cost of living is high in Berkshire West.
- Demand for emotional health and wellbeing services across the system has increased at all levels of need- see Appendix 2 Needs Analysis and Appendix 5 Activity. Local analysis is that we continue to be part of the cycle of positive improvements in identification of likely

unmet need alongside the lowering national of the stigma related to mental health is driving the demand. However with challenging waiting times often the need is increasing thus increasing felt levels of acuity in cases across the system.

- Infrastructure- Availability of suitable inpatient beds close to home. Lack of local inpatient beds for young people with Eating Disorders.
- Data- Flowing data onto the national MHSDS data set involves multiple providers with differing IT systems and data governance arrangements. We continue to meet the challenge of working with partners to flow CYP access data onto the national dataset, with 3 more now providers' data monthly and BHFT improving the quality of their returns.
- Children and young people who are under Specialist CAMHs continue to experience more severe symptoms and have more complex presentations than in comparator areas. We wonder whether this is related to earlier help being more embedded in Berkshire West as we have rolled out Future in Mind.
- Finance - Financial pressures across the system as demand continue to grow requiring increased investment within a tight fiscal arrangement for Berkshire West.
- System arrangements - The complexity of the Berkshire West system adds a level of challenge.
    a. The number of different Local Authorities and agencies involved in providing mental health care across Berkshire West means there is a risk of alternative access points, emerging gaps between services and a need for extensive partnership work and communication that is time consuming for staff in all agencies.
    b. The emerging new Integrated Care System, of Buckinghamshire, Oxfordshire and Berks West footprint will create new commissioning arrangements that will require additional capacity in the next year of this ICS forming. It may add confusion and take capacity away from transformation work.
    c. Some organisations and individuals are more open to change than others. Schools, GPs in particular have competing demands on their time so while there may be a desire and recognition to change, external factors prevent change from happening at the pace required.

5. Supporting Information

5.1 Our 2019/20 Local Transformation plan has identified 7 priorities to focus and act as a way to galvanise the partnership to collectively achieve improvement and change. These priorities are:

- Priority 1 – Ensure that we embed and expand the Mental Health Support Teams in Berkshire West
- Priority 2 – continue to focus on meeting the emotional and mental health needs of the most vulnerable CYP – particular attention to Children in Care
- Priority 3: Continue to build a 24/7 Urgent care/ Crisis support offer for Children and Young People (CYP)
- Priority 4: Continue to build a timely and responsive Eating Disorder offer
- Priority 5: Improve the Waiting times & Access to support, with particular this year on access to ASD/ ADHD assessments and support.

- Priority 6: To improve the Equalities, Diversity and Inclusion offer and access for Children and Young People in Berkshire West
- Priority 7: Building a Berkshire West 0 – 25 year old comprehensive mental health offer

5.2 The Future in Mind Delivery Group meets regularly to consider, challenge and champion the changes as well as oversee this LTP refresh document. The Future in Mind group is chaired by the Assistant Director of Joint Commissioning NHS Berkshire West CCG and reports into the Berkshire West MH and LD ICP programme board. Work-streams are set up to drive each priority forward that includes strong multi-agency representation.

5.3 Highlights of the work in West Berkshire can be found in the plan on pages 31 – 39, specifically about the Emotional Health Academy on pages 45 – 47 and specialist CAMHs pages 48 – 60.

6. Options for Consideration

6.1 N/A

7. Proposal(s)

7.1 N/A

8. Conclusion(s)

8.1 N/A

9. Consultation and Engagement

9.1 There has been significant multi-agency partnership engagement over a number of years and in particular in the lead to the Oct 2019 deadline to publish the most recent LTP (2019) version. In addition Children Young People's feedback and influence is outlined in chapter 5, pages 14 & 15 of the LTP.

10. Appendices

10.1 N/A

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

x Give every child the best start in life
x Support mental health and wellbeing throughout life

Officer details:

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Annual Director of Public Health Report - Berkshire: A Good Place To Work

Report being considered by:	Health and Wellbeing Board on 30 January 2020
Report Author:	Tessa Lindfield
Item for:	Information

1. Purpose of the Report

Statutory annual director of public health report with focus on workplace health and wellbeing. In Berkshire we have a very high employment rate, and therefore a great opportunity to improve health through the workplace. It will benefit the individual, employer and wider society.

2. Recommendations

Multiple recommendations (see report).

3. How the Health and Wellbeing Board can help

Endorse actions, support the report's reception and learn itself about the topic.

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

4. Introduction/Background

4.1 Evidence shows that 'good work' improves health and wellbeing in overall terms of quality of life. 'Good work' also protects against social exclusion, by providing us with a stable income, social interaction and a core role with identity and purpose. On the other hand, evidence shows us that unemployment is bad for your health – being associated with an increased risk of: limiting long-term illness, heart disease, suicide, poor mental health and health harming behaviour.

5. Supporting Information

5.1 See report

6. Conclusions

6.1 Employees are the greatest assets to the growth of a company, and contribute to the vibrant economy of Berkshire. For businesses, cultivating healthy and happy employees helps to build a sustainable workforce and to promote workplace productivity.

6.2 Workplace health promotion is dependent upon a collaborative effort from senior management team, line managers and employees themselves. This includes regular review of work policies, implementation of health and wellbeing strategies,

empowering line managers to recognise and support the need of employees, and encouraging employees to participate in wellbeing initiatives.

6.3 As we are heading towards the changing landscape of an ageing workforce, a stronger conscience of our impact on environment, and advancing diversity and inclusion, we would encourage businesses to be creative and proactive in promoting and improving workplace health and wellbeing.

7. Consultation and Engagement

7.1 *Dr Jo Jefferies* - Consultant in Public Health, Shared Public Health Services for Berkshire

7.2 *Cynthia Folarin* - Consultant in Public Health, Bracknell Forest

7.3 *David Munday* - Consultant in Public Health, Reading

7.4 *Ruksana Sardar-Akram* - Consultant in Public Health, Royal Borough of Windsor & Maidenhead and Wokingham

7.5 *Dr Liz Brutus* - Consultant in Public Health, Slough

7.6 *Matthew Pearce* - Consultant in Public Health, West Berkshire

7.7 *Becky Campbell* - Intelligence manager, Shared Public Health Services for Berkshire

7.8 *Nana Wadee* - Information analyst, Shared Public Health Services for Berkshire

7.9 *Ria Ingleby* - Engagement manager, Headspace for Work

7.10 *Annie Yau-Karim* - Public Health Programme Officer, Bracknell Forest

7.11 *Rachel Johnson* - Senior Programme Officer, West Berkshire

7.12 *Anneken Priesack* - Economic development manager, Bracknell Forest Council

7.13 *Sussane Brackley* - Economic development manager, Reading Borough Council

7.14 *Gabrielle Mancini* - Economic development manager, West Berkshire Council

7.15 *Joanna Birrell*- Thames Valley Local Enterprise Partnership

7.16 *Caroline Perkins*- Thames Valley Local Enterprise Partnership

7.17 *Lucy Bowman* - Partnership Manager, Bracknell and Slough Department for Work and Pensions

7.18 *Stuart White* - Thames Water, Head of Media Relations

7.19 *Dwayne Gillane* - Royal Berkshire Hospital, Occupational Health Nurse Manager

7.20 *Glen Goudie* - Sports and Leisure Manager, Wokingham Borough Council

7.21 *Carol-Anne Bidwell* - Public Health Programme Manager, Wokingham Borough Council

7.22 *Neil Impiazzi* - Partnership Development Director, SEGRO plc

7.23 *David English* - Health and Safety Advisor, Panasonic UK

7.24 *Hilary Hall* - Deputy director, Royal Borough of Windsor and Maidenhead

7.25 *Clare Humphreys* - Consultant in Communicable Disease Control, Public Health England

7.26 *Rachel Jarrett-Kerr* - Practice sister, Crondall New Surgery

8. Appendices

Appendix A – Annual Director of Public Health Report – Berkshire: A Good Place to Work

Background Papers: See annual report.

Health and Wellbeing Priorities 2018/19 Supported:

x Promote positive mental health and wellbeing for adults.

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

x Support mental health and wellbeing throughout life
x Reduce premature mortality by helping people lead healthier lives
x Build a thriving and sustainable environment in which communities can flourish
x Help older people maintain a healthy, independent life for as long as possible

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Appendix A

Data Protection Impact Assessment – Stage One

The General Data Protection Regulations require a Data Protection Impact Assessment (DPIA) for certain projects that have a significant impact on the rights of data subjects.

Should you require additional guidance in completing this assessment, please refer to the Information Management Officer via dp@westberks.gov.uk

Directorate:	Berkshire Shared Public Health – people's directorate
Service:	Berkshire Shared Public Health
Team:	Berkshire Shared Public Health
Lead Officer:	Tessa Lindfield
Title of Project/System:	Annual Director of Public Health Report
Date of Assessment:	24/09/2019

Do you need to do a Data Protection Impact Assessment (DPIA)?

	Yes	No
Will you be processing SENSITIVE or "special category" personal data? Note – sensitive personal data is described as "*data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation"*	☐	☐x
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Will your project or system have a "social media" dimension? Note – will it have an interactive element which allows users to communicate directly with one another?	☐	☐x
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DIRECTOR OF PUBLIC HEALTH REPORT
BERKSHIRE 2019

Berkshire:
A good place to work

Working together for health and wellbeing

Public Health for Berkshire

ACKNOWLEDGEMENTS

Many thanks to all those who contributed to this year's report.

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Dr Ravi Lukha - Public Health Speciality Registrar
Dr Iesha Toor - Foundation Year 2 Doctor
Dr Jasmine Gan - Foundation Year 2 Doctor
Dr Alex Burnett - Foundation Year 2 Doctor
Becky Campbell - Intelligence Manager, Public Health for Berkshire
Dr Jo Jefferies - Consultant in Public Health, Public Health for Berkshire

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David Munday - Consultant in Public Health, Reading Borough Council

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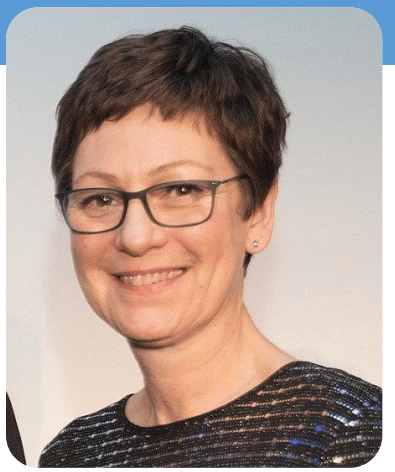
FOREWORD



On the face of it Berkshire is a good place to work. Whilst there is some variation between boroughs, unemployment is low overall. We know that having a good job, one that pays a reasonable wage, provides security and allows individuals to thrive protects against adverse health outcomes both during our working lives and into retirement. Indeed our health in the years when we are at work lays the foundation for our health in later years.

Employers have an interest in maintaining and improving the health of their workforce, avoiding preventable sickness absence and presenteeism which damage productivity. There is a win:win here for population health and employers, particularly in a place like ours where so many people are in work.

People tell us that they want to take responsibility for their health but they need it to be easier than it is now. There are many ways that employers can help employees manage illness and disability and improve their health. A healthy workforce is an aspiration that should be held by every employer.

The nature of work also affects our health. It stands to reason that people who are in unstable or unhappy work environments are less likely to benefit from the health advantages associated with employment. Increasingly common issues such as zero hours contracts, stress, presenteeism and low pay have been shown to adversely affect future health and are important workforce health issues to take into account.

Workplaces are changing, I was at work when this picture was taken, giving out an award for workplace health. Like many, my workplace is not just an office and meeting rooms but also coffee shops, my spare room and my car! Indeed for some companies the concept of a workplace in itself is becoming obsolete. The way we work is shifting too, We see more tasks performed via technology and more remote working. This changes the balance of health opportunities and risks associated

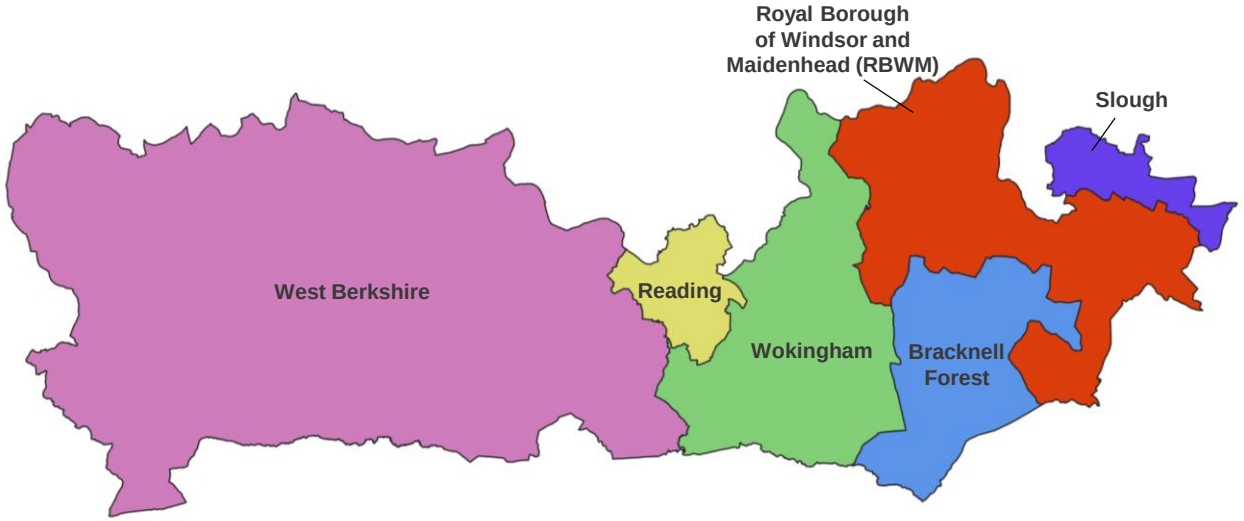
with work, not least how we replace the social interactions we have with our colleagues. If we are looking at good workforce health as a foundation for later life, we need to take this changing context for work and think differently about workplace health.

We also need to think beyond individual worker's wellbeing, organisations not only influence the health of their employees but also their families and the communities they form. Employing individuals from a range of different backgrounds and abilities should not be underestimated. This not only helps the individual concerned but also enhances the working environment for other employees and adds to the wellbeing of the organisation.

This 2019 Annual Public Health Report outlines what we know about employment and health in Berkshire and offers some ideas to improve the health of our workforce in our ever changing workplaces. The aim is to start a conversation, to inspire us to do more to improve the health of our workforce and our population.

Workplace health presents a win:win for business and population health. We have an opportunity, working together, to make Berkshire an even better place to work.

Tessa Lindfield
Strategic Director of Public Health for Berkshire



CONTENTS

The Long Walk, Windsor Great Park

SEGRO Business Park, Slough

KEY MESSAGES

The Win:Win

There is a strong relationship between work and health. Good work is good for you and a healthy resilient workforce is good for business.

The work place is an ideal venue for improving health.

Our health during our working life lays the foundation for our retirement years and we want to increase the length of healthy lives in Berkshire.

Workplace health is a win:win for population health, employees and employers.

Working in Berkshire

We are privileged in Berkshire to enjoy relatively high levels of employment, so addressing health in the workplace means we can reach a large number of people.

Berkshire hosts a large number of well-known companies and a significant proportion of our residents also work in large public sector organisations.

The top industries in Berkshire are Professional, Scientific & Technical, Information and Communication and Construction.

We have a higher proportion of people in managerial and professional positions jobs than average for Great Britain.

KEY MESSAGES

Meeting the challenge

Improving workplace health helps us with population health and productivity at work. Life expectancy and working lives are lengthening, but the number of years that people can expect to live in good health is not keeping pace with life expectancy, meaning that people are living more years in poor health. This does not affect everyone in the same way, the number of years spent in poorer health varies between places in Berkshire and is closely associated with deprivation.

Productivity in the UK is not as strong as other G7 member countries and there is good evidence that improving the health of the workforce assists productivity.

Workplaces are changing and we need to adapt our approaches to meet the needs of flexible employees and freelancers as well as those with regular places of work. It is important to consider how workplaces enable a healthy inclusive workforce, taking account of physical, mental and cultural needs of all workers.

Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways, to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

KEY MESSAGES

What can we do?

The conditions that contribute to poorer healthy life expectancy, sickness absence and presenteeism have prevention opportunities in common. Access to good work remains a central focus and strong management and HR processes are the bedrock of a healthy workforce.

Fortunately, there are many resources available to help us get started. Evidence shows that engaged and committed organisational leadership, working closely with employees is critical for success. There are tools available to assist with assessing workforce health needs and measuring progress.

Work can support or damage our mental health and there are actions employers can take to prevent stress and increase resilience to mental ill health. Creating workplaces where healthy behaviours are the default is challenging but there are examples where businesses have helped their staff be physically active every day, to eat well and stop smoking. Berkshire businesses are already putting these ideas into action and case studies are included in the report.

Some groups of workers need careful consideration as they have more chance of becoming unwell. Shift workers, people at risk of discrimination, people with disabilities, people with caring responsibilities and new mothers need extra support.

Some organisations are bedded strongly in communities over generations. These are known as anchor institutions and are especially influential within their communities.

NEXT STEPS

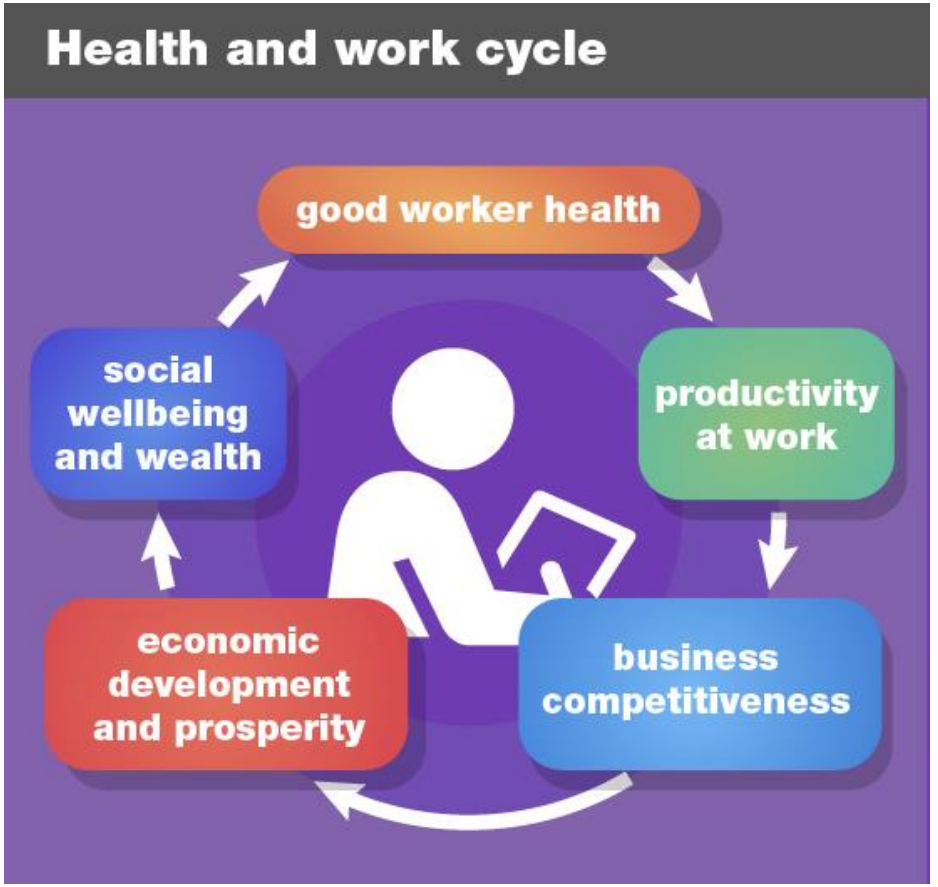

1. Start a better conversation in your organisation about improving health *and listen*
2. Use the evidence on what works to make a plan and *start somewhere*
3. Measure change and *adapt your approach*
4. Share your learning with others and *learn from them*

CHAPTER 1: THE WIN:WIN

There is a strong relationship between work and health.

Evidence shows that 'good work' improves health and wellbeing, it connects us with others, provides us with a stable income, social interaction and a sense of identity and purpose. On the other hand, unemployment is associated with an increased risk of poorer health including limiting long term illness, heart disease, poor mental health, health harming behaviour and suicide.

The relationship goes both ways - not only is good work good for your health, but a healthy population has the potential to be a productive workforce for business. In turn successful business supports economic prosperity and the wellbeing of communities. The benefits go beyond the individual worker - for an employer, a healthy resilient workforce has fewer sick absences, better productivity and longer careers before retiring. From an economic and wider societal point of view, an unhealthy workforce leads to increased healthcare costs, increased informal caregiving, increased long-term sickness and loss in productivity. Overall, sickness absences and worklessness is estimated to cost the economy £100 billion a year (Public Health England 2016).



Public Health England; Health Matters: Health and Work

What do we mean by good work?

It is more than a workplace that is safe. Good work gives a sense of security, autonomy, communication within an organisation and good line management. As Sir Michael Marmot's studies illustrated, it is not just having work that makes a difference, but the quality of our jobs (Marmot et al, 1991).

Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

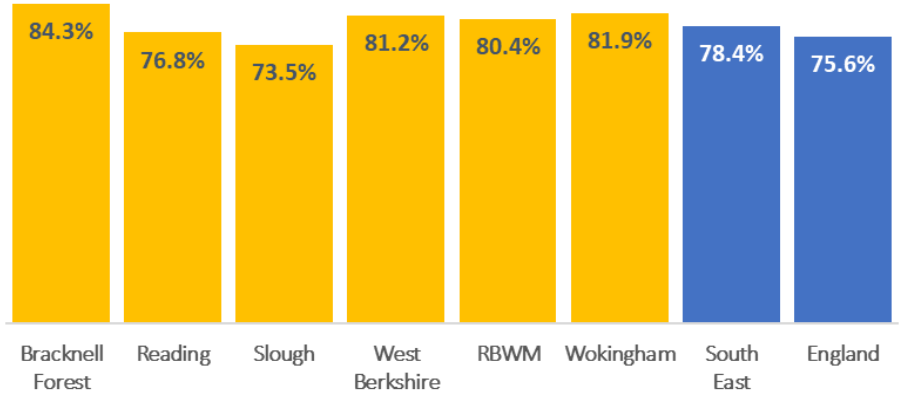
Investing in workplace health makes sense. There is good evidence that the financial benefits of investing in worker health outweigh the costs of managing employee sickness and absence. Benefits include:

- Reduced sickness absence
- Improved productivity – employees in good health can be up to three times more productive than those in poor health and experience fewer motivational problems
- Reduced staff turnover – employees are more resilient to change and more likely to be engaged with the business's priorities

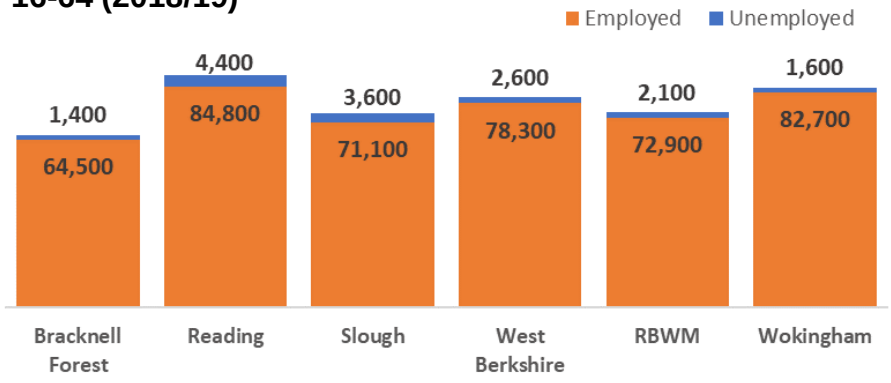
CHAPTER 2: WORKING IN BERKSHIRE

In Berkshire we have a robust economy and one of the highest employment rates in Europe.

EMPLOYMENT RATES FOR PEOPLE AGED 16-64 (2018/19)



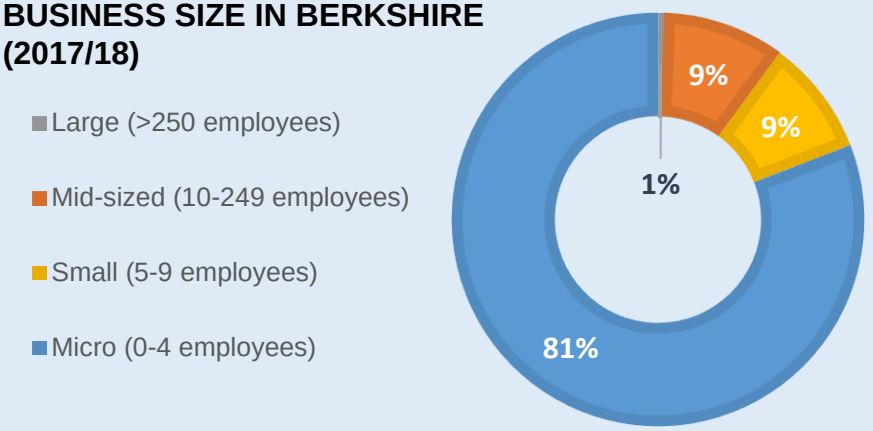
NUMBER OF PEOPLE EMPLOYED AND UNEMPLOYED AGED 16-64 (2018/19)



Office for National Statistics; Labour Market Profile – Thames Valley Berkshire

The majority of Berkshire businesses are micro-businesses, employing four or fewer staff. Despite fewer than 1% of business in Berkshire being large enough to employ over 250 staff, they provide approximately 38% of local employment. This presents a great opportunity to maximise our ability to protect, improve and promote good health in the workplace.

BUSINESS SIZE IN BERKSHIRE (2017/18)



Thames Valley Berkshire LEP; Business in Berkshire 2018

TOP 5 BUSINESS SECTORS IN BERKSHIRE (2017/18)

1. Professional, scientific & technical
2. Information & communication
3. Construction
4. Wholesale & retail trade; repair of vehicles
5. Administrative & support service activities

Thames Valley Berkshire LEP; Business in Berkshire 2018

EMPLOYMENT BY OCCUPATION (2018)

	Thames Valley Berkshire (numbers)	Thames Valley Berkshire (%)	South East (%)	Great Britain (%)
SOC 2010 major group 1-3	259,100	55%	51%	46%
1. Managers, directors and senior officials	56,400	12%	12%	11%
2. Professional occupations	116,700	25%	22%	21%
3. Associate professional and technical	86,100	18%	16%	15%
Soc 2010 major group 4-5	87,000	19%	20%	20%
4. Administrative and secretarial	48,700	10%	10%	10%
5. Skilled trades occupations	38,300	8%	10%	10%
Soc 2010 major group 6-7	65,500	14%	16%	17%
6. Caring, leisure and other service occupations	36,400	8%	9%	9%
7. Sales and customer service occupations	29,100	6%	7%	8%
Soc 2010 major group 8-9	58,600	13%	13%	17%
8. Process plant and machine operatives	21,100	5%	4%	6%
9. Elementary occupations	37,400	8%	9%	10%

Notes: Numbers and % are for those aged 16 and over. % is a proportion of all persons in employment

Office for National Statistics; Labour Market Profile – Thames Valley Berkshire

LARGEST BUSINESSES IN BERKSHIRE (2017/18)

Name	Number of employees (local estimate)
NHS	16,500
6 local authorities	9,300
Vodafone	5,000
AWE	4,500
University of Reading	3,500
Waitrose (HQ & distribution centre)	3,400
Microsoft	3,000
Telefonica O2	2,500
GSK	2,000
Merlin (Legoland)	2,000
Oracle	2,000
Royal Mail	2,000
SSE	2,000
Fujitsu	2,000

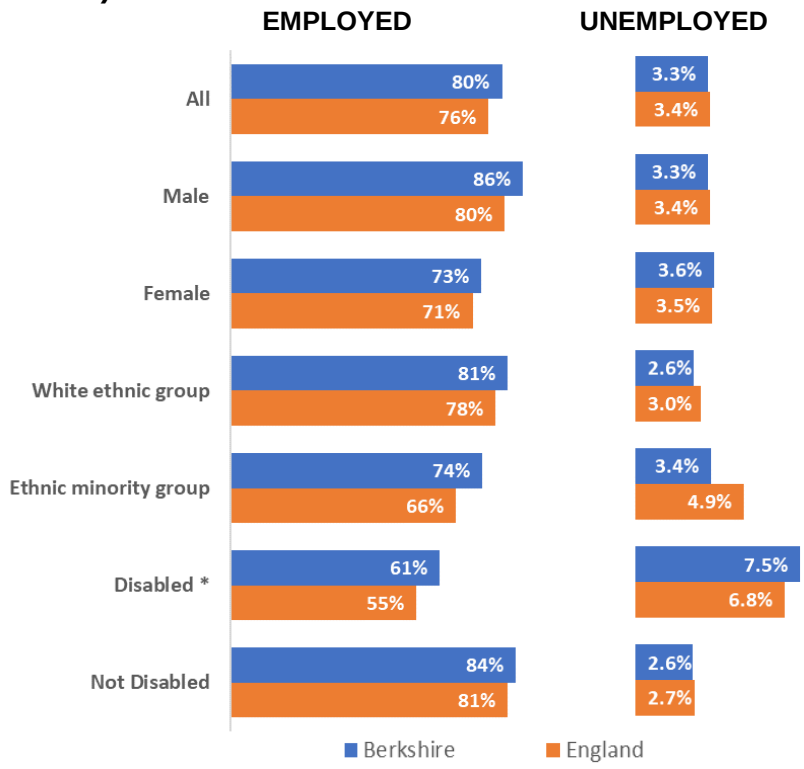
Thames Valley Berkshire LEP; Business in Berkshire 2018

Over 50% of Berkshire employees work in occupations that are classified in the top three major groups of the Office for National Statistics Standard Occupation Classification (SOC). In particular 25% of employees in Berkshire have professional occupations. This is a significantly higher proportion than the South East England and Great Britain workforces.

Gaps in the local workforce

Berkshire's employment rates are higher than the national figures across all population groups. However, it is clear that there are still gaps and inequalities locally which may prevent people from becoming employed.

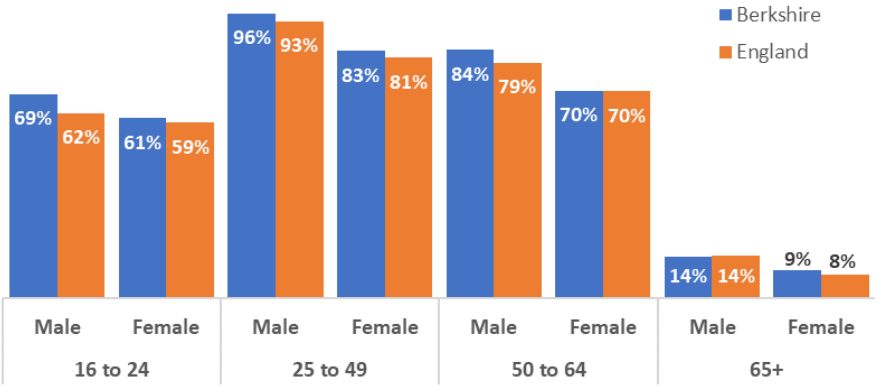
EMPLOYMENT AND UNEMPLOYMENT RATES IN BERKSHIRE AND ENGLAND FOR PEOPLE AGED 16-64 (2018/19)



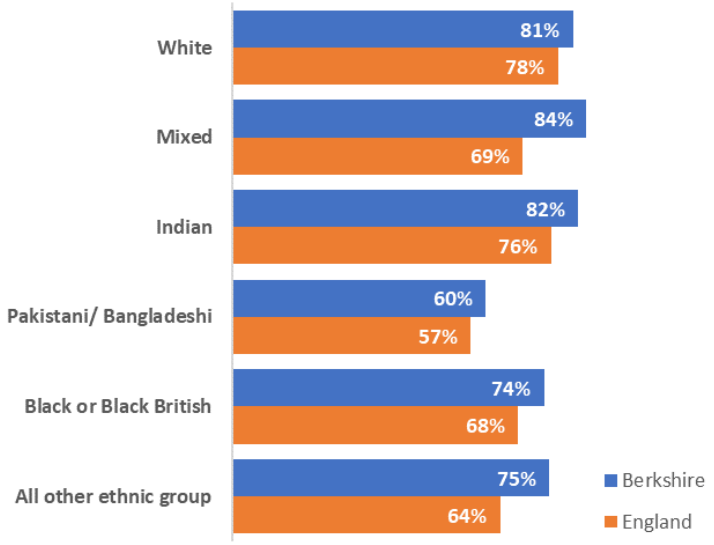
** Disabled includes people who have a long-term disability which substantially limits their day-to-day activities, as well as those that have a disability which affects the kind or amount of work that they might do.*

Office for National Statistics; Annual Population Survey

EMPLOYMENT RATES BY SEX AND AGE GROUP (2018/19)



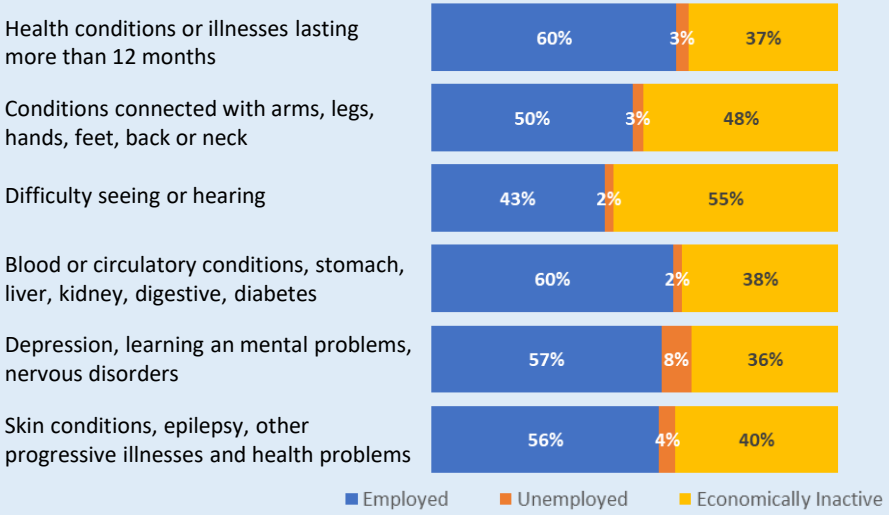
EMPLOYMENT RATES BY ETHNIC ORIGIN (2018/19)



Individuals with disabilities, mental health conditions and limiting long- term health condition face greater barriers to move into employment. Despite a new record high overall employment rate of 76.1% nationally (Office for National Statistics, 2019) the employment gap between these group of individuals compared to people with no health condition remains high.

In Berkshire, over 100,000 people aged 16 to 64 have a long-term disability that substantially limits their day to day activities or affects the kind or amount of work that they might do. This is approximately 18% of the working-aged population. 61% of this group were in employment during 2018-19 and a further 7.5% were unemployed, but seeking employment (Office for National Statistics, 2019)

EMPLOYMENT ACTIVITY FOR PEOPLE AGED 16 AND OVER WITH A DISABILITY IN BERKSHIRE (2018/19)



Office for National Statistics; Labour Market Profile – Thames Valley Berkshire

GAP IN THE EMPLOYMENT RATE BETWEEN KEY GROUPS AND THE OVERALL EMPLOYMENT RATE (2017/18)

Area	People with a Learning Disability	People in contact with Secondary Mental Health services	People with a long-term health condition
Bracknell Forest	74%	68%	5%
Reading	73%	67%	11%
Slough	74%	66%	14%
West Berkshire	77%	69%	15%
RBWM	65%	69%	9%
Wokingham	64%	57%	11%
England	**69%**	**68%**	**12%**

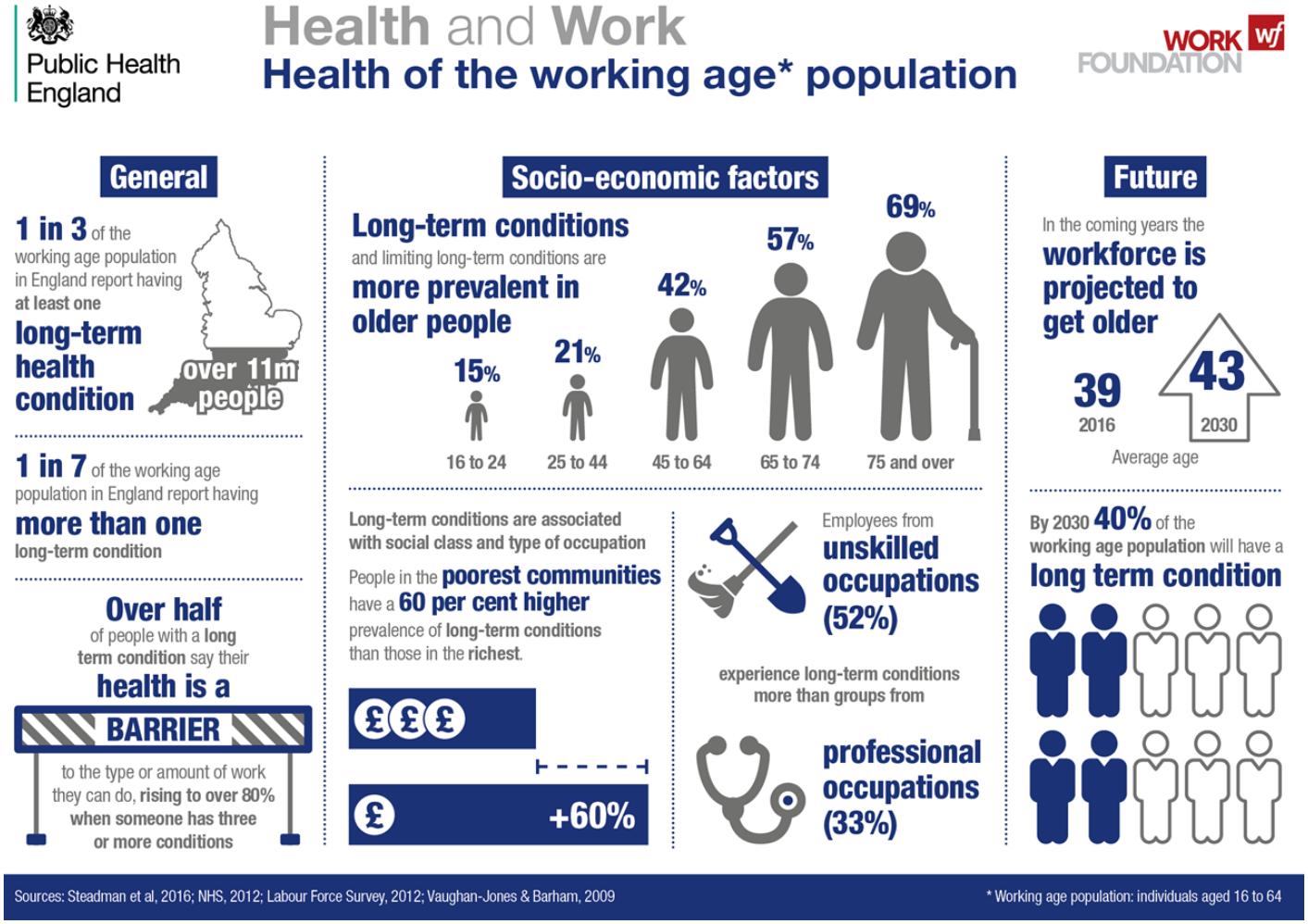
Public Health England; Public Health Outcomes Framework

Around £13bn is spent annually on health-related benefits. Supporting people back into work does not only empower individuals, but can also bring about returns to the local economy by about £14,436 per person per year (Public Health England, 2016).

In March 2018, 3,672 people claimed unemployment-related benefits in Berkshire. This is a 23.3% decrease compared to March 2010. Many people claiming such benefits would like to work, provided they find the right job and support that accommodates their health needs (Office for National Statistics, 2018).

Where are the inequalities?

This useful infographic from Public Health England and the Work Foundation shows that long term health conditions are more common in unskilled occupations, compared to those in professional occupations. The prevalence of long-term conditions also increases with age.



Public Health England; [Health and Work: Health of the working age population]

In Berkshire, 12% of workers are employed in the two least skilled occupations groups (process plant and machine operatives; elementary occupations).

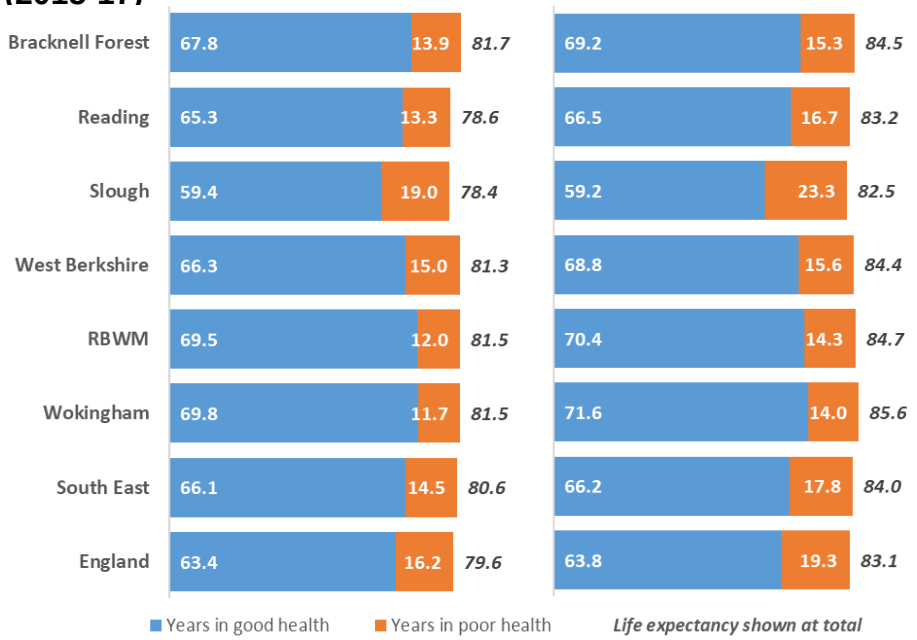
The proportion of workers from a Pakistani/ Bangladeshi ethnic group who were employed in these occupations in 2018/19 was much higher at 23%, with 19% of Black British workers also employed in these roles.

Office for National Statistics; [Labour Market Profile – Thames Valley Berkshire]

CHAPTER 3: MEETING THE CHALLENGE

We are living and working longer. The state pension age is increasing and life expectancy stands at 80.6 and 84.0 years for men and women across the South East region (Public Health England, 2019). The number of years living in good health is lower, which means that that more people will be working later into life with long-term health conditions, particularly those from poorer communities and in unskilled occupations (Public Health England, Health Profile for England: 2018).

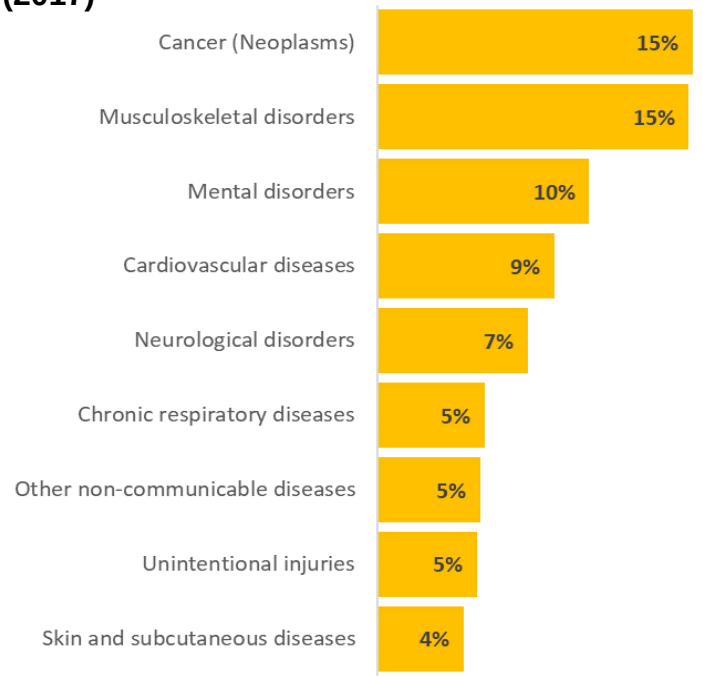
LIFE EXPECTANCY AND YEARS SPENT IN GOOD AND POOR HEALTH (2015-17)



Public Health England; Public Health Outcomes Framework

The conditions that cause early death and disability across Berkshire are shown in the graph below, with cancers, musculoskeletal disorders and mental orders identified as the main causes. Many of these have preventable elements and opportunities to limit progression.

MAIN CAUSES OF DISABILITY-ADJUSTED LIFE YEARS (DALYS) IN BERKSHIRE FOR PEOPLE AGED UNDER 75 (2017)



DALYS measure the overall burden of disease in an area by estimating the number of years of life lost to ill-health, disability or premature death (deaths before the age of 75).

Institute of Health Metrics and Evaluation; Global Burden of Disease Compare tool

Some groups have particular issues when it comes to health and work.

Shift work

14% of us work shifts outside regular daytime hours of 7am to 7pm, including healthcare professionals, the police, the fire brigade, manufacturing and transportation industries, all integral members of the Berkshire workforce (Health and Safety Executive, 2006).

Shift work disrupts our body clock and metabolism, leading to:

Short term effects	Long term effects
Poor quality rest and sleep	Indigestion
Shortened attention span	High blood pressure
Impaired memory and decision making	Increased susceptibility to minor illnesses (e.g. colds and flu)
Mood changes	Diabetes

In the UK, tiredness and fatigue accounts for 20% of accidents on major roads and 3,000 road deaths per year. The ability for shift workers to adapt to the changes of the sleep-wake cycle varies considerably. It is estimated that 10-30% of shift workers are affected by shift work sleep disorder (The Parliamentary Office of Science and Technology, 2018).

In a 2017 survey, more than 50% of NHS junior doctors reported being involved in an accident or near miss after driving home from a night shift (McClelland et al, 2017).

The Gig Economy

Whilst all employers have the same legal responsibility to protect the health and safety of employees, workers on zero hour contracts, temporary contracts and gig economy work may not be receiving as much support as permanent, full-time employees.

A recent survey undertook by the Institution of Occupational Safety and Health (IOSH) reveals that amongst non-permanent workers:

1 in 2

receive full base safety induction

4 in 10

work without paid holiday that they are entitled to

1 in 3

have access to support from occupational health

Sitting and sedentary behaviour

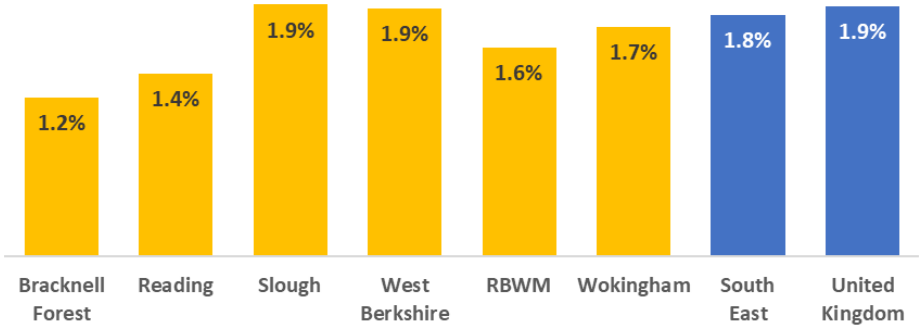
Excessive sitting can increase the risk of diabetes, obesity, heart disease and musculoskeletal problems (NHS, 2019). For certain occupations like long distance lorry drivers or taxi drivers, incorporating physical activities into the working day pose a significant challenge. It is estimated that 10% or more HGV drivers are overweight or obese compared to their peers (National Institute of Health and Research, 2018).

Productivity

There is ongoing debate about measuring productivity, with a move to include the quality as well as the quantity of work produced. Data is limited, but the UK is not performing as well as it might compared to other G7 economies (Office for National Statistics, 2018).

Sickness absence adversely affects productivity. Latest figures show that in the UK, employees took an average of 4.1 sickness absence days in 2017. Interestingly, there is a difference in the sickness absence rates in the private (1.7%) and public (2.6%) sectors. There is also a difference between occupations, with the highest rate in public sector health workers (3.3%) and the lowest in managers (0.9%). Absence rates are lower for professional occupations (1.7%) and higher for elementary occupations (2.6%) and process, plant and machine operatives (2.2%) (Office for National Statistics, 2018).

SICKNESS ABSENCE RATES ACROSS BERKSHIRE AND THE UNITED KINDOM, 2017



Office for National Statistics; Sickness absence in the UK Labour Market

When comparing the size of organisations, those in large businesses report the highest sickness absence rates (2.3%) compared to smaller businesses employing less than 25 people (1.6%) (Office for National Statistics, 2018).

Causes of sickness absence

In the UK, 131 million working days are lost each year to sickness absence, and the leading causes are minor illnesses, musculoskeletal (MSK) disorders and mental health issues (namely stress, depression and anxiety) (Public Health England, 2019).

Mental health conditions

14.3 million days lost

19% long-term sickness in England attributed to mental ill health

£33-£42 billion annual cost to employers

Only 40% of organisations have trained line managers to support staff mental wellbeing

Health and Safety Executive, 2018

Mental health affects how we think, feel and behave. Having good mental health allows us to cope with challenges we face and helps us build healthy relationships.

People working in professional jobs (comprising a significant proportion of the Berkshire workforce) have the highest rate of work-related stress, depression and anxiety. This is especially prevalent in healthcare, welfare, teaching, educational, legal and customer service sectors.

The most common work-related mental health issues are stress, anxiety and depression. The main factors leading to this include:

1. high workload pressure
2. insufficient managerial support
3. lack of clarity of role and responsibilities
4. experience of violence, threat, bullying in the workplace
5. lack of employee engagement when business undergoes organisational changes

Musculoskeletal Health (MSK)

28.2 million days lost

33% long-term sickness in England attributed to MSK

14 working days lost per year for each case

£7 billion annual cost to the UK economy

Business in the Community, 2017

Musculoskeletal conditions are the second most common cause of global disability.

Musculoskeletal disorder may develop from an injury or be due to conditions like arthritis. Heavy lifting or sitting for long periods in front of a workstation can contribute to back pain, whereas repetitive movement like typing and clicking can lead to wrist and hand injuries. Maintaining a healthy weight and staying strong and active helps protect against musculoskeletal conditions.

Musculoskeletal conditions can be episodic and transient, whereby the pain resolves and recurs again, or they may become chronic and irreversible. They may impair quality of life and mental wellbeing and can limit our ability to work efficiently and participate in social role and activities (Health and Safety Executive, 2018).

Presenteeism

In 2017, **131 million days** lost due to sickness compared to 178 million days lost in 1993

Presenteeism increased by **three times** since 2010

Only **30%** of managers take initiatives to identify the underlying cause of presenteeism

Office for National Statistics 2018

Chartered Institute of Personnel and Development 2018

Although the number of sickness absence days have fallen steadily, presenteeism is on the rise. This is when an individual spends more time at work than is required, including when they're ill and in need of a rest. On average, employees spend nearly 2 weeks at work when they are unfit. According to a business research report by Nottingham Trent University, the leading presenteeism conditions are hand or wrist pain, arthritis and anxiety and depression. This can lead to employees feeling unmotivated and unable to fully engage at work (Whysall et al, 2017).

Presenteeism also contributes to lower workplace morale and decline in workplace atmosphere. Employees who are unwell at work may take longer to recover and are also more likely to make mistakes or produce work of lower standard.

The changing nature of work

In the UK, as many as **1 in 10** working-age adults now work on gig economy platforms

There are now **6,075** flexible working spaces in the UK alone, which has grown by **7%** over the last 6 months alone

In 2018, there were approximately **12 million** millennials in the UK

Trades Union Congress, 2019

Instant Offices, 2019

Office for National Statistics, 2019

Workers and workplaces are changing. We are moving away from traditional employee, employer relationships.

Commentators talk about the gig economy where people hold multiple roles, working as freelancers.

Technology offers ever more solutions for tasks and even the office or formal workplace is under threat, with people in unrelated jobs working in shared spaces or at home.

Employees are expected to continually develop and learn and the much quoted millennial population is looking for more than a pay check as a reward for work (Marr, 2019).

CHAPTER 4: WHAT CAN WE DO?

There are actions that all employers can take to ensure the health and wellbeing of their workforce, regardless of their organisation size or the sector that they work in. A range of Public Health England resources and Business in the Community (BITC) toolkits are available in the January 2019 edition of Health Matters, which focuses on Health and Work.

Public Health England; Health Matters: Health and Work

This chapter highlights some examples of what employers could do within Berkshire to improve and protect the health of their employees, starting with actions for all employees and then focussing on some particular groups

Healthy workplace policies are the essential foundation for a healthy workforce

Understand employees needs	Review organisational policy	Work with employees
• Ongoing anonymous surveys and open dialogue at all levels • Co-design of new policies and interventions with employees • Continuous monitoring of impact • Provide employees with access to confidential support services and adjustments to support return to work	• Ensure adequate workplace assessment, adjustment and interactions • Review workplace design using HSE management standards • Provide training for line managers to identify employees with health needs early and to offer support • Support managers to feel confident to handle sensitive conversations and signpost to appropriate external support where required • Consider employee health and wellbeing in the context of organisational change – poor communication and uncertainty about roles and responsibilities are key triggers for workplace stress	• Organise group activities to improve workplace wellbeing, listening to employee preferences • Promote a positive culture around physical and mental health for all employees • Identify and encourage employees to become wellbeing champions • Ensure policies, processes and culture enables early identification of employees who are struggling and enables them to receive support
Health and Safety Executive, 2019	Health and Safety Executive, 2019	Health and Safety Executive, 2019

Awareness raising can help to break down stigma	
1-31st October annually: Stoptober	7th February 2020: Time to Talk Day
11-15th November 2019: Anti-Bullying Week	16-22nd March 2020: Nutrition and Hydration week
4-8th November 2019: International Stress Awareness Week	13th May 2020: World Sleep Day
1st December 2019: World AIDS day	18-24th May 2020: Mental Health Awareness Week

A workplace that supports healthy living

Increasing physical activity

For good physical and mental health adults should aim to be physically active every day. Any activity is better than none and more is better still. The scientific evidence continues to support 150 minutes of moderate to vigorous physical activity per week spread across the week (Chief Medical Officer, 2019).

What can employers do?

- Encourage and support employees to walk and stand more.
- Implement sit-stand adjustable desks to enable workers to vary between seating and standing easily.
- Implement incentives to support active travel such as Cycle to Work Scheme alongside facilities such as showers and bike storage.

Healthy food at work

Office cake culture makes it harder to eat well at work (Walker, 2019).

Eating together socially is important but this can be done with healthier options. Reducing the number of 'special occasions' cake days may enhance their social benefits further.

What can employers do?

- Use Public Health England and Business in the Community's Toolkit to start the conversation to create a positive environment for food.
- Take steps to ensure that employees have easier access to healthier food and drink.
- Consider adoption of Government Buying Standards for Food and catering Services (GBSF).

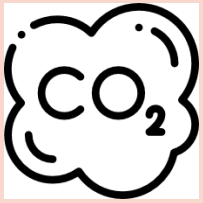
Smoke free

A smoke free work site supports the health of all employees. Giving up smoking is one of the best things people can do to improve health. Smokers are off work 2.7 days more per year compared to ex and non-smokers, costing around £1.7 billion (Department of Health, 2019).

What can employers do?

- Make information on local stop smoking support services widely available at work.
- Be responsive to individual needs and preferences. Provide on-site stop smoking support where feasible.
- Allow staff to attend smoking cessation services during working hours without loss of pay.
- Develop a smoking cessation policy in collaboration with staff and their representative as one element of an overall smoke free workplace policy.

Reducing carbon emissions



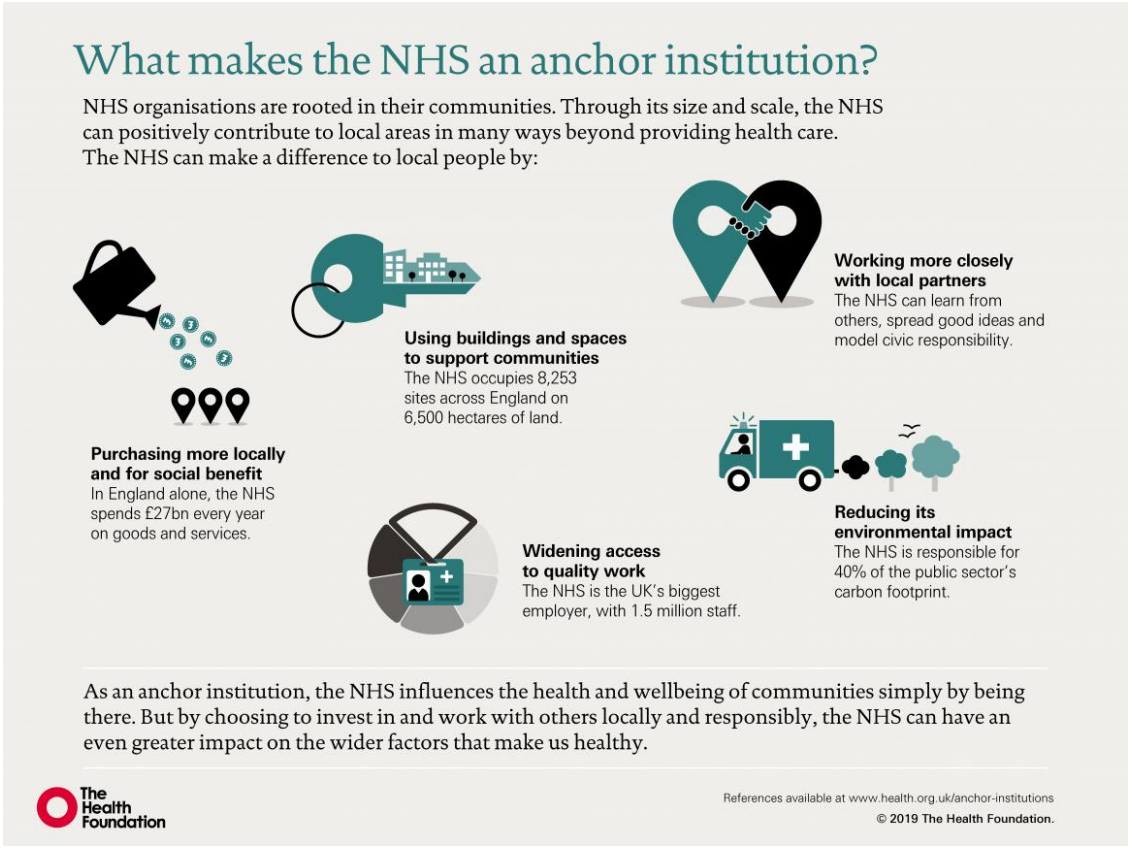
Research has shown that air pollution is bad for both human health and businesses. Researchers found that as pollution increased, consumers are more likely to stay indoors, affecting local sales (New Climate Institute, 2018). Actions to decrease carbon emissions and improve air quality can have additional benefits for employee health and wellbeing.

Ideas include:

- Creating staff gardens to help reduce greenhouse gas emissions and to provide a space for staff to rest and unwind
- Offering working from home or teleconferencing option to minimise commuting (in line with culture of flexible working)
- Creating incentives for use of shared transport, public transport or cycling - increasing social contact and physical activity
- Encouraging employees to switch off lights after using, or install automatic timer or motion sensor
- Offering healthy food options in the canteen from a sustainable supply chain
- Ensuring taxi or other work vehicles are not allowed to idle when waiting to be used

Harnessing the power of anchor institutions

Anchor institutions are the kind of organisations that are rooted in a place, unlike corporations that tend to shift location all over the world. The UK Commission for Employment and Skills defines an anchor institution as one **which, alongside its main function plays a significant and recognised role in a locality by making a strategic contribution to the local economy**. Local Authorities (Councils), universities and hospitals are examples of anchor institutions. A recent report from The Health Foundation focussed on the role of the NHS as an anchor institution and noted the opportunities in the graphics below.



UK Commissions for Employment and Skills, 2015

Examples of some work done by anchor institutions

- Between 2004 and 2011 the University of Lancaster ran LEAD 2 innovate, a programme aimed at promoting business growth by developing the leadership abilities of small business owners.
- Nottingham University Business School initiated a partnership with the city council to deliver the Growth 100 Programme, helping small firms in the local area to devise and successfully implement business plans.
- A local enterprise partnership in the North East of England is setting up a Business Growth Hub in partnership with business networks, universities and professionals. The Hub will target micro and small firms in the region, signposting where support is available, especially for hard-to-reach businesses in rural areas.

Some groups may need specific actions

Shift workers

Shift work is undertaken outside regular daytime hours of 7am to 7pm.

What can employers do?

- Periodic review of shift work scheduling
- Gather employees feedback
- Provide employees with support to prepare for and recover from shift works

The Parliamentary Office of Science and Technology, 2018

Older workers

We want employees to keep in the best possible health and to prevent health conditions developing.

What can employers do?

- Offer flexible hours, locations and adaptations that meet individual needs and help manage health conditions.
- Consider introducing a "mid-life MOT" to allow people to take stock, manage transitions and plan holistically for the short, medium and longer term focussing on their job, health and finances. This requires management buy-in, as well as HR equipping line managers with support to provide the programme.
- Women over the age of 50 are the fastest growing segment of the workforce and most will go through the menopause transition during their working lives. Guidance is available from Chartered Institute of Personnel and Development.

Business in the Community, 2019

New mothers

Breastfeeding exclusively is recommended for around the first 6 months, followed by breastfeeding alongside solid foods. Therefore, it is likely working mothers will be breastfeeding on their return to work. Breastfeeding reduces child sickness and increases staff morale and retention.

What can employers do?

- Comply with workforce regulations to provide suitable facilities for pregnant or breastfeeding women to rest.
- The Health and Safety Executive good practice is for employers to provide a private, healthy and safe environment to express and store milk.

NHS, 2019

People with long term conditions

What can employers do?

- Make reasonable adjustments to support varying needs and fluctuating conditions.
- Recognise that LTCs can impact negatively on mental health and motivation
- Provide an open and supportive environment.
- Be aware of specialist support available, such as occupational therapists, physiotherapists and the Fit for Work Service and Access to Work scheme

The Work Foundation, 2019

Carers

There are growing numbers of informal carers in the UK. Providing care impacts carers' employment outcomes as well as health and wellbeing.

What can employers do?

- Commit to flexible and remote working
- Seek to create a supportive workplace culture with 'carer friendly' policies
- Set up carers' peer groups or support forums
- Provide an online resource to help carers source practical advice and expert support on topics including care, legal and financial information
- Offer online or telephone counselling
- Train line managers to identify and support carers.

The Work Foundation, 2019

People with disabilities

7.7 million people of working age report that they have a disability. Of these 4.1 million were in employment (House of Commons, 2019).

What can employers do?

- Develop more flexible and accommodating workplaces
- Prevent people falling out of work with early implementation of return to work plans
- Develop supported employment programmes with intensive personalised support to help individuals at work
- Structured long-term support for people whilst in work
- Work with other agencies to enable people with disabilities to access specialist 'job coaches' or employment advisers

Department for Work and Pensions, 2013

Part time working

Part-time work negatively impacts promotion and affects more mothers than fathers. Women are more likely to work reduced hours and men and women both reported that it was easier for women to take time off work for eldercare than it was for men. *Working Families: Modern Families Index, 2019*

What can employers do?

- Challenge assumptions that reduced hours means reduced commitment
- Assess the career opportunities for part-time workers and demonstrate it is possible to progress whilst working part-time
- Develop strategies to ensure men understand the part-time and flexible working options open to them and encourage them to use them
- Anytime, anywhere doesn't mean all the time, everywhere
- Develop human-sized jobs that don't require long hours or unreasonable workloads

One size doesn't fit all

Other groups that may requires additional support include military families, armed forces veterans, people who use drugs or alcohol, people in temporary or unstable accommodation and those who are new to the UK.

Resources and toolkits for employers

These are just some of the many resources available to help employers create a healthy workplace

Advisory, Conciliation and Arbitration Services (ACAS) – Health, Work and Wellbeing booklet
https://m.acas.org.uk/media/854/Advisory-booklet---Health-Work-and-Wellbeing/pdf/Health-work-and-wellbeing-accessible-version.pdf

Department for Business Innovation & Skills – Does worker wellbeing affect workplace performance?
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366637/bis-14-1120-does-worker-wellbeing-affect-workplace-performance-final.pdf

Mental Health at Work – Training, toolkits and resources
https://www.mentalhealthatwork.org.uk/resource/?resource_looking-for=0&resource_type=0&resource_medium=0&resource_location=0&resource_sector=0&resource_sector=&resource_workplace=0&resource_role=0&resource_size=0&order=DESC&orderby=meta_value_num&meta_key=rating

Business in the Community (BITC) – Musculoskeletal Health toolkit
https://www.mentalhealthatwork.org.uk/resource/musculoskeletal-health-toolkit-for-employers/?read=more

Business in the Community (BITC) – Physical activity, healthy eating and healthier weight toolkit
https://www.mentalhealthatwork.org.uk/resource/physical-activity-healthy-eating-and-healthier-weight-a-toolkit-for-employers/?read=more

Business in the Community (BITC) – Sleep and recovery toolkit
https://www.mentalhealthatwork.org.uk/resource/sleep-and-recovery-a-toolkit-for-employers/?read=more

Business in the Community (BITC) – Drugs, alcohol and tobacco toolkit
https://www.mentalhealthatwork.org.uk/resource/drugs-alcohol-and-tobacco-a-toolkit-for-employers/?read=more

Public Health England – Local Healthy Workplace Accreditation guidance
https://www.gov.uk/government/publications/local-healthy-workplace-accreditation-guidance

Public Health England – Workplace Health Needs Assessment
https://www.gov.uk/government/publications/workplace-health-needs-assessment

Chartered Institute of Personnel and Development (CIPD) – Wellbeing at work
https://www.cipd.co.uk/knowledge/culture/wellbeing

National Institute of Health and Care Excellence (NICE) – Management practices
https://www.nice.org.uk/guidance/NG13

Department for Work and Pensions – Workplace wellbeing tool
https://www.gov.uk/government/publications/workplace-wellbeing-tool

The following section showcases some work that local business are doing to improve the health and wellbeing of their employees and communities. There are many more examples of good practice in our area, but there is also a lot more to do.

By sharing good practice and evidence of what works, organisations can learn from each other and take steps to make Berkshire an even healthier place for everyone to work and live.

CASE STUDY 1: JOBCENTRE PLUS

Jobcentre Plus (JCP) is a platform that helps people who are unemployed and claiming benefits to find work. JCP has been running a Work and Health programme for over 18 months to help customers whose health issues pose a barrier to employment but whom are likely to return to work within a year, to receive support from specialist advisers in moving towards work. This is important as those not in employment are more likely to suffer from health issues, and therefore initiatives within JCP are highly critical in facilitating return to work. In the context of workplace health, JCP can be seen as a proxy employer for those not currently in work.

Staff Training

Jobcentres recruited Community Partners to bring in lived or professional experience of health issues (for example: addictions, learning disabilities, mental health) to share their knowledge with JCP staff. For example, work coaches receive mental health training to improve their understanding of the health issues faced by JCP customers; and **specialist employer advisors are equipped to work with micro-employers and ensure they were supported to take on people with health issues.**

Collaborative Working

Across East Berkshire, mental health partner meetings are held on a quarterly basis to discuss collaborative working. JCP partners include the Community Mental Health Team (CMHT), Improving Access to Psychological Therapies (IAPT), Individual Placement Support (IPS), BucksMind, Samaritans, Citizens Advice Bureaus, community learning, voluntary work organisations, police and ambulances. This has led to partners making offers to support the JCP with customer workshops and community engagement events and IAPT employment specialists co-locating within the JCP

Reaching Out

In West Berkshire, JCP had arranged for JobCentre staff to locate for part of the week in their surgeries. This provides the opportunity for JCP to engage and support customers in a different setting. **JCP are also working with employers to ensure they understand potential health issues faced by individuals with health issues and the adjustments that they may require in the work place.** This includes promoting the Disability Confident agenda and upskill on Access to Work to ensure employers feel equipped to provide the right support to employees.

CASE STUDY 2: WOKINGHAM BOROUGH COUNCIL WORKPLACE ACTIVITIES & INITATIVES

Morning & Lunchtime Yoga

Running for 2 years with 10-15 keen participants weekly. Morning yoga sessions start prior to the workday to help staff utilise their time.

"The sessions help clear my mind, and reduce my anxiety to enable me to relax and switch off"

Mindfulness Session

10 minutes of guided meditation takes place weekly during lunchtime. Running for 4 months with an average of 17 participants.

"We really enjoy the sessions. Thanks for running the meditation sessions – It's a great idea and I enjoy attending regularly as I find it really important to take some time out."

Cycling

Setting up My Journey information stand on cycling travel information. Organise and promote lunchtime cycle rides, Cycle to Work Day, Bike Week, Urban Limits tour of Berkshire and Love to Ride Challenges. Provide adult cycle training for staff and general public.

Football

Running for 3 years twice a week. Staff ages range from 22 up to 60. Hosted a 'Mini World Cup' in summer 2018 which saw 5 teams compete in a round robin format. Players often enjoy a well-earned refreshment together after games.

Local partnership with local leisure centre to offer 'before work and lunchtime swims'. Staff can swim for £1.00 at selected times during the week.

New shower facilities provided in the office for staff.

CASE STUDY 3: PANASONIC MENTAL HEALTH AND WELLBEING INITIATIVES

Robin's Story

"Running was a sport I hated as a child. During my late 30s all forms of physical sport had been replaced by fast food, beer and armchair participation to the point where in 2012 when I was honoured to be a London Torch Bearer I was also at my heaviest weight tipping the scales at 123kgs. Not long after this, I entered into a team to take part in the Panasonic Global 100 Step Challenge that was on offer as part of our Corporate Wellbeing Initiatives. During the challenge one of my team mates challenged me to run in a 5km and a 10km race. I trained hard for this and could not believe how unfit I had become, so once I completed these two races I decided that I enjoyed the runners high so much that I would continue to be a runner.

During the last 6 years I joined my local running club, trained as a Leader in Running, joined my local ParkRun and subsequently became ParkRun Run Director and Ambassador. I have now competed in about 25 half marathons, 6 marathons and have 2 more in the pipeline! This has resulted in me losing 38kgs since 2012 when I first joined the team taking part in the Panasonic Global 100 Step Challenge.

For me this is all thanks to being given the opportunity to make these healthier lifestyle changes as a direct result of the Panasonic Wellbeing Initiative. I would recommend to anyone to take part and above all make it enjoyable and fun!"

Panasonic has had an Employee Wellbeing Programme for 3 years. One of the key elements of employee support has been mental health. This includes:

Procedural Support

- A stress risk assessment based upon the HSE stress guide
- A whistleblowing hotline
- A stress at work guide
- An agile Working Process
- A flexible working policy
- A harassment and bullying policy
- A monthly event programme, including yoga, reflexology and mindfulness

Training

- An e-learning stress awareness training course for all staff to raise awareness
- Training for a team of Mental Health First aiders (from across the business)
- Specific people manager awareness training

Panasonic collects anonymous sickness and absence data in 4 categories, one of which is days lost to mental health issues. This data helps us to complete trend analysis and highlights departments within the business with specific challenges with mental health. Moreover, at Panasonic, employee wellbeing programme activities are reported on at senior executive managers meetings.

In summary, at Panasonic we understand the value of an Employee Wellbeing Programme. A recent employee survey revealed a feeling of being appreciated raise morale. We believe the Programme is also instrumental in staff recruitment and retention.

CASE STUDY 4: SEGRO MENTAL HEALTH AND WELLBEING INITIATIVES

SEGRO
SLOUGH ESTATES GROUP

I attended on-site training to become a Mental Health Ambassador for our company. The course was run by a military veteran who is fighting his own battle with PTSD and who provided a brave and inspiring account of what he's dealing with, and how. His knowledge and understanding or mental health and wellbeing made me feel positive that SEGRO can put a supportive plan in place to help break the taboo, openly talk about and tackle this topic."

Mental Health Ambassador, SEGRO

In 2018, SEGRO committed to raising the profile of mental health within the workplace, **encouraging others to recognise changes in colleagues, to create an environment that enables employees to talk openly about the subject.**

During the year, **more than 25 employees across the group were trained as Mental Health Ambassadors**. These ambassadors received guidance as to:

- how to spot early signs of changes in mental health
- how to encourage colleagues to speak openly about it
- If needed, how to guide people to appropriate support

In 2019, SEGRO are furthering the training programme, **hoping to provide all SEGRO line managers with awareness training on the subject.**

The Mental Health Ambassadors have now **formed a working group to plan in events and discussions around mental health and wellbeing,** which helps to encourage ongoing openness around this topic.

SEGRO aims to continually promote mental health awareness within the workplace through a number of initiatives including blogs, employee forums, videos, printed materials and events. **A wealth of support and information is also available on SEGRO's website.**

CASE STUDY 5: ROYAL BERKSHIRE HOSPITAL MENTAL HEALTH & PHYSIOTHERAPY SERVICE

Royal Berkshire NHS Foundation TRUST (RBNHFT) recognises that musculoskeletal and mental health are the two main reasons for staff absence.

NHS
Royal Berkshire
NHS Foundation Trust

Occupational Health Staff Physiotherapy Service

Since August 2017, RBH Occupational Health has been providing a dedicated physiotherapy service to Trust staff. From April 2018 to March 2019:

- **379** staff were referred to the service
- **98%** of staff were discharges and felt their symptoms had improved
- **17%** decrease in MSK-related sickness absence
- **1,600** working days saved

The OH staff physiotherapy service has now started to visit areas within the Trust to provide proactive advice to help reduce the potential for musculoskeletal absence at work.

Mental Health Support

The RBNHFT provides staff with access to an Employee Assistance Programme which provides face-to-face advice, support and counselling to staff for both work and personal issues.

During 2018/19, the Employee Assistance programme dealt with over 370 enquiries from Trust staff. This service allows staff to access a confidential support 24/7, 365 days a year via telephone, internet or smartphone app.

A range of training courses are also available to staff and managers which aim to support the mental health of staff as they carry out their roles in the Trust, such as Let's talk mental health, improving your Impact and Assertiveness at work.

CASE STUDY 6: THAMES WATER MENTAL HEALTH FIRST AIDERS

Mental health first aiders are a **catalyst for engagement** and have inspired a cultural revolution at Thames Water.

Confidence has grown throughout the company with people now much more willing to come forward, talk and seek support at their time of need, with records showing **there has been five mental health first aid interventions for every physical one over the last year** (2018/19).

At Thames Water, mental health is considered just as important as physical health, if not more so. With more than 5,000 permanent employees and a further 10,000 contractors, many of whom are working in high risk and physically demanding environments. **Thames Water's 'Time to Talk' mental health strategy** places a continued focus on mental health and wellbeing in the workplace.

Mental Health First Aid (MHFA) England training is an integral part of this strategy, which overall has resulted in a **&%% reduction in work-related stress, anxiety and depression over the last five years.** Mental Health First Aiders (MHFAiders) are clearly identified with a stand-out green lanyard, representing the cultural change that has taken place and opening the door to conversation.

Thanks to its holistic approach, Thames Water is leading the way in the utilities sector when it comes to dealing with mental health as an important workplace issue.

CHAPTER 5: NEXT STEPS

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Decision on Future CCG Management Arrangements

Report being considered by:	Health and Wellbeing Board
On:	30 January 2020
Report Author:	Cathy Winfield
Item for:	Information

1. Purpose of the Report

To provide an update to the Health and Wellbeing Board regarding the progress made by the Architecture Oversight Group, including their recommendations following the engagement exercise, in deciding on changes required as a result of the policy statements included in the NHS Long Term Plan 2019.

2. Recommendation

The Board is asked to note the report.

3. How the Health and Wellbeing Board can help

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

4. Introduction/Background

4.1 The Long-Term Plan states that "Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level… This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long-Term Plan implementation" -- NHS Long Term Plan (2019)

5. Supporting Information

5.1 As a result of policy statement in the NHS Long Term Plan, the CCGs within the BOB ICS agreed to establish an 'Architecture Oversight Group". The Group was established in order to co-ordinate the work in this area and design a proposal which reflects the areas of mutual agreement between the parties.

5.2 The report included at Appendix A provides details regarding the engagement exercise conducted and the recommendations made to the CCG Governing Body.

6. Options for Consideration

6.1 N/A

7. Proposal

To note the progress made and the recommendations made to the CCG Governing Body.

8. Consultation and Engagement

8.1 The report at Appendix A provides details on engagement activities undertaken.

9. Appendices

Appendix A – BOB Integrated Care System – January 2020 - Decision on Future CCG Management Arrangements

Background Papers:

None

Health and Wellbeing Priorities 2018/19 Supported:

X Support mental health and wellbeing for adults
X Improve access to employment for vulnerable people

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

X Give every child the best start in life
X Support mental health and wellbeing throughout life
X Reduce premature mortality by helping people lead healthier lives
X Build a thriving and sustainable environment in which communities can flourish
X Help older people maintain a healthy, independent life for as long as possible

Officer details:

Name: Cathy Winfield
Job Title: Chief Officer, Berkshire West CCG
E-mail Address: cathywinfield@nhs.net

Section 1: Background & Context

Evolution of National Policy

1. There is a long-recognised need for health and care services to be better integrated to improve people's care. The NHS Long Term Plan reinforced this direction of travel and noted an intention to 'dissolve the historic divide between primary community and acute health services' and further stated: 'The NHS will be more joined-up and coordinated in its care. Breaking down traditional barriers between care institutions, teams and funding streams so as to support the increasing number of people with long-term health conditions, rather than viewing each encounter with the health service as a single, unconnected 'episode' of care'.

2. The NHS Long Term Plan sets out the centrality of integrated care systems (ICSs) to achieving this goal and the importance of provider partnerships in delivering such care.

3. For this reason, commissioners and providers across the BOB geography have long been of the view that closer integration of sectors, services and organisations is desirable. Most of this work has occurred at a Place level to date, with Wave 1 ICS' in Berkshire West and Buckinghamshire. To facilitate this way of working, contractual forms and non-statutory governance have been developed which enable a greater focus on collaboration between partners.

4. The NHS Long Term Plan (LTP) published at the beginning of 2019, set out the vision and ambition for the NHS for the next 10 years. It builds on much of the success that has been achieved to date in the early Wave One Integrated Care Systems (now Integrated Care Partnerships (ICPs)) and the BOB STP (now a Wave Three ICS).

5. The Long-Term Plan states that "*Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level… This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long-Term Plan implementation*" -- NHS Long Term Plan (2019) p29

6. As a result of this policy statement, the CCGs within the BOB ICS agreed to establish an 'Architecture Oversight Group" comprised of the CCG Chairs and Chief Officers, ICS Leaders and lay members from each Place. The Group is Chaired by the ICS Independent Chair and was established in order to co-ordinate the work in this area and design a proposal which reflects the areas of mutual agreement between the parties.

7. In September 2019, the Oversight Group agreed to run an 'engagement exercise' with a broad range of stakeholders, including patients and the public, to understand the extent of views which may exist around this proposed change. The purpose of this exercise was to ensure that any future proposals could be crafted which are informed by the views of local people and partner organisations.

Methodology of the Engagement Exercise

8. On 10th October 2019, the three CCGs published a document titled "*The future arrangements for NHS commissioning in your area*" and commenced a period of engagement lasting until the 1st December

2019. This exercise was not a formal public consultation but rather an opportunity to hold an open dialogue with a broad array of stakeholders.

9. The engagement exercise sought the views of all stakeholders on the following three proposals:

    a. The appointment of a single Accountable Officer and Shared Management Team for the three CCGs

    b. The design principles for the creation of stronger Integrated Care Partnerships for each of the three places

    c. The creation of a single commissioning organisation across the BOB geography (i.e. a merger of the three existing CCGs)

10. Respondents were asked to consider how each of the three proposals would contribute to five distinct drivers:

    a. Meeting the ask of the NHS Long Term Plan, both with regard to the statements which relate to 'more streamlined commissioning' and the delivery of new integrated models of care to improve patient services.

    b. Ensuring that the operating model and leadership aligns with an emerging approach to more collaborative commissioning

    c. Supporting the newly formed Primary Care Networks more effectively and consistently

    d. Providing a greater level of oversight and accountability for the Integrated Care System

    e. Taking advantages of the new opportunities arising to share expertise and resources between organisations

11. Views on the proposals set out in the engagement document were invited through an online survey which was open to anyone to respond through. Respondents were also invited to make more detailed written submissions to either the ICS Office or their local CCG.

12. Buckinghamshire, Oxfordshire and Berkshire West CCG each pro-actively marketed the exercise to the public and key stakeholders within their respective areas to ensure stakeholders were aware of the engagement activity and had the fullest opportunity to respond. To support this work, the Architecture Oversight Group agreed an overarching communications and engagement plan which could be tailored for each of the local areas.

13. Channels used to promote the survey included: public newsletters, staff newsletters and correspondence with MPs. The survey was also highlighted on each CCG website, the BOB ICS website, and was circulated on social media. The CCGs also discussed the proposals, the engagement process and the survey at local meetings of stakeholders including Health and Wellbeing Boards, meetings with Healthwatches, and Patient Participation Groups.

14. The number of responses received was unexpectedly high for a set of proposals which are entirely about making changes to structures and management rather than the design of health or care services. 224 responses were received, which ranged between brief answers and multiple pages of feedback on the emerging principles of the proposals. Of these 224 responses, 209 were "countable" – 15 responses were either blank or contained information which could not be categorised consistently.

15. It should be noted that a number of responses received were critical of the overall style of the engagement document. This criticism was mostly focused on the prevalence of NHS 'jargon' and the lack of public friendly language in the engagement document.

Section 2: Outputs of the Engagement Exercise

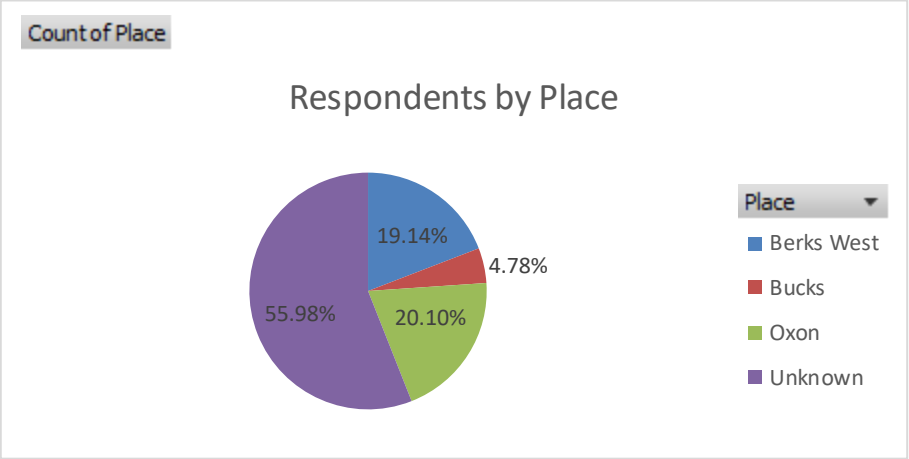
Collation of Responses Quantitative Analysis

16. Every response submitted during the engagement period has been reviewed and categorised. Responses were reviewed for their qualitative view and categorised by place, type of respondent and level of support for the proposals.

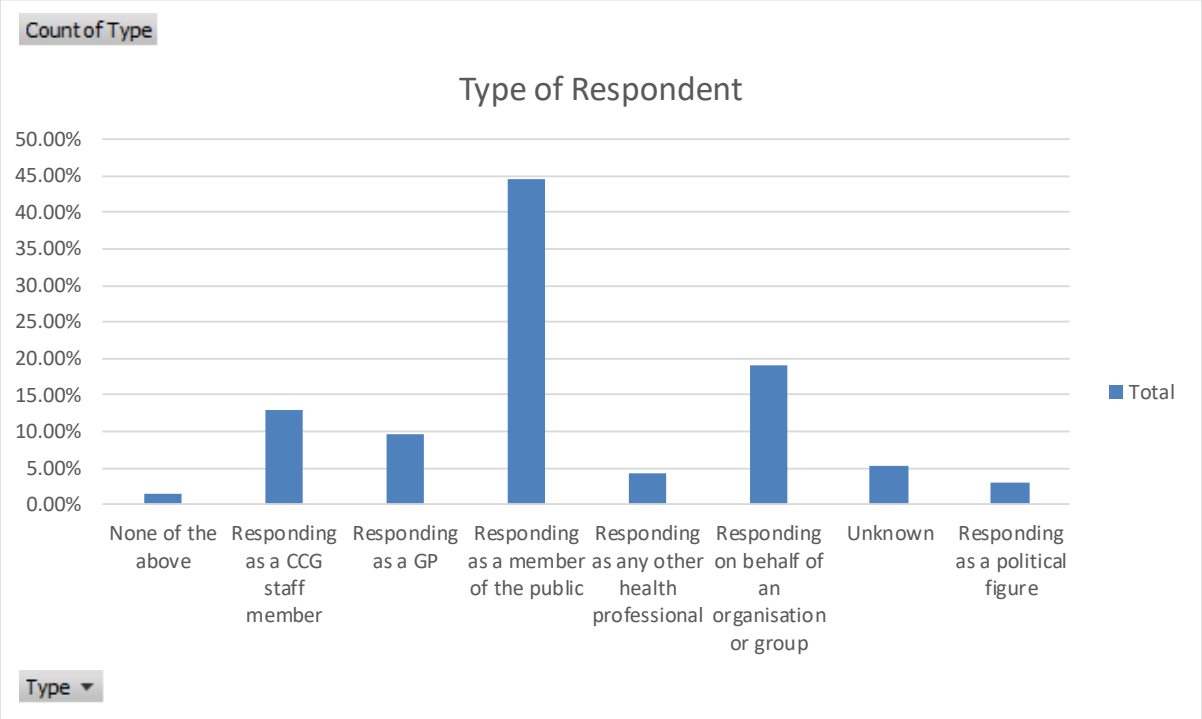
17. There are therefore two main products of this review. One, a quantitative analysis, which seeks to demonstrate numerically how the responses can be broadly categorised. Secondly, a thematic analysis is presented which builds on the qualitative elements of the responses received. The thematic analysis is broken out by the three proposals which are made in the engagement document.

18. The following quantitative analysis focuses on two distinct areas; firstly, a more detailed breakdown of the type and location of the respondents; secondly, an indication of the level of support for the proposal to move to a single Accountable Officer and shared management team.

19. The initial charts presented provide further information on the number of respondents, their categorisation and their location. Respondents were not required to declare a place as a mandatory field on the online response form as it was felt that a material number of potential individuals / organisations may have an interest in more than one of the three places or would not necessarily wish to declare this information. As a result, more than half of the responses received could not be attributed to any single place from the geography. From the remaining responses, the majority were received from Oxfordshire and Berkshire West, with a minority of identifiable submissions coming from the Buckinghamshire area.



20. Respondents were also invited to share the basis on which they were responding to the engagement exercise. In this instance, most chose to disclose this information which is summarised in the chart below:



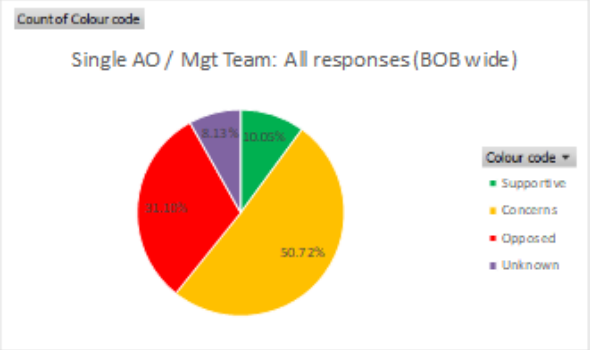
21. The vast majority of the responses received were from members of the public (93) which represents almost 45% of the total number of responses received. Caution should be applied to the category "Responding as a GP" which is artificially low in the dataset provided. This can be explained by a large number of responses which were received either from a Primary Care Network or a GP Practice and thus categorised as "Responding on behalf of an organisation or group".

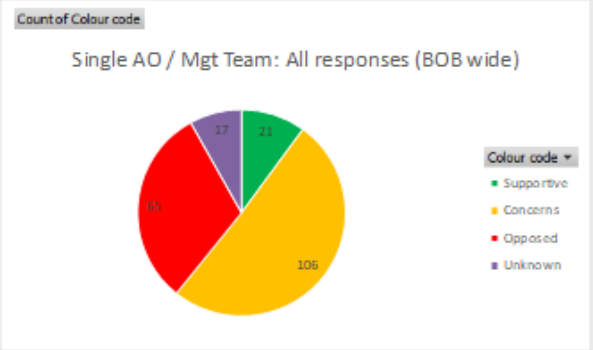
22. Respondents were not asked to state whether they were definitively supportive or not of the proposals contained within the engagement document. The intention of the exercise was to gain a greater understanding of the discursive views of stakeholders rather than simple binary responses. This is captured in greater detail in the following section on thematic analyses.

23. It was felt however that CCG Governing Bodies would find some kind of data analysis helpful to gauge the level of support for the proposals and this is presented below. Following a review of each response, their broad level of support was interpreted from the answers provided. These were separated into four categories – (i) Supportive, (ii) Concerns or Conditions Raised, (iii) Opposed and (iv) Unknown.

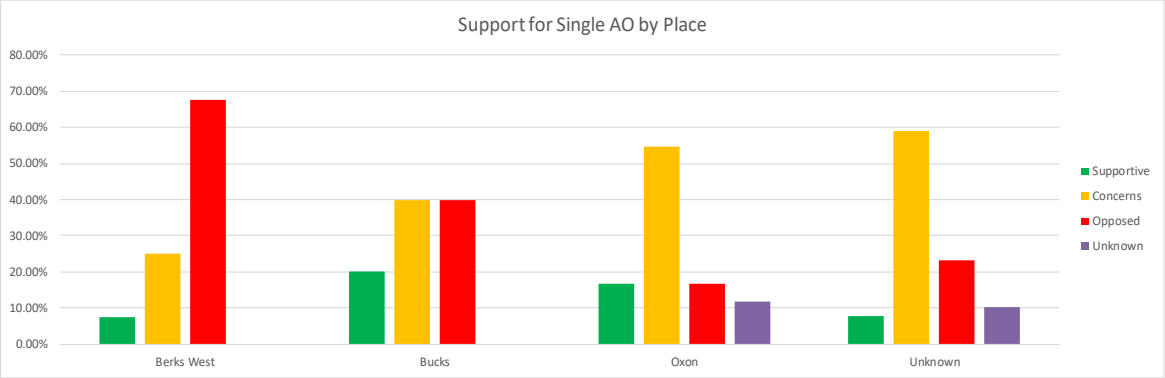
24. Whilst it should be noted that the intention is to provide an overview of the responses received, members should be aware that much of the data and subsequent themes will read as concerns raised by stakeholders. This is attributed to the nature of the engagement document which contained only outline proposals on the proposed changes, without being able to adequately describe a future state which may have been able to provide reassurance to respondents.

25. At a BOB level, the responses were categorised as follows:

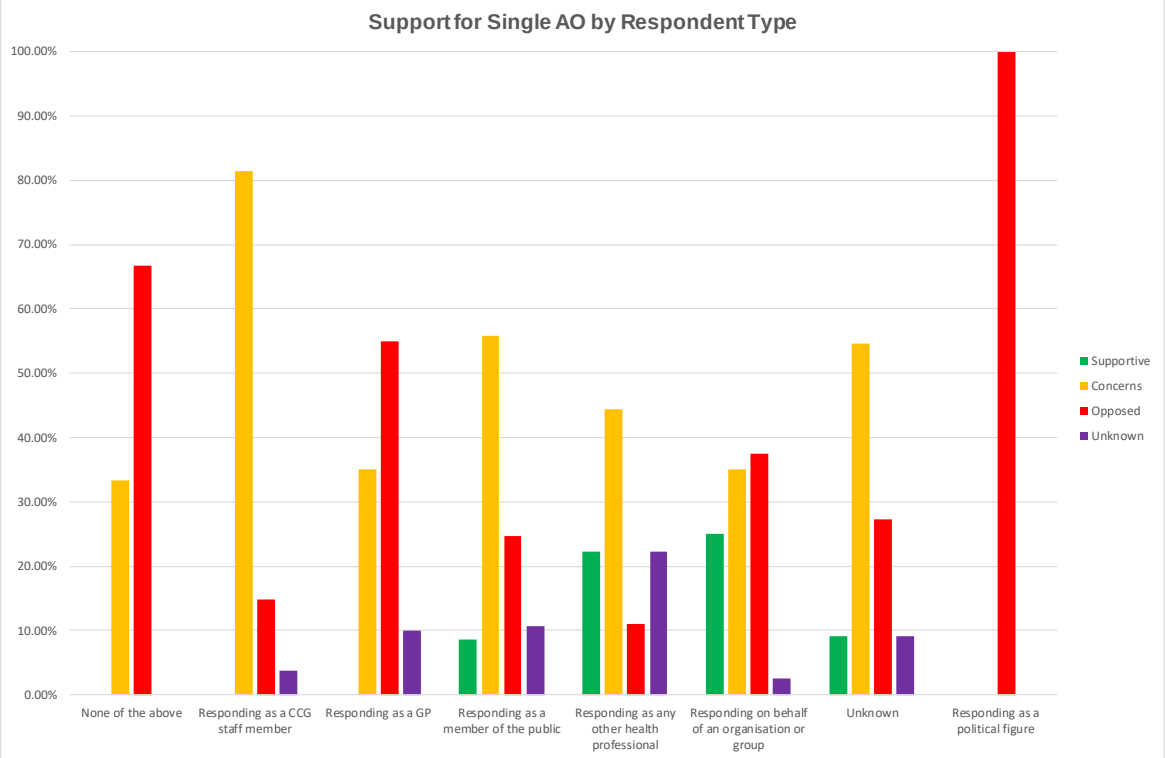




Further analysis of these responses was undertaken and then quantified by the place identified by the respondent as follows:



26. Finally, the level of support was quantified by the type of respondent to the engagement exercise:



27. All of these data are summarised in the table below for reference:

Support for Single AO by Place & Respondent Type Breakdown	Support Supportive	Concerns	Opposed	Unknown	Grand Total
Berks West	**3**	**10**	**27**		**40**
None of the above		1	1		2
Responding as a CCG staff member		4	1		5
Responding as a GP			3		3
Responding as a member of the public	1	2	6		9
Responding on behalf of an organisation or group	1	2	13		16
Unknown	1	1	1		3
Responding as a political figure			2		2
Bucks	**2**	**4**	**4**		**10**
Responding as a CCG staff member		1			1
Responding on behalf of an organisation or group	2	3	2		7
Responding as a political figure			2		2
Oxon	**7**	**23**	**7**	**5**	**42**
Responding as a GP		4	2	2	8
Responding as a member of the public	3	11	3	2	19
Responding as any other health professional	1				1
Responding on behalf of an organisation or group	3	6			9
Unknown		2	1	1	4
Responding as a political figure			1		1
Unknown	**9**	**69**	**27**	**12**	**117**
None of the above			1		1
Responding as a CCG staff member		17	3	1	21
Responding as a GP		3	6		9
Responding as a member of the public	4	39	14	8	65
Responding as any other health professional	1	4	1	2	8
Responding on behalf of an organisation or group	4	3		1	8
Unknown		3	1		4
Responding as a political figure			1		1
Grand Total	**21**	**106**	**65**	**17**	**209**

28. In summary, the quantitate analysis shows neither strong support nor outright rejection of the proposal. The majority of stakeholders qualified their responses with views which they believed were important to be addressed in the design or implementation of this proposal and further exploration of this is provided in the thematic review which follows.

29. A significant learning point from this engagement exercise is the difficulty in being able to effectively gauge the views of a broad range of stakeholders at a point prior to being able to accurately describe a model of future operation.

Qualitative / Thematic Analysis

Proposal One: The appointment of a single Accountable Officer and Shared Management Team for the three CCGs

Theme 1: Process for design, decision making and implementation

30. A number of consistent messages were present in this theme, noting a strong demand for a transparent decision-making process which took into account the views of local people and their elected decision makers. Some partner organisations went further than this, requesting an appointment process which ensured the identification of a candidate who has the support of all system partners.

31. Another overwhelming feature of the responses within this theme was a concern regarding the financial implications of the proposed change. This will be further expanded upon within the emerging themes of Proposal Three as this is not strictly altered by the appointment of a single Accountable Officer.

32. Finally, a further important conclusion of this theme was a request that there is a clear understanding and presentation of the benefits arising from this proposal. A general theme of the responses in this area included negative descriptors such as “outdated”, “American” and “complex”.

Theme 2: Link to local populations and their democratic oversight

33. Some of the strongest feedback with regard to this proposal came within the context of a loss of local influence, control and oversight of the CCGs and their leadership. This theme will also be explored further in the proposal on a single merged CCG. Nevertheless, even with regard only to the single Accountable Officer element of the proposal, this message was clearly expressed. Most broadly, there was significant and repeated concern that the centralisation of the Accountable Officer role would dilute local decision making, erode local knowledge of the Place based systems and potentially compromise the leadership of the local ICPs.

34. All of the responses received from Local Authorities were concerned that the proposal would weaken the link between local NHS leadership and the ability of democratically-elected Local Government organisations to hold the NHS to account through the established legal structures.

35. In mitigation of the above concerns, some responses accepted that this was a likely development in the evolution of NHS organisational structure and leadership. These responses made suggestions which were felt could temper any negative effects, such as maintaining links with ‘locality groupings’ of patients and ensuring senior appointments at a Place level which could continue to discharge certain important commissioning functions.

Theme 3: Deliverability of the shared Accountable Officer role at a larger scale

36. This question provoked a broad range of responses which are more difficult to group into a coherent set of sub-themes for consideration. There were, however, some areas of common alignment which are best summarised as follows and should be read within the context of the *status quo* whereby the Accountable Officer for Oxfordshire and Buckinghamshire CCGs is already shared between those two organisations.

37. Unsurprisingly, there was broad support for the appointment of an individual with a strong level of experience, support, authority and accountability. A number of responses specified a desire to see this individual supported by a strong management team and a formally appointed Deputy Accountable Officer. Some responses proposed that the NHS should consider a range of backgrounds from which to appoint this individual, including non-healthcare related private industry, the military and the NHS provider sector.

38. A significant number of the respondents objected to the creation of this role at a larger scale with some concern that the task will be undeliverable. Further to this, the desirability of the Accountable Officer being combined with the ICS Lead position was questioned by some partner organisations which felt that this may not be advantageous or possible to discharge the requirements of the role effectively.

Theme 4: Operation and effectiveness of a shared management team

39. Many of the responses received were clear in their desire to see a single management team which was equally representative of the three Places which form the broader ICS geography.

40. Similarly, a number of respondents stated that the size of the team should be minimised so as to reduce bureaucracy and cost in order to redirect resources to the “front line”. The desire to see a “lean” and “streamlined” management structure was a consistent theme of the feedback although the motivation of this change was questioned by some respondents who conjectured that this proposal was driven by a desire to reduce costs.

41. Finally, a significant number of the feedback responses expressed concern for the potential risk of losing staff during any potential period of uncertainty leading to and following on from any change to the current management team arrangements. This was felt to be a risk due to the potential for the loss of established positive relationships, local knowledge, desirable skills and an overarching difficulty to recruit staff within this region.

<u>Proposal Two: The design principles for the creation of stronger Integrated Care Partnerships for each of the three places</u>

Theme 1: A voice for local people in the design and decision-making processes

42. Respondents were broadly positive around the creation of local Integrated Care Partnerships and the overarching objective of improving the provision of more joined up services in their local places.

43. The request for greater involvement was a consistent theme of the responses to this proposal and this was a view expressed by members of the public and primary care practitioners most commonly.

44. Unsurprisingly, the role of clinicians in local service design and decision making was a strong feature of the feedback. This was expressed both with regard to the emerging role and influence of Primary Care Networks and also building on the experience of the CCGs to date in their role as drivers of service transformation.

Theme 2: Ensuring that ICPs are subject to Accountability and Transparency

45. A number of respondents were keen to ensure that as ICPs develop they are transparent with their stakeholders on both ways of working and overall intentions of the endeavour.

46. There was a significant level of request for Local Authorities to play a central role in the development and scrutiny of ICPs. Many respondents saw the opportunity which now exists for social care to become an ever-closer partner of the NHS, both with regard to the planning and funding of services but also through the provision of care at the 'front line'.

47. Central to much of the feedback received in this area was the importance of maintaining and continuing to evolve the relationships between leaders and staff of the multiple organisations involved with the development and delivery of ICPs.

Theme 3: Enabling ICPs to meet their objectives and deliver more integrated, joined up care provision

48. The most common theme of responses to this proposal was around the actual delivery of new models of care and how the experience of patients and the wider public may be improved through the opportunities of ICP development.

49. Respondents made a number of suggestions on how ICPs could be most successful and these tended to be focused on attributes such as flexibility, agility, being co-operative in their operation and the closest possible working between the NHS and social care providers.

50. Some respondents referenced the need for 'fair' budgetary allocations which would enable the ICPs to meet their objectives. There was some reference to a greater pooling of resources between the NHS and Local Government organisations to facilitate the implementation of this new way of working.

<u>Proposal Three: The creation of a single commissioning organisation across the BOB geography</u>

Theme 1: Ensuring that existing Place based systems are not financially disadvantaged by the creation of a single CCG with its own allocation

51. One of the most common responses received across all of the proposals related to a concern on the loss of financial resources from any given Place. There is a strong perception that should any of the proposals be adopted, money which is currently allocated for any of the three places will either be aggregated into a non-place specific pool or used to improve the financial position of a different part of the geography.

52. Most commonly there was an assertion that money from either Oxfordshire or Berkshire West would be used to support the Buckinghamshire health economy but other concerns were raised.

53. It is important to note that this thematic response was consistent regardless of the type of stakeholder. This view was as likely to be expressed from members of the public as it was to have been stated by professional stakeholders such as NHS provider organisations.

Theme 2: Protecting the interface between Local Authorities and their counterpart NHS Commissioning organisations

54. In common with the proposal around a shared Accountable Officer, the responses received from Local Authorities were concerned that the proposal would erode the interface between the statutory commissioning organisations and the corresponding Local Government organisation.

55. Some respondents felt that the complexities of working with numerous organisations, including Local Authorities, to transform systems would be made more difficult and complex both with regard to gaining consensus and effective decision making should the CCG be consolidated to a BOB ICS scale.

56. As well as the potential loss of the partnership benefits which arise from smaller, more co-terminus CCGs with Local Authorities, there was also concern expressed around the ability of numerous Local Government organisations to effectively scrutinise and hold to account a single CCG of a much larger size.

Theme 3: Loss of the 'local voice' within a larger commissioning organisation

57. Many of the respondents to the engagement exercise expressed concern that the views of local patients and populations would be more difficult to be taken into account if the boundary of the CCG moved to a larger scale. This was a consistent theme of feedback from members of the public but also from General Practice, the latter of which made a number of representations either at individual, practice or Network level.

58. For General Practice, this concern was often expressed through two different perspectives. Firstly, that the now well-established principle of clinical commissioning would be diluted if there were fewer place-based GPs represented in the decision-making structures of any new body. Secondly, there was further concern expressed that the 'voice' of local primary care would be lost within a larger organisation and that specific local issues around the sustainability and future development of primary care provision would be marginalised if not kept on its current local footing.

Theme 4: The BOB boundary being an 'un-natural' grouping of three very different geographies

59. Finally, some of the responses received questioned why the geography for a larger commissioning organisation had been set as per the proposal in the engagement document.

60. These respondents raised an issue which has been discussed a number of times previously with both partner organisations and wider stakeholders, namely that the BOB geography is an 'un-natural' grouping and does not reflect any kind of significant historic collaboration between these Places.

Section 3: Proposed amendments to the proposal resulting from stakeholder feedback

Single Management Team Design Principles

61. Implicit in the proposal for a single Accountable Officer across the three CCGs is the requirement for a shared management team to also operate at this level, reporting to the Accountable Officer and taking responsibility for functions across the larger geography.

62. Using the engagement document as a basis from which there is alignment between the organisations, the following principles are proposed from which a draft management team structure can be defined:

The Shared Accountable Officer will:

a. Have individual accountability which mirrors our new ways of working
b. Provide strong and consistent leadership across the commissioning organisation(s)
c. Be able to establish a shared resource with significant expertise able to work at scale
d. Achieve a greater level of efficiency for the taxpayer, patients and partner organisations

Each of the three Places will:

e. Operate within a locally designed governance framework which binds the partners
f. Have access to expert resource to ensure local delivery
g. Have its own senior leadership which is represented at ICS level

The BOB ICS will:

h. Offer ongoing support to place based organisations with opportunity analysis and the spread of best practice
i. Act as the main point of assurance of places and place-based organisations
j. Deliver savings which can only be achieved at ICS scale or across multiple organisations

63. Following the themes identified from the review of stakeholder engagement, it is proposed that the following principles should be adopted to address the views expressed:
    k. A link to local places, their populations and democratic structures
    l. Need for a strong management team that can support large scale working
    m. Reduction in bureaucracy and improvement in streamlined working
    n. Support for ICPs and a strong link back to the CCG(s) / ICS Structure
    o. The need to combine the ICS / AO role to provide statutory accountability
    p. Development of a supporting clinical infrastructure to meet requirements

Single Management Team – Proposed features for adoption

64. Should the Governing Body decide to proceed with a proposal to establish a single management team, work will commence to design a structure which is consistent with the design principles presented above.

65. Whilst this design exercise will require some flexibility in order to ensure that the requirements of the organisations and their stakeholders are met, it is proposed that the following features of any new management team are a mandatory consideration:

    a. Continued adherence to current statutory requirements of the Health and Social Care Act to retain a Chief Officer, Chief Finance Officer and Nurse Director.

    b. A dedicated member of the Management Team for each of the three places, most probably taking the form of a “Managing Director” role whose primary focus is their place and reports directly to the Chief Officer.

    c. The retention of certain management responsibilities and functions at a Place level, under the day-to-day responsibility of the place-based Managing Director including (but not limited to): ICP Development, Primary & Community Care, contracting with local health and social care providers, design and delivery of pathway improvements, operational planning and joint commissioning with Local Authorities.

d. The creation of new Director level posts to operate on a BOB ICS geography where more strategic / larger scale work would be of benefit and a supporting clinical structure which reinforces the clinical leadership of the CCGs.

Next Steps

66. This document has provided a summary of the process to date, the outputs of the engagement exercise, the management implications of moving to a single Accountable Officer and the proposed changes to the design of this proposal resulting from the responses to the engagement exercise.

67. The engagement document set out three distinct proposals for stakeholders to consider and comment upon. Governing Bodies are not yet required to consider taking a decision on proposals two and three (design of ICPs and a potential CCG merger) which will be re-examined during financial year 2020/21.

68. This approach therefore leaves only one proposal on which a decision is now required; the appointment of a shared Accountable Officer for all three of the CCGs within the BOB geography.

69. Based on the information and recommendations contained within this paper (see below) the Governing Body is now considered to be in a position whereby it can take a decision on progressing this proposal.

Recommendations

(1) NOTE this paper and receive the report of the engagement exercise as a formal conclusion to the engagement period.

(2) AGREE to commence the process for appointing a shared Accountable Officer for each of the three CCGs.

Should the Governing Body agree recommendations (1) and (2), it is also asked to consider the following:

(3) AGREE the design principles (a-p) as a basis from which a proposal for a single management team can be produced.

(4) AGREE the proposed mandatory roles and functions of any future management team structure to be incorporated.

Section 3: List of Appendices

Appendix 1: Table of mitigating actions in response to themes identified from engagement report

Appendix 2: Summary of local engagement activities during the engagement period

Appendix 3: Proposed Job Description for single Accountable Officer role

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