

Notice of Meeting



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Health and Wellbeing Board

Thursday, 24th September, 2020 at 9.30 am

This meeting will be held in a virtual format in accordance with The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panels Meetings) (England and Wales) Regulations 2020 (“the Regulations”).

The Council will be live streaming its meetings.

This meeting can be viewed online from 9.30am on the 24 September 2020 at:

www.westberks.gov.uk/hwbblive

Date of despatch of Agenda: Wednesday, 16 September 2020

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Gordon Oliver / James Townsend on (01635) 519486 / 01635 503605

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Agenda - Health and Wellbeing Board to be held on Thursday, 24 September 2020
(continued)

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk



Agenda - Health and Wellbeing Board to be held on Thursday, 24 September 2020
(continued)

To: Dr Bal Bahia (Berkshire West CCG), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Adult Social Care), Sam Burrows (Berkshire West CCG), Councillor Lynne Doherty (WBC Leader of Council), Lindsey Finch (Thames Valley Police), Charlotte Hall (Corn Exchange Newbury), Dom Hardy (Royal Berkshire NHS Foundation Trust), Matthew Hensby (Sovereign Housing Association), Tessa Lindfield (Strategic Director for Public Health Berkshire), Nikki Luffingham (NHS England Thames Valley), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Gail Muirhead (RBFRS), Matthew Pearce (Head of Public Health and Wellbeing), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (Executive Director (People)), Reva Stewart (Berkshire Healthcare NHS Foundation Trust), Councillor Martha Vickers (Shadow spokesperson for H&WB) and Councillor Howard Woollaston (Executive Portfolio: Public Health and Community Wellbeing)

Also to: Tess Ethelston (Group Executive (Cons)), Olivia Lewis (Group Executive (Lib Dem)), Gary Lugg (Head of Planning & Countryside), Gordon Oliver (Corporate Policy Support) and James Townsend

Agenda

Part I

	Page No.
1 Apologies for Absence To receive apologies for inability to attend the meeting (if any).	
2 Minutes To approve as a correct record the Minutes of the meeting of the Board held on 21 May 2020.	9 - 18
3 Health and Wellbeing Board Forward Plan An opportunity for Board Members to suggest items to go on to the Forward Plan.	19 - 20
4 Actions Arising from Previous Meeting(s) To consider outstanding actions from previous meeting(s).	21 - 22
5 Declarations of Interest	



Agenda - Health and Wellbeing Board to be held on Thursday, 24 September 2020
(continued)

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

Agenda - Health and Wellbeing Board to be held on Thursday, 24 September 2020
(continued)

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.

(a) Questions submitted to the Berkshire Healthcare Foundation Trust and Berkshire West CCG by Mrs Paula Saunderson:

1. *Following an NHS MEDICAL Diagnosis of Dementia by The Older Adults Mental Health Service (Beechcroft – Hill House), what follow-up process does Berkshire Healthcare NHS Foundation Trust put in place for the Patients within West Berks?*
2. *Following an NHS MEDICAL Diagnosis of Dementia by The Older Adults Mental Health Service (Beechcroft – Hill House), what follow-up process does Berkshire Healthcare NHS Foundation Trust put in place for a Nominated Unpaid Family At Home CARER who has no involvement with WBC Adult Social Care?*
3. *Adults diagnosed with Learning Difficulties are subject to an Annual Review, does this apply to Dementia Patients and if so who would arrange for this to take place?*
4. *How does the Berkshire NHS Older Adults Mental Health Service medically evaluate and categorise the STAGES of Decline in a Dementia Patient?*
5. *Why is the existence of NHS Continuing Health Care as a source of funding not mentioned during the Understanding Dementia Course?*
6. *At what STAGE in the Dementia decline is NHS Continuing Health Care likely to be available?*

(b) Questions submitted to the Portfolio Holder for Public Health and Community Wellbeing by Mrs Lucy Brown:

1. *With the current over-reaction to Covid-19 nationally and the low numbers of infections experienced locally, how do you intend to keep local perspective and avoid on-going unnecessary panic and harmful draconian measures?*



Agenda - Health and Wellbeing Board to be held on Thursday, 24 September 2020
(continued)

- 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

Programme Management

- 8 **Health and Wellbeing Sub-Group Activities** 23 - 38
Information on sub-group activities shared with delegates at the Health and Wellbeing Conference on 11 September 2020.

Strategic Matters

- 9 **Joint Health and Wellbeing Strategy** 39 - 46
To receive an update on progress made in developing the strategy, including a summary of current conditions.
- 10 **Healthwatch Maternity Report** 47 - 80
To consider a report produced by Healthwatch West Berkshire on local maternity services.
- 11 **Prevention Concordat for Better Mental Health** 81 - 94
To seek the Board's approval to sign up to the national Prevention Concordat for Better Mental Health and for them to adopt and become signatories to it.
- 12 **Health and Wellbeing Board Membership** 95 - 100
To review the membership of the Health and Wellbeing Board.
- 13 **Review of Health and Wellbeing Board Meetings** 101 - 106
To consider a proposal to revise the meeting schedule for the Health and Wellbeing Board, increasing the number of meetings held in public.

Other Information not for discussion

- 14 **Recovery Strategy** 107 - 136
To receive an update on development and implementation of West Berkshire Council's Recovery Strategy.
- 15 **Housing Strategy** To Follow



Agenda - Health and Wellbeing Board to be held on Thursday, 24 September 2020
(continued)

To present the draft West Berkshire Housing Strategy. (NB: The Housing Strategy is scheduled to be released for public consultation on 18 September. Therefore, it will be issued as a supplementary pack with these papers once published.)

- 16 **Health and Wellbeing Conference** 137 - 142
To receive feedback from the Health and Wellbeing Conference held on 11 September 2020.
- 17 **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.
- 18 **Exclusion of Press and Public**
RECOMMENDATION: That members of the press and public be excluded from the meeting during consideration of the following items as it is likely that there would be disclosure of exempt information of the description contained in the paragraphs of Schedule 12A of the Local Government Act 1972 specified in brackets in the heading of each item.

Part II

- 19 **Hampshire Together - New Hospital Proposal**
To receive a presentation on a proposal for a new hospital in Hampshire.
- 20 **Future meeting dates**
The next public meetings of the Health and Wellbeing Board will be held on 28 January 2021 and 20 May 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.



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HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 21 MAY 2020

Present: Councillor Howard Woollaston (Executive Portfolio: Public Health and Community Wellbeing, Leisure and Culture), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Councillor Rick Jones, Councillor Graham Bridgman (Executive Portfolio: Adult Social Care), Councillor Lynne Doherty (Executive Portfolio: District Strategy and Communications), Councillor Martha Vickers (Shadow Portfolio Holder for Health and Wellbeing), Dr Bal Bahia Berkshire West CCG), Lindsey Finch (Thames Valley Police), Katy Griffiths (Corn Exchange Newbury), Tessa Lindfield (Strategic Director of Public Health), Sam Mortimore (RBFRS), Matt Pearce (Head of Public Health), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch), Andy Sharp (Executive Director – People) and Dr Cathy Winfield (Berkshire West CCG)

Also Present: Kamal Bahia (Berkshire West CCG), Nick Carter (Chief Executive), Gary Lugg (Head of Planning & Countryside), Paul Coe (Service Director Adult Social Care), Pete Campbell (Head of Children and Family Services), Sarah Rayfield (Public Health Registrar), Gordon Oliver and James Townsend

Apologies for inability to attend the meeting:

Absent: Luke Bingham, Neil Carter, Charlotte Hall, and Dom Hardy

PART I

91 Election of Chairman

RESOLVED that Councillor Howard Woollaston be elected Chairman of the Health and Wellbeing Board for the 2020/21 Municipal Year.

92 Election of Vice-Chairman

RESOLVED that Dr Bal Bahia be appointed Vice-Chairman for the 2020/21 Municipal Year.

93 Minutes

The Minutes of the meeting held on 31 January 2020 were approved as a true and correct record and signed by the Chairman.

94 Actions arising from previous meeting(s)

Items 137, 140, 141 and 142 were either completed or in hand and could therefore be removed from the list of actions.

Matt Pearce stated that item 143 was on-going and on hold due to COVID-19.

Dr Bal Bahia noted that item 144 was on-going.

95 Declarations of Interest

Councillor Steve Masters declared an interest in Agenda Item 9, but reported that, as his interest was a registrable interest, but not a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matter.

Councillor Martha Vickers declared an interest in Agenda Item 9, but reported that, as her interest was a registrable interest, but not a disclosable pecuniary interest, she determined to remain to take part in the debate and vote on the matter.

Andrew Sharp declared an interest in Agenda Item 9, but reported that, as his interest was a personal interest, but not a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matter.

Dr Bal Bahia declared an interest in Agenda Item 9, but reported that, as his interest was a personal interest, but not a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matter.

96 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

(a) Questions submitted to the Portfolio Holder for Adult Social Care by Mrs Alex Osterritter from the West Berkshire Learning Disability Partnership Board:

i) A question standing in the name of Mrs Alex Osterritter asking whether the Health and Wellbeing Board was aware of how many adults with learning difficulties were currently placed out of area received a written answer from the Portfolio Holder for Adult Social Care received a written answer from the Portfolio Holder for Adult Social Care.

ii) A question standing in the name of Mrs Alex Osterritter asking when were services supporting West Berkshire residents who are placed out of our area last visited, or when did the Care Quality and Safeguarding function last receive intelligence to provide assurances that they are of good quality received a written answer from the Portfolio Holder for Adult Social Care.

iii) A question standing in the name of Mrs Alex Osterritter asking with no Care Quality Commission visits being able to take place due to Covid19, how can the Health and Wellbeing Board be assured that those placed out of area are in homes where there is sufficient Personal Protective Equipment (PPE) and resources to keep them safe, well and not restricted of their liberty any more than absolutely necessary received a written answer from the Portfolio Holder for Adult Social Care.

(b) Questions submitted to the Portfolio Holder for Public Health and Community Wellbeing by Ms Julie Wintrup:

i) A question standing in the name of Ms Julie Wintrup asking following Michael Gove's announcement on Sunday 17 May 2020 that 17,200 contact tracers had been employed and trained across the UK can the Board confirm how many of those are being employed in West Berkshire received a written answer from the Portfolio Holder for Public Health and Community Wellbeing.

ii) A question standing in the name of Ms Julie Wintrup asking who is employing and training these trainers to contact trace received a written answer from the Portfolio Holder for Public Health and Community Wellbeing.

iii) A question standing in the name of Ms Julie Wintrup asking when will the tracers start working received a written answer from the Portfolio Holder for Public Health and Community Wellbeing.

iv) A question standing in the name of Ms Julie Wintrup asking Is the Board confident that West Berkshire's Public Health team is currently adequately resourced and capable of providing the highest standard of testing, contact tracing (including for example signing into workplaces and other venues), and ensuring that effective isolation is maintained received a written answer from the Portfolio Holder for Public Health and Community Wellbeing..

v) A question standing in the name of Ms Julie Wintrup asking is the Board confident that West Berkshire is adequately staffed to support the current and forthcoming needs of its citizens received a written answer from the Portfolio Holder for Public Health and Community Wellbeing.

(c) Questions submitted to the Portfolio Holder for Public Health and Community Wellbeing by Ms Caroline French Blake:

i) A question standing in the name of Ms Caroline French Blake asking does the Council consider it is too early for post COVID planning in the area of ongoing health and wellbeing for Newbury town centre residents received a written answer from the Portfolio Holder for Public Health and Community Wellbeing.

97 Petitions

There were no petitions presented to note.

98 COVID-19 Review

Matt Pearce provided an update to the board on the response from West Berkshire Council and the public health implications of COVID-19. He stated that as of 18th May 2020 the data suggested that in West Berkshire 361 people had tested positive for COVID-19, which equated to 227.7 cases per 100,000. This was lower than the national rate. He further noted that deaths from COVID were 118 as of 8 May 2020, however it was likely that there may be more than this. Also as of 18 May 2020 there were 52 people in hospital with COVID, 60 in care homes and 5 at home. He noted that a third of care homes in West Berkshire experienced an outbreak as of 14 May, which equated to a 34% increase in deaths over a 5 year period. He further stated that in the period 1st March - 8 May, deaths by location saw Hungerford with the highest rate in the district region and Chieveley had no deaths. He further stated that COVID

in care homes was still an ongoing issue in West Berkshire and that it was around the average for the south east in terms of number of deaths. He highlighted a number of risk factors, such as age, gender (women may have better immune response), dementia, diabetes, ethnicity (BAME groups four times more likely to die from COVID-19, with public health England undertaking a review into these figures). He stated that the data showed that these groups were more likely to have hypertension, diabetes and the fact that they tend to do more essential work. He stated that he would report back to the board when these findings were confirmed nationally. Furthermore, he noted that the data showed that deaths from COVID-19 were higher in poorer communities. However, the chances of dying from COVID-19 were still relatively low and that even if there was no vaccine, a high proportion of people may not get it, whereas 15%-30% will asymptomatic, and of those who do get it around 80% will have mild or moderate symptoms.

Matt Pearce then moved on to describe how West Berkshire had responded to COVID-19. He stated that the community support hub had been set up and through a collective effort. He further noted that West Berkshire Council had helped to interpret Government advice to residents and that PPE in West Berkshire had been coordinated through the local resilience forum which had, as of 21 May, no issues of supply. He also indicated that West Berkshire Council had coordinated testing for key workers and BHFT. He explained that the Council had been working with BFHT and the CCG around support for care homes in addition to supporting local businesses with grants. He noted that the community support hub had helped to meet the immediate demands from the community, with a big focus on vulnerable residents who needed to shield at home. He further noted that the Hub had a dynamic relationship with over 90 community groups across West Berkshire. He confirmed that over 4,000 shielded residents had been contacted by the Government across the district and that the Hub had contacted them regularly to offer support.

Matt Pearce then provided an update on the impacts of COVID-19 in West Berkshire. He highlighted impacts on mental health, and concerns about people drinking more, and those who are not seeking treatment at A&E. However, he noted that there were a number of opportunities that had arisen out of COVID and lockdown, such as air quality, more people taking up physical activity, community cohesion, public transport efficiency, opportunities for self-care, sustainable food use such as access to local shops, flexible working, less commuting and a sustained reduction in rough sleeping. He also stated that in the recovery and renewal from COVID, it was key to have a social, economic and environmental focus. He also stated that the people of West Berkshire may have to learn to live with the virus for a sustained period of time and that handwashing and social distancing were still the most effective ways to avoid catching the virus.

Dr Bal Bahia and Kamal Bahia provided an update on primary health care provision. They noted that between 80-90% of consultations were now being done remotely, with a limited number of home visits and face-to-face consultations. Kamal Bahia also noted that in GP surgeries, patients were separated into 'hot and cold', with hot signalling potential COVID symptoms and cold no obvious symptoms. She highlighted that a hot hub had been set up at Newbury Racecourse. She further noted that the direct booking of consultations through NHS 111 had been enabled.

Dr Bal Bahia and Kamal Bahia then stated that moving forward the focus for PCNs and the Primary Care Programme Board was to retain new models of working whilst creating a digitally enabled workforce and patients. They further noted that there would be a managed and phased opening of services, greater support for care homes and a remodelling of how routine and LTC care are managed.

Paul Coe provided an update on adult social care within West Berkshire and stated that during COVID, the first point of focus was supporting hospitals in discharging people, dealing with business continuity, working remotely as far as possible and the closing of care homes to unnecessary visitors early on.

He further noted that PPE was a major challenge but a panel was set up relatively promptly to coordinate supplies. As of 21st May 2020, the panel was meeting daily and those in urgent need could make an approach. He noted that there were some concerns around care providers' resilience and as such there were a number of actions taken to support them. He explained that funding had been made available from government to support care homes. He further stated that there had not been as much as demand as usual for locality / safeguarding / mental health teams, but this could be because the community response has been very effective and that he was trying to discover if there are any hidden risks around this.

Cathy Winfield provided an update on the implications of COVID on the wider healthcare system. She stated that in the early stages of the pandemic, the focus was making sure the NHS wasn't overwhelmed and making sure it was possible to step up critical care capacity at Royal Berkshire Hospital. She noted that patients had been rapidly discharged where it was safe to do so, but routine screening was not in place at that point and there were lessons learned. She further noted that the community hospitals were able to free-up spaces at short notice. The health visiting regime had been reviewed to offer support for new parents. She further noted that the healthcare system in West Berkshire was in a position to step up primary care in care homes, with weekly check in calls from a clinician and a structured review of their medication and what they would like should their condition deteriorate. Furthermore, she noted that the system was now moving into a recovery planning phase, picking up routine issues such as screening, immunisation, vaccination and surgery, taking account of issues that may arise from a second peak of COVID.

Pete Campbell provided an update to the board on children and school services. He noted that as of 21 May 2020, there were 150 children looked after in West Berkshire aged between 0-18. With regard to care leavers that were over 18, he noted that the staff in this area had been great and there had been no significant reduction in capability and ability. He stated that, with regard to foster homes, the absence of school pressure has helped some children and their relationships and that some birth family contact has become virtual. He further stated that some schools had remained open throughout the Easter holidays to take care of some children and that schools have worked hard to support vulnerable children. He commented that the Council had accessed funds to provide IT equipment for children who needed it to maintain access to learning. He noted that schools were now trying to work out the logistics to ensure social distancing and that the children eligible for free school meals have received hampers.

Gary Lugg provided an update on housing and rough sleepers. With regard to housing, he noted that the service had to move quickly to work at home and to carry on being to work with individual families threatened with homelessness. He noted that work to stop eviction was now also being done remotely. On rough sleepers, he noted that there were 10 on the streets just before COVID kicked in and this was done by Homelessness Strategy Group forming a task group. He further stated that he his team had made contact with a number of hotels, and that all rough sleepers were now in hotel accommodation. He stated that the hotels were being supported by the voluntary sector providing food and support. He explained that Two Saints Hostel had reduced capacity so new referrals had to be accommodated in hotels. He also stated that work was now being done to ensure permanent housing for the residents whilst also continuing to work on personal housing plans and assist in finding employment. He concluded that the challenge was to build on the successes delivered during COVID.

Nick Carter provided an update to the group on the recovery of West Berkshire post-COVID. He stated that there was a widespread expectation that West Berkshire would enter a recession, which was a concern particularly for the younger generations. He highlighted work being done with the LEP. He noted that on an environmental front, there were opportunities to seize in recovery and the need to push on with a reduction in carbon emissions. He stressed the need to retain the voluntary work that has come out of COVID. With regard to recovery within the Council, he stated that virtual communication has developed extremely quickly and that a number of recovery elements need to be done as a joint effort.

Councillor Lynne Doherty stated that a resident survey would be sent around shortly to gauge the public mood on the social, health, economic and environmental impacts of COVID.

Councillor Howard Woollaston stated that the response to COVID has been commendable, especially the joint effort in the community.

Andrew Sharp expressed his thanks to the voluntary sector, key workers and others in response to COVID. However, he stated that there were some tough questions to ask in the review of COVID, including around care home deaths and whether the board could have done more. He commended the CCG on its transparency, but questioned whether there could have been more transparency around care homes. He stressed the need to learn lessons and put recovery boards in place and highlighted issues around disproportionate impacts in the BAME communities.

Councillor Steve Masters commended the leadership at West Berkshire Council during the crisis and asked about priorities for tackling homelessness in recovery. Gary Lugg confirmed that extra resources would be committed and that hotel accommodation would be secured in the medium term pending transition to permanent accommodation. Councillor Masters asked about funding. Gary Lugg replied that the council was adopting the Housing First approach.

Tessa Lindfield highlighted the importance of identifying COVID hotspots as they arise and the Test and Trace Service. This meant that the local role would increase. She commended the response from the CCG and Council. She highlighted complications as we head into winter with COVID appearing alongside other illnesses. She stressed

that recovery would be long-term and would run alongside response and emphasised the importance of social recovery. She suggested that data should drive decision making in moving forward.

Councillor Lynne Doherty thanked Public Health for their contribution and highlighted the challenges of coordinating response and recovery at the same time. She agreed that data was important, particularly in analysing impacts on deprived communities and other disparities related to COVID. Matt Pearce indicated that data was coming through, but numbers were small which made showing a link more difficult. Tessa Lindfield added that data was better now that testing was ramping up, which would be key to coordinating local responses to outbreaks and to learning and adapting.

Andrew Sharp suggested that the Board review the processes about submitting questions in order to better engage the public and asked for any other business to be included as an item.

Councillor Martha Vickers asked if PPE was provided to all front-line staff and if the Council could help businesses to access PPE. She also expressed concerns that some families are not getting adequate food and that people with health needs are not seeking help. In addition, she stressed the need to take advantage of the good things that have arisen from lockdown. Nick Carter replied that there was enough PPE and front-line staff at the council had access, with businesses also OK. With regards to food, he indicated that the Hub and local community groups were working well and there was no evidence of problems. He suggested there was no evidence of hidden demand for services at the moment. Bal Bahia commented that domestic abuse was an issue nationally and messages were going out about support. He indicated that many people were managing their care needs themselves. Councillor Lynne Doherty explained that food parcels were being tailored to customers' needs and that deliveries were discrete to avoid embarrassment. She shared Councillor Vickers' concerns about mental health and suggested this should be a key focus for the Board. Kamal indicated that mental health services had been widely promoted.

99 Update on Joint Health and Wellbeing Strategy

Sarah Rayfield provided an update on the West Berkshire Joint Health and Wellbeing Strategy. She stated that this was being developed with Wokingham and Reading and was supported by the CCG and Integrated Care System with the ambition to set direction of travel for the integrated care partnership and for joint commissioning. The purpose is to set priorities for collective action to achieve greater health and wellbeing and to reduce health inequality and the strategy is being developed in consultation with key partners and local residents. She stated that in light of current circumstances around COVID, the deadline for completion had been pushed back to February 2021. She further noted that the development process of the strategy has four stages, where it was currently in the first stage to assess the current situation, which was planned to finish by the end of June. She noted that the strategy was starting to move into identifying priorities for the future, which involved engaging with local authorities, the CCG, health trusts, voluntary groups and Healthwatch, as well as reviewing recent public consultations. The idea is that the strategy will produce a list of challenges and priorities (taking account of COVID recovery) for the three authorities. Once priorities

have been identified, there would be further engagement. She confirmed that the life-span of the strategy would be 10 years with reviews along the way, and that the strategy would be supported by implementation plans.

Councillor Lynne Doherty asked about the impact of COVID on the strategy. Sarah Rayfield stated that the team were engaging with recovery work that was being co-ordinated throughout the three local authorities.

Andrew Sharp highlighted that Healthwatch was running a survey that may prove useful. Kamal Bahia asked if the Healthwatch and Council surveys could be coordinated. Dr Bal Bahia asked if the CCG could access Granicus. Andy Sharp confirmed that Granicus would be available to the CCG.

Matt Pearce asked for help in engaging communities and identifying priorities. Kamal highlighted a recent Patient Panel meeting and a Patient and Public Engagement meeting and would liaise with Matt Pearce.

100 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.

(a) Questions submitted to the Portfolio Holder for Adult Social Care by Mr Andrew Sharp from HealthWatch West Berkshire:

i) A question standing in the name of Mr Andrew Sharp querying what level of scrutiny/transparency was happening in relation to Care Homes and COVID infection in West Berkshire, their levels of PPE, and numbers of staff trained to use PPE adequately was answered by the Portfolio Holder for Adult Social Care. What level of scrutiny/transparency is happening in relation to Care Homes and COVID infection in West Berkshire, their levels of PPE, and numbers of staff trained to use PPE adequately was answered by the Portfolio Holder for Adult Social Care.

ii) A question standing in the name of Mr Andrew Sharp querying how many care homes are on the 'place with caution' list currently due to COVID was answered by the Portfolio Holder for Adult Social Care.

iii) A question standing in the name of Mr Andrew Sharp querying how many care homes currently have a death or multiple deaths from COVID was answered by the Portfolio Holder for Adult Social Care.

iv) A question standing in the name of Mr Andrew Sharp querying are COVID positive patients being discharged from Hospital to care homes in West Berkshire was answered by the Portfolio Holder for Adult Social Care.

101 Exclusion of Press and Public

RESOLVED that members of the press and public be excluded from the meeting for the under-mentioned item of business on the grounds that it involves the likely

disclosure of exempt information as contained in Paragraphs(s) * of Part 1 of Schedule 12A of the Local Government Act 1972.

102 Future meeting dates

The next meeting would take place on 24 September 2020.

(The meeting commenced at 9.30 am and closed at 11.56 am)

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Health and Wellbeing Board Forward Plan 2020/21 (All meetings are on a Thursday, starting at 9.30am in the Council Chamber except where otherwise stated)

Item	Purpose	Action required by the H&WB	Date Agenda Published	Lead Officer/s	Those consulted
22 October 2020 - Health and Wellbeing Workshop (Theme: TBC)					
26 November 2020 - Informal meeting					
Joint Health and Wellbeing Strategy	Update on progress in developing the JHWS	For information and discussion	12/05/20	Matt Pearce / Sarah Rayfield	Health and Wellbeing Steering Group
Delivery of Health & Wellbeing Strategy - Q1 & Q2	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion	18/11/20	Gordon Oliver	Health and Wellbeing Steering Group
28 January 2021 - Board meeting					
Programme Management					
Delivery of Health & 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	20/01/21	Gordon Oliver	Health and Wellbeing Steering Group
Strategic Matters					
Joint Health and Wellbeing Strategy	Update on progress in developing the JHWS	For information and discussion	20/01/21	Sarah Rayfield	Health and Wellbeing Steering Group
Local Outbreak Management Plan	Updates on COVID in West Berkshire and measures put in place to manage local outbreaks	For information and discussion	20/01/21	Matt Pearce	Health and Wellbeing Steering Group
COVID Recovery	Update on development and implementation of the Recovery Strategy	For information and discussion	20/01/21	Matt Pearce / Nick Carter	Health and Wellbeing Steering Group
Tackling Health Inequalities	Update on work to tackle health inequalities in West Berkshire in particular for BAMER communities	For information and discussion	20/01/21	Matt Pearce	Health and Wellbeing Steering Group
11 February 2021 - Health and Wellbeing Workshop (Theme: tbc)					
25 March 2021 - Informal meeting					
Joint Health and Wellbeing Strategy	Update on progress in developing the JHWS	For information and discussion	12/05/20	Matt Pearce / Sarah Rayfield	Health and Wellbeing Steering Group
Delivery of Health & 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	18/11/20	Gordon Oliver	Health and Wellbeing Steering Group
20 May 2021 - Board meeting					
Programme Management					
Delivery of Health & 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	12/05/20	Gordon Oliver	Health and Wellbeing Steering Group
Strategic Matters					
Joint Health and Wellbeing Strategy	Presentation of final document	For information and discussion	12/05/20	Sarah Rayfield	Health and Wellbeing Steering Group
Review of Health and Wellbeing Board Sub-Groups	To consider options for the structure of the Health and Wellbeing Board Sub-Groups and agree what changes should be implemented in the short and long-term.	For decision	16/09/20	Gordon Oliver	Health and Wellbeing Steering Group
Local Outbreak Management Plan	Updates on COVID in West Berkshire and measures put in place to manage local outbreaks	For information and discussion	12/05/20	Matt Pearce	Health and Wellbeing Steering Group
COVID Recovery	Update on development and implementation of the Recovery Strategy	For information and discussion	12/05/20	Matt Pearce / Nick Carter	Health and Wellbeing Steering Group
Tackling Health Inequalities	Update on work to tackle health inequalities in West Berkshire in particular for BAMER communities	For information and discussion	12/05/20	Matt Pearce	Health and Wellbeing Steering Group
Voice of Disability	Report back on the recommendations made in relation to the Healthwatch VOD report	For information and discussion	12/05/20	Andrew Sharp	Health and Wellbeing Steering Group

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Actions arising from Previous Meetings of the Health and Wellbeing Board

RefNo	Meeting	Action	Action Lead	Agency	Agenda item	Comment
140	30/01/20	Future HWB agenda item - consider how to make better use of the resources available to improve the health and wellbeing of our communities and what more could be done in the future	Charlotte Hall	Corn Exchange Newbury	Health and Wellbeing Board Forward Plan	Outstanding. Internal discussions to be held in the autumn. Will be considered as part of a future board meeting
143	30/01/20	Contact Royal Berkshire Fire and Rescue Service regarding Steady steps referrals	Matt Pearce	WBC	Delivering the Health and Wellbeing Strategy Q2 2019/20	Outstanding. On hold due to COVID. Some work undertaken with Get Berkshire Active to encourage high risk groups to be more physically active.
144	30/01/20	Clarify the Berkshire West Clinical Commissioning Group's requirements for Housing Objective (No. 14)	Dr Bal Bahia	WBC	Delivering the Health and Wellbeing Strategy Q2 2019/20	Completed.
145	21/05/20	Review the processes about submitting questions in order to better engage the public	Gordon Oliver	WBC	COVID-19 Review	Completed. Date for submitting questions now advertised on WBC meetings calendar. An online form has been developed to replace the Word form and should go live shortly. Healthwatch West Berkshire are encouraging members of the public to submit questions.
146	21/05/20	Include any other business as an item on future agendas	Gordon Oliver	WBC	COVID-19 Review	Rejected. AOB is not allowed for Council meetings, because it is a requirement that an item be specifically placed on the agenda for discussion. Members of the public have a legitimate expectation to know what is being discussed and therefore if they wish to attend the meeting to listen to that discussion. It is incumbent on members of a committee to prepare in advance for a meeting in order to make an informed decision on the matter. Where an urgent item for a decision arises outside the timeframe for inclusion on an agenda there are urgency procedures that can be employed to deal with the matter.
147	21/05/20	Matt Pearce to liaise with Kamal Bahia regarding engaging communities and identifying priorities	Matt Pearce	WBC	COVID-19 Review	Ongoing. The Health and Wellbeing Conference was organised for 11 September, with public and local stakeholders invited. Work is ongoing with Community United to engage with BAMER communities to identify issues and potential solutions, which will inform the Joint Health and Wellbeing Strategy. The Health and Wellbeing Engagement Group is also seeking to engage young people from sixth forms and Newbury College separately.

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Health & Wellbeing Board Sub-Groups

- **Children's Delivery Group**
- **Locality Integration Board**
- **Mental Health Action Group**
- **Suicide Prevention Action Group**
- **Substance Misuse Harm Reduction Group**
- **Building Communities Together Partnership**
- **Homelessness Strategy Forum**
- **Ageing Well Task Group**
- **Skills & Enterprise Partnership**
- **Health & Wellbeing Engagement Group**

The Health & Wellbeing Conference 2020



Attendees from a range of services – both statutory and voluntary sector

The group receives reports and provides scrutiny, challenge and encouragement to the SEND strategy, Young Carers, Therapeutic Thinking in Schools, Family Hubs, Public Health presentations to schools, Early Help Strategy and the My Family Plan (software programme).

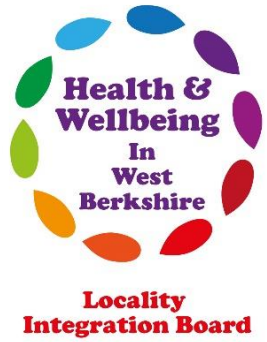
This past year there has been a HWB priority of *Give every child the best start in life.*

The CDG have used research and best practice from ‘the first 1001 days’, Adverse Childhood Experiences, and Trauma Informed approaches to help inform and shape a longer term collective strategy. The more recent learning from Covid lockdown will also be used.

A ‘Vision’ conference was arranged for April involving a wide range of partners, but had to be postponed due to COVID-19. There are plans for the Vision Conference to still go ahead, with the outcome being an agreed multi-agency, longer term strategy to focus on preventative approaches and respond effectively to need at the earliest opportunity.

Kindness and Community in West Berkshire

The Health & Wellbeing Conference 2020



- The Health and Wellbeing Board identified Primary Care Network (PCN) development as one of the priorities for 2019/20. The Locality Integration Board has offered the vital link between the Board and the PCNs.
- Membership of the Locality Integration Board has been strengthened and now includes the Clinical Directors from the Primary Care Networks. We have refreshed our work programme to work on common goals.
- The West Berkshire Social Prescribing Working Group has been established, bringing together social prescribers in primary care with relevant professionals from the local authority and voluntary sector.

The Health & Wellbeing Conference 2020



- The Mental Health Action Group (MHAG) was established in August 2017 and in April 2018 Mental Health was identified as a priority by the Health and Wellbeing Board.
- The group has previously identified four key work streams. One of which was to ‘Celebrate, promote and connect existing resources especially those who provide Community Navigation and Peer Support’.
- Over the last 18 months we have worked with Eight Bells for Mental Health, Open for Hope and Recovery in Mind to fund a range of activities that support people with mental ill-health.
- We worked with the NHS to undertake an audit of deaths among people with Serious Mental Illness (SMI).
- We have recently co-produced a community wellbeing model (encompassing social prescribing and asset based community development), working with primary care and the community and voluntary sector.

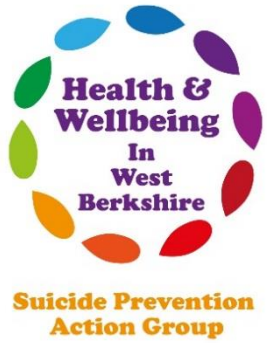
The Health & Wellbeing Conference 2020



- We supported the continued development of the West Berkshire Directory to ensure information was easily accessible for people with mental ill-health.
- We coproduced a mental health crisis review, following on from a 'Thinking Together' event. This led to a Berkshire West CCG system-wide review around supporting people experiencing mental health crisis and the redesign of the crisis care pathway.
- We continue to provide information and advice to the public on mental health and where they can access local support. This includes promoting the 'Every Mind Matters' campaign.
- We will soon be signing up to the national 'Prevention Concordat for Better Mental Health' that will demonstrate a shared commitment by partners to prevent mental health problems and promoting good mental health.
- In light of COVID-19, we recognise the negative impact this will likely have on our mental wellbeing. This will be a key focus for us over the coming months.

Kindness and Community in West Berkshire

The Health & Wellbeing Conference 2020



Who we are:

- Volunteer Centre West Berkshire established the Suicide Prevention Action Group in May 2017 – comprises circa 20 voluntary and statutory partners

Key achievements to date:

- 3 Suicide Prevention training Sessions for 200 people delivered
- 4 television items presented
- A comedy night presentation in Hungerford
- Leaflets prepared and printed
- Newspaper items written and published
- Radio presentations given
- 2 Podcasts completed
- Samaritans signs erected in the following locations
 - 2 town centre multi story car parks
 - Signs erected at Sandleford Link Bridge, A339 Love Lane Bridge, A34 Speen Bridge, A34 Enborne Bridge

Kindness and Community in West Berkshire

The Health & Wellbeing Conference 2020



Who we are:

- We are made up of a range of organisations and partners including council departments, TVP, CCG, Healthwatch, Substance Misuse Services, statutory and voluntary sector partners. We also have a Sub Group which focuses on Young People.

Our objectives:

- Reduce alcohol related harm across the district for all age groups.
- Support residents to stop smoking and reduce substance misuse.
- This includes monitoring trends and problems relating to substance misuse and provide a strategic overview of Substance misuse in the area and have oversight of performance relating to substance misuse treatments.

Kindness and Community in West Berkshire

The Health & Wellbeing Conference 2020



Substance Misuse Harm
Reduction Group

Our main achievements:

- Introduction of the Drug Diversion scheme in partnership with Thames Valley Police
- Rollout of Alcohol Intervention and Brief Advice training to a range of organisations
- The Blue Light Programme and Training for those with more complex needs
- Introduction of Hepatitis C treatment in Swanswell
- Swanswell continue perform well and have excellent completion in drug and alcohol treatment

The impacts of Covid-19:

- Services have continued to be delivered via telephone, zoom and email with minimal face to face activity
- Services have reported good engagement and that some service users like the new way of working so will be looking at more flexible service delivery
- All those on prescribed medication were reviewed regularly and provided with Naloxone and safe storage boxes.

Kindness and Community in West Berkshire

The Health & Wellbeing Conference 2020



Building Communities
Together Partnership

Who we are:

- The BCT Partnership consists of a wide range of partners with the shared vision to support communities to better harness local resources, help each other and build resilience whilst protecting the most vulnerable

The BCT Partnership objectives are:

- **Community Engagement** - Develop and sustain effective and appropriate ways of working with communities, groups, networks and individuals
- **Early Intervention and Prevention** - Protect those who are vulnerable and work in partnership to reduce risk
- **Empowering Communities and Individuals** - Identify opportunities for communities and individuals to 'take the lead'
- **Integrated working** - Strengthen the BCT Partnership

Kindness and Community in West Berkshire

The Health & Wellbeing Conference 2020



Building Communities
Together Partnership

Key Partnership Achievements 2019 – 2020

- **Community Engagement**
 - Community Support Hub
 - Harnessing community good will and resources
 - Protecting and supporting those who were vulnerable
 - Legacy – new way of working
- **Addressing Anti-social Behaviour**
 - Utilising available tools and powers
 - House Closures, Community Protection Warning Notices, Public Space Protection Orders
 - Respite for communities, prevention of escalation to more serious issues
- **Addressing Domestic Abuse**
 - Training and Awareness Raising
 - Training and Champions Scheme
 - Campaigns during Covid-19 Lockdown
 - Learning from Domestic Homicide Reviews

Kindness and Community in West Berkshire

The Health & Wellbeing Conference 2020



Who we are:

- Made up of a wide group of organisations including the voluntary sector, Council Depts, Sovereign Housing Association, NHS, CCG, Healthwatch, Thames Valley Police

Key aim and role of the group:

- The key aim of the West Berkshire Homelessness Strategy Forum is for housing providers and relevant agencies to work in partnership to reduce homelessness and work together to tackle homelessness related issues.
- The Homelessness Strategy Forum will contribute to the West Berkshire Housing and Homelessness Strategies.
- The aim is to reduce homelessness and rough sleeping to as close to zero as possible with the emphasis on prevention.

Kindness and Community in West Berkshire

The Health & Wellbeing Conference 2020



Main achievements in recent years:

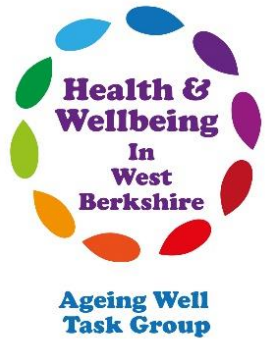
- Support for the production of a 'Reducing Homelessness & Rough Sleeping Strategy' (adopted December 2019)
- Support for the production of a Housing Strategy (to be adopted February 2021)
- Support for the production of a Homelessness and Rough Sleeper Plan
- Reduction in the number of rough sleepers from 25 to under 10
- Adoption and implementation of a Winter Plan to support rough sleepers
- Introduction of Housing First model and successful use to house a number of long-term rough sleepers
- Adopting and merging into main stream thinking the principles of the MEAM (Making Every Adult Matter) approach

COVID-19 impacts:

- Task Force Group created and meets weekly
- Housed and supported (including feeding) 60+ homeless individuals during the crisis
- Now supporting individuals into permanent accommodation (40 have moved or have offers)

Kindness and Community in West Berkshire

The Health & Wellbeing Conference 2020



Focus on Falls Prevention

What have we achieved:

- Increased availability of Steady Steps classes
- Falls prevention Safe & Well Pilot with Royal Berkshire Fire and Rescue Service
- Falls Coordinator's embedded in West Berkshire Council Adult Social Care
- Falls Awareness Training for VCSE organisations & community groups
- Smart City Falls Prevention Pilot
- Co production of falls awareness video
- Falls Prevention information page on GP Surgery public websites

How are we looking to mitigate the impact of COVID-19 whilst services cannot take place face to face – working in partnership with Get Berkshire Active

- Fall Proof resources – Exercise prompt cards, booklets and videos
- Webinar – Supporting people to stay active
- Trial programme of socially-distanced gentle outdoor exercise sessions underway

Kindness and Community in West Berkshire

The Health & Wellbeing Conference 2020



The aims of the Skills & Enterprise Partnership are to:

- Promote economic development by ensuring widest possible talent pool for local employers
- Support people from groups who are under-represented in employment to acquire skills and overcome barriers in order to enter, or re-enter, employment
- Support employers in providing and sustaining employment for people in under-represented groups to increase diversity. These include: people with physical disabilities; people with mental health problems; people with learning disabilities; and people with long-term health conditions

Key achievements 2018/20

1. Working for a Healthier Tomorrow Conference

- Attracted 122 attendees, which exceeded the target. Great feedback from attendees with clear evidence that it had a positive impact on their knowledge and understanding, with a particularly positive shift in the understanding of locally available supported employment opportunities.

2. Work & Careers Fair

- 42 exhibitors took part, including large national employers, local businesses and education providers. Attendees included Newbury College students, external visitors (adults), and students from special schools and from other schools.

Kindness and Community in West Berkshire

The Health & Wellbeing Conference 2020



3. Toolkit for employers supporting vulnerable people in employment

- JCP produced a live document ‘Supporting Customers With Complex Needs In Newbury’, which is regularly updated and provides a summary of services available for different groups. JCP also produced an employer toolkit for supporting vulnerable people in employment.

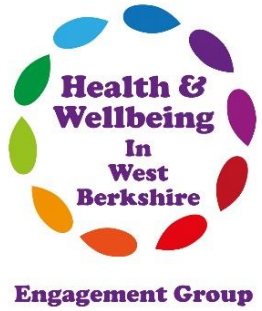
4. Delivering Life Skills Programme

- The EBP increased its Delivering Life Skills Programme in 2019/20 for selected students in West Berkshire schools who are struggling with confidence, self-esteem and positive thinking. The workshops were evaluated by participants as very successful. Teachers were very supportive and encouraged students to ‘have a go’ and helped them to overcome any initial concerns. The students who got involved made the most of the opportunity and found the activities fun and relevant.

Key projects planned for 2020/21

1. Delivery of a campaign to promote sustained employment of people from under-represented groups
2. Development of the second phase of the ‘Working for a Healthier Tomorrow’ initiative
3. Expansion of the ‘Delivering Life Skills’ programme
4. Enhanced Work & Careers Fair, including participation by local schools and supporting employment opportunities for people with learning disabilities *Kindness and Community in West Berkshire*

The Health & Wellbeing Conference 2020



Who we are:

- Includes Berkshire West CCG, BHFT, Healthwatch, patient representatives, Oxford Academic Health Science Network, DWP, Volunteer Centre West Berkshire and West Berkshire Council

Key aim:

- To co-ordinate community engagement that drives change for the benefit of patients, service users and the public as a whole

Achievements:

- Annual Health and Wellbeing Conference
- Regular articles in Newbury Weekly News
- Public engagement through social media
- Promote West Berkshire Directory as a one-stop shop for information and advice
<https://directory.westberks.gov.uk>

Kindness and Community in West Berkshire

Development of the Berkshire West Joint Health and Wellbeing Strategy

Report being considered by: Health and Wellbeing Board

On: 24 September 2020

Report Author: Sarah Rayfield

Item for: Please select:

1. Purpose of the Report

1.1 To provide the board with an update on the development of a Joint Health and Wellbeing Strategy for Berkshire West.

2. Recommendation

2.1 To note progress made in developing the joint health and wellbeing strategy and to seek views on the current timeframe for development

3. How the Health and Wellbeing Board can help

3.1 Members of the Health and Wellbeing Board are invited to attend the prioritisation workshops to help in the process of developing the priorities

3.2 For the board to support the public engagement planned

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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4. Introduction/Background

4.1 In April 2019, Health and Wellbeing Board chairs from West Berkshire, Reading and Wokingham agreed to propose development of a shared Joint Health and Wellbeing Strategy across the three Local Authorities. This was supported by the CCG and Integrated Care Partnership (ICP) leadership

4.2 Integration and the promotion of whole system health and social care integration is central both to the delivery and outcomes of this strategy.

4.3 The strategy was planned to be developed in close collaboration and consultation with residents and local partners from health, social care, local authorities and voluntary sector

4.4 The strategy is intended to focus on areas where partnership action adds value and will have a shared direction with local priorities which may vary from locality to locality.

4.5 The four stages of the development of the strategy are as follows

Phase	Timeframe
Defining the current state	March – July 2020
Prioritisation Process	August – September 2020
Public engagement and further engagement with stakeholders	October – November 2020
Production of the Joint Health and Wellbeing Strategy	December 2020 – February 2021

4.6 The original deadline for completion of the strategy was December 2021. In light of the impact of the coronavirus pandemic, these timescales were revised with the completion date now being February 2021.

5. Supporting Information

5.1 An evaluation of each of the three existing Joint Health and Wellbeing strategies has been completed using a desktop review of data to evidence impact and local data and intelligence from local councils that consisted of public health teams, adult services, children’s services and other stakeholders

5.2 A long list of approximately 30 potential priorities for the new Strategy was compiled through the following:

- (1) A priorities discussion with each of the three public health teams in each of the local authorities across Berkshire West
- (2) Engaging with other teams across each of the three local authorities: Adult services, children’s services, education teams, place directorate
- (3) Discussions with the CCG and representatives from the acute trust and Berkshire Healthcare Foundation Trust
- (4) A “What’s Missing” data exercise: using data to identify any areas of population need not already identified through engagement with stakeholders
- (5) Review of strategies in place across the three local authorities in order to ensure alignment
- (6) An initial piece of public engagement including an online survey (also using community engagement champions) focused at harder to reach communities and the BAMER population. This survey had approximately 180 responses.

5.3 The number of priorities are being refined through two sets of prioritisation workshops, first held in August and the second to take place in September. These focused on the following hurdles:

- (1) System working and whether the potential priority can be addressed by health and social care organisations along with at least one other system partner (August)
- (2) Is there value added by working on this area across the whole of Berkshire West and would it reduce duplication; Does the priority aid

the recovery from Covid-19 and does it align to the whole system's vision (September)

- 5.4 The initial workshops in August also identified that the following should be considered as themes throughout the strategy as a whole: Empowerment and self-care; Digital enablement and Prevention.
- 5.5 Following the final prioritisation workshops in September, we aim to have a list of approximately 10-12 potential priorities. These will then be taken out for public engagement and consultation in order to determine the final 3-5 priorities for inclusion in the strategy.
- 5.6 An Engagement task and finish group has been set up in order to plan and deliver the public engagement. This is planned to take place over October and November 2020.
- 5.7 The public engagement is proposed to include
- (1) Online survey
 - (2) Focus groups with organisations
 - (3) Virtual public engagement sessions on priority areas
 - (4) Online website inviting people to comment and engage.
 - (5) A deliberative event towards the end of the engagement process drawing together what has been heard so far
- 5.8 The final draft strategy will also go out for public consultation
- 5.9 The development of the strategy has faced a number of challenges
- (1) Limited capacity within the core group but also the wider system to be able to engage with the process of developing the strategy
 - (2) Many new people in roles across the three local authorities so reduced corporate memory
 - (3) The impact of the coronavirus pandemic on both capacity and methods of engagement with stakeholders and the public
 - (4) We have not been able to undertake the early public engagement originally planned. However, we are now working with colleagues as part of task and finish team who are keen to co-produce a far reaching piece of public engagement.
 - (5) We have struggled to engage with the communication teams at each of the three local authorities
 - (6) Developing a ten year strategy which is fit for purpose in a post-covid world when we may not fully realise the impacts of covid, is a challenge and potential risk.

6. Options for Consideration

- 6.1 To continue as currently planned, although timescales are tight we are on track for now. However, we may find that the public engagement takes longer than anticipated, due to current restrictions and the virtual nature of engagement necessary.
- 6.2 To considering delaying the end date for completion to give more time to deliver the public engagement. The current lead and programme manager for this piece of work are currently in place until February 2021.
- 6.3 A longer delay to take account of the impacts of covid. However, this risks losing the momentum gained and engagement work already undertaken

7. Proposal(s)

- 7.1 Discussions are currently also underway with Reading and Wokingham with regards to the possibility of revising the deadline for this piece of work. In addition, an update will be provided to the Unified Executive in early October.

8. Conclusion(s)

- 8.1 The development of the Joint Health and Wellbeing Strategy for Berkshire West is currently in the refinement of the priorities stage with a large piece of public engagement due to start soon.
- 8.2 There have been a number of challenges faced and the possibility of delaying the end date of completion is now to be considered.

9. Consultation and Engagement

- 9.1 This report is a summary of work undertaken so far on the development of the Joint Health and Wellbeing Strategy for Berkshire West.
- 9.2 The report details the level on consultation and engagement that has taken place across partners and stakeholders.

10. Appendices

none

Background Papers:

None

Papers containing facts or material you have relied on to prepare your report. The public can access these background papers.

Please put a cross in the appropriate box(es) by double-clicking on the box and selecting 'Checked':

Health and Wellbeing Priorities 2019/20 Supported:

- First 1001 days – give every child the best start in life
- Primary Care Networks

Health and Wellbeing Strategic Aims Supported:

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

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- 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 ***(add text)**

Officer details:

Name: Sarah Rayfield
Job Title: Public Health Registrar
Tel No: *
E-mail Address: Sarah.rayfield1@westberks.gov.uk

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
<p>Will you be processing SENSITIVE or “special category” personal data?</p> <p><i>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”</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will you be processing data on a large scale?</p> <p><i>Note – Large scale might apply to the number of individuals affected OR the volume of data you are processing OR both</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will your project or system have a “social media” dimension?</p> <p><i>Note – will it have an interactive element which allows users to communicate directly with one another?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will any decisions be automated?</p> <p><i>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?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will your project/system involve CCTV or monitoring of an area accessible to the public?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will you be using the data you collect to match or cross-reference against another existing set of data?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will you be using any novel, or technologically advanced systems or processes?</p> <p><i>Note – this could include biometrics, “internet of things” connectivity or anything that is currently not widely utilised</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

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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Healthwatch West Berkshire Maternity Report

Report being considered by: Health and Wellbeing Board
On: 24 September 2020
Report Author: Andrew Sharp (Healthwatch West Berkshire)
Item for: Discussion

1. Purpose of the Report

For the Health and Wellbeing Board to discuss Healthwatch West Berkshire's Maternity Report.

2. Recommendation(s)

- 2.1 To ensure that all future reports and data on maternity services presented to the West Berkshire Health and Wellbeing Board include data on West Berkshire births at the Great Western Hospital and Basingstoke and North Hampshire Hospital in addition to Royal Berkshire Hospital.
- 2.2 To ensure that any tracking data sets and data dashboards developed and used to evaluate quality of maternity services by West Berkshire Health and Wellbeing Board should include data on West Berkshire births at the Great Western Hospital and Basingstoke and North Hampshire Hospital, in addition to Royal Berkshire Hospital
- 2.3 To ensure that data on all maternity services including during pregnancy, during birth and 10 days following birth are presented to the West Berkshire Health and Wellbeing Board on an annual basis including national and comparative area benchmarking.
- 2.4 To ensure postnatal care in particular is scrutinised and improved in whatever way possible, including setting up of postnatal classes to help women learn from each other and the involvement of voluntary and community groups, supported by health professionals. All discussions to include Health Visitors, Midwives and Family Hubs.

3. How the Health and Wellbeing Board can help

- 3.1 The Board can help in improving maternity services as part of its priority around the first 1001 days to give children the best start in life.
- 3.2 The Board can ensure that the issues identified in the maternity report are considered and addressed by the emerging Joint Health and Wellbeing Strategy.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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4. Introduction/Background

- 4.1 Healthwatch West Berkshire produced a report on local maternity services, which was published in September 2020. The report found that in West Berkshire the levels of maternity care are generally very good. However, it also highlights some issues of concern that may warrant further investigation and potential changes or additions to service provision in order to improve standards for all women in West Berkshire using maternity services
- 4.2 Following on from a BOB ICS (Bucks, Oxon, Berks West Integrated Care System) wide survey undertaken by five local Healthwatch in 2018, this report sought to fill in some gaps in knowledge and get a ‘temperature ‘ check of how women felt they were being treated during their maternity experience.

5. Supporting Information

- 5.1 The report indicated that, unlike women in the rest of the Berkshire West Clinical Commissioning Group area, many women in West Berkshire do not solely use Royal Berkshire Hospital for maternity services. The other hospitals utilised are: Hampshire Hospitals (HHFT) Basingstoke Hospital, Great Western Hospital (GWH) in Swindon and John Radcliffe (JR) in Oxford.
- 5.2 The report suggested that there is too much focus on Royal Berkshire Hospital services by the current Berkshire West health ‘system’, at the expense of ensuring consistent, truly ‘connected care’ from all four maternity providers to the women of West Berkshire.
- 5.3 The report also found that 25% of women surveyed were dissatisfied with their maternity care, and 9% described the overall experience in their eyes as ‘traumatic’. This is a high proportion and warrants further investigation.
- 5.4 The report made 14 recommendations based on the survey and Healthwatch has indicated that it would also like to see more emphasis on providing parity of care for all the women of West Berkshire, wherever they are accessing maternity services.
- 5.5 The report advocated urgent work to ensure those using services outside the direct control of the Berkshire West CCG (Clinical Commissioning Group) are supported closer to home and in an integrated ‘joined-up’ way. It went on to suggest that women of West Berkshire using services other than RBH should not have to accept different standards of care because the trust they choose is not in the Berkshire West Integrated Care Partnership or the BOB ICS model.
- 5.6 Since the first iteration of this report, Healthwatch has received further maternity related feedback around Covid experiences, which has been included as an addendum. This feedback was taken during the Covid outbreak, following the formation of the ‘West Berkshire Maternity Forum’ to look at additional key factors of concern for new mums; Mental Health and the importance of Health Visitors were highlighted. Service providers have not had the chance to respond to this information, which is why it is provided in an addendum and not the main body of the document or referenced in any recommendations.

6. Options for Consideration

The Health and Wellbeing Board is invited to discuss the Healthwatch West Berkshire Maternity Report attached as Appendix A.

7. Proposal(s)

Members of the Health and Wellbeing Steering Group were sent copies of the report on 8 September and it was agreed that this should be discussed at Health and Wellbeing Board.

8. Conclusion(s)

The report has highlighted some significant issues around maternity services for women across West Berkshire. Initial feedback from the Steering Group suggests that more work is needed to: understand if the report is based on a sufficiently large and demographically representative sample; understand how the numbers with adverse maternity experiences relate to the total number of births in West Berkshire; and get feedback from maternity service providers on the report findings in relation to Covid. The Board may wish to consider requesting annual reports on maternity care.

9. Consultation and Engagement

Councillor Howard Woollaston – Executive Portfolio Holder for Public Health & Community Wellbeing, Leisure and Culture; Dr Bal Bahia - GP Clinical Lead, Berkshire West CCG; Matt Pearce – Head of Public Health and Wellbeing; Pete Campbell – Head of Children and Family Services.

10. Appendices

Appendix A – Healthwatch West Berkshire Maternity Report (with initial Covid-19 feedback Addendum), September 2020

Background Papers:

[Delivering Better Births, Views on Personalised Care Plans from Buckinghamshire, Oxfordshire and Berkshire West \(June 2019\)](#)

Health and Wellbeing Priorities 2019/20 Supported:

- First 1001 days – give every child the best start in life
- Primary Care Networks

Health and Wellbeing Strategic Aims Supported:

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

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- 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 improving maternity services for women across West Berkshire.

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Healthwatch West Berkshire Maternity Report

(with initial Covid-19 feedback
Addendum)

September 2020

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EXECUTIVE SUMMARY

The subject of maternity services around the country has been highlighted recently and often with some very serious issues. However, in West Berkshire the levels of care are generally very good, though the maternity experience report highlights some issues that may warrant further investigation and potential changes, or additions to service provision to improve standards for all women in West Berkshire using maternity services

Following on from a BOB (Bucks, Oxon, Berks West Integrated Care System) wide survey undertaken by five local Healthwatch in 2018, this report sought to fill in some gaps in knowledge and get a ‘temperature’ check of how women felt they were being treated during their maternity experience. It immediately showed up the high proportion of women in West Berkshire not using Royal Berkshire Hospital for maternity services, as is the case for most of the women in the rest of the Berkshire West Clinical Commissioning Group area. This immediately garners the question of whether there is too much focus only on Royal Berkshire Hospital services by the current Berkshire West health ‘system’, at the expense of ensuring consistent, truly ‘connected care’ from all four maternity providers to the women of West Berkshire. The other hospitals utilised are: Hampshire Hospitals (HHFT) Basingstoke Hospital, Great Western Hospital (GWH) in Swindon and John Radcliffe (JR) in Oxford the other three hospitals.

The other startling finding of the report is that 25% of women were dissatisfied with their maternity care, and 9% described the overall experience in their eyes as ‘traumatic’. This seems a high proportion who are unhappy, about which we should all be concerned and warrants further investigation.

We have made 14 recommendations based on the survey and would also like to see more emphasis on providing parity of care for all the women of West Berkshire, wherever they are accessing maternity services. Also, urgent work is necessary to ensure those using services outside the direct control of the Berkshire West CCG (Clinical Commissioning Group) are supported closer to home and in an integrated ‘joined-up’ way. Women of West Berkshire using services other than RBH should not have to accept different standards of care because the trust they choose is not in the Berkshire West Integrated Care Partnership or the BOB ICS model.

(Since the first iteration of this report, we have received further maternity related feedback around Covid experiences which has been added into an addendum. This feedback was taken during the Covid outbreak, following the formation of the ‘West Berkshire Maternity Forum’ to look at additional key factors of concern for new mums, Mental Health and the importance of Health Visitors were highlighted. Our providers have not had the chance to respond to this information, which is why it is in the addendum and not the main body of the document or referenced in any recommendations)

Our thanks to all the woman & families of West Berkshire for taking the time to complete the survey. We would also like to thank the Healthwatch board for co-authoring the report. Thanks also to the West Berkshire Health & Wellbeing Board, Berkshire West Clinical Commissioning Group, Royal Berkshire Hospital Foundation Trust, Hampshire Hospital Foundation Trust, Great Western Hospital Swindon, John Radcliffe Hospital Oxford, Health Visiting Service , Reading Maternity Voices & members of the West Berkshire Maternity Forum.

Recommendations

Based on the responses given in this maternity survey the following recommendations are set out below:

1. All future reports and data on maternity services presented to the West Berkshire Health and Wellbeing Board should include data on West Berkshire births at the Great Western Hospital and Basingstoke and North Hampshire Hospital in addition to Royal Berkshire Hospital
2. Any tracking data sets and data dashboards developed and used to evaluate quality of maternity services by West Berkshire Health and Wellbeing Board should include data on West Berkshire births at the Great Western Hospital and Basingstoke and North Hampshire Hospital, in addition to Royal Berkshire Hospital
3. Data on all maternity services including during pregnancy, during birth and 10 days following birth should be presented to the West Berkshire Health and Wellbeing Board on an annual basis including national & comparative area benchmarking.
4. A West Berkshire Maternity Forum should be set up to include women in West Berkshire who have received antenatal and postnatal services, or have delivered their babies locally; service providers (including Basingstoke and Great Western Hospital as well as Royal Berkshire Hospital), Healthwatch West Berkshire and Public Health. This Forum will be able to explore the issues in this report in order to improve maternity services locally.
5. Any further maternity surveys exploring antenatal care should include services provided by GP practices, West Berkshire Community Hospital, Royal Berkshire Hospital, Great Western Hospital and Basingstoke and North Hampshire Hospital
6. Further consideration should be given to consider the possibility of increasing home births and births in midwife led units if these are choices of pregnant women in West Berkshire (patient measures of a birth plan against actual delivery should be monitored)
7. Discussions should take place with all providers of maternity services, including during pregnancy, during birth and in the 10 days following birth, on how to improve the information and advice given to mothers at all stages of pregnancy. Alternative ways of giving information should be explored including websites, webinars, social media - Facebook, Twitter, blogs, texts, apps etc.

8. Service providers who are out of area should be invited to discuss how best to meet the maternity needs of women in West Berkshire and be enabled to offer services within the area as some have requested to do so.
9. Request that the maternity needs of West Berkshire families are addressed by the relevant local Maternity Voice Partnership (MVP) groups.
10. More education and training should be in place for maternity service providers on the provision of emotional support for women at all stages of maternity care.
11. Further exploration is needed on how to meet the physical care needs during pregnancy, birth and in the 10 days following birth. Quality standards should be adhered to at all stages.
12. Birth plans should be used and choices of women at all stage in their pregnancy should be discussed and supported by health care professionals.
13. Postnatal care in particular should be scrutinised and improved in whatever way possible, including setting up of postnatal classes to help women learn from each other and the involvement of voluntary and community groups, supported by health professionals. All discussions to include Health Visitors, Midwives and Family Hubs.
14. Build in structured discussion time between mothers and health care professionals during pregnancy, during and immediately following birth and in the first 10 days following birth.

Introduction

There has been a focus recently on maternity care in England and a Care Quality Commission (CQC) Maternity Services Survey carried out in 2019 showed an overall improvement from 2018 in maternity experiences across the country, especially in interaction and communication with staff during labour and birth. Upward trends were indicated in other areas including feeding choices and partner involvement. However, results also showed poorer experiences of care for many women postnatally. A significant proportion of women felt they did not have access to the support needed outside the labour ward or birthing centre, plus the quality of information provided about mental health could be improved (Maternity Services Survey CQC, 2019

<https://www.cqc.org.uk/publications/surveys/maternity-services-survey-2019>)

As outlined in the NHS Long Term plan published in January 2019, maternity services remain a key area of focus for the NHS. The maternity and neonatal section builds on the measures being implemented following the National Maternity Review and among a range of other commitments is continuity of care during pregnancy, and overall improvement during and after birth. In addition mental health services and other support for pregnant women and new mothers will be improved (the NHS Long Term Plan explained, Kings Fund, January 2010

<https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained>)

In 2018 Buckinghamshire, Oxfordshire and Berkshire West STP carried out a survey, working with Healthwatch Buckinghamshire, [Healthwatch Oxfordshire](#), [Healthwatch Reading](#), [Healthwatch Wokingham Borough](#), and [Healthwatch West Berkshire](#) to speak to women who had been pregnant or had a baby between Jan 2015 and Dec 2018. The survey asked about:

- their experiences of making choices about maternity care
- what a personalised care plan should include and
- what the plan should look like.

In all there were **1400 responses** from the survey. In addition, six groups were visited to hear views from those who were unlikely to have responded to the survey.

Questions included ‘did you make choices about your care and the birth of your baby?’ (87% yes, 10% no); ‘If you made choices how well were, they supported by midwives and doctors?’ (64% well or very well and 13% hardly or not at all); If you did not make any choices please tell us why (answers could include I didn’t know I could make choices, I wasn’t given a chance to make choices, I didn’t have enough information to make informed choices, I was recommended not to make a birth plan and I did not want to make choices. (330 people responded to this question). These findings were further analysed by age and ethnicity.

An important further question was ‘Is there something else the NHS could have done to improve your care and support before, during and after he birth?’

The top 8 responses to this question in order of most cited were: communication between staff and patients, quality of care, choices, breastfeeding support, continuity of care, post-natal support, staff attitudes and information providing.

The responses in this BOB STP survey prompted Healthwatch West Berkshire to carry out its own on-line maternity survey in 2019/20 to follow up some of the issues including not having enough choice, feeling that choices made were not supported by health professionals and looking at what women felt could be improved by the NHS in maternity care.

The West Berkshire District Needs Assessment (DNA) highlights the importance of maternal mental health, linking to the First 1001 days Movement. A number of recommendations are made in the DNA which also link closely to the findings of this report on emotional wellbeing of mothers before, during and after the birth. These include:

- the need to scale up provision for mild to moderate mental health issues in perinatal women and improved mental health training of Midwives, Health Visitors and GPs
- the provision of a range of services to prevent perinatal mental disorders where possible and to identify and treat them when they occur to minimise the negative impact on the family, including universal services such as Health Visitors, Midwives, GPs, plus parenting courses and support services that are universal and targeted.
- Carrying out a needs assessment to develop a clearer picture of local perinatal mental health need.
- Develop or commission more projects to meet identified gaps based on above needs analysis. Develop a Maternal Mental Health Pathway and Strategy, linking in with the strategy on the emotional wellbeing of children and young people.

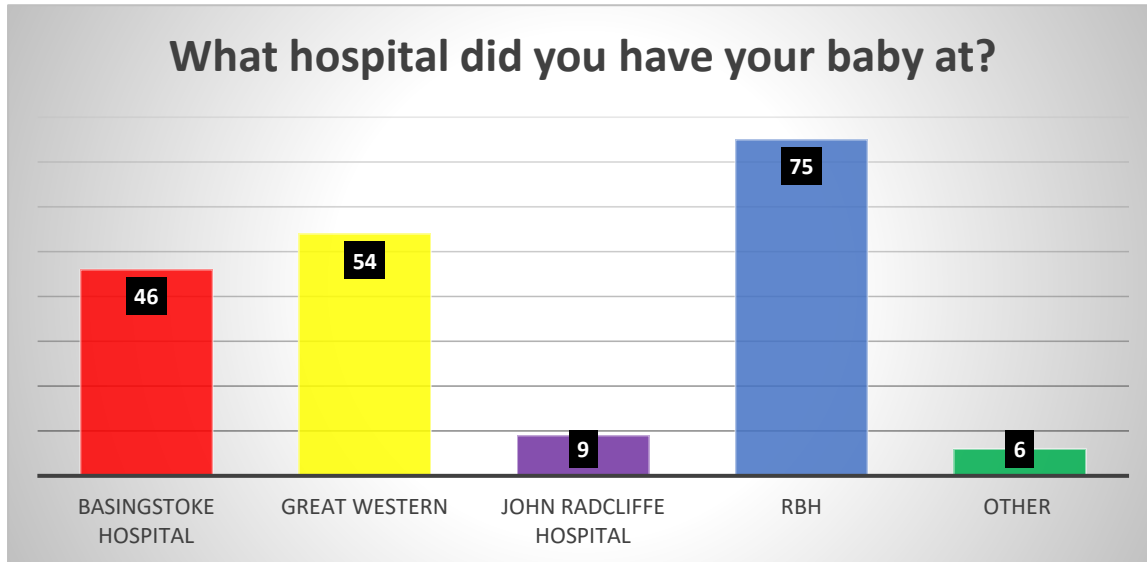
This survey can form the basis of the maternity needs assessment recommended in the WBDNA as it brings together responses from almost 200 local women on their maternity experiences in West Berkshire and begins to give a clearer picture of the services provided

In addition to exploring these issues we have been able to demonstrate where women in West Berkshire are delivering their babies and if there are differences in care between hospitals used by West Berkshire residents. This will enable further surveys to be undertaken in the future.

We had 190 responses to the survey - all on-line. This section of the report explains what people said in response to each question. And highlights where quality issues may need to be addressed.

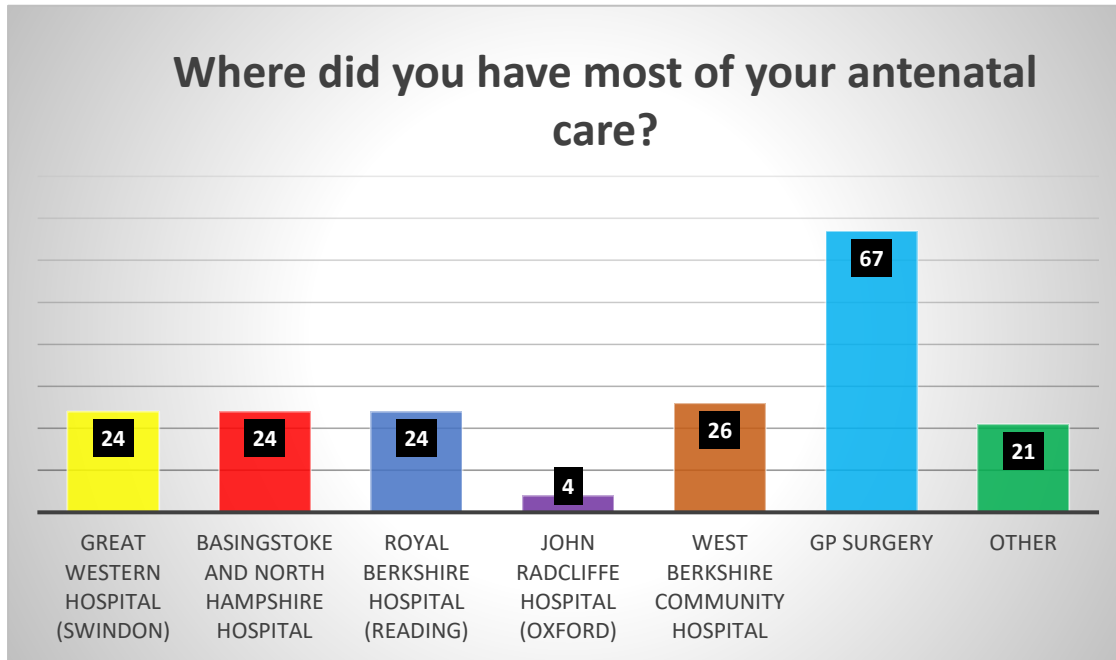
SURVEY RESULTS & ANALYSIS

Question 1 - which hospital did you have your baby at?



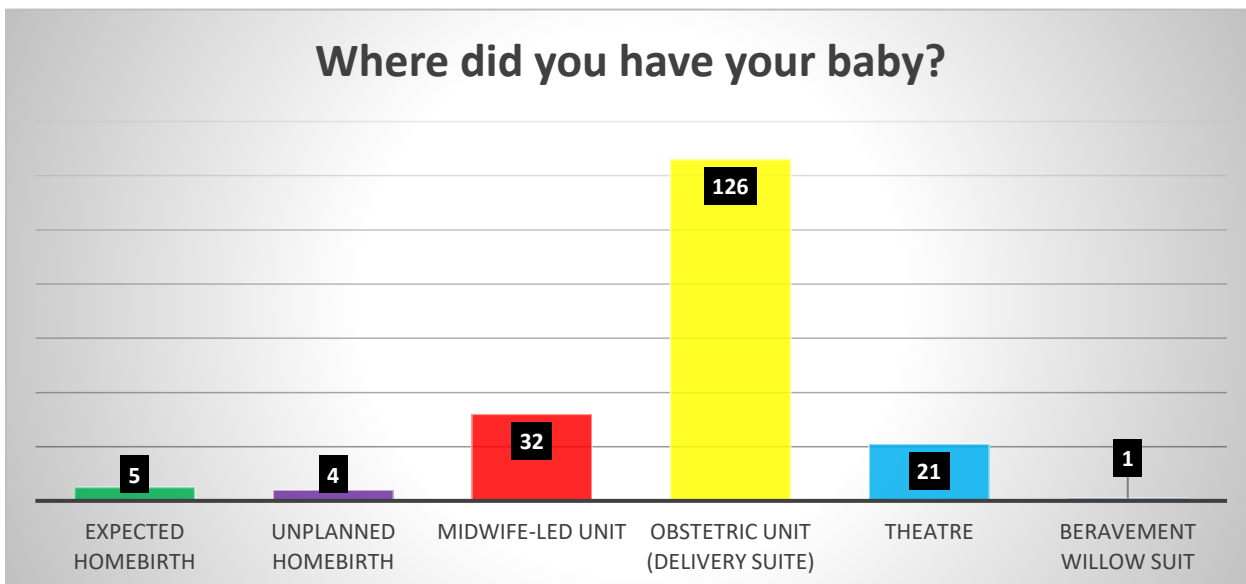
Approximately 4 out of 10 (40%) respondents reported their delivery at the Royal Berkshire Hospital (RBH), 3 out of 10 (28%) Great Western Hospital, Swindon and 2 out of 10 (24%) Basingstoke and North Hampshire Hospital. 9 women went to the John Radcliffe, 5 had home deliveries and 1 attended Wantage Hospital. The important point is that only 40% went to the RBH, so in any further analysis of the quality of maternity services for the women of West Berkshire, it will be necessary to look at the other 2 main hospitals - Great Western and Basingstoke.

Question 2 - Where did you have most of your antenatal care?



The highest number of women reported that they received their antenatal care at the GP Surgery (35%). There was a fairly even split of 13-14% at each of the 3 main hospitals and West Berkshire Community Hospital. 4 attended the John Radcliffe. 6 women reported a mix of GP practice and hospital whilst another 6 cited home. There were 2 reports of being seen by local midwives at Children’s centres.

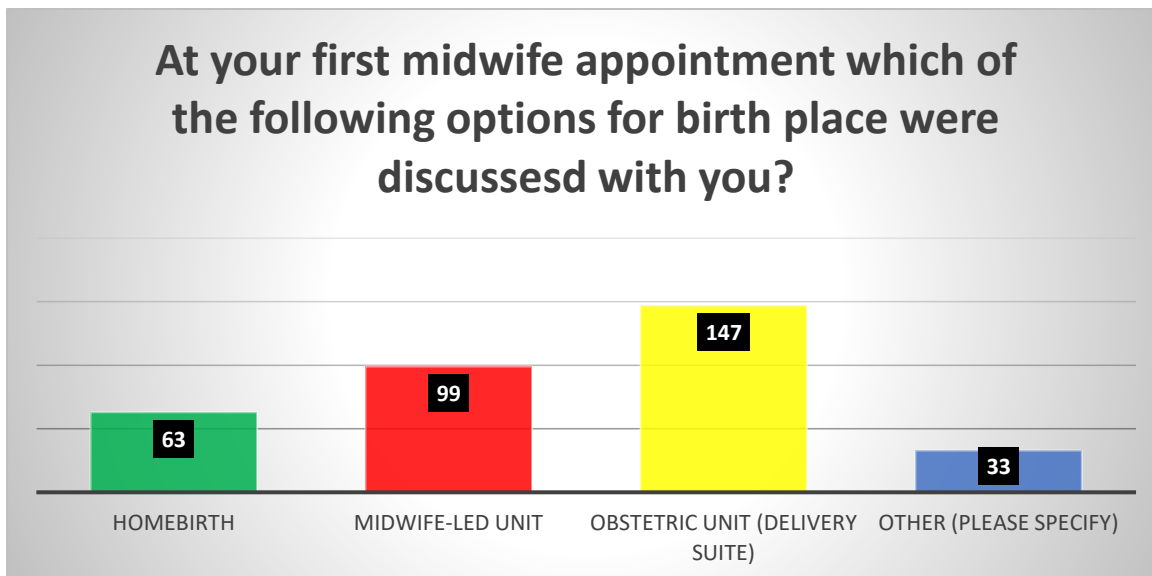
Question 3 - where did you have your baby?



The majority of women had their babies in the obstetric unit (delivery suite), 67%, close to 7 out of 10. 17% of births were in Midwife-led units, whilst a further 5% occurred at home. The answers given in the ‘other’ category were either theatre, planned c-section or emergency c-section - a total of 20. One delivery was in the Bereavement Suite.

The next question refers to options discussed for birthplace.

Question 4 - At your first midwife appointment which of the following options for birthplace were discussed with you?



Respondents were able to tick more than one answer to this question, so the total number of choices was 342. 77% discussed the obstetric unit, 52% midwife-led unit, 33% home birth and of those who answered in the ‘other’ category 17 women did not discuss any options for where they would have their baby. The remaining other answers included not having a choice due to previous complications and not remembering their discussions.

The next three questions explore what pregnant women thought about the information and advice they received, and the emotional support and physical care received before pregnancy, during birth and during the 10-day period after birth. The questions that relate to ‘during birth’ have been analysed by hospital, whereas during and after birth have been looked at overall. All percentages have been rounded up or down to the nearest whole number to make most sense of the data collected.

Question 5 - do you think you received the information and advice needed during your maternity experience?

During the birth could be analysed by hospital:

During birth	Got all the information and advice needed	Got some of the information and advice needed	Got a little of the advice and information needed	Did not get the information and advice needed	Response count
Royal Berkshire Hospital	60% 44	20% 15	8% 6	12% 9	74
Great Western Hospital	66% 36	22% 12	9% 5	2% 1	54
Basingstoke Hospital	48% 2	37% 17	13% 6	2% 1	46

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RBH gave all the information and advice needed to 6 out of 10 mothers and a further 2 out of 10 got some information and advice, however the remaining 2 out of 10 got little or no information or advice.

Great Western did better in that a total of 88% of their mother got some or all the information and advice required. Only 11% got little or no advice.

Basingstoke gave just less than half of the mothers all the information and advice they required and over a third received some. They gave little or no information or advice to 15% of mothers giving birth.

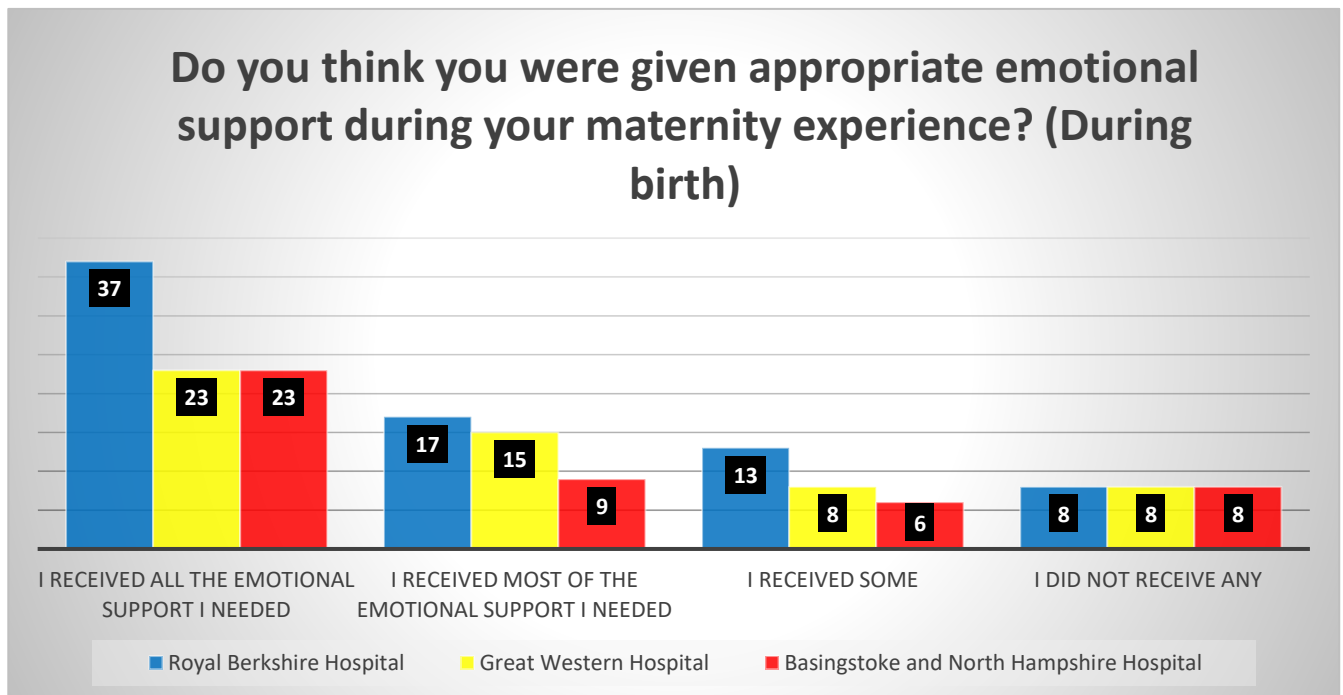
Since the original data set has been broken down by where the birth occurred the remaining 2 parts of question 5 cannot be analysed in the same way by hospital.

	Got all the information and advice needed	Got some of the information and advice needed	Got a little of the advice and information needed	Did not get the information and advice needed	Response count
During pregnancy	49%	38%	7%	5%	190
During 10 days after birth	46%	33%	14%	7%	190

It is disappointing that only around half of the women surveyed believed that they received all the information and advice they needed both during their pregnancy and in the 10 days following the birth. Around a third got some information and further investigation would be needed to know if they felt it was enough. The most worrying figures relate to those women who said they received little or no information or advice during their pregnancy: 12% and in the 10 days post-partum: 21%. These figures highlight the need for more information and advice in both the antenatal and postnatal periods.

Question 6 do you think you were given appropriate emotional support during your maternity experience?

During the birth is analysed by hospital:



During Birth	Got all the emotional support needed	Got most of the emotional support needed	Got some of the emotional support needed	Did not get the emotional support needed	Response count
Royal Berkshire Hospital	49% 37	23% 17	17% 13	11% 8	75
Great Western Hospital	43% 23	28% 15	15% 8	15% 8	54
Basingstoke Hospital	50% 23	20% 9	13% 6	17% 8	46

All three hospitals provided around 70% of respondents with all or most of the emotional support they required. Unfortunately, this indicates that the emotional support received by 3 out of 10 women was lacking. At Great Western Hospital 15% stated they did not get the emotional support needed and 17% at Basingstoke Hospital. There needs to be further discussion about this important area of care with all three hospitals going forward.

Similarly, the original data set does not allow analysis of how happy the women were with their emotional support depending on where their care took place antenatally and postnatally.

	Got all the emotional	Got most of the emotional	Got some of the emotional	Did not get the emotional	Response count

	support needed	support needed	support needed	support needed	
During pregnancy	47%	24%	16%	14%	190
During 10 days after birth	39%	20%	23%	18%	190

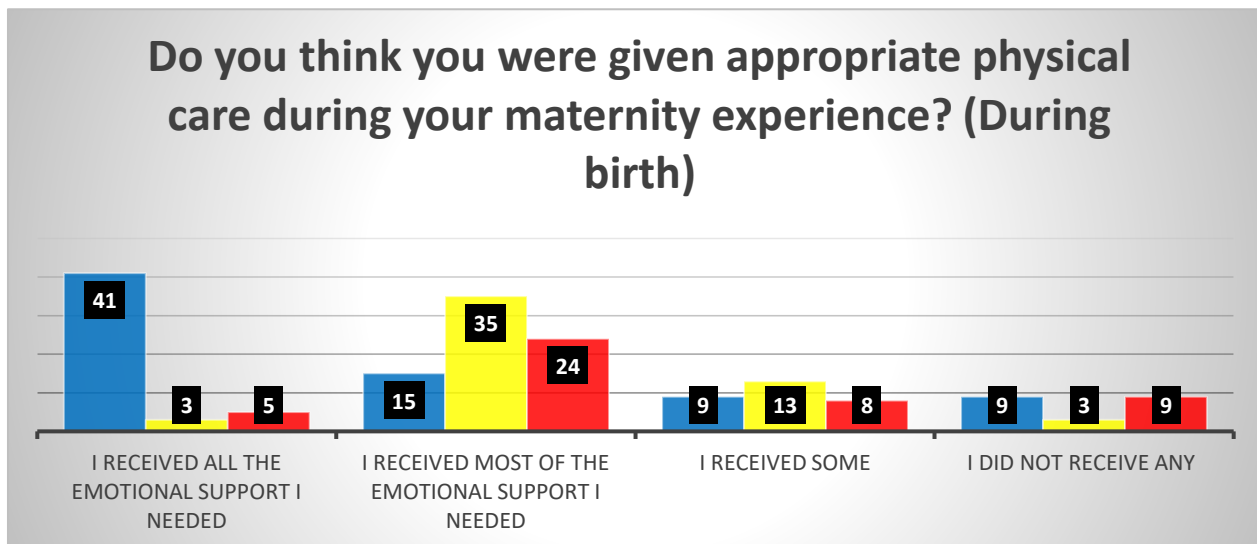
The responses to this question indicate further work will need to be done to ensure that all mothers are adequately emotionally supported both during their pregnancy and after they have given birth.

During pregnancy close to half felt that all their emotional needs were met with a further quarter getting some emotional support. However, 30% or 3 in 10 women believed they got little or no emotional support.

The figures for the 10 days following birth showed only 4 in 10 getting all the emotional support they needed with another 2 in 10 getting at least some. This left 4 in 10 women feeling that they got little or none of their emotional support needs met. Given the dangers of postpartum depression, this is a concerning figure and one that needs to be addressed.

Question 7 - do you think you were given the appropriate physical care during your maternity experience?

During the birth is analysed by hospital:



During birth	Got all the physical care needed	Got most of the physical care needed	Got some of the physical care needed	Did not get the physical care needed	Response count
Royal Berkshire Hospital	55% 41	20% 15	12% 9	12% 9	75
Great Western Hospital	5% 3	66% 35	24% 13	5% 3	54
Basingstoke Hospital	11% 5	52% 24	17% 8	19% 9	46

Three quarters of the mothers got all or most of the physical care they needed during the birth with 55% or over half getting all those needs met. However, for Great Western Hospital only just over 70% got all or most of their physical needs met with only 5%, or 1 in twenty being completely satisfied. In Basingstoke Hospital only 63% of mothers got all or most of their physical needs met with only 1 in 10 being completely satisfied. This indicates an area for improvement.

	Got all the physical care needed	Got most of the physical care needed	Got some of the physical care needed	Did not get the physical care needed	Response count
During pregnancy	61%	23%	11%	5%	190
During 10 days after birth	46%	23%	23%	8%	190

During pregnancy 84% of women reported receiving all or most of the physical care they needed, with a further 11% receiving at least some of the physical care needed. This left 5% of women feeling that their physical care needs were not met (n=9) at this crucial time.

During the 10 days following birth 69% or 7 out of 10 women felt that they got all or most of their physical care needs met. A further 23% got some of their physical care needs met, whilst 8% (n=18) did not receive the physical care they needed. The postpartum period is an important time for newly delivered women, especially if the birth was traumatic and labour long and arduous. It will be important to ensure that the new mothers in West Berkshire do have their physical care needs fully met postnatally.

Question 8 - How important is mental health to you, compared to physical health?

Of the 190 responses 39 women said that mental health care is more or slightly more important to them than physical care. This is 20% or 1 in 5. 67% believed that both mental health care and physical care are equally important. 13% said that physical care is more or slightly more important to them. Thus 87% or almost 9 out of 10 stated that mental health care is important to them to some degree.

Question 9 - Did your midwife and GP support the choices you made?

This question refers to the whole maternity experience. 76% believed their choices were supported, whilst 19% felt that only some of their choices were supported and a further 5% stated their choices were not supported. Although this area requires further exploration it is evident that close to a quarter of women did not have all their choices supported.

Question 10 - What do you think was good about the maternity care you received during the entirety of your experience from first appointment to discharge?

Women were asked to tick all answers that applied to their maternity care - a total of 792 answers were recorded. 10 women did not answer this question.

Choices	Response percent	Response count
I was treated with dignity and respect	75%	134
Information given to me was clear	64%	116
I was free to make the decisions I wanted	58%	105
The choices and options available were well explained	57%	103
The support that the midwife and doctor provided	67%	121
Antenatal care	67%	121
Postnatal care	51%	92

Overall, 75% of those who answered felt they were treated with dignity and respect which leaves 25% of respondents not feeling strongly enough to agree with that statement. Two thirds reported that the information they received was clear thus a further third may not have felt clear enough about all the information given. Approximately 6 out of 10 women felt free to make their own decisions and believed that options and choices were well explained. Two thirds were satisfied with both the support from midwives and doctors and their antenatal care. The third of respondents who did not tick these boxes may have been dissatisfied with the support they received or not felt strongly enough to agree. These answers require further exploration with both women experiencing maternity care and all care providers.

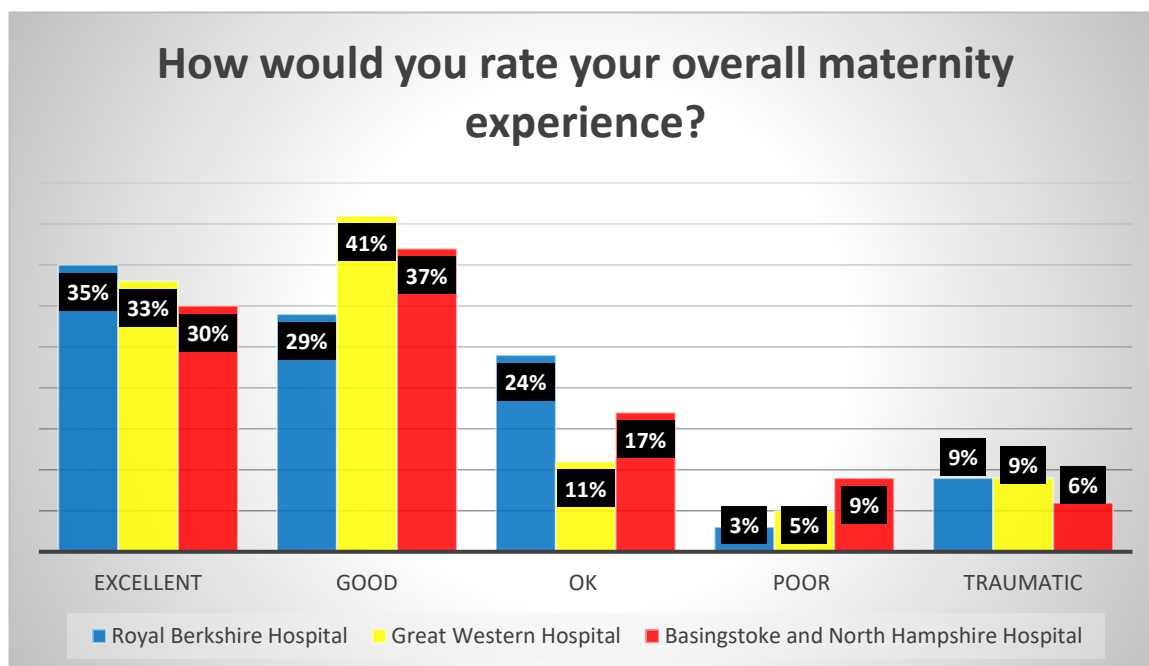
Question 11 - What do you think was not good about the maternity care you received during the entirety of your experience from first appointment to discharge.

Again, women were asked to tick all answers that applied to their maternity care - a total of 256 answers were recorded. However, 67 women did not answer this question. It is possible that those women who did not record any answers simply did not agree with any of the negative statements.

It is interesting to note that almost 1 in 5 who responded to this question felt they had not been treated with respect and dignity. 3 out of 10 were not clear about the information they received and 3 out of 10 did not feel free to make their own decisions. One third felt choices and options were not well explained and a quarter were dissatisfied with the support they received from their doctor and midwife. Whilst 28% were not entirely happy with their antenatal experience this figure jumps to 45% for postnatal care. The answers to these questions highlight areas that need further investigation to ensure that the needs of women in West Berkshire who are having babies are fully met and satisfaction across all of maternity care is high.

Choices	Response percent	Response count
I was not treated with dignity and respect	19%	23
Information given to me was not very clear	30%	37
I was not free to make the decisions I wanted	30%	37
The choices and options available were not very well explained	33%	40
The support that the midwife and doctor provided	24%	29
Antenatal care	28%	34
Postnatal care	45%	56

Question 12 - How would you rate your overall maternity experience?



This question has been broken down by hospital attended for the birth.

Royal Berkshire Hospital:

64% rated their overall maternity experience as excellent (26/75 - 35%) or good (22/75- 29%). A further 24% (18/75) rated it ok, whilst 3% (2/75) rated it poor and another 9% (7/75) traumatic.

Great Western Hospital:

74% rated their overall maternity experience as excellent (18/54 - 33%) or good (22/54 - 41%). A further 11% (6/54) rated it ok, whilst 5% rated it poor (3/54) and another 9% (5/54) traumatic.

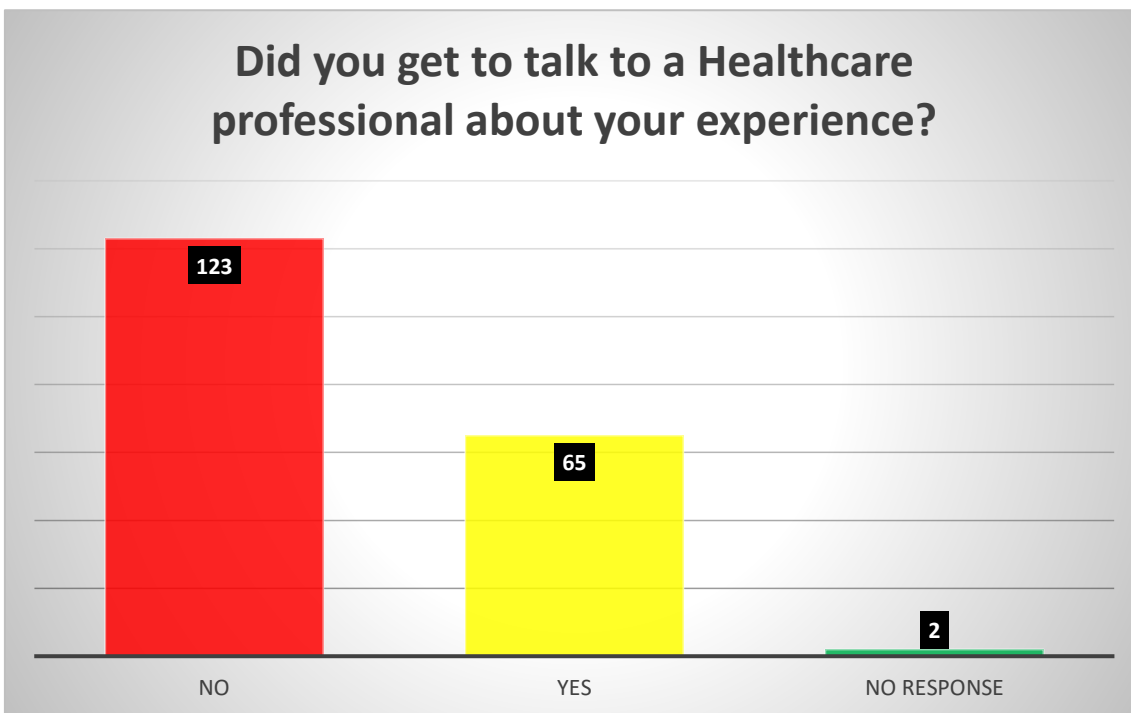
Basingstoke hospital:

67% rated their overall maternity experience as excellent (14/46 - 30%) or good (17/46 -37%). A further 17% (8/46) rated it ok, whilst 9% rated it poor (4/46) and another 6% traumatic (3/46)

Further analysis is required here to understand why women might describe their birth experience as traumatic, since a traumatic birth may be due to pain, the length of labour, the need for a c-section etc and none of these can really be attributed to the hospital where they had the baby.

However, there is cause for concern that only around two thirds of women delivering at the Royal Berkshire Hospital rated their experience as excellent or good, with Basingstoke not much better. At Great Western Hospital almost three quarters of women rated their experience as excellent or good.

Question 13 - Did you have a chance to talk to a healthcare professional about your experience?



65% of respondents said no and only 34% said yes. There were also 36 comments.

Themes of the comments included the following:

3 women could not remember talking to a healthcare professional following their birth.

6 examples were given where women had requested to speak with healthcare professionals after a traumatic birth, but this had not happened.

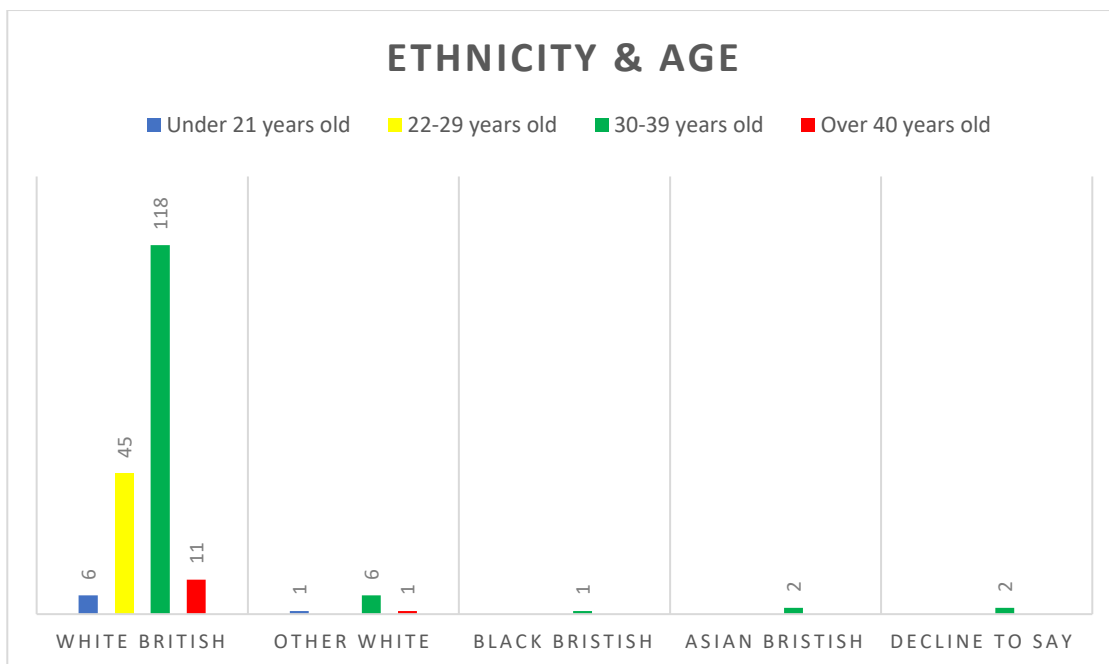
There were 11 examples of women having follow-up discussions sometime after their birth with a variety of health professionals including midwives, GPs, a talking therapist, a surgeon and health visitors and most of these were positive comments.

A total of 5 women were offered a Birth Matters or Birth Reflections appointment and the 2 who did take this up felt it was very useful. The other 3 declined.

Unfortunately, 4 women reported that they were not followed up postnatally, despite efforts to contact services.

In all there appears to be a lack of support and follow-up after birth. Both immediately and in the ensuing postnatal period. Those women who were able to discuss their birth seemed to appreciate the opportunity to share their feelings.

The following table shows the age and ethnicity breakdown of respondents. No further analysis has been possible based on ethnicity due to small numbers. It may be possible to do some further analysis based on age at a future time.



Conclusion

It is important to note that out of 190 women giving birth in West Berkshire during the period covered by this survey that just under 40% attended the Royal Berkshire Hospital. When data is reported back to the West Berkshire Health and Wellbeing Board on maternity services, it will be important in future to include data from the other 2 main hospitals i.e. Great Western Hospital, Swindon and Basingstoke and North Hampshire Hospital to ensure the full picture is relayed to commissioners.

Antenatal care is spread across a number of providers including GP practices, West Berkshire Community Hospital and the three main hospitals providing maternity services. Any future surveys regarding antenatal care should ensure that all these services are included.

Almost 7 out of 10 births occur in the obstetric unit (delivery suite) and less than 5% happen at home. It would be of interest to explore if more women could deliver at home, given that one third discussed this option. Over half discussed attending a midwife led unit however only 17% actually used this service. Again, reasons for this choice have not been surveyed although home births and midwifery led units for uncomplicated births may well be more economical and provide a more relaxed and satisfying experience for mothers. 10% of the births were caesarean sections which is relatively low compared to the UK rate in general (26%).

The area of information and advice showed some concerning data. For example, in the period during pregnancy 12% of women (n=23) said they received little or no information and advice. This number rose to 21% (n=40) who received little or no information or advice in the 10 days immediately following birth. These figures should prompt further investigation and action for the providers of antenatal and postnatal services for women in West Berkshire.

20% or 2 out of every 10 women giving birth in the Royal Berkshire Hospital said they got little or no information or advice during their birth. For Basingstoke Hospital this number was 15% and 11% for Great Western Hospital.

The emotional support that women received at different stages of their maternity experience again demonstrated that improvements are needed across the board. During the pregnancy 30% said they only received some or none of the emotional support they needed. This figure rose to 40% in the ten days following birth. Within the hospitals the answers showed a similar pattern with 28% in the Royal Berkshire Hospital, 30% in Great Western Hospital and 30% in Basingstoke Hospital reporting that their emotional health needs were not entirely met. 87% of women responding to the survey believed that emotional health was an important issue for them during their maternity experience.

The physical care received by women throughout their maternity experience also was less than perfect. In the antenatal stage 16% of women said they did not receive all the physical care needed and that doubled in the postpartum period to 31% or one in three. During birth it was surprising to note that even within the hospitals physical care was not as good as one would expect and hope for. The Royal Berkshire Hospital showed 24% of respondents feeling their physical needs were not completely met, this was 29% in Great Western Hospital and more than one in three (36%) in Basingstoke Hospital.

Regarding making choices and having those choices supported the data does show that 75% of women had all their choices supported. A further 19% or one in five had at least some of their choices supported and only 5% felt that their choices were not supported.

Women were asked to identify specific statements that they felt positive about during their maternity experience. These answers showed that although some women were positive about

certain aspects of their care, those who did not tick specific statements could have been said to have been less than positive or may even have felt negatively. For example, 75% said they felt treated with respect and dignity, that leaves a quarter who did not feel that way. Similarly, 64% said the information given to them was clear which could indicate that 36% or around one third were not clear on all the information given. Around 57% of respondents believed that they were free to make the decisions they wanted and the choices and options available were well explained thus over four out of 10 women did not support these statements. 67% of women felt positively about the support of midwives and doctors and their antenatal care, however only half positively rated their postnatal care. These areas will provide fertile ground for further exploration and improvement in the future.

Although the reverse question was asked requiring women to say what they felt was not good about their care, this was difficult to analyse given that 67 mothers skipped the question. Of those who did respond almost 1 in 5 felt they had not been treated with respect and dignity. 3 out of 10 were not clear about the information they received and 3 out of 10 did not feel free to make their own decisions. One third felt choices and options were not well explained and a quarter were dissatisfied with the support they received from their doctor and midwife. Whilst 28% were not entirely happy with their antenatal experience this figure jumps to 45% for postnatal care. This question highlights areas that will need to be improved for future pregnant women in West Berkshire although the lack of responses makes analysis more difficult.

Respondents were asked to rate their overall maternity experience and we have chosen to analyse this data by hospital. The hospital that rated the highest i.e. Where women felt that their birth experience was excellent or good was Great Western Hospital with a figure of 74%. Next is Basingstoke Hospital with 67% and then Royal Berkshire Hospital with 64%. Looking at the least positive end of experience where women felt that their birth had been poor or traumatic there was little difference Royal Berkshire 12%, Great Western 14% and Basingstoke 15%. It is worth remembering then that in two of the three hospitals that is Basingstoke and Royal Berkshire one third of women felt their experience was only ok, poor or traumatic and in Great Western this figure was only one quarter.

Further analysis could be considered looking at their experience across the whole i.e. including during pregnancy and in the 10 days after pregnancy. This showed similar breakdown with 67% rating their complete overall experience excellent or good and 15% as poor or traumatic.

Finally, women were asked about having a chance to talk to a health care professional about their birth experience. Detailed comments are set out in the main body of the data but as an overall yes or no, 57% almost six out of ten women said they did not get this chance and 24% said yes, they did. Of the remaining 36 women who made comments, a further 12 stated they did not have a satisfactory discussion with a health care professional which takes that percentage to 64%.

Responses from commissioners and providers of maternity care



Great Western Hospitals
NHS Foundation Trust

Andrew Sharp, Chief Officer
Healthwatch West Berkshire
Broadway House
4-8 The Broadway
Northbrook Street
Newbury
West Berkshire
RG14 1BA

Dear Andrew,

Thank you for sharing the findings from the recent maternity survey detailed in your Healthwatch West Berkshire Maternity Report March 2020 with GWH.

We plan to share the learning with our staff and continue to strive to improve our maternity service

taking on board the valuable feedback from women who have recently given birth at GWH.

We very much support the recommendations outlined in your report.

Yours sincerely

Christina Rattigan

Head of Midwifery

Great Western Hospitals NHS Foundation Trust

CC: Kevin MacNamara, Chief Executive

CC: Amanda Fox, Divisional Director Women's Children's and Outpatients

Dear Andrew,

Thank you for sharing the draft West Berkshire Healthwatch report on the survey you conducted on women's experiences of maternity services. As you have stated, women living in West Berkshire have a choice of care provider for maternity care and we are only able to comment on the care provided by RBFT. In your survey there were 75 women who delivered at the Royal Berkshire hospital at some time in the past three years. This is a relatively small number of women; however, we are always appreciative of feedback so that we can share and celebrate positive feedback and learn and improve when needs are not being met.

Some of the questions in your survey are very broad and it would be helpful to have qualitative commentary to understand better the experiences of women being cared for by RBFT. For example, question 6 regarding emotional support and question 12 around overall experiences. I have detailed below some of the work we have done on emotional support over the past 12 months for your information:

Emotional support of women and families is of great importance to the maternity unit at the Royal Berkshire Hospital and this is demonstrated in the services developed:

- April 2019 we opened our Birth Reflections service which women can access from 6 weeks after birth. The service aims to support women to discuss and understand the events of the birth, answer any questions, discuss on-going emotional, psychological and physical concerns, as well as choices and recommendations for any future birth.
- September 2019 we launched our Joint Mental Health clinic which provides a model of joined up obstetric and psychological care planning for women booked to have their babies at the Royal Berkshire Foundation Trust (RBFT), with partnership working from expert clinicians in perinatal mental health from both the RBFT and the Berkshire Healthcare Trust.
- RBFT has developed and released an IBook called Me and My Baby that women are informed of during the antenatal and postnatal period. The IBook contains videos and information about emotional wellbeing and signposts to additional services that are available
- RBFT are now recommending and using the Mum and Baby app which contains extensive information about emotional wellbeing. Recent data regarding the use of the Mum and Baby app shows that a high number of women under the care of RBFT are using the app with Personalised Care Planning and Health and Wellbeing in pregnancy the most frequently visited and downloaded resources
- More recently RBFT have been holding weekly live chats with women via social media in collaboration with Reading Maternity Voices Partnership. This is very popular with women and has

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proved to be another forum for emotional support as well as practical advice and information sharing

- Our Fetal Medicine service has been re-organised to ensure women are better supported if a fetal abnormality is diagnosed
- We are also about to pilot a way to provide support to women who's babies are admitted to NICU, this support will follow them into the community setting
- Berkshire Perinatal Mental Health Team have been providing training on our in-house mandatory training for the last 18 months to help the MDT understand the more common perinatal mental health issues and how to refer appropriately.

On page 13 of your report it states there is cause for concern that less than two thirds of women delivering at RBH rated their experience as excellent or good. More understanding is needed as this does not compare with other feedback, we get e.g. from Friends and family test and does not triangulate with the significant improvements seen in both the CQC maternity survey and also the recent CQC rating.

We have made many changes to our maternity service in the past three years with much of these service improvements being co-produced with Maternity Voices Partnership. These improvements cover all women using our services.

With regards to the recommendations I would suggest that any future surveys are for feedback from women who have used services in the past 12 months and are specific to the care provider and include narrative to provide clarity and depth to the responses. You state that data on maternity services should be presented annually to the health and wellbeing board. Which data are you suggesting?

Thank you for undertaking the survey and for giving us the opportunity to comment on the report.

Kind regards

Gill

Royal Berkshire
NHS Foundation Trust
London Road
Reading, Berkshire
RG1 5AN

Gill Valentine
Director of Midwifery

Dear Andrew

Thank you for sharing your Healthwatch West Berkshire Draft maternity report with myself and giving me the opportunity to respond, apologies for the delay.

Currently 330 women that reside in Newbury choose to book to birth at HHFT; of these women 131 are registered at Falkland and Burdwood surgeries and receive 100% antenatal, postnatal & intrapartum care from HHFT midwives. The remaining 199 women are registered at other GP surgeries in West Berkshire and receive antenatal and postnatal care from RBH midwives, therefore it is uncertain from the report if the women booked have received or not received information from HHFT or RBH midwives.

Looking forward, we have been exploring our options to provide 100% care to all women that book to birth at HHFT, this will include antenatal, postnatal & intrapartum care. Our intention is to work alongside the multi professional team and to work from a hub within the Newbury area.

We have recently visited the Family Hub in Thatcham and are keen to develop relationships with the RBH midwives who currently offer Antenatal Education as well as the Health Visiting team and to build liaisons to ensure that all women are receiving as much up to date and relevant information about our service as possible.

Prior to the Covid outbreak, we had arranged a matron to matron meeting to discuss how we could support the midwives and women that are operating and receiving care across these borders to assure that women were being provided gold standard care despite their geographical location of residence. We will continue to build these relationships when we are able at our earliest opportunity.

Please let me know if you would like any further information.

Regards

Fay Corder

Associate Director of Midwifery



Berkshire West

Clinical Commissioning Group

Dear Andrew,

Thank you for sharing this draft West Berkshire Healthwatch report, following a survey conducted on women's experiences of maternity services at Royal Berkshire Hospital, Great Western Hospital and Hampshire Hospitals. It is always helpful to receive feedback from women and their partners on the care they received, so that we can learn what is working well and where things can be improved. It is also important to ensure that we triangulate all forms of feedback that we receive as a commissioner, to get a balanced view that is representative of our population and of the mothers receiving midwifery care in Berkshire West. We have subsequently taken your report to our Berkshire West Integrated Care Partnership (ICP) Maternity Steering Group to review and to use; alongside other MVP feedback in reviewing the quality of the midwifery services we commission and in our continual drive to improve services.

It is positive to see that you have received responses from all 3 maternity units included in this survey and that all have advised that they will share the learning and consider and/or support the recommendations you have made.

Your report highlights the fact that women in West Berkshire have the opportunity of making choices on where to receive midwifery care and where to deliver their baby that spans across 3 separate provider Trusts delivering maternity services and you are subsequently right in ensuring that information is reviewed from all 3 trusts by the West Berkshire Health & Wellbeing Board when midwifery care is being considered for your West Berkshire population.

Debbie Simmons
Nurse Director
Berkshire West CCG



ADDENDUM

Covid 19, new mums and Health Visitors

Since the draft report was first presented to the Health and Well Being Board in March the UK has battled with its worst pandemic in over 100 years. During this time however, women in West Berkshire have continued to give birth and bring up new-born babies in an utterly alien environment to that which anyone else has ever experienced.

In this time, we have helped create a new virtual '*West Berkshire Maternity Forum*' which has now met a number of times. It followed contact from a local Facebook group of new mums getting in touch and also working with Reading Maternity Voices. The Facebook group has over 500 members and has acted as an information and support portal during the lock down period.

In the first couple of these online meetings it became clear that lock down had proved very tough for many new mums who had hoped to gain help from family, friends and health professionals in the first months after giving birth. However, this was largely not the case from March to July of this year, due to the pandemic, in the way they may have expected to have help and resource available to them prior to the outbreak.

Of particular note, was the communication 'gap', with many feeling they did not know what to do around important issues: including getting in touch with their midwife and what to do if they were not available; baby weighing and how important this was or even how to do it safely. There were inconsistencies from the four local hospital Trusts around partners visiting or accompanying pregnant women. It is important this feedback does not get lost. We hope to be able to assist the providers and commissioners to listen, respond and perhaps potentially amend or add to services following the feedback.

It has emerged from talking to new mums within the West Berkshire Maternity Forum that Health Visitors (HV) play a vital role, in supporting them postnatally. The HV service has been greatly affected by being unable to operate normally with limited mitigation being open to the service during the pandemic. This has inevitably had a huge impact on new mums.

Over the last few years, the Health Visiting Service has of necessity become resource driven and more targeted. But the expectations of new parents remain the same. That is, that they will have a member of the Health Visiting team there to support them throughout the early years of their child's life.

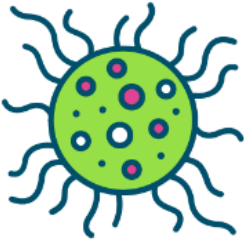
- The very nature of the Health Visiting Service has been that it is universal. Its strength lies in this universal access and the fact that it is a preventative service. Sadly, this appears to be no longer the case. The recent Covid crisis has highlighted this.
- It is recognised that the Health Visiting Service along with all health services has been under immense pressures during these extraordinary times.
- There is a general recognition that individuals have been severely affected mentally, as well as physically during these times. New parents have been highlighted as being particularly vulnerable in this respect.

If we are to be guided by the first 1001 days movement and respond to the needs expressed within the Maternity report, the following issues are of vital importance:

- Commissioning a Health Visiting Service that is universal and accessible by the population it serves in normal times and in particular maintaining this service in any future pandemic or second wave.
- Ensuring clear information about what the Health Visiting Service provides and how to access help is available to all mothers. This should include information about appropriate voluntary and community services
- Providing face to face contact at clinics, which are held regularly, weekly if possible, and at an accessible location to support mothers in the post-partum period
- Ensuring that there is a reliable, well-staffed, well publicised helpline. This is particularly important when face to face contact is not possible. New ways of maintaining contact such as consultations via zoom should be considered
- Highlighting the importance of identifying and supporting those with postnatal depression

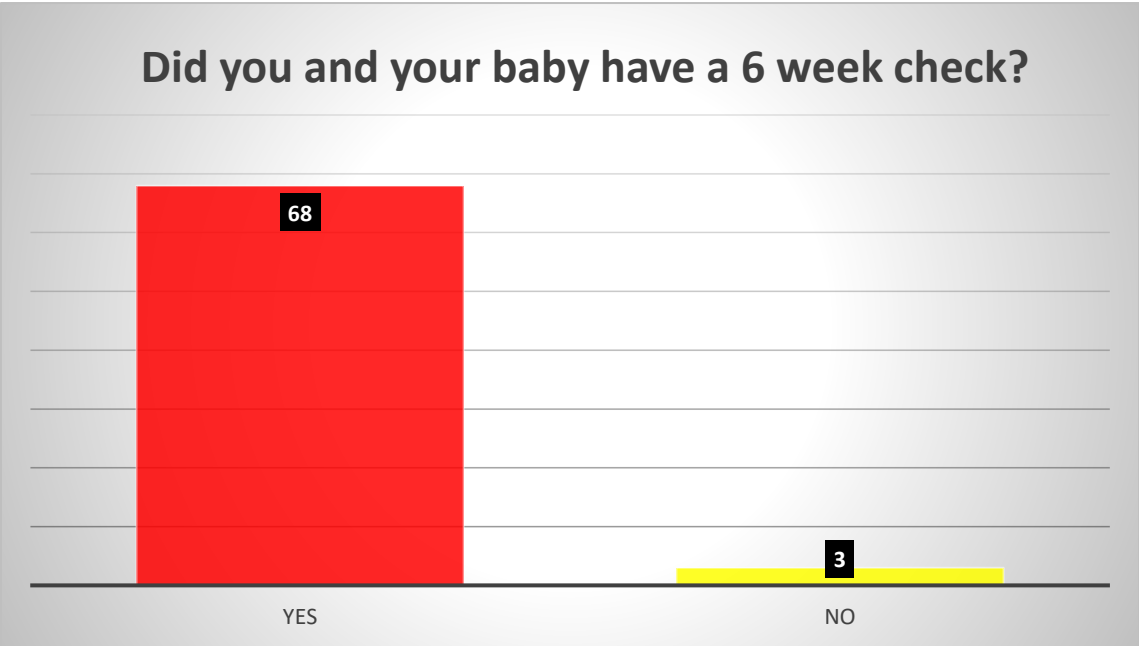
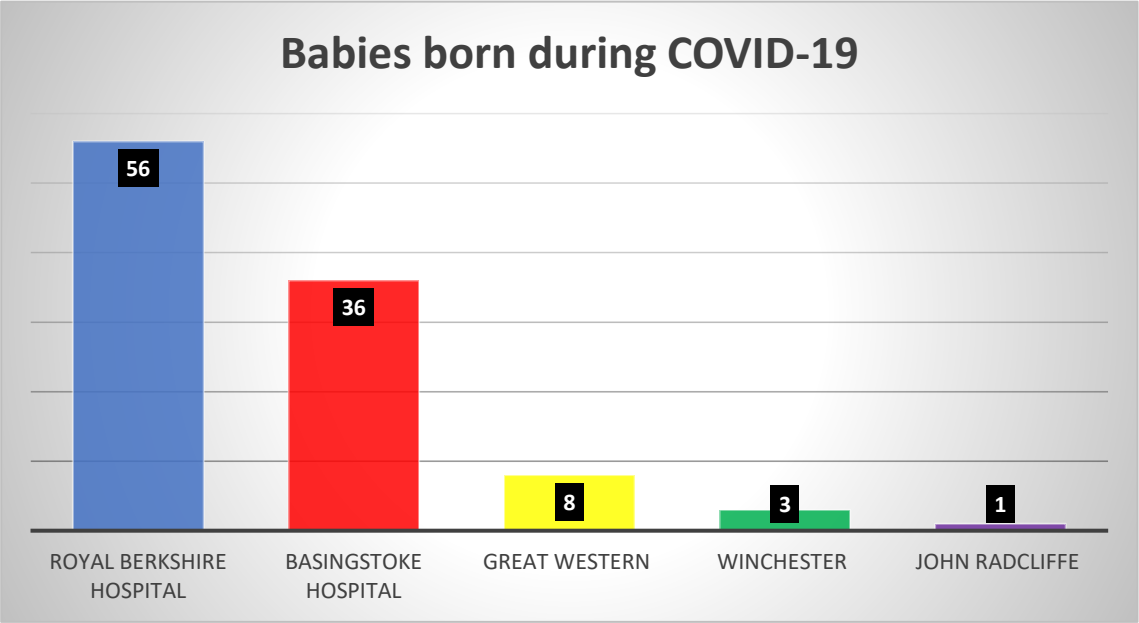
The BAMER Community

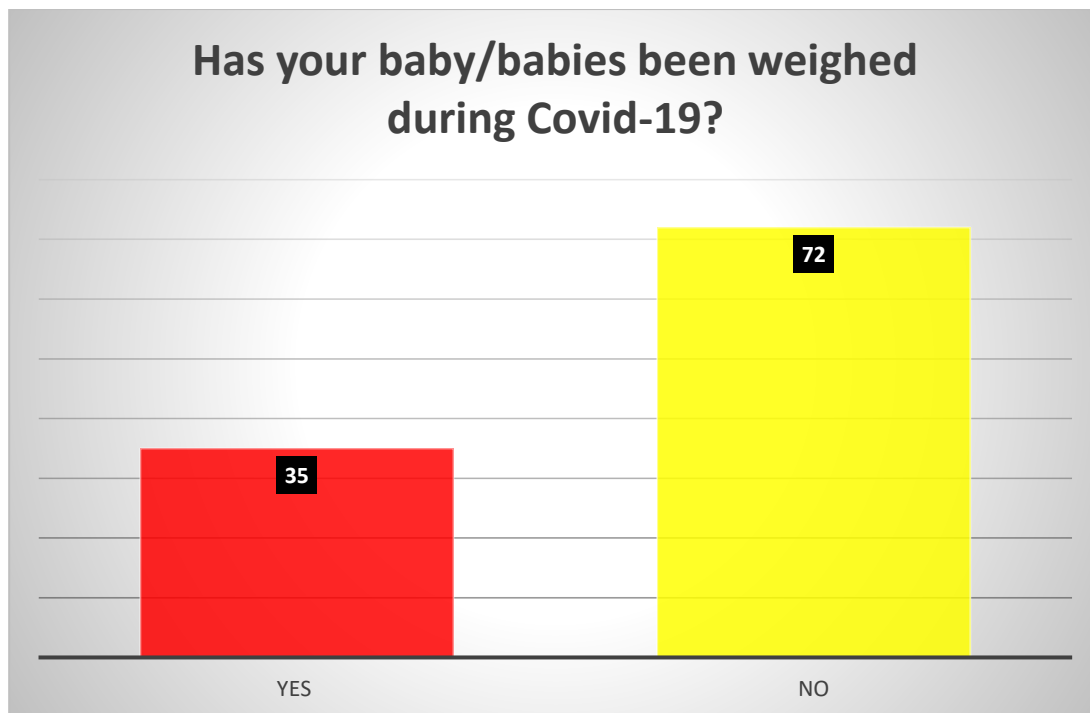
The BAMER community has been greatly affected by Covid 19 and we believe that both during and post-Covid pandemic, further focus needs to be given to the BAMER community and maternity services. This report does not have the scope to do that, but from our anecdotal feedback suggests work is undertaken to help ensure health inequalities are reduced in relation to maternity services. We hope that some engagement work is undertaken to look at ease of access, communication issues, isolation, mental health, and levels of understanding of how services operate in Berkshire West for mothers from these communities both during anti and post-natal periods.



Additional Information found during COVID-19

Data collected from local Facebook page for West Berkshire Mums - March 2020 - August 2020





Comments from the Facebook group around 6-week checks, baby being weighed & Health Visitors:

- X had his check up at 8 weeks when he had his first set of jabs but only because I insisted, I got the impression that it was an inconvenience and certainly wasn't the norm!
- 6-week check was done at 7.5 weeks
- I was told at both hospital and by GP that baby length is no longer collected as important information. If you want it, you have to do it yourself
- I put "yes" as we had most, but not length or head measurements. It all worked out fine but the communication by the practice wasn't great
- So, we had our 6 week check the week before lockdown started. We saw a GP that was standing in at the practice at the time. I didn't feel very confident with him, he seemed to be googling what it was he needed to be doing. He didn't weigh X at all he checked her hips and her head circumference. He then called another doctor in to get what he had done signed off and asked her about something that I questioned. I thought they were meant to do a check on us too but the only thing I got asked was about contraception!! Considering my stitches had been swollen and was on the system nothing was asked
- No measurements taken, we went at 6 weeks, it was the week just before lockdown, so doctor was trying to do everything as quickly as possible and get us out the door
- We had our 6-week check done at the same time as her jabs but no measurements. Don't even get me started on trying to get her weighed that's been an absolute nightmare back and forth with both doctors and Health Visitors"
- I saw my HV 5 days after giving birth but haven't seen her since. I also called her once for advice and she was very helpful, but I haven't been able to get hold of her since
- My HV is really approachable, supportive, and non-judgemental (I wasn't judged for combi feeding).
- Our lovely health visitor did all she could. Baby born mid Feb so had antenatal chat at home and then post-natal over phone.
- Some appointments seemed rushed and a lot of information to go through when you are exhausted. Once you have your set appointments you don't hear from anyone

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Prevention Concordat for Better Mental Health

Report being considered by: Health and Wellbeing Board

On: 24 September 2020

Report Author: Rachel Johnson

Item for: Information

1. Purpose of the Report

- 1.1 To seek the boards approval of our intention to sign up to the national Prevention Concordat for Better Mental health. This will demonstrate our shared commitment by key partners and stakeholders to prevent mental health problems and promote good mental health.
- 1.2 To propose a set of next steps for work to be undertaken by the Mental Health Action Group and other key partners.

2. Recommendation

- 2.1 To highlight our intention to members of the Health and Wellbeing Board and seek their approval to become a signatory.

3. How the Health and Wellbeing Board can help

Please set out here how the Health and Wellbeing Board can support you/ your organisation to address the issue you have raised, ie endorse actions, attend consultation events, guide policy direction, influence resource allocation, including whether you require approval of a plan to satisfy your governance arrangements etc

- 3.1 Preventing mental health problems and promoting good mental health is not just the responsibility of public health. The Health and Wellbeing Board could support this work by holding key stakeholders to account and highlighting the importance of this work.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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4. Introduction/Background

- 4.1 One in six adults have had a common mental health problem in the last week – many of these can be prevented. Mental health problems are the second leading cause of morbidity in England, with half of all mental health problems have been established by the end of age 14. Mental health is strongly influenced by environment in which we are born, grow, live and work meaning that many mental health problems can be prevented. Having good mental health can help us to be more resilient, can cope with the normal stresses of life, feel good and function well, have more positive relationships with those around us and more able to handle difficult problems now and in the future.

- 4.2 Mental health is just as important as physical health, in fact having good mental health may also reduce our risk of physical health problems. Mental health is of universal benefit to all, underpinning our health and functioning throughout life
- 4.3 People with high levels of wellbeing are 1.14 times more likely to recover and survive from an illness than those with low baseline levels of wellbeing. Higher levels of wellbeing are associated with a lower likelihood of having engaged in health risk behaviours, such as smoking, risky sexual behaviour or drug use among 15 to 17 year olds.
- 4.4 Mental Health is everyone’s business which is why it’s important to take a preventative approach to mental health. It also represents a move away from stigma and fear and towards achieving a fairer and more equal society. Mental health problems disproportionately impact on people living in poverty, the unemployed and certain population groups (including gender minority groups and ethnic minorities).
- 4.5 Supporting mental health and tackling mental ill-health is everyone’s responsibility and can only be achieved by everyone working together. This includes; local authorities, NHS trusts, business, local communities, religious groups, schools and universities.

Table 1: Risk and Protective factors for mental health

Risk factors	Protective factors
Poverty	Economic security
Discrimination	Empowerment
Violence, abuse or neglect	Feelings of security
Having few friends/health relationships	Positive interactions with others
Stressful life events, such as financial problems, death of a loved one, divorce	Physical activity
Lack of family support	Stable/supportive family environments
Poor physical health/long term condition	Healthy diet and lifestyle
Having a relative with a mental illness	

5. Supporting Information

5.1 Prevention of mental health problems

In light of covid-19, we recognise that this can have a negative impact on our mental health and wellbeing. Preventing mental health problems includes reducing the number of new people from developing a mental health problem (incidence) as well as reducing the number of people already living with a mental health problem (prevalence).

There are three levels of prevention:

Primary prevention – address the wider determinants of illness and protect mental health by focusing on ‘upstream’ approaches that improve the social, emotional and physical environment for the majority of the population. Strategies that reduce modifiable risk and enhance protective factors will be focused on before the occurrence of the disease, condition or injury.

Secondary prevention – early identification of the signs and symptoms of mental health problems or risk of suicide. This would include early intervention to prevent problems from getting worse and targeting high risk groups and key transition points in people’s lives. Examples include; retirement, divorce or separation, bereavement.

Tertiary prevention – working with people who are experiencing distress or people with established mental health problems to promote recovery and prevent (or reduce the risk of) mental health problems from coming back or from becoming more serious.

5.2 **About the Prevention Concordat for Better Mental Health**

The Prevention Concordat for Better Mental Health was launched by Public Health England in August 2017. The concordat provides basic principles and guidance to support the prevention of mental health problems and promotion of good mental health into organisations plans. It provides evidence based steps. The Prevention Concordat for better mental health has five priority themes that are structured to guide local prevention and planning arrangements (bullet points below provide an illustration of what ‘good’ looks like).

5.3 **Needs and assets assessment- effective use of data and intelligence**

Data and intelligence are used effectively to develop a shared picture of local mental health needs and assets, to shape strategy, to understand what works and to measure impact.

- Analyse quantitative and qualitative data
- Analyse and understand key risk and protective factors
- Engage with the community to map useful and available assets
- Agree the priority areas

5.4 **Partnership and alignment**

A wide range of local organisations, including public, patient and community groups and employers, have a shared vision for better public mental health, and are actively involved in shaping and delivering a joint approach to public mental health.

- Form a local multi-agency mental health prevention group
- Establish opportunities to bring mental health professionals from wider networks together
- Involve members of the community with lived experiences in the planning
- Pool resources together and share benefits

5.5 Translating need into deliverable commitments

Strategic aims for better mental health for all are translated into actions and integrated into operational plans across a range of organisations, underpinned by adequate resources.

- Modify existing plans to include mental health
- Determine the approach that best meets local need
- Provide varying approaches in the action plan
- Ensure a community centred approach to delivery
- Reinforce actions with existing and new Partnership plans
- Use the human rights based approach
- Regularly invite feedback

5.6 Defining success outcomes

System partners have a shared understanding of what mental health outcomes matter and how to measure them across the population and within services.

- Map out who the interventions work with and why, as well as recognising inputs and outputs
- Identify 5 to 10 measures from already available data sources which most closely resemble what success looks like
- Development a measurement, evaluation and improvement strategy to:
 - a) identify the impact
 - b) highlight areas for development

5.7 Leadership and accountability

Senior leaders across the system understand the value of good mental health as an asset to society, consider mental health in all policy decisions and make sure that a wide range of organisations address public mental health and are held to account for jointly agreed actions.

- Delegate a leader
- Work is linked and aligned to other strategic priorities
- Develop a clear accountability structure

The focus of the Prevention Concordat for Better Mental Health is to help shift the focus away from treatment of mental ill health towards preventing mental ill health.

5.8 Consensus statement

This consensus statement describes the shared commitment of many different organisations to work together via the Prevention Concordat for Better Mental Health, through local and national action, to prevent mental health problems and promote good mental health. Signatories agree to the following principles:

1. To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focused leadership and action throughout the mental health system; and into the wider system. In turn this will impact positively on the NHS

and social care system by enabling early help through the use of upstream interventions.

2. There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality.
3. We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play.
4. We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources.
5. We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action¹.
6. We believe local areas will benefit from adopting the Prevention Concordat for Better Mental Health.
7. We are committed to supporting local authorities, policy makers, NHS clinical commissioning groups and other commissioners, service providers, employers and the voluntary and community sector to adopt this Concordat and its approach.

5.9 Potential and suggested signatories in West Berkshire

Any organisation who are committed to promoting good mental health and to prevent mental health problems are able to sign up to the Prevention Concordat for Better Mental Health. In West Berkshire, potential signatories could include the following;

Partnerships: West Berkshire Health and wellbeing Board, Building Communities Together

Organisations: West Berkshire Council (elected members, senior council leaders, stakeholders in local authority), Berkshire West Clinical Commissioning Groups, Berkshire Healthcare Foundation Trust, Volunteer Centre, Healthwatch West Berkshire and Community United

Communities and key stakeholders: Eight Bells for Mental Health, Pulling Together, Recovery in Mind, Open for Hope

Education: Emotional Health Academy

5.10 Benefits of signing up

The prevention concordat for better mental health provides an opportunity to share what we are doing and help others learn from our success.

There are a range of PHE guidance materials and resources to support local work to improve mental health.

5.11 How to sign up to the Prevention Concordat for Better Mental Health

The Prevention Concordat registration process:

- Step 1 – Complete the local Prevention Concordat action plan template
- Step 2 – Senior leader/CEO of organisations to commit and sign up to approved action plan
- Step 3 – Email your submission to publicmentalhealth@phe.gov.uk
- Step 4 – Confirmation of receipt
- Step 5 – A panel will review and approve action plans submitted within one month of submission date.

5.12 Facilitating local action

Different areas of focus;

1. Whole population “universal” prevention approaches

- Strengthening individuals (e.g. mental health literacy)
- Strengthening communities and healthy places (e.g. housing, social networks)
- Addressing wider determinants (e.g. mentally healthy policy)

2. Life course approaches: minimise risk factors and enhance protective factors through evidence-based interventions at key life stages.

- Pre-conception and during pregnancy
- Early childhood and adolescence
- Working age
- Older people

3. Targeted prevention approaches

- Groups facing higher risk (e.g. criminal justice)
- Individuals with signs and symptoms (e.g. suicidal behaviour)
- People with mental health problems (e.g. recovery)

5.13 How will we know that we are doing is having an impact?

By signing up to the Prevention concordat, our aspiration is that our residents are thriving and are mentally well. It's not just keeping your head above water in the sea of depression). We will develop a range of indicators that we will measure and also monitor indicators from the public health outcomes framework:

- Suicide rates
- Hospitalisation for self-harm
- Premature mortality rate of people with severe mental illness
- Employment of people with mental illness

- Suitable accommodation for people with mental illness
- Quality of life of older people
- Self-reported wellbeing
- School readiness
- Sickness absence
- Social connectedness

5.14 Next Steps

1. The Mental Health Action group to make a recommendation to the Health and Wellbeing board Steering Group to sign up to the PHE Prevention Concordat for Better mental Health
2. Obtain approval from the Health and Wellbeing Board to sign-up to the Concordat as a Board. Partners must agree to be a signatory. Ensure that Partners nominate a representative/officer who will lead on the Concordat and work with Public Health.
3. Public Health to complete the application for the Concordat based on information obtained from the Mental Health Action Group members and feedback from other key stakeholders. The application will need to provide detail on what work has been undertaken at a strategic level and what work will be delivered over the next 12 months.
4. Submit application to Public Health England and get approval. This has to be submitted one month prior to when they are due to meet to discuss.
5. Public Health to work with Prevention Concordat leads/officers to agree a partnership approach, key actions/priorities and opportunities for collaborative work.
6. Scope to set up a task and finish group (s) for each of the 5 key areas if required.

6. Options for Consideration

- 6.1 Ongoing monitoring of the Prevention Concordat for Better mental Health (appendix 1) by the Mental Health Action Group on quarterly basis.
- 6.2 Consideration of how public mental health can be embedded across all sub-groups of the Health and Wellbeing Board.
- 6.3 Support council commissioned services to embed this within their own organisations, linking in with good workplace health initiatives.

7. Proposal(s)

- 7.1 The health and wellbeing board to agree that the action plan can be sent to PHE for endorsement.
- 7.2 This work provides direction and scope for the Mental Health Action Group, which could expand current membership and integration across different organisations.

8. Conclusion(s)

8.1 The Prevention Concordat for Mental Health provides an opportunity for West Berkshire to commit to support good mental health and wellbeing. In light of COVID-19, there has never been a more important time to support our mental health. The action plan in appendix A outlines a systematic approach on how we will look to improve mental health and wellbeing across our local population

9. Consultation and Engagement

9.1 Mental Health Action Group, West Berkshire Council Recovery Group

10. Appendices

Appendix A – Draft West Berkshire Prevention Concordat for Better Mental Health Strategic Action Plan

	Areas for Action	Action in 2020-21	Timescale	Outcome Measure	Lead Organisation and Action Owner
1.	Needs and asset assessment	Develop an asset map of local services and other community assets (e.g. green and blue spaces) that support good mental health and wellbeing	March 2021	Operational web tool	Matthew Pearce, Sue Butterworth, Mary Blackett
		Hold a series of ongoing engagement events with the public, professionals, volunteers and people with lived experience of poor mental health (e.g. Thinking Together)	Ongoing	4 per year Users feel heard	Andrew Sharp, Eight Bells and Open for Hope
		Complete a Mental Health Needs Assessment to inform local priorities	2020-21	Report	Public Health Shared Team
		Utilise findings from the covid19 resident's surveys (e.g. WBC, Health Watch) in order to identify any themes or trends around mental health and wellbeing	2020-21	Report	Public Health
		Research knowledge and attitudes towards mental health (e.g. mental health literacy and stigma)	2020-21	Report	Public Health
		Placeholder: include action from the work of the Future in Mind group	2020-21	Verbal update	Berkshire West CCG and Partners
2.	Partnership and alignment	Mental Health Action Group to provide oversight of the local prevention concordat and associated	Quarterly	Action Plan	Mental Health Action Group

		plans and facilitate co-ordination with any other concordats across the Berkshire West and BOB areas.			
		Explore opportunities to joint fund mental health interventions or pool existing resources to improve population health and wellbeing (including children and young people (CYP))	2021-22	Report Verbal Update	Mental Health Action Group Chair (adults) Michelle Sancho (CYP)
		Ensure alignment with existing governance structures within West Berkshire Council (e.g. Health and Wellbeing board, Integrated care Partnership, BOB ICS, Mental Health and Learning Disability Board)	Ongoing	Integrated and co-ordinated governance structures	Mental Health Action Group Chair
		Children's delivery group to lead on embedding trauma informed and therapeutic thinking across different organisations	2021-22	TBC	Pete Campbell / Linda Dobraszczuk / Michelle Sancho
3.	Translating need into deliverable commitments	Advocating that public mental health is a priority and/or is addressed within any relevant strategies (e.g. Joint Berkshire Health and Wellbeing Strategy and Covid-19 recovery strategy)	September 2020 and ongoing	Strategic approach to mental health prevention is embedded in other strategies and plans	Mental Health Action Group
		Awareness of what makes West Berkshire different to other areas (e.g. significant areas of rurality as a risk factor for higher levels of social isolation and age)	September 2020 and ongoing	Report	Mental Health Action Group
		Ensure that the unmet needs are highlighted (e.g. vulnerable groups, BAME, mental health inequalities)	Ongoing	Action Plan	Mental Health Action Group
		Facilitate the involvement of services which impact on the social determinants of mental health to enable them to modify policies and services to improve prevention.	Ongoing	Gradual change of policies and services	Health and Wellbeing Board
		Utilise existing communications (e.g. newsletters, social media)	September 2020 and ongoing	Improvement in levels of mental	Mental Health Action Group

Prevention Concordat for Better Mental Health

		etc.) to provide co-ordinated messages about promoting good mental health, preventing poor mental health and how to improve mental health and wellbeing		health literacy and attitudes	
		Further develop and promote a positive mental health campaign (e.g. Every Mind Matters) so the Prevention Concordat is clearly relevant for all services and all age groups (EMM being expanded by PHE)	August 2020 and ongoing	Social media and other resources	Mental Health Action Group
		Placeholder: include action around young health champions / peer mentors	2020-21		Children's Delivery Group / Nikki Davies / Michelle Sancho
4.	Defining success outcomes	Develop a Prevention Concordat for Better Mental Health operational action plan (integrated with other relevant plans across a broader geographical footprint) and link to measurable outcomes	September 2020 and ongoing	Report	Mental Health Action Group
		Outcome measures to be identified based on outcome of; needs assessment findings, working towards shared priorities and outcomes, ensuring key actions for each organisation	September 2020 and ongoing	Report	Mental Health Action Group
5.	Leadership and accountability	Start conversations about the potential for someone to have overall oversight of mental health across the system (e.g. senior responsible officer, chair of action plan)	September 2020 and ongoing	Report	Mental Health Action Group Chair (TBC) and Healthwatch
		The complexity surrounding the different governance in relation to mental health is unpicked and ensure all future mental health strategies are aligned	September 2020 and ongoing	Aligned governance and strategies	Mental Health Action Group Chair (TBC) and Healthwatch
		Ensure that the WBC Mental Health Champion is invited to MHAG meetings and LA members	September 2020 and ongoing	Better co-ordination of mental health	Public Health

	champion is aware of the work being undertaken		prevention locally	
	Ensuring that mental health services (e.g. EHA, MHST, Therapeutic thinking) that support young people work together to provide early intervention and focus on prevention	Ongoing	Verbal update	Service Manager for Emotional Health Academy / Mental Health Support Teams

Background Papers:

*(add text)

Papers containing facts or material you have relied on to prepare your report. The public can access these background papers.

Please put a cross in the appropriate box(es) by double-clicking on the box and selecting 'Checked':

Health and Wellbeing Priorities 2019/20 Supported:

- Give every child the best start in life
- Primary Care Networks

Health and Wellbeing Strategic Aims Supported:

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

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- 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 *(add text)

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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
<p>Will you be processing SENSITIVE or “special category” personal data?</p> <p>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”</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will you be processing data on a large scale?</p> <p>Note – Large scale might apply to the number of individuals affected OR the volume of data you are processing OR both</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will your project or system have a “social media” dimension?</p> <p>Note – will it have an interactive element which allows users to communicate directly with one another?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will any decisions be automated?</p> <p>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?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will your project/system involve CCTV or monitoring of an area accessible to the public?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will you be using the data you collect to match or cross-reference against another existing set of data?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will you be using any novel, or technologically advanced systems or processes?</p> <p>Note – this could include biometrics, “internet of things” connectivity or anything that is currently not widely utilised</p>	<input type="checkbox"/>	<input type="checkbox"/>

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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Health and Wellbeing Board Membership

Report being considered by: Health and Wellbeing Board

On: 24 September 2020

Report Author: Gordon Oliver

Item for: Decision

1. Purpose of the Report

1.1 To confirm the current membership of the West Berkshire Health and Wellbeing Board and consider any changes that may be required.

2. Recommendation(s)

2.1 That Members:

- note the recent changes in the individuals attending Health and Wellbeing Board meetings;
- consider whether the current representation should be reviewed;
- consider the proposal to appoint Sean Murphy to the Health and Wellbeing Board as a Public Protection Partnership representative;
- nominate substitutes to attend Health and Wellbeing Board meetings where they are unable to do so.

3. How the Health and Wellbeing Board can help

3.1 Providing statutory requirements regarding representation are satisfied, the Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate. Members may also appoint substitutes to attend where they are unable to do so and provide these details to the clerk.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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4. Introduction/Background

4.1 Section 194 of the Health and Social Care Act 2012 (hereafter referred to as the Act) sets out a number of requirements for establishing a Health and Wellbeing Board, including representation. It stipulates that a Health and Wellbeing Board is to consist of:

- At least one councillor of the local authority
- The Director of Adult Social Services for the local authority
- The Director of Children's Services for the local authority

- The Director of Public Health for the local authority
- A representative of the Local Healthwatch organisation for the area of the local authority
- A representative of each relevant clinical commissioning group
- Such other persons, or representatives of such other persons as the local authority thinks appropriate.

4.2 Section 194 of the Act also sets out additional rules around membership of Health and Wellbeing Boards as follows:

- ‘the Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate’; and
- ‘at any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under subsection (2)(g), consult the Health and Wellbeing Board’.

5. Supporting Information

5.1 The Health and Wellbeing Board has already extended its membership beyond the statutory requirements to include:

- additional West Berkshire Councillors with relevant portfolios (including shadow portfolio holders);
- representatives from local NHS trusts, Thames Valley Police and Royal Berkshire Fire and Rescue Service;
- representatives from Sovereign Housing, and the voluntary, employment and arts sectors.

5.2 The current membership of the Health and Wellbeing Board is as follows:

- Councillor Graham Bridgman – Deputy Leader and Portfolio Holder for Adult Social Care
- Councillor Dominic Boeck – Portfolio Holder for Children, Young People and Education
- Councillor Lynne Doherty – Leader of the Council and Portfolio Holder for District Strategy and Communications
- Councillor Steve Masters - Minority Group Spokesman (Green Party) for Climate Change, Transport, Adult Social Care and Health and Wellbeing
- Councillor Martha Vickers – Shadow Spokesperson (Liberal Democrats) for Health and Wellbeing
- Councillor Howard Woollaston (Chairman) – Portfolio Holder for Public Health & Community Wellbeing, Leisure and Culture

- Dr Bal Bahia (Vice Chairman) – GP Clinical Lead, Berkshire West Clinical Commissioning Group
- Sam Burrows – Deputy Accountable Officer, Berkshire West Clinical Commissioning Group
- Gail Muirhead – Prevention Manager, Royal Berkshire Fire and Rescue Service
- Lindsey Finch – Superintendent, Thames Valley Police
- Charlotte Hall - Head of Programming and Engagement, Corn Exchange Newbury and 101 Outdoor Arts Creation Space
- Dom Hardy – Chief Operating Officer, Royal Berkshire NHS Foundation Trust
- Matthew Hensby – Regional Director, Sovereign Housing
- Tessa Lindfield – Strategic Director of Public Health Berkshire
- Matt Pearce – Head of Public Health, West Berkshire Council
- Garry Poulson – Director, Volunteer Centre West Berkshire
- Andrew Sharp – Chief Officer, Healthwatch West Berkshire
- Andy Sharp – Executive Director – People, West Berkshire Council
- Reva Stewart – Locality Director, Berkshire Healthcare Foundation Trust
- Vacant post – Employer Representative

5.3 Recent changes in representation are summarised in Table 5.1 below. It should be noted that although the individuals have changed, the organisations represented remain as before. As such, the change in membership does not require a formal vote, but members are asked to note the changes.

Table 5.1: Changes to Representation

New Member	Former Member	Organisation
Councillor Howard Woollaston	Councillor Rick Jones	West Berkshire Council
Sam Burrows	Dr Cathy Winfield	Berkshire West CCG
Lindsey Finch	Nicholas John	Thames Valley Police
Dom Hardy	Mary Sherry	Royal Berkshire Foundation Trust
Matthew Hensby	Luke Bingham	Sovereign Housing
Gail Muirhead	Neil Carter	Royal Berkshire Fire & Rescue Service
Reva Stewart	Ian Mundy	Berkshire Healthcare Foundation Trust

6. Options for Consideration

- 6.1 In addition to the statutory requirements set out in the Health and Care Act 2012, the Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate. This may include representatives from sectors affecting the wider determinants of health, as well as those directly involved in health and care services.
- 6.2 Members of the Health and Wellbeing Board are also invited to consider the proposal from West Berkshire Council to appoint Sean Murphy to the Board in his capacity as Public Protection Manager.
- 6.3 The Board may also wish to seek nominations for the vacant post of Employer Representative, and may wish to consider asking the Economic Development Manager to make approaches to suitable candidates on behalf of the board.
- 6.4 Board members are permitted to nominate substitutes to attend meetings where they are unable to do so. Not all members have done this, which results in some key organisations / sectors not being represented at meetings.

7. Conclusion(s)

- 7.1 Representation on the Health and Wellbeing Board has already been extended beyond the minimum requirements as set out in the Health and Care Act 2012, with a wide cross-section of membership drawn from West Berkshire Council, the health and care sectors and others representing organisations / sectors affecting the wider determinants of health.
- 7.2 The Board should take the opportunity to regularly review membership in order to respond to changing demands and circumstances, and to actively seek to fill vacant positions.
- 7.3 Board members should nominate substitutes in order to improve attendance at meetings.

8. Consultation and Engagement

- 8.1 The following have been consulted on this report:
 - Councillor Howard Woollaston (Chair of Health and Wellbeing Board)
 - Dr Bal Bahia (Vice Chair of Health and Wellbeing Board)
 - Matthew Pearce (Head of Public Health)
 - Moira Fraser (Democratic Services Manager)
 - Catalin Bogos (Performance Research and Consultation Manager)

9. Appendices

- 9.1 None

Background Papers:

None

Health and Wellbeing Priorities 2019/20 Supported:

- Give Every Child the Best Start in Life
- Primary Care Networks

Health and Wellbeing Strategic Aims Supported:

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

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- 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 ensuring appropriate representation at Health and Wellbeing Board to support decision making around health and care services.

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Review of Health and Wellbeing Board Meetings

Report being considered by: Health and Wellbeing Board

On: 24 September 2020

Report Author: Gordon Oliver

Item for: Decision

1. Purpose of the Report

1.1 This report sets out a proposal to revise the meeting schedule for Health and Wellbeing Board, which would increase the annual number of public meetings to five, with no regular meetings to be held in private. It is proposed that board meetings would still be preceded by Steering Group meetings, to be held in private as they are now. The Steering Group meetings would be used to agree the agendas for Board meetings and to discuss operational issues. It is also proposed to have two or three themed workshops each year and an annual conference.

2. Recommendation(s)

It is recommended that the Health and Wellbeing Board:

- endorses the proposal to increase the number of public meetings from three to five per year with no regular meetings in private; and
- refers the revised meeting schedule to the Council meeting on 3 December so the meetings can be integrated into West Berkshire Council's municipal calendar for 2021/22.

3. How the Health and Wellbeing Board can help

3.1 The Board is asked to endorse the revised frequency of public meetings of Health and Wellbeing Board so these can be incorporated into next year's municipal calendar.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
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4. Background

4.1 It is proposed to vary the meeting schedule for the Health and Wellbeing Board to increase the number of public meetings and to stop holding regular meetings in private from 1 April 2021.

5. Supporting Information

5.1 Currently, the Health and Wellbeing Board holds public meetings three times a year, in May, September and January, with three private meetings of the Board in between the public meetings.

- 5.2 The Health and Wellbeing Board is a sub-committee of West Berkshire Council's Executive and so the Executive Rules of Procedure apply to all public meetings as set out in the Council's Constitution. This includes provision for:
- submission of petitions;
 - submission of public questions;
 - submission of members' written questions;
 - order of business;
 - decision making;
 - admission / exclusion of press and public.
- 5.3 Health and Wellbeing Board meetings are supplemented by Steering Group meetings where the agenda for the public meetings are signed off, as well as dealing with other operational matters. As an informal body, the Steering Group is not subject to the Executive Rules of Procedure.
- 5.4 In addition to the above meetings, there are generally two or three workshops each year and an annual conference to discuss key local health and wellbeing issues, and to develop suitable approaches for addressing these.
- 5.5 Recently, it has become apparent that the Health and Wellbeing Board is not operating as efficiently or effectively as it could. For example, papers presented to the private meetings often need to be brought back to the next public meeting for formal consideration. It is therefore questioned whether the private meetings are still necessary.
- 5.6 Also, the low frequency of the public meetings means that their agendas can become crowded, resulting in overly long meetings, particularly with the additional pressures of reporting on the COVID-19 pandemic and the recovery process.
- 5.7 In addition, there is greater interest from members of the public in the planning and delivery of health and care services and in public health issues generally. As a result, there is a need for the Board to increase its public profile and to present additional opportunities to communicate and engage with members of the public. This is consistent with the recommendations of the Local Government Association Corporate Peer Challenge report around improving communications and governance.

6. Options for Consideration

- 6.1 Options have been considered as outlined below:
- (1) From 1 April 2021, increase the number of public meetings to somewhere between four and six meetings per year, while retaining Steering Group meetings, workshops and the conference as now. This would eliminate the inefficient private Board meetings, improve public engagement and relieve pressure on the public Board meetings.

- (2) Make the proposed changes to the meeting schedule from 1 October 2020.

7. Proposal(s)

- 7.1 It is proposed to go with Option 1, increasing the number of public meetings to five per year, with the new arrangements commencing in April 2021, since meetings can more easily be planned and coordinated with other council meetings.
- 7.2 It should be noted that Part 2 items could be included on Board meeting agendas if the press and public need to be excluded in order to permit discussion of confidential information.
- 7.3 It is proposed that Steering Group meetings would still be held around three weeks before each Board meeting to agree the agenda for the upcoming Board meeting and to discuss operational issues. These would remain private / informal meetings as now.
- 7.4 It is proposed that workshops would be arranged as and when needed to respond to emerging issues, but as a minimum, there would be two workshops per year. At least one Health and Wellbeing Conference would be organised per year, to provide opportunities for dissemination of best practice, networking beyond the Health and Wellbeing Board partners and to engage with members of the public.
- 7.5 A draft programme of meetings is set out in Appendix A. It should be noted that dates and times may be subject to amendments in order to coordinate with other Council meetings.

8. Conclusion(s)

- 8.1 The above proposal would achieve the objectives of making meetings more efficient and effective, while increasing public engagement, but without increasing pressure on Health and Wellbeing Board members.

9. Consultation and Engagement

- 9.1 The following parties have been consulted:
- Howard Woollaston, Executive Portfolio Holder for Public Health and Community Wellbeing, Leisure and Culture
 - Matt Pearce, Head of Public Health
 - Moira Fraser, Democratic and Electoral Services Manager
 - Catalin Bogos, Performance Research and Consultation Manager

10. Appendices

Appendix A – Draft Programme of Meetings for 2021/22

Background Papers:

None

Health and Wellbeing Priorities 2019/20 Supported:

- Give every child the best start in life
- Primary Care Networks

Health and Wellbeing Strategic Aims Supported:

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

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- 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 aims by making the Health and Wellbeing Board more efficient and effective.

Officer details:

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Appendix A

Draft Programme of Meetings for 2021/22

Meeting Type	Meeting Date	Time
HWBB Annual Conference	01 April 2021	9.30am - 12.30pm
Health and Wellbeing Steering Group	29 April 2021	10am - 12.30pm
Health and Wellbeing Board (public meeting)	20 May 2021	9.30am - 11.30am
Health and Wellbeing Steering Group	24 June 2021	10am - 12.30pm
Health and Wellbeing Board (public meeting)	15 July 2021	9.30am - 11.30am
Health and Wellbeing Steering Group	09 September 2021	10am - 12.30pm
Health and Wellbeing Board (public meeting)	30 September 2021	9.30am - 11.30am
Workshop	21 October 2021	9.30am - 12.30pm
Health and Wellbeing Steering Group	18 November 2021	10am - 12.30pm
Health and Wellbeing Board (public meeting)	09 December 2021	9.30am - 11.30am
Workshop	13 January 2022	9.30am - 12.30pm
Health and Wellbeing Steering Group	27 January 2022	10am - 12.30pm
Health and Wellbeing Board (public meeting)	17 February 2022	9.30am - 11.30am

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West Berkshire Recovery Strategy

Document Control

Document Ref:	Recovery Strategy	Date Created:	
Version:	0.8	Date Modified:	
Revision due			
Author:	Joseph Holmes	Sign & Date:	
Owning Service	Resources		

Change History

Version	Date	Description	Change ID
0.1			
0.2	1.7.20	Updated for Public Health diagram	JH
0.3	3.7.20	Updated after operations Board	JH

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1. Foreword

- 1.1 We have been overwhelmed by the fantastic support our residents have shown one another throughout our communities across West Berkshire during the Covid-19 outbreak. At a time when many residents have experience the health, social and economic impacts from the outbreak, seeing the community pull together to support each other through whatever means they can has been incredible to see.
- 1.2 This recovery strategy aims to be built on the work that we have seen during the initial response to Covid. We want to ensure there is a legacy for many of the community groups that have emerged through greater involvement in the recovery phase, as well as seeking to provide new Council activity from the newly formed Community Hub.
- 1.3 Our immediate focus in this strategy is on the health, educational and economic recovery; three areas that are fundamental to making West Berkshire such a great place to live; and the three areas that have felt the most immediate impact from the outbreak. We have already made a start to recover some of these areas, for example with immediate help to local businesses and supporting schools in opening further. Our focus also needs to be on environmental renewal and taking advantage of opportunities from Covid, for example to support better air quality for our residents and the promotion of more active travel to help support physical and mental health. We also want to improve our engagement, to strengthen communities to become more involved in supporting one another to become more resilient.
- 1.4 We know that we cannot undertake the recovery work alone. There are many partners we want to work with to support this work. We also recognise that some of the impact and policies will come from Central Government. This strategy therefore focusses on our local recovery in West Berkshire and what all of us in the district can do to contribute to keep making West Berkshire a great place to live.

2. Executive Summary

- 2.1 This report sets out the recovery strategy for West Berkshire. This is being brought to the Executive as an early piece of work that sets out:
 - The principles behind recovery work
 - A summary of the response to date
 - The key themes that the Council will focus on as part of the recovery period
 - A summary of key actions undertaken already
- 2.2 Much has changed for our communities due to Covid-19. This strategy highlights some of the changes, the impact and the opportunities. .
- 2.3 The recovery phase itself is expected to last at least eighteen months, and may well overlap with the response phase at points depending on how the Covid-19 virus continues to impact on day to day life. There will be a number of emerging actions that occur, and these will be framed around the themes highlighted in this strategy. Not all of the actions are known as we want to ensure that we work as closely as possible with our communities, partners and businesses to help develop actions. As

the wider economy and social changes emerge through the coming months, this action plan will need to continue to develop and morph; a fully costed and detailed action plan now would become immediately out of date as the local picture becomes clearer. What we do know now, and informed through evidence including the residents' survey, is that there have been some significant changes and our focus is on:

- (1) The health of our population
- (2) The educational success of the district
- (3) The economic success of West Berkshire
- (4) A strong and supported community sector
- (5) An environmentally focussed renewal
- (6) An enhanced openness of how we work and sharing of information
- (7) The enhanced quality of life of our communities

3. Introduction

Purpose

- 3.1 This document sets out the strategy for the recovery and enhancement of West Berkshire. The strategy has two main focusses:
 - (1) To recover the 'place' to where it was before Covid-19 – in respect of a healthy, prosperous and economically active area.
 - (2) To ensure a number of enhancements and changes to accelerate our work with our communities and our environment.
- 3.2 West Berkshire has many strengths, the resilience of our population being one of them, we want to work with our communities and our partners to deliver this strategy. Much of the actual delivery and the solutions are not known in detail at the moment; some of the solutions will, and must, come from working with others and not be a Council-centric view. It is essential that our recovery planning is informed by what our communities are telling us so that we understand what matters to them, what works for them and then act on this. We have started by engaging with our residents through a survey (summary results of which are included in appendix C), but we know we need to keep doing more and fundamental to the success of this strategy will be working with partners and our communities. Only through this work will we better placed to keep making this a great place to live.
- 3.3 It should be noted that this strategy does not focus on the Council's own internal services' recovery to normal which has been considered through the GOLD/SILVER command scheme in Spring 2020.

Vision

- 3.4 Our vision is to recover three of the core elements that make West Berkshire a great place to live; health, education and the economy, and to ensure a renewed and enhanced focus on our community, environment and engagement. All with the aim to improve the quality of life for those who live in West Berkshire.

Partnership

- 3.5 This strategy does not have a completed action plan. We want to work with residents and partners to help develop some of the emerging actions. The information from the residents' survey in late May/early June 2020 and subsequent targeted engagement will be crucial in providing views of residents to develop future actions. The community impact assessment will also guide the actions we take. There have been some actions that have been implemented already, a completed list can be found further in the report, and the strategy highlights these, where immediate timescales have been put in place, particularly via Central Government, but the focus of the long term nature of the recovery strategy is that we want to work with others to involve people beyond the Council to develop new solutions and actions.
- 3.6 Finally, the Council has an existing Council Strategy; the recovery work does not seek to replace this, but to enhance this strategy through ensuring its delivery and where possible accelerating and enhancing some of the themes and actions within this strategy.

4. Summary

Summary of Response

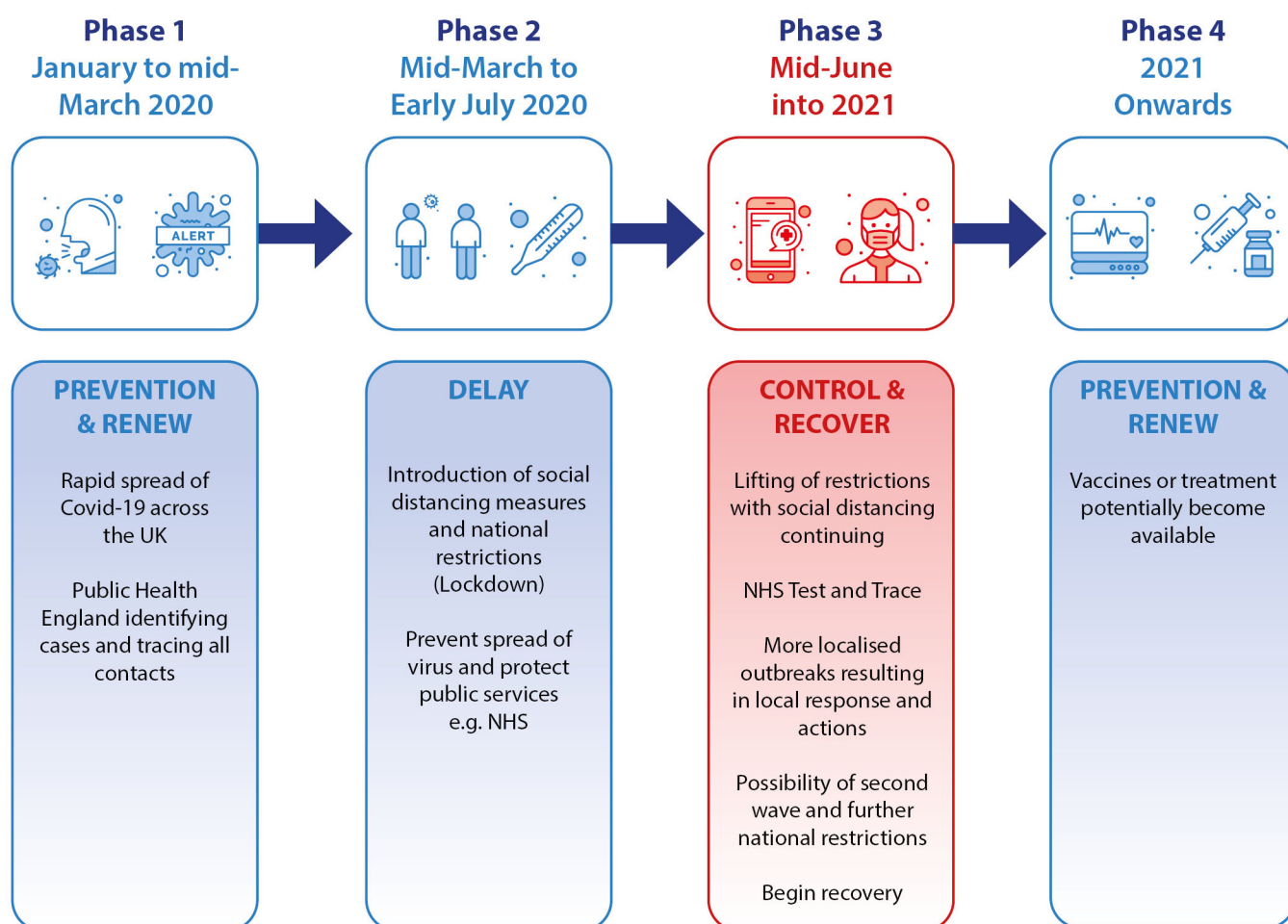
First Wave: Weeks 1 to 19 (30th January – 6th June 2020)

- 4.1 The ultimate objective of pandemic planning and response is to decrease mortality and to limit the health, economic, and wider wellbeing impacts on populations. This has been the focus of the work of the council's Silver and Gold crisis management cells. An overview of the response phase is included in appendix A.
- 4.2 At the national level, the government have co-ordinated the response to the Covid-19 pandemic, supported by multi-disciplinary scientific advisors. Locally, our Public Health & Wellbeing Team with support from the Director of Public Health for Berkshire and Public Health England have been at the forefront of the council's efforts to plan for, and respond to, the Covid-19 emergency across the District.

A Timeline

- 4.3 The pandemic and the responses required have been fast moving and complex, involving many services across the council and impacting all West Berkshire residents. The infographic summarises some key events in the course of the first wave, together with key milestones in local and national responses.

Figure 1.1 – Covid-19 timeline



The Local Public Health Response

4.4 During the past few months, a range of public health responses have been rapidly set up and implemented across the Council.

Communication with Residents

4.5 Given the novel and rapidly developing nature of the Covid-19 pandemic, it has been necessary to communicate with the community in order that they quickly understand why measures are being put in place and what individual protective measures can be taken, as well as gaining support for the response itself.

4.6 The Covid-19 Communications Cell has led these efforts. A range of communication channels have been used: digital adverts, newspaper articles social media accounts, web pages, digital chat-box, e-newsletters and leaflets. A notable example was the leaflet sent to shielded residents, in mid-April.

4.7 The Community Support Hub has played a key role in the local pandemic response, mobilising volunteers to enable extremely vulnerable people to be shielded.

Surveillance – Detection (Test) and Isolation of Cases

- 4.8 The Council has worked with Thames Valley Health Protection Team, Public Health England and Berkshire West CCG to respond to Covid-19 outbreaks in West Berkshire care homes and other complex settings. Support to care homes has included additional infection control training and PPE. Care Home managers will soon benefit from some new targeted digital Covid-19 resources and a new Covid-19 Support Plan. Testing has expanded from facilities for front line staff provided by the local NHS, operating from West Berkshire Community Hospital to a mobile testing unit available in Thatcham for several days during April and May. Public Health are advocating for a regional testing station to be established in West Berkshire or Reading in the coming weeks. This will enable easier access to testing for residents.

Local Outbreak Management

- 4.9 There have been Covid-19 outbreaks in nineteen Care Homes across the District. Responding to these outbreaks has been a key part of the council's pandemic response. The public health team have worked with the NHS and Public Health England to ensure additional infection control training and PPE for care home staff.
- 4.10 Most recently a new Contact Tracing Response Cell for the district has been established in anticipation of managing other local outbreaks and a plan produced by the of June 2020.

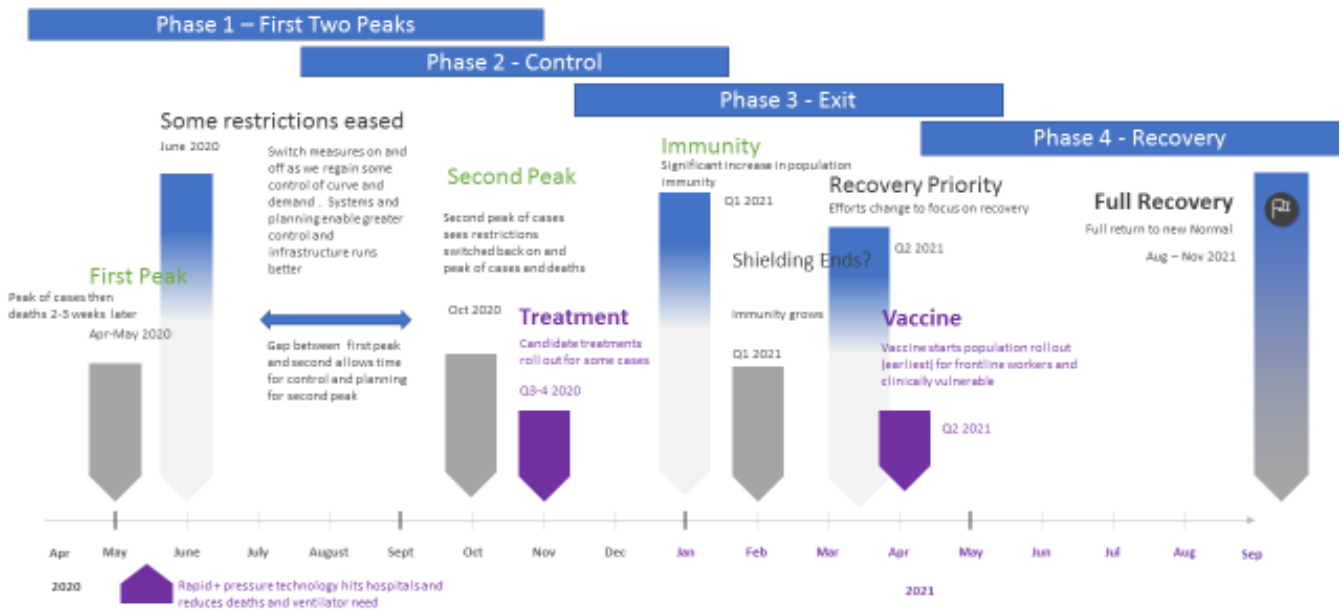
Transition from Response to Recovery in a Pandemic

- 4.11 The diagram below demonstrates the challenges to be faced over the coming months for any recovery when we may be faced with additional peaks of infection and variations in timescale for testing, building immunity in the community and the potential for a vaccine which could allow for recovery to hasten. With no vaccine however there may be periods of response for the whole of the UK or specific geographic areas for years to come. This does not negate the need for recovery to start but means the process needs to be flexible and consideration as to when the recovery process is built into normal business rather than run the risk of creating a whole new industry.

Figure 1.2: Potential pandemic milestones

Pandemic Milestones?

Adapted from Hertfordshire Public Health Service



4.12 In addition to managing the changes we are likely to face due to the nature of the virus, understanding our people and communities is essential in order to support them effectively towards their own recovery. The diagram below considers this in a timeline for non-pandemic recovery situations. To understand more and therefore support our communities effectively we need to ask them and understand the changing needs of affected individuals and communities over time.

Figure 1.3: Impact on people & communities in recovery



Our Principles for Recovery

- 4.13 Our overarching principles are reflected below as to how we will approach the recovery stage and through the Council's recovery group (appendix B for the Terms of Reference).
- Support the safety of our communities
 - Mitigate any negative impact on the health of our communities and of inequalities
 - Prepare for the future
 - Work to connect communities and individuals
 - Use an inclusive and multi-disciplinary approach
 - Exploit opportunities arising from the pandemic
 - Be agile and innovative
 - Learn from others
- 4.14 We know that we need to be more risk aware and the Government's own recovery plan articulates:

“A ‘zero risk’ approach will not work in these unprecedented times. The Government will have to invest in experimental technologies, some of which are likely not to work as intended, or even prove worthless. But waiting for complete certainty is not an option.”

5. Priorities

- 5.1 The overall priorities of the strategy can be distilled into the following key areas with some commentary highlighting its importance.
- 5.2 The impact of Covid-19 will be unequal between different groups in society with those in most need prior to the pandemic probably harder hit. We will often need to take targeted and differentiated actions to prevent inequalities becoming greater across all areas of work for recovery.

Health and Social impact

- 5.3 We know that our community has been severely impacted through Covid-19. Direct harm as a result of Covid-19 infections will require assistance for those who are recovering from these traumatic events and bereavement support for those who have lost someone they love. The Government response to minimize this through social distancing, isolation and the closure of various organisations and sectors, has caused significant disruption to peoples' lives. It has also impacted on peoples' access to health & well-being services in the NHS, local government and other supporting agencies including charities. Due to the restriction in resources indirect harm will have occurred to those with urgent non-Covid-19 conditions and hidden safeguarding concerns. The interruption to, and postponement of, these services will have caused further impacts on peoples' health. In the longer-term the health, mental health and wellbeing impacts of the pandemic and resultant economic injury and deprivation will be felt, and disproportionately so by specific groups. Some of these impacts are captured in Appendix A. The Council needs to support our community in recovering from the impact of this, with particular attention to the most vulnerable building on the work of the Community Support Hub and of Public Health and working with wider Health and Wellbeing Board partners.

- 5.4 Assistance will be needed for those who have lost their livelihood and homes and continuing the good support already seen for those who are homeless during the response phase.

Direct Economic Impact

- 5.5 The direct economic impact has been significant. Nationally, there has been a drop in GDP of 20.4% in April 2020¹. As part of immediate recovery, the impact on business needs to be understood through working with partners on engagement and available data, and additional considerations for the Council, for example through business support measures such as the discretionary grant scheme, lobbying on behalf of business and funding set aside for understanding the future of town centres. There has also been an increase in residents claiming unemployment benefits of over 1% and from the resident's survey 32% of respondents have seen a decrease in household income during Covid-19, and there is an impact as well as a role for Council in addressing immediate hardship with partners and which groups have seen the greatest impact of this. There will be new opportunities as different markets emerge and the local economy is able to take advantage of these; 64% of respondents to the survey were more likely to support local businesses, the Council can consider how it may wish to support this activity.
- 5.6 The longer term economic impact is much more difficult to identify, though recent polling by Ipsos MORI highlights that when asked the question "One year from now, how much, if at all, do you think Britain's economy will have changed as a result of the Coronavirus pandemic, compared with before the Coronavirus?" – 88% of people responded 'a great deal' or a 'fair amount'. The Council will work with local and regional partners, for example Thames Valley Local Economic Partnership (LEP) and Newbury West Berkshire Economic Development Company, to understand the longer term impact and see where the Council can support businesses to recover the strong economic position locally before Covid-19. This work will also consider the future of town centres and support for these.

Direct Educational Impact

- 5.7 A large number of the district's children have not been in attendance in educational settings. Access to face to face training, the impact on apprenticeships and adult learning have all been severely impacted due to Covid-19. We have a strong educational base in West Berkshire and want to see this returned to as quickly as possible. The risk as part of recovery to the future educational achievement of students across all settings is an increased inequality of learning opportunities and an increase inequality in the qualifications that individuals achieve. This can have a significant impact on the future life chances and health of our residents. In the response and early recovery phases the Council needs to balance the need for social distancing measures with economic impact of parents not returning to work and children and young people not attending education. Children and young people often face the brunt of the economic impact with those leaving education, particularly those with low qualifications being most at risk of unemployment. We need to support our young people in equipping them with the skills for jobs of the future.

Environmental Impact

¹ ONS – services fall 19%, manufacturing 24.3% fall, construction fall 40.1%

- 5.8 The Council has an Environment Strategy shortly due for approval following consultation. The impact of Covid-19 on the environment has been significant. We know that transport journeys have dropped and nationally that there has been an improvement to air quality locally at the Newbury AQMA the Nitrogen Oxide levels decreased in March, and showed a year on year fall in February and January too². Initial survey results suggest a third of our residents are exercising more and almost half are planning to walk and cycle more which will support more forms of active travel that benefit the Environment. However, a quarter of residents are exercising less and further analysis to better understand this and interventions to overcome these barriers to be considered. These improvements in air quality provide an opportunity for supporting greater biodiversity and health. However, as social distancing measures ease there is a risk of increased car usage and associated decline in air quality.

Community Resilience

- 5.9 This has been particular evidence in the response period; the fantastic work of our community to provide support and assistance to one another. We want to build on this, not through mandated approaches on a top down basis, but to work with the community on exploring what works and doesn't work for communities to remain resilient and build on the significant volunteering effort of the past months. We have started this work through the Community Hub and considering its future.

Communication and Stakeholder Engagement

- 5.10 It is vital to the success of the recovery phase and the success factor below, that the Council engages more with residents, particularly those who are most vulnerable to the impacts of Covid-19. We know we need to keep improving; the advent of the newsletter, grater social media presence, and new digital solutions to support and build greater trust, but we want to reach out more to work with our community to understand the impacts of the pandemic on our residents and listen to what they need and to act on this. We will need to develop more innovative ways to engage with our community to ensure the voice of those most affected are heard, particularly BAME population, elderly, children and young people, families in financial hardship and other vulnerable groups.

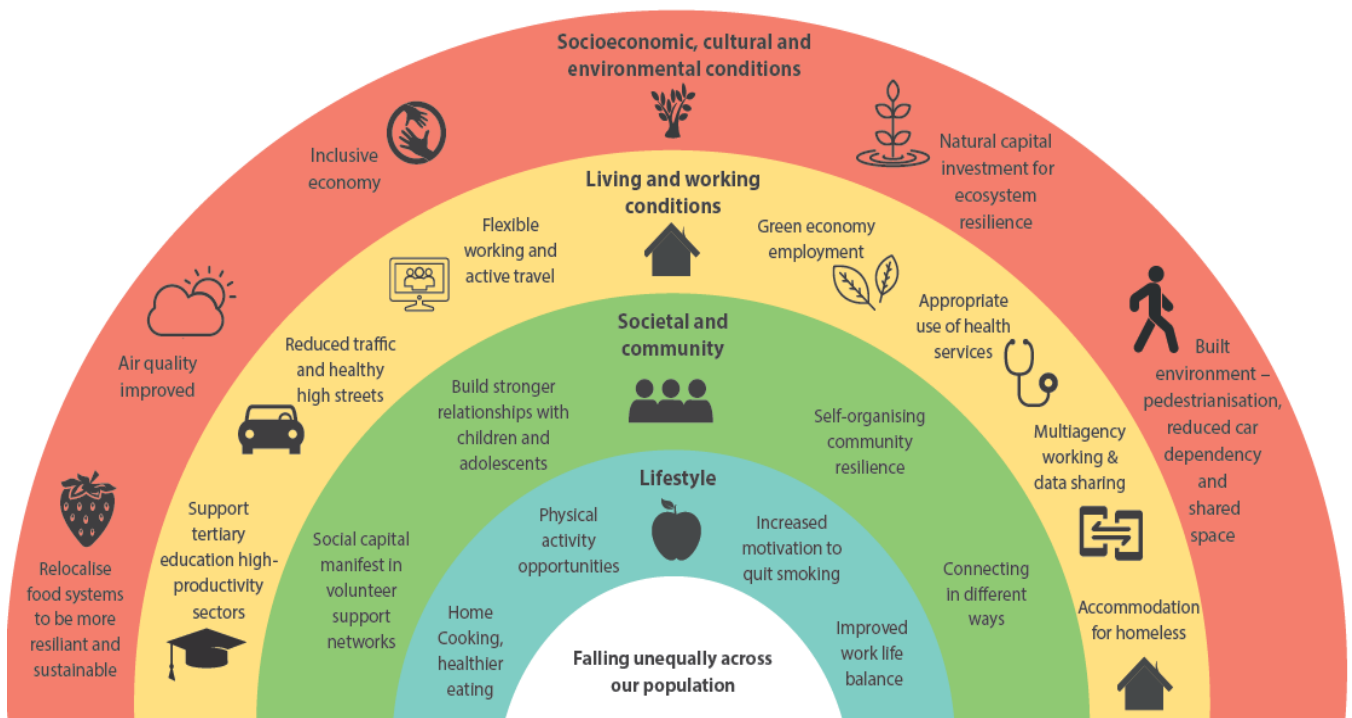
Seizing the positive

- 5.11 Finally, we want to build on, during what has been a very traumatic and difficult time for many, the positives that have emerged. The stories, the support, new ways of working and the new relationships and bonds that have been forged during this period. This pandemic has put a spotlight on the inequalities within our community, in the recovery to move forward together we have the opportunity to build better economic, environmental, living and working conditions to improve residents health and prosperity (see figure x).
- 5.12 There will be a Recovery Group that will oversee the longer term phasing of recovery activity. There is a clear relationship with the response phase and the unknown nature of Covid-19, future implications of this will mean that response and recovery run in parallel for a substantial period of time.

² <https://www.independent.co.uk/news/coronavirus-pollution-environment-lockdown-carbon-emissions-charts-a9510636.html>

Figure 1.4 opportunities from Covid-19

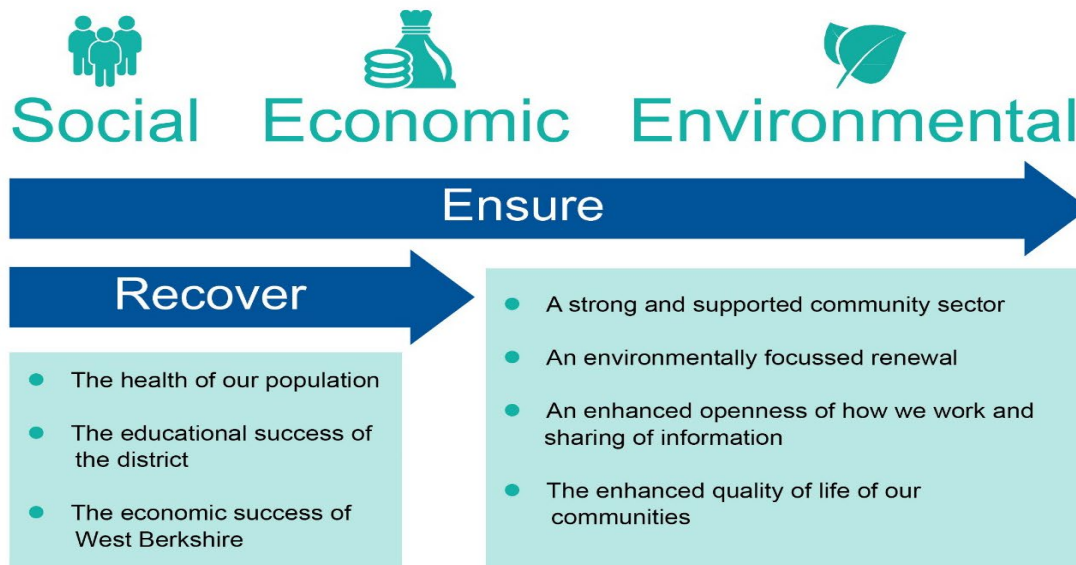
Further detail on the specific impacts are highlighted in Appendix A



Critical Success Factors

5.13 The Critical Success Factors (CSF) are the key areas that will focus on to deliver the purpose of the Recovery Strategy. There is a strong link between these CSFs and the purpose above; all relate to the Social, Economic and Environmental recovery of West Berkshire. It is these areas that we will keep coming back to, in order to assess if we are delivering a recovery strategy that is fit for purpose and that is having a real, and positive, impact on our residents and businesses. These should support the reduction of health inequalities through the recovery period and afterwards.

Figure 1.5: Summary of recovery themes

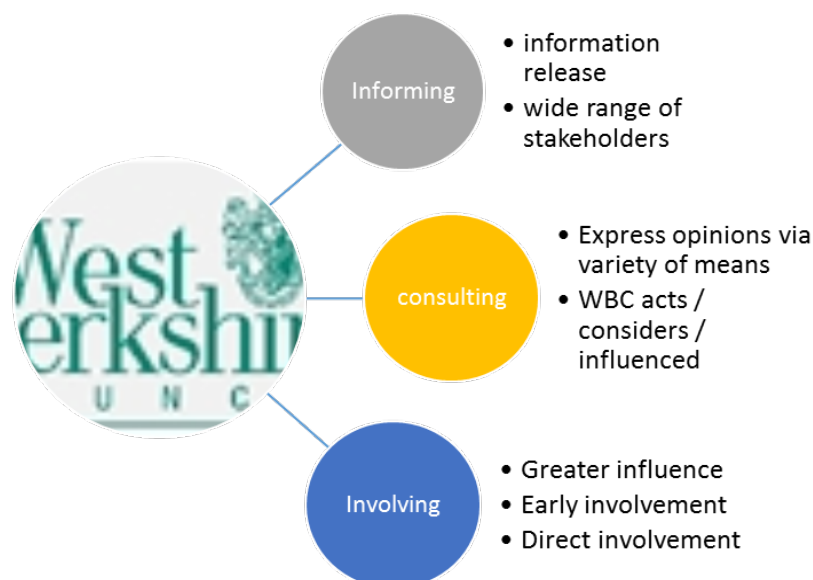


These are supported by a short dashboard of indicators (existing wherever possible) to help view where the impact changes on a monthly basis.

Engagement

5.14 A vital part of the recovery strategy, and something that has been highlighted in the response phase of the Covid-19 is that we need to continue to reach out to the community through informing, consulting and crucially involving our residents and business.

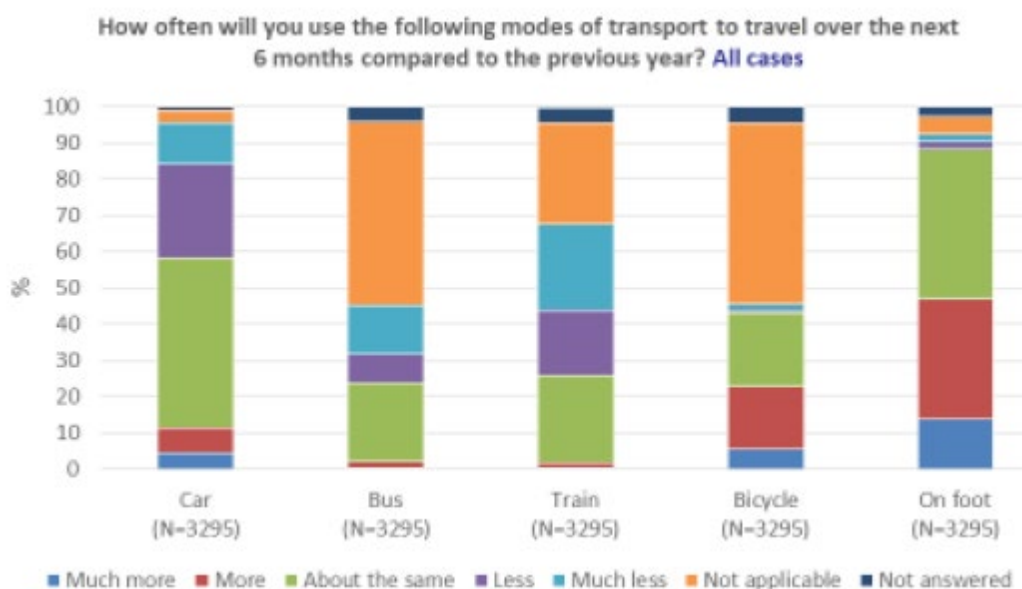
Fig. 1.7: Engagement and recovery



5.15 The first element of this is the Residents' Survey which took place between the 22nd May and the 8th June 2020. We will be seeking to repeat a number of the questions included in this to help inform and understand how the Recovery Strategy changes. There will also be further analysis undertaken on the results, linkages across answers and the free-text responses.

- 5.16 The summary results are highlighted below and this document has been written to reflect this – further detail are included in appendix C to this document: This survey will be amended and run again in the early Autumn 2020 and will be supported by actions from recovery group to reach out to underrepresented groups, i.e. those we know have been disproportionately affected but not yet heard.
- 5.17 The survey was split broadly into economic, social/health, and environmental areas with questions about the Council’s response:
- Economic
 - A significant majority of people feel covid-19 has made them more likely to support local businesses in the future
 - Nearly a 1/3 of respondents reported a lower household income
 - Over 1/3 people have used local businesses but 26% have used them less during the period
 - 31% of respondents will use the high street less in the future with 10% more
 - Socio-health
 - Where applicable, majority of people will work from home more
 - A ¼ of respondents have volunteered
 - A 1/3 of respondents are exercising more but a ¼ exercising less
 - Over 1/3 people feel more or much more connected to their local community but nearly 20% felt less or much less connected
 - Environmental
 - People expect to make large changes to how they travel

Fig. 1.8: Transport and survey response



- Nearly 60% did not think Covid-19 would impact on making the district carbon neutral, but those who did see an impact, roughly ¾ thought it would be less difficult and ¼ more difficult

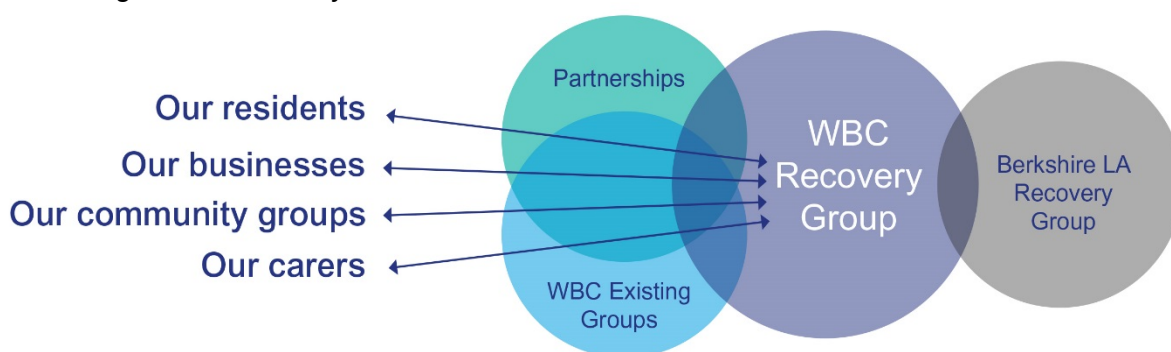
- Council
 - Majority know about the Community Hub
 - A strong preference for communication via e-mail
 - A majority felt the Council’s response to Covid-19 has been good or excellent

The Strategic Framework

5.18 The Recovery Strategy is co-ordinated through a recovery group. The group is chaired by the Executive Director (Resources) and includes the Chief Executive, Leader and representatives from across Council services. The recovery group does not operate in isolation however and the diagram below sets out some of the different internal and external groups that are involved.

5.19 The diagram below shows how this links – the Berkshire LA recovery group then feeds into the Strategic Recovery Co-ordinating Group (SRCG) as part of the Local Resilience Forum (LRF) infrastructure.

Fig. 1.10: Recovery and Berkshire / LRF



5.20 The list below of partner and internal existing groups is not an exhaustive one. Importantly, new partnerships will likely be formed as part of the recovery work, and task & finish groups may also need to be created; though all attempts will be made to use existing WBC groups. There will also be new, as well as existing, partnerships to be made. Some of these will be with the private sector, others through other public or voluntary sector organisations. All of them will be with the purpose of delivering a strong recovery for West Berkshire.

Governance of the Critical Success Factors

Theme (CSF)	Internal Group(s) & Members & Officer Lead (in italics)	External Partners
(1) The health of our population	Health & Wellbeing Board steering group <i>Executive Portfolio: Deputy Leader of Council and Adult Social Care</i> <i>Head of Public Health & Well-being</i>	Clinical Commissioning Group Health Watch Royal Berkshire Hospital Berkshire Healthcare Foundation Trust Public Health Thames Valley Police Sovereign Royal Berkshire Fire Service Volunteer Centre West Berkshire

Theme (CSF)	Internal Group(s) & Members & Officer Lead (in italics)	External Partners
(2) The educational success of the district	tbc <i>Executive Portfolio: Children, Young People and Education</i> <i>Head of Education</i>	Schools Forum Newbury College West Berkshire Training Consortium Student voice? Parent voice?
(3) The economic success of West Berkshire	Economic Development Board <i>Executive Portfolio Holder: Finance and Economic Development</i> <i>Economic Development Manager</i>	Thames Valley LEP Newbury BID Newbury West Berkshire EDC Chamber of Commerce
(4) A strong and supported community sector	Health & Wellbeing Board steering group <i>Executive Portfolio: Leader and District Strategy and Communications</i> <i>Head of Public Health & Well-being</i>	Ward Members Town & Parish Councils Greenham Common Trust The Voluntary Sector Community Groups Building Communities Together Team
(5) An environmentally focussed renewal	Environment Board TAG EAG <i>Executive Portfolio: Environment</i> <i>Service Director (Transport & Countryside)</i>	BBOWT WSP Veolia Community groups
(6) An enhanced openness of how we work and sharing of information	Customer First Programme Board Finance & Governance Group <i>Executive Member: Internal Governance</i>	Community Groups IT suppliers Granicus We Build Bots

Theme (CSF)	Internal Group(s) & Members & Officer Lead (in italics)	External Partners
	<i>Service Director (Strategy & Governance)</i>	
(7) The enhanced quality of life of our communities	Executive <i>Executive Portfolio: Leader and District Strategy and Communications</i> <i>Chief Executive</i>	Strategic partners Town and Parish Councils Community groups

Financial Resources

- 5.21 The Council, like much of Local Government, continues to operate under a tight financial regime. A funding review and national comprehensive spending review is all due during the recovery phase. The Council will need to respond to this and continue with savings programmes to deliver core services well.
- 5.22 There is an opportunity as part of recovery to utilise existing funding and working in partnership to delivery new solutions. Much of the change already enacted has been completed with very low levels of funding. Of course, the response has had significant financial consequences, which the Government have supported to date, with two round of non-ring-fenced funding allocations, but the new services and changes to operating made already by the Council in response to Covid-19 have been achieved through clear leadership, a will from staff to work differently, and a relatively small amount of financial resource. One of the key points for the recovery phase is how to build on this and explore working with others to deliver together.
- 5.23 Below is a summary of known funding sources that could be allocated to the recovery phase:

Funding	Amount / £k	Source	CSF theme	Rev / Capital	Comments
High Streets funding	£140	MHCLG	The economic success of West Berkshire	R	Allocation criteria as part of the grant
Council Tax recovery funding	Tbc - @ £200k	MHCLG	The prosperity of the district	R	To be considered by recovery group
Cycling & Walking infrastructure	£124 plus any second tranche	DfT	An environmentally focussed renewal	C	To be considered by Transport Advisory Group
Town Centre	£125	Council	The enhanced	R	To be

study			quality of life of our communities		considered by Economic Development Board
Community Hub	£120 to Dec. 2020	Council	The enhanced quality of life of our communities	R	Review being undertaken by Chief Executive

6. Actions

- 6.1 We wish to co-ordinate and work with partners and our community as much as possible on developing actions to deliver this strategy. Some of these are unknown as the evidence base changes in light of the local implications of Covid-19. The changing nature of the Community Hub will be a key activity for us to engagement with our community and further develop community resilience.
- 6.2 There have been a number of actions that the Council has undertaken in the immediate period between the response and recovery phase and specifically these are captured in Appendix E. This table also highlights some potential actions that are being considered and will be further populated in the coming weeks and months.

7. Implementation

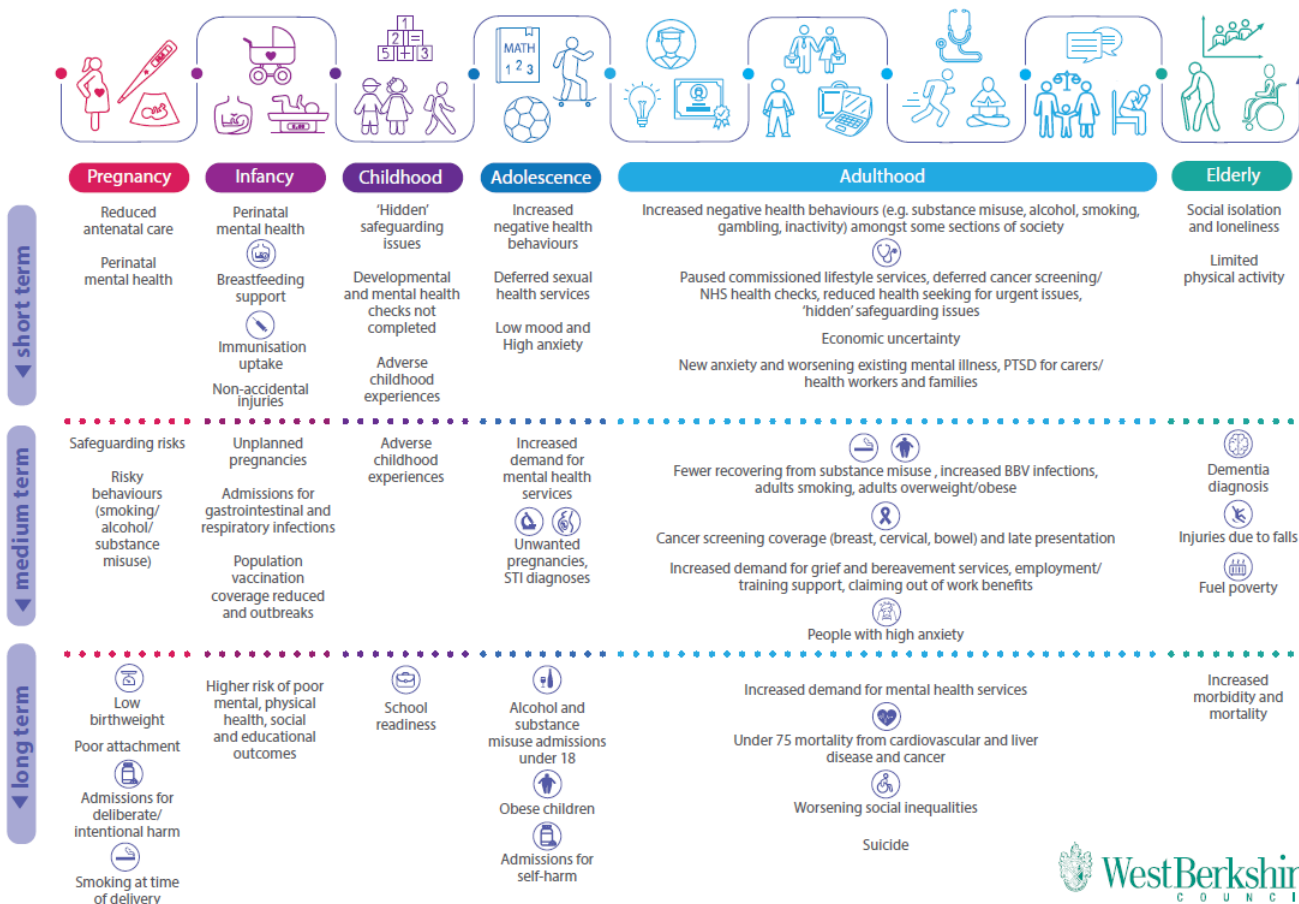
- 7.1 This Strategy sets out the over-arching purpose and themes that we are exploring and importantly from what we can influence and shape with others in West Berkshire. There is no definitive road-map to get us as a place of West Berkshire to a successful recovery; there are too many unknowns and opportunities that could be missed by putting in place a restrictive delivery plan. This Strategy does provide the areas that we will focus on, and emergent ideas and plans are being developed. Opportunities need to be taken; for example, new digital solutions for the website, virtual meetings and booking slots at the housing waste and recycling centres have been deployed and the Council has operated well and provided business as usual whilst having very few members of staff in offices. The Community Hub has been successful in reaching out to our most vulnerable. We need to build on these successes and will use them to shape new and changed services in the coming months that ensure we have a successful recovery to continue to make this a great place to live, work and learn.
- 7.2 Our next steps are to commit to:
- Continue the recovery group over the coming months
 - Engage with individual stakeholder / partner groups and collate feedback / seek effective engagement
 - Gather further national and local information as this becomes available and pro-actively seek information where it is not available
 - Produce an updated action plan with proposals over the short (within 6 months), medium (6-18 months) and long term (18 months+) action plan

Appendices

Appendix A – impact of Covid-19 and Overview of Response Phase

Impacts of Covid-19 pandemic across the lifecourse

○ Symbol indicates PHOF indicator



Overview of the Response Phase

The response to the emergency has been at a National, South East, Thames-Valley and West Berkshire level involving every agency who normally are involved in emergency response with coordination structures put in place to support that response. West Berkshire Council officers have been involved in the Thames Valley Local Resilience Forum multi-agency co-ordination at Strategic, Tactical and sub groups as they formed since 31 January 2020 working to the following strategic objectives (they are not in a hierarchical order):

- Minimise the risk of Covid-19 on the public by supporting our national and local Public Health response to contain the spread of the virus.
- Provide robust guidance and information for the public, health professionals and Local Resilience Forum partners.
- Minimise the potential impact of a pandemic on society and the economy.
- Help maintain the resilience of the NHS and critical services of multi-agency partners through the implementation of business continuity
- Protect health and safety of our staff by providing appropriate guidance, equipment and support.
- Evaluate and identify multi-agency and organisational learning

- Instil and maintain trust and confidence
- The bereaved should be treated with care and compassion and their wishes for the deceased be respected wherever possible

Within West Berkshire Council a co-ordination structure was also put in place at both strategic and tactical level with the following strategic objectives:

- Preventing deaths
- Supporting the most vulnerable, both physically and emotionally, particularly those who are left alone with no family or friends to support them
- Supporting our businesses and those who are faced with real personal financial challenge
- Supporting our colleagues in Adult Social Care and also supporting each other.
- Working with and supporting our public sector colleagues and our local communities who will also want to help.

In support of these objectives a number of specific processes were put in place including:

- Social Care
- Schools & Safeguarding
- Community Support Hub
- Finance, Business & Regulatory
- Communications Group
- Death Management Planning Group

Appendix B – Terms of Reference

FINAL Terms of Reference

Name of Group	COVID-19 Recovery Board	
Purpose of Group	<p>Define a new Business as Usual (BaU) for the Place and the Council by consideration of the:</p> <ul style="list-style-type: none"> - Health impact - Economic impact - Educational impact - Environmental impact - Recovery phasing - Reshaped organisation that is more responsive to our stakeholders - Community resilience - Communication and stakeholder engagement - Seizing the positive 	
Governance	<ul style="list-style-type: none"> - Reports to Council Gold - Takes direction from TV LRF Strategic Recovery Co-ordinating Group (SRCG) and reports to the Berkshire Recovery Co-ordinating Group <div style="text-align: center; margin: 10px 0;"> <pre> graph TD SRCG["Strategic Recovery Coordinating Group (SRCG) Chair: Duncan Sharkey (RBWM)"] Berkshire["Berkshire Recovery Coordination"] Bucks["Bucks Recovery Coordinatin"] Milton["Milton Keynes Recoverv"] Oxon["Oxon Recovery Coordination"] SRCG --- Berkshire SRCG --- Bucks SRCG --- Milton SRCG --- Oxon </pre> </div> <ul style="list-style-type: none"> - Corporate Board and Operations Board 	
Commence-ment of group	May 2020 – September 2021	
Venue and Frequency	Group to operate virtually to share resources/information (Zoom) - weekly meeting to commence	
Chairman	Joseph Holmes – Executive Director - Resources	
Membership	Member Lead	Leader – Councillor Lynne Doherty
	Chief Executive	Nick Carter

	Department / Service Representatives	Jon Winstanley Paul Anstey Lee Goodall Jo England Karl Davis Michelle Sancho Holly Jenkins Sarah Clarke Mat Scalpello Melanie Ellis Karen Felgate
	Engagement	Gabrielle Mancini
	JEPU Support	Carolyn Richardson
	Admin Support	Linda Pye
	Further engagement will be required with representatives from services to identify key issues affecting recovery and for the recovery group to send situation reports as appropriate.	
Objectives of Group	<p>Phase 1</p> <ul style="list-style-type: none"> • Determine the strategy and strategic objectives for recovery. • Review government communications. • Liaise with neighbouring authorities to monitor cross border issues. • Agree an outline communications plan. • Outline financial impacts on Council. • Collate information on local businesses to help target support. <p>Phase 2</p> <ul style="list-style-type: none"> • Develop an understanding and plan for new arrangements for our residents and businesses to support the district as a whole • Ensure we articulate and communicate what recovery and beyond means for West Berkshire • Deliver new operating patterns are considered better and should be employed rather than returning to current custom and practice. • To understand what a partial and full relaxation of government restrictions might mean for business as usual and partial opening of services currently closed. • To move the Council to a new business as usual as quickly as possible. • To work through problems that are holding back services from moving back to their normal operating pattern and consider opportunities for different operating arrangements. 	

	<ul style="list-style-type: none"> • Manage the communications about the re-opening of services and facilities with members and the wider resident population. • Create a learning log as to learn from the event and take learning into new ways of working. 																				
Outcome/ Outputs of group	<ul style="list-style-type: none"> • Imagining and leading on the future of the place and Council to support our residents and businesses • A Plan showing current arrangements transitioning to Business as Usual. • Headline/bulletin reports • Decision reports for Corporate Board/Member approval 																				
Decision making powers	Service area /CMT on strategic matters/Members on key decisions affecting service delivery																				
Inter-dependent groups and/or meetings	<ul style="list-style-type: none"> • Corporate Board • Operations Board • GOLD / SILVER Command • Directorate Management Teams • Existing Cells: <ul style="list-style-type: none"> - Community Support Hub - Finance, Business & Regulatory - Social Care - Schools & Safeguarding - Media <table border="1" data-bbox="432 1211 1481 1951"> <thead> <tr> <th>Item</th> <th>Group</th> </tr> </thead> <tbody> <tr> <td>Direct economic impact</td> <td>Economic Development Board</td> </tr> <tr> <td>Direct Health impact</td> <td>Health and Wellbeing Board</td> </tr> <tr> <td>Educational impact</td> <td>tbc</td> </tr> <tr> <td>Environmental impact</td> <td>Environment Board</td> </tr> <tr> <td>Structural economic impact</td> <td>Economic Development Board</td> </tr> <tr> <td>Recovery phasing</td> <td>Recovery Group</td> </tr> <tr> <td>Reshaped organisation that is more responsive to our stakeholders</td> <td>Recovery Group</td> </tr> <tr> <td>Community resilience</td> <td>Recovery Group & BCT</td> </tr> <tr> <td>Communication and stakeholder engagement</td> <td>Customer First Group</td> </tr> </tbody> </table>	Item	Group	Direct economic impact	Economic Development Board	Direct Health impact	Health and Wellbeing Board	Educational impact	tbc	Environmental impact	Environment Board	Structural economic impact	Economic Development Board	Recovery phasing	Recovery Group	Reshaped organisation that is more responsive to our stakeholders	Recovery Group	Community resilience	Recovery Group & BCT	Communication and stakeholder engagement	Customer First Group
Item	Group																				
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Recovery phasing	Recovery Group																				
Reshaped organisation that is more responsive to our stakeholders	Recovery Group																				
Community resilience	Recovery Group & BCT																				
Communication and stakeholder engagement	Customer First Group																				
Dependent documents	GOLD and SILVER reports Decision Log from Covid response Government guidance																				

Appendix C – Results of the Residents’ Survey

Appendix D – Recovery Summary on One Page

Why do we need a recovery strategy?

We know that Covid-19 has had a significant impact directly and indirectly on our community, and in a way that has impacted certain groups more than others – the impact has been unequal; so we want:

- (1) To recover the ‘place’ to where it was before Covid-19 – in respect of a healthy, prosperous and economically active area
- (2) To ensure a number of enhancements and changes to accelerate our work with our communities and our environment.

How will ensure a successful recovery?

We want to involve our community and partners in the recovery work. We know that we cannot do this alone and we know that our residents are really interested in the recovery. Our first resident’s survey at the start of June received well over 3,000 responses. Some of this will involve us communicating what we are doing, sometimes consulting and sometimes involving people and partners in the recovery work.

What have we done so far?

It is early in the recovery period, which we think will last over 18 months – we are still responding to Covid-19 – but we have started a number of actions – for example pedestrianizing Newbury town centre, supporting business re-open, reshaping the community hub, paying out discretionary business grants and re-opening schools.

What will we do next?

We are looking to keep the recovery strategy local to West Berkshire – we know that we don’t have the ability to control or influence everything – but there are a number of themes that we are focussing on. We do not have all of the solutions and answers yet – we want to involve our communities and partners in this process – but we do have 7 key themes we are basing our work on

What does success look like?

Appendix E – Initial Action Plan and potential actions

Theme	Action in progress	Future potential actions to be considered	Timescales
Health of the Population	Services increased screening for domestic abuse in assessments with service users		Complete
		Digital provision made available for many health and wellbeing services e.g. smoking cessation, substance misuse, weight management	Dec 2020
		Catch up where feasible for suspension in school-based immunisation programmes	
		DHSE £5 million fund for VCS organisations to improve current provision for bereavement services and test new ideas focused on peer-support, befriending and service user led initiatives	March 2021
		Feasibility study for the Northcroft Lido expansion	Dec 2021
Educational Success of the District	Re-opening of schools from 1 st June		Complete
		Local options to support more capacity for schools	Sept. 2020
		Enhanced support for apprenticeships	March 2021
		Support for upskilling and reskilling workforce	June 2021
		local enhancement of national summer school catch-up programme	July 2020
		Opportunities of green fiscal recovery	Dec 2021

Theme	Action in progress	Future potential actions to be considered	Timescales
Economic Success of West Berkshire	Creation of a policy and distribution of £1.2m of discretionary business grant		July 2020
	Supporting hospitality businesses through relaxing licensing obligations		Complete
	Supporting parishes and town councils with social distancing / re-opening		Complete
	Delivering a webinar for businesses on the High Streets across West Berkshire		Complete
	New town centres post created		July 2020
		Greater active promotion of local businesses	Sept 2020
		Grants then loans for specific business	March 2021
		Review council's procurement strategy and greater use of Social Value	March 2021
		Local enhancement of national summer school catch-up programme	July 2020
		Directory of businesses in West Berkshire	Dec 2020
		Support for SMEs	Dec 2020
		Update Economic Development Strategy to reflect Berkshire Local Industrial Strategy	Sept 2020

Theme	Action in progress	Future potential actions to be considered	Timescales
Strong and supported Community Sector	Review of the Community Hub and its future working		July 2020
	Distributing High Street social distancing literature and support for businesses		Complete
		Complete Community Impact Assessment	July 2020
		Voluntary Sector infrastructure organisation and support	Dec 2020
		Move libraries to hub model	Dec 2021
An Environmentally Focussed Renewal	Temporary pedestrianisation of Newbury High Street		Complete
	Commence re-opening of Council buildings e.g. Household Waste & Recycling Centres, Schools etc		Complete
	Commencement of the Active Travel fund – initial tranche of funding of £124k		Complete
	Second tranche application of Active Travel Fund		Sept 2020 tbc
		Transformed walking and cycling routes	Dec 2021
		Implementation of Environmental Strategy Delivery Plan	per Strategy
		Community PV schemes	March 2021
		Community cycling support	Dec 2020
		Green recovery led through Community Bond Investment	July 2020
		Improved air quality	Dec 2020

Theme	Action in progress	Future potential actions to be considered	Timescales
An Enhanced Openness of how we Work and Sharing of Information	Conducted a residents survey		Complete
	All public meetings to be available online		
		Repeat at 3 monthly intervals	March 2021
		New Communications and Engagement Strategy to enable greater participation in decision making	Dec 2020
		Review of Council offices and enhanced community sector use	Dec 2020
		Greater engagement with residents to ensure a greater reach and involvement of our communities	Ongoing
Enhanced Quality of Life of our Communities		All Rough Sleepers will be offered accommodation and those at risk of homelessness will have the support to prevent this happening	Dec 2020
		Opportunities for better engagement specifically with: - BAME community - young people	Dec2020
		Actions developed from survey outcomes - especially on mental health	Dec 2020
		Tailored survey / focus groups with under-represented survey respondent groups	Dec 2020

Health and Wellbeing Conference

Report being considered by: Health and Wellbeing Board

On: 24 September 2020

Report Author: Gordon Oliver and Kamal Bahia

Item for: Information

1. Purpose of the Report

To provide the Health and Wellbeing Board with a report on the Health and Wellbeing Conference held on 11 September 2020

2. Recommendation(s)

To note the contents of the report.

3. How the Health and Wellbeing Board can help

Support continued engagement and communication with the public on health and wellbeing issues, the work of the Health and Wellbeing Board and respond to issues raised in the conference.

<p>Will the recommendation require the matter to be referred to the Executive for final determination?</p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
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4. Introduction/Background

The Health and Wellbeing Board ran its first public conference, organised by the Health and Wellbeing Engagement Group, which was held remotely via Zoom on 11 September. This report provides a summary of the event, the feedback received and lessons learned for future events.

5. Supporting Information

- 5.1 The Health and Wellbeing Board has held annual conferences in the past, but these have tended to be for stakeholders only. However, this year the Health and Wellbeing Engagement Group suggested the event was opened up to members of the public.
- 5.2 Given the current COVID restrictions on public meetings, the event was held virtually via Zoom. The event was recorded and will be posted to YouTube to allow those who were unable to attend in person to watch the presentations and workshops.
- 5.3 The conference was well attended – around 170 people signed up, with a maximum of around 100 attending the Zoom call. Some attendees shared a connection, for example one school with 16 pupils, so it was difficult to quantify total numbers exactly. The virtual event ran for three hours and the attendee drop-off for the first two hours up to the breakout sessions was less than 2%.
- 5.4 Rob Cao from Dynamiq was engaged to manage the event and to undertake relevant promotion particularly in relation to social media. This was considered essential to provide the support to the event.

- 5.5 The event was originally organised for April around the theme of ‘1000 Acts of Kindness’ and the plan had been to use it as a starting point for meaningful engagement, extending into a roadshow across the district. It was postponed due to key participants involved in the COVID pandemic response, but at the same time, the theme felt particularly appropriate reflecting on the extraordinary response of the local community to such a crisis.
- 5.6 The event started with a ‘working lunch’ where attendees could network via the Zoom chat function. During the ‘working lunch’ a rolling slideshow was displayed, including: information on the Health and Wellbeing Board and its sub-groups, particularly their outputs; videos about the work of the local community, the Community Hub and its volunteers; information about virtual GP appointments; information about the West Berkshire Directory; and other relevant health and care information.
- 5.7 The agenda was as follows:
- **Welcome** – Kamal Bahia (Health & Wellbeing Board Engagement)
 - **Volunteering** – Garry Poulson (Volunteer Centre West Berkshire)
 - **COVID in West Berkshire** – Matt Pearce (WBC Head of Public Health)
 - **Economic Recovery** – Nick Carter (WBC Chief Executive)
- 5.8 Members of the public were then given the opportunity to ask the speakers questions before going into three separate workshops. Attendees could pre-register for one of three workshops guided by subject matter experts:
- **Volunteering** – Garry Poulson (Volunteer Centre West Berkshire), Chris Boulton (Greenham Common Trust) and Katharine Makant (West Berkshire Community Hub)
 - **Working Together** – Dr Bal Bahia (Berkshire West CCG), Kathryn Macdermott (Berkshire Healthcare Foundation Trust) and Nick Carter (West Berkshire Council)
 - **Young People** – Dave Seward (Berkshire Youth) and Joe Sutton (Young Carers Project Worker)
- 5.9 In each case, workshop participants were encouraged to help with a SWOT analysis to determine what had gone well and what had not during COVID, and what could be done better in the future, as well as potential problems to be avoided.
- 5.10 Delegates came back together to hear feedback from the workshops and there was an opportunity for participants to ask questions based on the feedback.
- 5.11 **Young People:**
- There has to be recognition of the collective trauma of COVID and its consequences.
 - Young people are worried about the future and not being good enough.
 - West Berkshire doesn’t do well when it comes to closing the attainment gap and this has been exacerbated by COVID particularly young people and SEND children.

- There is concern about the national discourse in relation to young people who are often unfairly blamed as demonstrated with recent COVID headlines.
- There is a need to recognise the educational content lost for Year 12 students.
- There has been lots of good work around mental health in schools.
- A local Youth Strategy might be helpful to coordinate work, ideally with a shared funding pot.
- Employers have been good about understanding the impacts of COVID and looking at young people in a holistic way and not just their grades.
- Charities and statutory organisations are providing support for young people in different ways.

5.12 **Partnership Working:**

- There has been a fantastic response locally, with individuals / organisations / communities working together.
- There has been lots of fear and uncertainty amongst health professionals as well as residents.
- There have been more mental health issues, with patients not able to access support in the usual ways.
- We want to hang onto the spirit of neighbourliness and community.
- Have welcomed the cutting of red tape and the ability to do things quicker / things we didn't think possible before (e.g. tackling homelessness, home working, remote diagnosis, etc).
- How do we take this forward? There are no simple answers – it has to be bottom-up with people wanting to do it. We can't impose solutions, but need to enable / provide support / provide funding.
- If people see others acting in positive ways, then it gives them permission to do likewise.
- Communications are critical – national and local messaging. There is a recognition that communications have been better and we need to keep it going.

5.13 **Volunteering:**

- Volunteering has increased generally and has been very good locally.
- Volunteering is beneficial for volunteers as well as those who are helped.
- There is concern about isolation for some individuals, which could be storing up problems for the future.

- Some people with learning disabilities may be 'over listening' and becoming more isolated than they need to be.
- The West Berkshire Community Hub has been very good, but the NHS volunteering scheme less so – volunteers want to be managed so they know what they are doing.
- It is worth investing in young people who are looking to volunteer, even if only for a few weeks, since they may dip their toe in the volunteering pool and return to it in later life.
- Lots of money has been raised locally by the Greenham Common Trust appeal and there is still some available for groups in need.
- There are some communities who we are not in contact with and who may be reluctant to engage – we need to get qualitative feedback as well as quantitative data on these groups.

5.14 The conference concluded by highlighting further opportunities for public engagement in relation to the emerging Joint Health and Wellbeing Strategy.

5.15 Initial feedback collected at the conference suggested that 89% of participants found the conference useful. A follow-up questionnaire has since been sent out to seek more detailed feedback.

5.16 Topics raised at the conference and during the planning phase included:

- The community response to COVID was universally praised responding quickly to support the most vulnerable in the community;
- Volunteers need to be actively managed and supported if they are to be retained – some are already disbanding due to a lack of activity;
- The NHS is only one element in relation to the health and wellbeing of our communities and work is required to understand the inequalities in our communities and the effects of wider determinants on health;
- Young people have been badly affected by the pandemic and will need greater support to get back into/continue with work or education, particularly those at points of transition;
- Young people and schools/colleges may require more pastoral care support to address mental health issues;
- Greater efforts are required to actively engage with and listen to those communities we do not have contact with;
- Some groups may be feeling anxious and scared of contracting COVID and may be socially isolated including people with dementia and adults with learning difficulties who may not have the ability to understand the situation;
- Young carers have been adversely affected by lockdown and the gap in missing learning was a major concern;

- The remote format of the conference worked well in terms of facilitating access for those who may otherwise struggle to attend;
- Schools and colleges expressed concern with the timing of the conference due to the previous disruption to their education as a result of COVID, but it was felt that we would go back and offer engagement in a more suitable form to help listen to their opinions;
- A young person's survey was developed to establish some feedback and Berkshire Youth presented their initial findings.

6. Options for Consideration

Options available include:

- Hold future annual conferences as public events.
- Hold additional events to encourage greater participation amongst key groups and to explore particular issues in greater depth.

7. Proposal(s)

- 7.1 Given the level of interest and engagement from this first public conference and the amount of positive feedback received, it is proposed that future annual conferences be held as public events.
- 7.2 The Health and Wellbeing Engagement Group will seek to engage with individual sixth forms and with Newbury College.
- 7.3 Work will continue with Community United to engage with the black, Asian and minority ethnic groups.

8. Conclusion(s)

- 8.1 The event was successful in terms of improving communication and engagement with members of the public, which was a key recommendation of the West Berkshire LGA Peer Challenge Review, and feedback from delegates suggests that there is a clear appetite for similar events in future.
- 8.2 However, there are lessons to be learned for future events, particularly in terms of the timing of the event and management of delegates via Zoom, which will help to enhance the experience of delegates.

9. Consultation and Engagement

Councillor Howard Woollaston – Executive Portfolio Holder for Public Health & Community Wellbeing, Leisure and Culture; Dr Bal Bahia – Chair of Health and Wellbeing Steering Group; Matthew Pearce – Head of Public Health and Wellbeing; Catalin Bogos - Performance, Research and Consultation Manager.

10. Appendices

None

Background Papers:

None

Health and Wellbeing Priorities 2019/20 Supported:

- First 1001 days – give every child the best start in life
- Primary Care Networks

Health and Wellbeing Strategic Aims Supported:

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

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- 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 improving engagement and dialogue with residents, health and care providers and other stakeholders.

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